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No. 1

THE TEACHING AND STUDY OF MATERIA
MEDICA.

By I. W. Heysinger, M. A., M. D., Author of "The Source and Mode of Solar Energy," "The Scientific Basis of Medicine," "Marriage and Divorce," etc., etc.

The teaching of the Old School Materia Medica is a comparatively simple matter; the drugs are usually classified according to their most prominent primary effects, into tonics, cathartics, diuretics, stimulants, and the like; and these classes are studied and taught generically, the individual drugs falling into their appropriate categories, with such individualities and variations as the circumstances of the drug itself may clearly indicate.

Incompatibles are those drugs which, when brought together, produce different salts, or form new chemical or physiological combinations. or result in the production of explosives or the like, and, while the whole classification is cumbersome and grossly inaccurate, the different classes can be readily taught and learned, and a few typical or illustrative examples of each can be readily carried in the mind, to which other examples will be added from time to time; and after having learned these generically from books, lectures or conversations, trial and clinical experience, which cannot go far wrong, will differentiate them in the repertory, and a few favorite prescriptions will gradually become the fixed stock in trade for the ordinary practitioner.

The classes themselves are most simple; everybody knows, even without a medical training, that when one is weak he needs a tonic; when his stomach is overloaded he ought to be made vomit; when his bowels are bound up he requires a cathartic; if his heart and circulation are excited he needs an

arterial sedative, and if he faints away he ought to have a stimulant of some sort.

But with the Homœopathic *Materia Medica* we enter a new world; the classifications are in the highest degree obscure and difficult. Instead of driving an ox-team, it is necessary to comprehend the most profound and recondite problems of the complex human organism, in health and disease, and each drug used has a field all its own, with differential shadings so delicate and yet so vitally important that no artist handling the colors to produce a great picture meets with more difficult questions, between success and failure, than does the student and user of our *Materia Medica* at every moment and on every hand. Just as on the intangible harmonies of music and painting depend the differences between Beethoven and Titian, and the Arkansaw Traveller or the amateur sign-painter, so on the ignorant or the intelligent use of our *Materia Medica* depends the difference between one who handles the complex harmonies of drug and disease, and one who, failing these, flies to nostrums and "good points," to empirical data and note-book jottings; and who substitutes for a magnificent orchestra handled by a trained conductor a Calathumpian band bossed by a peripatetic cobbler.

There is not a more dangerous bull in a china-shop than an untrained experimental dabster plunging in and out of the Homœopathic *Materia Medica*; one may expect plenty of broken crockery in either case.

It is a merciful dispensation of Providence that men die so hard, else the "results" so anxiously looked for, and so eagerly hailed, would far more frequently be final for the doctor, the drug, and the patient.

For, in dealing with the complicated mechanism, and the moving forces of the human organism, much more even than with the far less complex mechanism of a modern battle-ship, nothing can be left to chance; there must be a reason for everything and a full comprehension of the means to be employed; everything must be done by thoroughly tested means, in the correct way, and at the proper time. The Providence which takes care of the living man, exposed to peril from other men, from constitution, from environment, and from a thousand circumstances, is the intelligent physician, just as, with the battle-ship, it is the care of competent and experienced engineers, and the controlling mind of the officers; but in

dealing with disease all this falls on one man, and he must be alert, ready, trained, and master of all the mechanism of the subject, as well as of the appliances to be used.

The highest teaching, skill and practice are none too much for such a momentous task.

Our older physicians, who were there at the building of our *Materia Medica*, who studied it, worked it, profited by it, and spread triumphant Homœopathy to the ends of the earth, with a magnificent "send-off" to which altogether, and to nothing else, its recent development into universal recognition owes its position, were men who studied deeply, who learned its intricacies, who were misled by no false-lights, and who practised it fearlessly and most successfully. If these great old teachers and practitioners had dabbled and dribbled, had eked and faked, had borrowed and stolen, and darned and patched, and new-legged and new-footed, had carried a rake and a basket instead of brain and a conscience, and gotten hold of seventy two different remedies for seventy-two different diseases, Homœopathy would have been dead and buried, and rotten and forgotten, long before the present day, and long before the half-educated empirics who travesty its teachings while serving under its banner had ever entered the precincts of a school of medicine. Without the literature, the example, and the splendid success of these older teachers, without their startling and magnificent successess, the brethren of the other branch of medicine, who are working along, (perhaps unconsciously, perhaps surreptitiously), the path of travel of those old heroes, would no more regard our branch of the profession than they would a defunct and rejected oyster.

And yet there are, among us, such mongrel pickers-up of stray bones and abandoned offal, such palterers, who prefer to eat the easily gathered dirt rather than shell for themselves the succulent corn so freely offered them, and who, nevertheless, profess to feel a lofty superiority over those old plodders. They have a new way—they are not bound "by the rules of Locke and Bacon, antiquated fools, but by the noble laws"—of their own knowledge.

And by that same superior knowledge, as the old story goes, out of the two ducks, converted by ignorance and sophistry into three, pater-familias got one, the good wife another, and the

shadowy third fell to the sapient and supercilious undergraduate of Eton.

With a Homœopathic practitioner it is either Homœopathy or the "yaller dog" every time. And so, by comparison, looking back to those gigantic builders of earlier days, we realize that

"Pygmies are pygmies still, though perched on Alps,
And pyramids are pyramids in vales."

There is no science more liberal than that of Homœopathy; it asks nothing but to be visited and seen, and freely offers all. Its practitioners are not bound down to any classification or to any specialized thing—they are as free as air. But it has a right to ask, of those who claim its ægis and fight beneath its standard, that they shall study its constitution and by-laws, shall work out its problems and investigate its teachings, and shall give their best endeavors to prove, to sustain, to elevate and advance its cause. "It is a dirty bird that fouls its own nest." says the old saw.

The Homœopathic *Materia Medica* is based, almost entirely, perhaps altogether, on pathology. The very word itself means this, and it has no other meaning; it means that its remedies have pathological likes, and on these their efficacy depends.

It is true that, since Hahnemann's day, many "pathologies" have arisen, eviscerated themselves or each other, and melted out of sight from decade to decade, so that we could almost make a medical chronology by recapitulating the series of pathological faiths, nearly all of which are now abandoned, but each of which, in its day, was the only genuine, simon-pure, and unadulterated pathology, of which all the others were mere sophisticated imitations or absurd hallucinations.

Each of these systems has arisen, been worshiped, been prayed to and sworn by, and then cuffed and kicked and despitefully used, and incontinently abandoned to make room for a new one, which was to be the "sure-enough" and long-expected Messiah. But this too went the voyage with the rest and only now, to-day, we know at last that we have the genuine article "dead-to-rights," and that nothing, not even intellect and greater knowledge, shall ever serve to prevail against it.

We have, in pathology, reached that region which the immortal Arago (beside whose body Hahnemann now sleeps)

said could never be reached, which is to define a limit, in any direction, to human knowledge. What a happy thing it is to know that, in pathology at least, all the future generations of men will continue to have just the same knowledge, extended only a little more widely perhaps, as new species and genera of micro-organisms are bred out of cultures, that we now have, and no more. It is beautiful to feel, in the classic language of Professor Munyon, that "There is still hope."

Only a dozen years ago, they tell us, this pathology of all the eternal future was born; it is now grown up, but it will survive forever in perpetual youth and beauty; it will never grow gray, and bald, and senile, and decrepit, like all those others (now, alas! no more), and it will never be kicked, and never forgotten.

But there are glimmerings, there always are, and we seem to be getting past, or over, or under, a good many of these eternal facts, and pathology herself has now a sort of far-away look in her eyes, and in a few years more, perhaps, there will be a new grave, a new burial, and a new bunch of violets; and, as we slowly wend our way back from the obsequies of the departed, we may chance to pass the majestic resting place of Hahnemann, where he sleeps, in his home in Paris, in the proudest spot of the grandest cemetery of the world, surrounded by the graves of the brightest luminaries of the glorious scientific galaxy of France and of time.

Do not drop a tear for Hahnemann, he needs no tears; for if you seek his monument you will find it throughout the world, among all mankind, and for all the ages of medical science, and may read his inscription, like that of Sir Christopher Wren, carved in St. Paul's Cathedral, in London:

"Si Monumentum quaeris, circumspice."

Amid all these changing pathologies his brilliant star has remained fixed; the rush of scintillating comets, the sparkles of meteoric streams, the coming and passing of eclipses and transits and occultations have not disturbed that steady light which shines for all men and for all time. For he made his own pathology, or, rather, let nature in her own way and in her own language make it, without the intervention of hypothesis or theory, and it never can change, so long as pain speaks and shrinking humanity replies; so long as drugs disturb and poison, and the swift response of the diseased organism reëchoes from

the same recesses. While man is man, and he has the wants, the passions, the feelings, the sensibilities, the circulation, the weaving of the ceaseless shuttles of the nerve-loom, the expression of his emotions, and the power of response to stimuli, so long will Hahnemann's system stand, and it was all his own, and is as applicable to every other form of life as it is to that of man.

If mankind loses all these qualities and attributes, and goes down silent, voiceless, painless, emotionless, and unresponsive; with organs without function and movements without coördination or meaning, then the system will fail and half-blind troglodytes may then, at will, run red-hot plough-shares through pulseless and nerveless flesh, and doctor mankind as cobblers half-sole old boots and shoes.

The very keystone and the quintessence of Homœopathy and of the Homœopathic *Materia Medica* is pathology, the pathology with phenomena objective and subjective, with causes and modes and coördinations behind these phenomena, and with life and significance within them.

Much that is called pathology today is in reality only pathography—a mere descriptive science like geography, which deals with maps and charts and spaces, with topographical conformations, and artificial and classified areas, while it ought to deal with its subject as geology deals with the ceaseless changes, their immediate and remote causes, and the interstitial and underlying phenomena of the earth's structure.

It is doubtful if the phenomena of the human being are not almost entirely those of character, individuality, and of a composite whole, instead of the body being, as it has so long been considered, an aggregation of wheels and springs, and their operations, as a mere mechanical construction.

By tracing the deeper pathology, that of life and mind, nature speaks with no uncertain voice, but requires a skilled interpreter.

From a single bone Cope was able to reproduce the fauna, and even the geography, of vast regions as they existed millions of years ago; from a glacial moraine zig-zagging across a mountain range the whole philosophy of the glacial epoch has been established; and from a single tooth, as a starting point, the popular belief that man existed on the earth only for sixty centuries or so was swept away. Geography is dumb before such questions.

The trend of pathology to-day is in the direction of regarding the living man as a composite, in some sort as a coördinated colony of living entities, a congeries, having simplicity and entity only by virtue of such coördination and adaptation, and we can trace back, in many cases, these life constituents to their independent and still living prototypes, and wherever we find these we still find intellect and psychic life. In lower forms such multiple living organisms are common. Are we, too, built of living bricks, cemented with living mortar, and threaded with electric wires and speaking tubes through which flow the transcendental voices of the past, the universal present, and the future? Then where was the builder? And how did the builder work, and when did he begin? From freaks, hybrids, and the lowest forms of microscopic life, from sudden breaks in the line and leaps across to maintain continuity, from the slow passage of ages across generations of living forms still apparently unchanged, here are the workshops of true pathology, just as, among like conditions, are the workshops of geology, and here alone we may look for sure progress and final success.

And through it all, so long as man suffers and expresses himself, so long shall we be able to know what passes within, just as one may learn what disturbances arise among the horses within a darkened stable by listening at the doors, or in a mine by listening at the shafts above. And that is what Hahnemann taught us to do, and that is why he builded a system high across all the ologies of his day, and of our day, and of those yet to be; and that is why the whole medical world is coming to recognize in him the prophetic voice of an earthly deliverer, from myth and fancy, from defective facts, false inferences, and shifting hypotheses. As has been said elsewhere, "he found medicine chaos and left it system."

How to learn this great, complex and comprehensive system of *Materia Medica*, how to sail this great sea of symptoms, storm-tossed, overcast with clouds, with drifting fogs, and baffling winds from every quarter, with no compass but the fitful and changing light of pathology, exposed to interfering electric currents, and among masses of dead magnetic rock, and with false lights at every deceptive entrance, is difficult in any case, but to teach it didactically, to great classes of students who have not yet been trained, even, in the allied sciences upon which

it is based, must require the most serious thought and the highest skill to make effective.

Looking over Hahnemann's *Materia Medica Pura*, Bœnninghausen or Jahr, one can readily see that these great repertories can no more be taught didactically than could be Webster's dictionary to a class of students in English literature.

It was never intended to be so taught, and in olden times no one ever attempted to do so. These vast storehouses are emphatically books of reference.

Nor can isolated symptoms be culled out, so as to make up a series of lectures; it would be as idle as to juxtapose isolated and meaningless phrases from a lexicon, or to take a note here and there from a sonata by Mozart, a nocturne by Chopin, and a waltz by Strauss, and deftly string them together to produce a great composition, or to pinch out dabs of color from frescoes by Raphael and a dozen other great artists and expect them to reproduce the grand effects of the originals. If you can furnish the intellect, you may create a Frankenstein in this way, but not a living entity with a controlling soul; it will always be but a monster.

Nor can these great works be simplified, like *Robinson Crusoe*, into words of one syllable, for the young. Their whole pertinence and value is in their comprehensive coherence and completeness, as pictures of conditions.

But these things must be taught, and, if once acquired, the reward is immeasurably great, not only in mere medicine, but as adjuncts in surgery, and to give to this teaching any chance at all, in an auditorium full of students, it must be made decidedly interesting. A hungry man may crawl off into a corner and nibble a crust of dry bread, but he will not do it at a public table. It is altogether probable that much of the diminished knowledge of our *Materia Medica*, among many of our practising physicians and surgeons, and their consequent failure to grasp and comprehend, to use and apply it, is due to this very fact, for the older practitioners had to pull off their coats and go down and dig for it with pick-axes, while to the newer generation it is handed around on a fork.

Out from this undigested mass of didactic lectures on *Materia Medica* rise the majestic teachings of Richard Hughes and Charles Hempel. How they loom up! How interesting they are! Note the broadness of vision, the common sense of argument,

the connection of parts, the lucidity of style, the plainness of speech, the sustained interest of the subject. But Hempel is too bulky for class use, and newer light, also, has enriched our repertory since his splendid work was written, and Hughes is admittedly partial in scope, but perfect for its purpose.

It has seemed that, by taking our *Materia Medica* in its pathological aspect only, and holding the drug and disease symptoms firmly together, all through, a picture might be made of each remedy which could be traced and explained with ease to classes of students in such a manner that the interest of each would be secured and sustained and a comprehensive idea of the correlated drug and diseased condition could be thus firmly fixed in the hearer's mind.

We all recollect the magnificent recital, to her stricken friend, by Rebecca at the castle window, of the momentous conflict occurring outside the castle walls, in Scott's *Ivanhoe*. Something like this might be done in the teaching of *Materia Medica*, and it would then become one of the most interesting of all the branches of medical instruction.

Let us take *Aconite* for example. We know that, taken in frequent and rapidly increasing doses, it will first poison, with a multitude of symptoms, and finally kill, a man, and during this process the phenomena, taken as a whole series, will be characteristic and substantially uniform, and they can be noted and considered as they successively arise. And finally, after death, the body will present a series of altered conditions peculiar to poisoning by this drug.

But to obtain the full clinical record it would be necessary to kill one or more persons with each of these different poisons of our *Materia Medica*, before each class; and in some instances a good many persons, because certain cases manifest symptoms not peculiar to the drug, while in others true and important symptoms, for one reason or another, fail to present themselves.

But by employing enough of these subjects, for each drug used, there would finally result a complete picture of the effects of such drug, *Aconite* for example, and we would accomplish for medicine precisely what, and in the same manner as, vivisection does for biology and pathology. We would learn beyond question the sphere of action of every drug in our pharmacopœia.

It is true that we cannot kill all these people to obtain results,

even of so much interest and importance; but here is where our old school brethren come in, for nature has so arranged matters that these things, in that school of practice, occur with some frequency, and we can thus obtain just as much information as though we did the work ourselves. We have thus been able to make our pathogenesis of *Aconite*, and other lethal drugs, complete and perfect.

Now let us take, in teaching this drug, a hypothetical case of slow but fatal poisoning by *Aconite*, and describe, as pertaining to it, all the various effects belonging to the pathogenic action of *Aconite*, in all its subjects and circumstances, in a gradually intensifying and constantly varying series. We shall find that the whole progress of these cases depends, not on sporadic or isolated factors, and with unmeaning phenomena, but constitutes a coördinated entity, entirely distinct, certain and characteristic. Present this series before the students, teach them its integral character, its principle of action, its preference for parts, organs and conditions, and make it a graphic delineation from start to finish, and trace, parallel therewith, the progress of corresponding diseased conditions simulating the pathogenesis of the drug, and you will make your lecture a veritable clinic, and finally a post-mortem, and the students will be carried along unconsciously, and will become co-workers and co-observers in a train of pathological processes, and the correlated and consecutive groups of symptoms will fix themselves, each with a positive meaning, and a corresponding relationship to what preceded and follows, and the drug will confront the diseased condition, as the image in a mirror, and the connection once established, will never be broken, for it runs hand in hand with clinical medicine the most fascinating of all medical studies. It will be to *Materia Medica* what laboratory work is to chemistry and physiology.

In aiding these clinical presentations, charts of the human body could well be used, hung up like maps, behind the professor's chair, a different and a characteristic chart for each drug, thus making the peculiar form or physiognomy of the pictured subject an aid to memory. For *Belladonna* the representative would be red, for *Hamamelis* blue, while every drug would show, on the organs displayed, its preferences, its mode of action, and its characteristics. In some the vaso-motor nerves would be made prominent, in others the heart centre, in others the brain and spinal cord, again the peripheral nerve distribu-

tion, the skin, etc., etc., the purpose in each case being to present a characteristic basis for a clinical demonstration and to aid teaching by memory reinforced by the eye, and its peculiar picture. Many years ago there passed over the country a wave of a new system of teaching geography, which is also a subject requiring considerable memory to retain. This was called the system by outline maps, and by a six weeks' course under this system the pupils in a large class were enabled to learn more solid geography, and retain it for life, than by six years of ordinary school study. Great maps were hung up, one delineating the topography, another the political divisions, etc., etc., and the teacher pointed from spot to spot and the pupils responded with the answer. Before this the teacher had done this explaining to all, and the picture re-enforced the memory in a most surprising manner. With this was combined chanting the various facts in unison, and the results were so remarkable that all those familiar with this old system must regret its disappearance from the schools in favor of the pseudo-machine-teaching now in vogue. The method proposed for the teaching of *Materia Medica* is somewhat similar, and the results could not fail to rapidly advance the acquisition of this most important factor of homœopathic practice.

The due relative importance of all the different phenomena would become demonstrated, the relationship between the spheres of action of different drugs would become established, and finally those indeterminate symptoms, incidentally cured but whose relationships have not been discovered, would fall into place by memory, and would have a fixed and established place in the sphere of action of the drug.

The students would have the drug well in hand, and the presentation of one phenomenon would, by association of ideas, (the most powerful factor of human consciousness), call up its coincidences and consequences, and the drug would be born as the twin brother of its associated morbid conditions.

It is a great error, in teaching *Materia Medica*, to lay stress on comparison with, or differentiation from, the actions of other drugs. The less said of this, in teaching, the better. In chemistry when we teach copper we teach copper, and not its relationships, resemblances or analogies with other metals; we give its specific gravity, its color, its ductility, its chemical compounds and their behavior, and everything pertaining to it, and

when the student is through he knows copper; and when he learns iron, or nickel, or potassium, or hydrogen in the same way, he knows without teaching that these are not copper, and why they are not, and he also knows in what ways and by what reactions they resemble copper, and by what they differ from it. You cannot identify a photograph by measuring and comparing the features with other photographs by means of a pair of calipers or a micrometer scale.

But, it may be said, there are drugs in our repertory which do not kill; who ever heard of a fatal case of poisoning by *Lycopodium* or *Allium cepa*? Well, they produce effects on the system, and these effects are disturbances, and it is quite conceivable that such effects might, when the scale was evenly balanced, tip the beam to death. In any case we can trace onward the drug action along the lines which disease follows, even to death, and this would be the line of action of the drug under consideration, if it were sufficiently energetic and prolonged. The simile can be pursued, the picture completed, and the analogy traced up to its logical culmination, quite as well in one case as in the other, holding the drug and the diseased condition hand in hand, and it matters nothing whether it be the drug or the disease which is killing the patient, if the one is merged into, and travels *pari passu* with, the other.

Of course the students will be made to understand that one drug is an active poison, another a slow poison, and another still scarcely a poison at all, but that all are disturbers, and that disturbance of the system is the enemy to be met and corrected. A compass cannot sink a ship directly, but its indications may be so perverted and misdirected as to cause, or permit, the destruction of the vessel and all on board.

In this way every individual drug in our whole repertory may be put on exhibition, and compared with original disease as the engraving with the picture, or the echo with the music, or as the response to the question, and the students who are thus carried along with the sweep and surge of the eddying currents will take the same lively interest in the events portrayed as though they were themselves steering or paddling their own craft along the same rapids, or through the same whirlpools.

As a result, they will instinctively match their pippin of drug-action against the bell-flower of disease, their peach to peach, their plum to plum, turnip to turnip, and will always continue

to know their taste, their flavor and their appearance, and that these two are apples, these two pumpkins, these two bananas, and no amount of sophistical reasoning will ever be able to get these similarities and classifications out of mind.

There is a field here for future teachers of our *Materia Medica*; and in some such way it will be quite possible to so teach this science, and so inculcate this art, that medical students will graduate with a genuine love for this line of study, and will follow it up, and cling to it, and even enlarge it through a lifetime of professional practice, so that there will be no temptation to cross lots or dodge corners, or take up the stalking-horses of the past, or gallivant along on the walking-stick steeds of our old school brethren, or the broomsticks of rural dames who deal out simples and thank God that "they never had no book-larnin'."

In those days our great repertories will again become the rich storehouses, doubly enriched by new knowledge and new remedies, to which we will go, when in doubt, to be reëstablished, and, when in ignorance, to be informed; but most of all to be broadened in vision and confirmed in practice. And we will gain in respect, in influence, in prosperity and in power, and humanity will be the co-equal gainer with ourselves.

BORAX VENETA.

(Biborate of Soda—Sodium Borate—Borax.)

By P. S. Replogle, M. D., Chicago, Ill.

(From a forthcoming work on *Materia Medica*.)

ANTIDOTES: Camph., Coffea, Cham.

ALLOPATHIC DOSE: 5 to 30 grains.

TEMPERAMENT: Vital.

PATHOLOGICAL EFFECTS: Borax acts through the organic nervous system upon the mucous membranes, producing aphthous inflammation; upon skin, slight injuries suppurate and a general unhealthy look, it acts upon the sexual organs (women,) hastening labor and stimulating the menses and, lastly, has proved to be a powerful antiseptic and disinfectant when applied locally.

In excessively acid and poorly nourished people, especially

children. Borax will produce, at once, an alkaline blood pabulum and strike at the cause of the suffering.

Dread of downward motion in nearly all complaints.

Child cannot bear downward motion, not even during sleep; even the downward motion of putting it into bed or the cradle will surely waken it, or lifting up its feet to put on its diaper.

Cannot bear a downward motion as in a swing, in a rocking chair, or in running down stairs. Great anxiety from downward motion; going rapidly down hill; horse back riding (Sanic.)

Excessively nervous, easily frightened by the slightest noise or unusual sharp sound.

Very nervous, cannot sleep well; starts at the least noise, not disturbed by louder ones.

In cases of dentition and catarrhal affections in children.

Poorly nourished people; flesh soft and flabby; the least scratch of the skin becomes a running sore, with great irritability.

MIND: Sensation as if a cobweb over the face.

Fretful, ill humored, discontented (Bry., Cham., Nux v.), indolent.

HEAD: Aching in the whole head, with nausea and inclination to vomit.

Hair becomes frowzy and tangled; splits, sticks together at the tips; if these bunches are cut off, they form again, can not be combed smooth (Lyc., Psor.).

EYES: Eyelashes turn inward and inflame the eyes; tendency to "wild hairs" (Lyc., Psor., Merc.)

Inflammation of left eye at inner canthus and inflammation of right eye at external canthus with nightly agglutination (compare Bov., Graph., Staph., Sulph.).

EARS: Sensitive to the slightest noises (Acon., Aur., Coffea, Lyc., Nux v., Sep., Sil., Spig.). Stitches in the ear.

NOSE: Dry crusts in nose, reform when removed.

Boil in fore part of left nostril, with sore pain and swelling of tip of nose; red shiny swelling (Bell.).

FACE: Sickly, pale, earthly color of the face (Ars., Cinch.) Anxious face during downward motion.

MOUTH: Sore mouth, worse from touch, eating sour or salty food, or in old people from plate of teeth.

Aphthæ that appear suddenly, the whole buccal cavity covered with white fungous growth; limited to the mouth and fauces. Aphthæ on the tongue, in the mouth, inside the

cheeks, with great heat and dryness of the mouth and fauces (Hyd., Hell., Iod., Merc. ac.); child cries when nursing, the apthous inflammation is so painful—cracked and bleeding tongue, salivation especially during dentition. Flat, insipid or bitter taste (Bap., Bry., Puls., Sulph.).

THROAT: Tough whitish mucus in throat, which is loosened after great exertion (Ail., Am. m., Kali b.)

DIGESTIVE ORGANS: Frequent, soft, light-yellow stools (Asar., Canth., Caps., Cham., Colch., Hell., Merc., Nux v., Phos., Pod., Puls.). Sour, greenish diarrhœa (Rheum); stools largely composed of mucus, but sometimes watery; associated with colic, and great irritability; the irritability is something terrible. Before stool peevish, lazy, dissatisfied; after stool cheerful and contented.

SEXUAL ORGANS: Male. Indifference to coition.

SEXUAL ORGANS: Female. Pain from the stomach to the small of the back before the menses.

Menses too early and profuse (Am. c., Ars., Calc. c., Nux v.); with nausea and colic.

Pleuritic pain in the pectoral region.

Membranous dysmenorrhœa with labor-like pains.

Leucorrhœa; profuse, albuminous (Pod., Calc. p., Mez.); starchy, with a sensation as if hot water were flowing down; for two weeks between the catamenia (compare Bov.).

URINARY ORGANS: Hot urine in infants (Acon., Canth.); child dreads to urinate, and screams before each passage (Canth.). At night must rise to urinate several times (Amb., Phos. ac.).

Severe urgent desire to urinate (Acon.).

Smarting in urethra after urinating (Arg. n., Can. s., Canth., Caps., Coni.)

SKIN: Skin unhealthy, slight injuries suppurate (Calend., Cham., Graph., Hep., Sil., Sulph.).

AGGRAVATION: Downward motion; from sudden slight noises; smoking, which may bring on diarrhœa; damp, morning and warm weather.

AMELIORATION: Evening, and in cold weather. Pressure, holding painful side with hand.

RELATIONSHIP: Borax follows Calc., Psor., Sulph.

Is followed by (Ars., Bry., Lyc., Phos., Sil.).

Incompatible; should not be used before or after Acetic acid, vinegar, wine.

PROVINGS OF APIS MELLIFICA WITH REMARKS.

By J. H. S. Johnson, Chicago.

(Read before the *Chicago Materia Medica Society.*)

About the year 1882, during the early fall, I went to gather bees to make a θ of *Apis mel.* The day was cool and rainy; the bees objected to my intrusion and stung me a few times about the neck and ankles and many times on the wrists. Slight redness and swelling followed, except of the whole of both forearms. There was lameness upon motion. The more I kept moving the worse it became. No pain when quiet, only a tingling. Arms felt large.

I noticed the soreness of the muscles was but slight, although each muscle was clearly outlined in the forearm. The soreness was as of a thin paper-like covering of the muscles; it did not extend into the muscle itself. The soreness of the connective tissue or fascia separating and surrounding each muscle and especially marked between the skin and muscles.

It did not seem to effect the sheath of large nerves nor blood vessels, although I could distinguish their outlines. The sensations were, when moving, as if the cellular tissue was agglutinated. The tissues all stuck together and the adhesions were being torn apart by the motions.

Sharp needle-like stings passing in various directions mostly from without in, through fascia mostly, while at rest and sometimes when moving it seemed as if sharp, minute crystals about $\frac{3}{32}$ of an inch long, shot rapidly and suddenly from the connective tissue into the body of the muscles in a transverse direction. They did not dissolve nor vanish quickly, but remained and stung for awhile; but simply stopped moving, and after a few movements felt nothing of them for awhile, then others began to appear in various places. Tissues felt puffy.

The tissue surrounding the tendons of the wrists was particularly affected; that is, tendons seemed very sore on contracting them, not while relaxing.

Scarce any disturbance of urinary or digestive organs. The disturbance of the mental state was marked, and lasted about

two weeks. A sort of mental and physical hebetude, lack of energy, happy and contented. I realized I must continually guard against being controlled by this disposition to mental idleness, and all my will power was often required—I wanted to simply vegetate. I then understood and could sympathize with the darkey who composed the song, "Wish Every Day Was Sunday." I wished every day was Sunday, and with an extra night thrown in. Had I been a theosophist I likely would have decided to become a yogi, so agreeable was it to neither think nor move, and the contact of water while washing was so disagreeable, although I felt much better for some time after washing.

As many don't know what a yogi is, I will state it is the highest and most blessed state a theosophist can attain. The prescription to become one is this: A man is to choose a secluded place, arrange a comfortable seat, sit there, do nothing, care for nothing, think of nothing and look at his nose and let fools feed him the bread their poor children need, and when you don't care for anything; *i. e.*, have become an imbecile he is then a first-class yogi. Authority is Madame Besant's translation of the Boud vaad Geta.

I used *Apis* in high and low potencies in a case of asthma with thickened bronchial walls and albuminuria. The only preparation which afforded her any relief was 3x trit. This same vial of medicine has been useless in every case where used except this one.

The Chinese eat various wild animals, thinking they thereby receive unto themselves the various attributes of the animal eaten, and they become brave, ferocious and courageous according to the nature of the animal eaten. I notice that animals do not impart their virtues in their virus; only their vices.

It is written that the queen bee is the most jealous of all animals. She causes the destruction of all her husbands through jealousy.

A girl aged about three and a half years came to the clinic (not for treatment, however). She sat quietly for some time, then became furious as her mother paid especial attention to her sick sister. The mother excused her by remarking she was almost insanely jealous. I told her we could relieve her of this, or I believed most any moral or mental disorder. (We first thought of *Lachesis*.) We noticed and learned that she was

stupid and apparently indifferent to most everything except attentions to her sister and brother. She was ugly at times, vicious, wanted to kill the baby sister, wanted to tear them to pieces. When otherwise engaged, got quiet, did not want to be disturbed for any purpose whatever. She toiled not, and neither did she spin. Her face was pale and slightly puffed, no other symptoms. Verily this damsel was a queen of hornets, to say nothing of bees.

Apis 200th cured her in about one week, and the change was so agreeable and great that the family sang for joy.

SECALE CORNUTUM IN DIABETES AND XANTHOXYLLUM IN DYSMENORRHŒA.

By Sarat Chandra Ghose.

Secale cor. in Diabetes.

Babu H. C. Ray had been suffering from an attack of diabetes for the last ten years. He was treated by several eminent allopaths, but to no purpose. He was placed under my treatment on the 5th March, 1898.

The following symptoms hovered about the patient:

MIND.—The patient was very gloomy and anticipated death.

EYES.—Pressure in the eyes was felt.

EARS.—Hearing was indistinct.

FACE.—Pale, earthy complexion; sunken features.

MOUTH.—Mouth and œsophagus were dry.

TONGUE.—The tongue was thickly coated and very dry.

DESIRES.—Hunger was present, even after meals; he always hankered after cold water.

STOMACH.—Violent pressure in the stomach as from a heavy load.

ABDOMEN.—Burning in the abdomen was present.

STOOLS.—Obstinate constipation.

URINE.—Frequent and copious emission of hot, red urine, and the urine was of great density and contained sugar.

COUGH.—Short, dry cough existed.

PULSE.—Very weak and intermittent.

SENSATIONS.—Extreme lassitude, increased by any physical exertion.

MALE SEXUAL ORGAN.—Sexual desire and power were absent.

TEMPERATURE.—Chill appeared in the evening with considerable thirst. The temperature was not found to rise more than 102° .

I prescribed *Secale cor.* 6x on the 6th March, 1898.

8th March, 1898. Passed the night with more ease than before; the fever did not appear. Amount of urine voided in 24 hours, 92 ounces; specific gravity, 1042; much sugar.

12th March, 1898. No fever; amount of urine, 84 ounces; sp. gr., 1038; sugar still great.

16th March, 1898. Amount of urine, 80 ounces; sp. gr., 1036; sugar still great.

20th March, 1898. Amount of urine, 75 ounces; sp. gr., 1034; sugar still great.

24th March, 1898. Amount of urine, 70 ounces; sp. gr., 1032; sugar still great.

28th March, 1898. Amount of urine, 65 ounces; sp. gr., 1030; sugar still to be found.

2d April, 1898. Amount of urine, 60 ounces; sp. gr., 1028. sugar—a trace.

7th April, 1898. Amount of urine, 55 ounces; sp. gr., 1024; no sugar.

12th April, 1898. Amount of urine, 50 ounces; sp. gr., 1020; no sugar.

18th April, 1898. Amount of urine, 44 ounces; sp. gr., 1018; no sugar.

24th April, 1898. Amount of urine, 40 ounces; sp. gr., 1014; no sugar.

The patient was perfectly cured by the administration of *Secale cor.* and is now enjoying sound health.

Xanthoxyllum in Dysmenorrhœa.

The wife of Babu Panchanan Majumdar, aged 22, had been suffering from dysmenorrhœa for the last 10 or 12 years. Nothing could check the progress of the disease. The pains were so very great that the patient tried to commit suicide on two occasions.

I marked the following symptoms:

MIND.—Gloominess and anxiety were present.

SENSORIUM.—Giddiness existed.

EARS.—Tingling and roaring noise.

HEAD.—Stupefying headache was present.

FACE.—The face was very pale.

TONGUE.—Bitter taste and dryness of mouth.

SKIN.—Sensitiveness was experienced to the slightest touch.

POSITION.—Disinclination and aversion to work; could not stay long in any position.

BEFORE THE MENSES.—Diarrhœa appeared; fulness in chest and head existed, with severe contractive spasms in abdomen, leaving the parts very sore to touch or pressure; great sexual desire was present.

DURING THE MENSES.—Vertigo and giddiness came on; the flow was red, copious and foul-smelling; nausea and fainting; shooting, cutting and drawing pains, extending up and down and from sacrum to pubes; the pains were so severe as to cause her weeping; the face was red and suffused; the patient was seen to be low-spirited and taciturn

AFTER THE MENSES.—Obstinate itching of the vagina; bearing down pains as if menses would re-appear; gloominess; all pains were worse from motion.

At first I prescribed *Belladonna*, *Sabina*, *Caulophyl*, etc., in quick succession, but to no effect. *Xanthoxylum* ix acted like a magic to do away with the malady within an incredibly short time.

Mednapore, Bengal.

ARNICA.

Remarks by E. R. McIntyre, M. D., Before Chicago Materia Medica Society.

Dr. E. R. McIntyre said that in looking up the provings of *Arnica* he is led to the belief that it exerts its action (1) on the vagus, as indicated by the "burning and scraping in the throat; belching, smelling like rotten eggs; pain in stomach; vomiting of bile and blood," etc. The belching of gas that smells like rotten eggs is indicative of putrefaction of albuminoids in the stomach. This leads us (2) to Billroth-Meissner plexus, a very delicate system of ganglia, immediately beneath the alimentary mucous membrane, since these sympathetic ganglia preside over the digestive secretions. Any agent that disturbs them causes

changes in the quantity or quality of these secretions. This action on the sympathetic is further shown by "bloating of bowels; rumbling and diarrhœa." Through the action of *Arnica* on the sympathetic we get (3) brain symptoms of "Passive hyperæmia," from venous capillary vaso motor paresis. Because of this condition we get "mental dullness, hypochondria," etc.

(4) The spine shows symptoms of venous stasis, such as "pain between the scapulæ, great soreness in back." These, like the brain symptoms, are due to sympathetic vaso-motor disturbances rather than to direct action of the drug on the cerebral and spinal tissues themselves.

(5) The skin symptoms, such as extravasations not unlike bruises, which really have the same effect, (a) to depress and (b) to stimulate action of absorbents (capillaries). This may go on to inflammation in the cellular tissue, petæchia, ecchymosis, etc., not unlike purpura hæmorrhagica in appearance, but differing from the latter, in that there is no destruction of the fibrin under *Arnica*, which is present in purpura. Hence, *Arnica* can never be a suitable remedy for this disease like the snake poisons, *Mercury* and *Arsenicum*, the latter of which also destroys the red blood corpuscles.

Dr. Woodward asked if the brain symptoms were not due to biliary poisoning from the tying up of the biliary secretions in the circulation. Dr. McIntyre said not necessarily so, since in some severe cases of jaundice from catarrhal occlusion of the bile-duct marked cerebral or mental symptoms were absent. He was called to treat a case the past summer in the twelfth week of her sickness, after five allopaths had said nothing but an operation for gall-stones could save her. She presented but slight melancholy and no other cerebral symptoms, and made a good recovery under *Chionanthus ix* in a few weeks.

PASSIFLORA AND CRATÆGUS.

Dr. Earl S. Prindle relates two rather interesting cases in the November *Clinique*.

The first was a German driver of a beer wagon who, laid up with a broken arm, had an attack of delirium tremens of a most

ferocious character. *Kali brom.*, *Nux vomica*, bromidia, chloral bromide of potash and *Cannabis Indica* in heroic doses failed to quiet the raging patient. "The case was indeed a pitiable one, every symptom was worse, and not daring to crowd the above drugs any further, and believing that another six hours would see a fatal termination, a prescription was given as follows: *Passiflora succus* ℥vi., two teaspoonfuls every half hour until he was quiet."

"The effect was remarkable; after the third dose had been given he quieted down and slept for three hours; on awakening he again began to rave, though not so badly as before; another tablespoonful of *Passiflora* put him to sleep, and in the morning, when I called, he was himself again; he sat up and allowed me to reset the arm and bandage it, after which he turned over in bed and slept most of the day, thereafter making a rapid recovery.

Case 2. A little girl, age twelve years, came under my care while in the third week of typhoid fever. She suffered a sudden collapse which had not been successfully overcome by *Strychnia*, *Digitalis* or *Cactus*, but she rallied at once and made a good recovery by the use of *Cratægus*, five drop doses of the tincture every two hours.

"The indications which called for it were as follows: Great pallor, irregular breathing, cold extremities, pulse 120 and very weak and irregular. This condition had existed for two days, only temporary relief being obtained from the use of *Strychnia* and the usual heart stimulants. Decided relief, however, was afforded by *Cratægus*, and a rapid and apparently permanent cure was established."

RHUS AROMATICA IN ENURESIS.

The best single remedy I know of to successfully treat nearly all cases of incontinence of urine is *Rhus aromatica*, in doses of 5 drops to 20 drops, repeated three to four times a day in water or milk, the doses are adapted to age. There are many valueless makes of *Rhus ar.* on the market, and some that were once good have become worthless by being old. After a bottle of *Rhus* has been opened it soon becomes weak, then valueless by age. When the article is good it very seldom fails. There are a number of other remedies that have done well, but they fail five

times as often as *Rhus aromatica* in curing this disease. This medicament is more successful in the cases of children and young persons than in adults, yet I have cured several grown people of enuresis with it. In some cases the dose needs repeating every two hours for the first week (10 to 15 gts.) then four times a day.—*Joseph Adolphus in Southwestern Medical Journal.*

LAST month we quoted a certain Dr. C. N. Steele on "Christian Science" from *Medical Record*. There has been several replies and allusions to this letter, and among them one from Dr. Ch. Gatchell, of the *Medical Era*, who says (*Medical Record*, No. 18):

SIR:—Your correspondent, Dr. N. C. Steele, in the *Medical Record* of October 7, 1899, makes a plea for liberty of action on the part of mankind in the selection of the person who shall treat him in sickness. The doctor shows a very liberal spirit, and his plea seems to be founded upon justice, but there is just one element in the problem that he fails to mention. No law can compel a man to employ any particular kind of medical attendant in sickness; no law can prohibit his employment of any particular kind. But what the law can do is to compel all persons who undertake to heal the sick to acquire a certain amount of knowledge of the human body, its structure, its functions, the diseases to which it is subject, their causes and natural history, and the conditions which imperil life. Persons who have complied with this requirement of the law are then at liberty to practice "Christian science," "faith cure," "regular" medicine, "homœopathy," "eclecticism," "voodooism," "charms," "osteopathy," or any other old thing, and Dr. Steele or any other citizen would be at full liberty to elect the method that suited his fancy. The law does not undertake to bar the citizen from making a perfectly free choice of the method of treatment and the person who shall administer it, providing always that the persons who so profess to treat the sick has complied with certain reasonable requirements.

THE MONUMENT COMMITTEE.

To the Editor of the HOMŒOPATHIC RECORDER.

My Dear Doctor: The Finance Committee appointed by the American Institute at their meeting at Atlantic City in June of this year have received from the Monument Committee the following report of the present financial condition of the project. This report extends over a period of nearly eight years, and will show the receipts and expenditures during that period. The

Committee requests its publication in order that your readers may have an opportunity to examine it and appreciate the large amount of work that has been done by the Monument Committee. It is estimated that \$25,000 more will be required to place the monument upon its pedestal, and plans are now maturing that it is hoped will result in rapidly providing that amount.

Will you kindly give this space in your next number.

Very truly yours,

THE FINANCE COMMITTEE.

GEO. G. SHELTON, M. D., *Chairman*,
521 Madison Avenue, New York.

O. S. RUNNELS, M. D., *Secretary*.
203 N. Meridian St., Indianapolis, Ind.

BENJAMIN F. BAILEY, M. D.,
Lincoln, Nebraska.

JOHN R. KIPPAX, M. D.,
3154 Indiana Avenue, Chicago, Ill.

FINANCIAL REPORT OF THE HAHNEMANN MONUMENT COMMITTEE.

November 8, 1899.

RECEIPTS.

From subscriptions, interest on deposits, sale of models, etc. . . \$29,233.84

EXPENDITURES.

Contract for building, account of	\$25,000.00
Contractor, expenses of	191.10
Awards, competitive designs	721.73
Models	525.15
Photographs	117.91
Printing, circulars, booklets, stationery	829.94
Postage	433.50
Clerical assistance	880.90
Expressage and freight	29.50
Railroad fares	220.11
Incidentals, telegrams, collections, commissions	52.63
Auxiliary committees, expenses of	119.06
Cash on hand	112.31
	-----\$29 233.84

MEDICAL RECIPROCITY.

Editor of HOMŒOPATHIC RECORDER.

At the annual meeting of the *Massachusetts Surgical and Gynæcological Society*, held in Boston, December 13th, 1899, the

following resolutions, suggested by the President, Dr. J. P. Rand, in his annual address, were unanimously adopted:

WHEREAS, *The Massachusetts Surgical and Gynæcological Society*, believing that the laws for medical registration, as they appear in many States, are unjust to the reputable practitioner who for any reason may desire to change his location from one State to another; therefore, be it

Resolved, That this Society call upon the *American Institute of Homœopathy*, as the oldest National medical organization in this country, to take some action towards bringing about a uniform system for registration in medicine, whereby a physician legally qualified to practice in any State or Territory of this Union, or in the District of Columbia, may be allowed to register for practice in any other State or Territory of this Union, or in the District of Columbia, upon the presentation of a verified certificate and the payment of a nominal fee.

Resolved, That a copy of these resolutions be forwarded to the Chairman of the Legislative Committee of the *American Institute of Homœopathy*, for such consideration as may be deemed expedient.

CURANTUR, CURENTUR, CURENTER.

Editor of the HOMŒOPATHIC RECORDER.

Similia similibus curantur vs. *Similia similibus curenter*. *Similia similibus curantur*: Like is cured by things like, has been the shibboleth—the distinguishing motto of the homœopathic school—since the days of Hahnemann, the famous founder of that school. The verb “*curantur*” in that great motto was purposely rendered in the indicative mood to show to the world how firm, sure and confident Hahnemann and his followers were of the promptness and efficacy of the remedies, applied in accordance with that motto inscribed on their banner. Through nearly a whole century has the homœopathic school faithfully adhered to their standard with the motto: “*Similia similibus curantur*,” engraved upon it, and boldly carried it through all strifes and controversies against her opponents and adversaries, the number of which at all times has been legion.

But, alas! time has changed. Many changes, and great changes, too, have been made during the declining nineteenth century. Also the homœopathic school—at least, a noted divi-

sion thereof—is bound to have a share in changing things of vital interest before the close of this eventful century. It is true, the homœopaths, as a distinct school, are about to do great honor to Hahnemann, the famous founder and standard-bearer of their school, by erecting in his honor a costly and splendid monument at the Capitol of this great country of ours; but while the homœopathic profession of this country with one accord is eagerly engaged in this noble work of gratitude a large division of that school is about to disgrace their standard bearer, by shaking at, and finding fault with his shibboleth, "*Similia similibus curantur*," which, most clearly, is pointing out its founder's principle in the healing art. And what is their excuse? They have found that the old famous formula, *similia similibus curantur*, is embracing too much—is speaking of things that can not be substantiated. To that deplorable change the first step has already been taken, as we may read in a medical journal of a recent date.

In the same we are told that a noted association of homœopathic physicians, recently assembled, had unanimously adopted the following alteration of the old formula: "*Similia similibus curantur*, henceforth to be *similia similibus curenter*." Nota bene! *curenter*. Put on your spectacles, please! to know what you are reading! the verb "*curantur*" is to be changed into *curenter*." Do ye know, ye Latinists! what that new word "*curenter*" does mean? Is it Latin? If not Latin, what is it? Scarcely did I trust my eyes when reading of this change, and seeing that new word. More than once I asked myself what that word "*curenter*" might be? Even with the profoundest meditation I could not remember to have ever come across the word "*curenter*" when studying the Latin language in the old country some fifty years ago. I found some relief, however, in thinking *curenter* might have been smuggled in print by a careless printer—but soon I had to give up that idea, finding that that strange word appeared more than once, whereby misprints may be known—this word appeared repeatedly in various papers and at different occasions. No other explanation for substituting *curenter*, for *curantur*, was to be found than to take *curenter* to be a word picked up at random by some good doctor, who years ago may have had a taste for the Latin language, but did not advance far enough in his Latin studies, as to be able to recite correctly the first conjugation from the Latin grammar. Now if

such be the case, I beg the liberty of putting that new word *curenter* at the side of a Latin phrase I happened to find recently in a medical journal, in which the writer of an otherwise good paper was using a Latin word and made a grammatical mistake in doing so by writing "*per orem*" instead of saying "*per os*" (for *os* the mouth and *os* the bone, see Latin grammar on gender). The best advice that could be given to the originator of that new word, "*curenter*," in place of "*curantur*" would therefore be to have him take another course in Latin and study well the first conjugation, passive voice, and he will have no trouble in finding the word he wanted to grasp, but, for some reason or other, missed.

What they really wanted is the third person plural, conjunctive mood, present tense, passive voice—a word that is spelled *curentur* and means in the English language, "*they may be cured.*" Hence the new formula would read: "*Similia similibus curentur*," which means in the English language: "Things alike may be cured by things alike. Hahnemann's *curantur*," "they are cured" is to give place to *curentur*; *they may be cured*, sureness and certainty of a cure by well-indicated remedies to give place to doubt and uncertainty. What does the Homœopathic profession of this good country say to that uncalled for doing of the American Institute? Shall the old banner with its motto; *Similia similibus curantur*, be thrown away and trampled upon by our adversaries? Shall doubt and uncertainty and experimenting with our remedies reign for the coming century? No, and again, no! Let a portion try it for the coming century with a new banner and with a new motto upon it, the greater numbers of homœopathic practitioners will cleave to the old flag with its well-tried motto, *Similia similibus curantur*.

Very truly yours,

E. G. H. M., M. D.

(Free speech is what the English speaking race has fought for from the days of Cromwell. Dr. M—— has spoken freely and the RECORDER'S pages are open for replies. Editor of the HOMŒOPATHIC RECORDER.)

MORGAN'S REPERTORY OF THE URINARY ORGANS.

Editor of HOMŒOPATHIC RECORDER.

Not since 1891 have Boericke & Tafel given us such a reliable

and trustworthy addition to our armamentarium for the care of the sick. Dr. T. F. Allen's Bœnninghausen's Therapeutic Pocket Book should be in the hands of every Hahnemannian. The concluding section on Relationships is especially valuable, the author having added more than twenty of our newer remedies to Von Bœnninghausen's list. Dr. A. R. Morgan's Repertory of the Urinary Organs is a brand new comer and in every way a fit companion to the above-mentioned book.

It is a pleasure to take up the book and feel, after repeated examinations and practical trials, that we have here something that we can tie to Looking over the list of remedies otherwise complete we miss *Thlaspi bursa past.*, and wonder thereat. But on further search we find the remedy under the appropriate rubrics, showing omission only in list of remedies.

Dr. Morgan's work has been thoroughly done, proof-reading included.

Of repertories we have many, but they too often lack in completeness.

In the book before us we find a reliable friend, complete in every symptom.

The whole field is covered so thoroughly and so logically that it at once brings Bœnninghausen to the mind. As the author states: "No repertory can take the place of the *Materia Medica*, but in this case it clears the way for the quicker selection of the indicated remedy.

In a recent case of nephritic colic we had a practical demonstration of the value of the book.

The patient had been subject to several previous attacks. Careful examination left us in doubt as to which one of three remedies was called for.

Reference to Dr. Morgan's Repertory cleared up the field and *Berb.* only was given. The following morning a messenger brought a dozen or more masses of crystals, several of them being the size of a flax-seed.

One swallow doesn't make a summer. True, but if one man can secure results from the indicated remedy others can do the same. Twenty-five years, experience without the use of morphine has taught the writer that the glory of Homœopathy and well-being of the patient is best conserved by sticking to our colors.

E. P. G.

Bridgeport, Conn.

THE RESTORATION OF HAHNEMANN'S TOMB.

Editor of HOMŒOPATHIC RECORDER.

The monument to be erected in Pere La Chaise cemetery, Paris, in connection with the restoration of the tomb of our honored Dr. Samuel Hahnemann, will be of Scotch red granite of imperishable polish, except the sub-base, which will be of Normandy granite. In the centre of the monument will be a pedestal, with carved ornamentations and bronze garlands, which will support Hahnemann's bust.

Back of the pedestal will be a large stela (or arch) surmounted by carved emblems and of 3 meter 80 in height; on the body of the stela is Hahnemann's epitaph and at the foot of the pedestal is read "International Subscriptions." The sides are engraved with his works and sentiments and further ornamented with palm leaves, consols and placques in relief. In front will be double perpend stones moulded to hold a railing in antique green bronze, Greek style.

The amount received by Dr. Cartier is 17424,40 francs, which covers the contract made, but further subscriptions will be accepted up to January 1st, 1900, as certain parts of the tomb can be more richly ornamented with additional money.

The contract of Lardot calls for the completion of the work in time for the dedication of the monument during the meeting of the International congress, which meets in Paris, July 18th to 21st, 1900.

BUSHROD W. JAMES,
American Members of the Commission.

NASH'S LEADERS IN HOMŒOPATHIC THERAPEUTICS.

Editor of HOMŒOPATHIC RECORDER.

This is the kind of a primer that could be placed with profit in the hands of any physician who is dissatisfied with the imperfect therapeutics of his (generally the regular) school; it will at once give him a practical insight into the *healing* art, not into the bacteriological field, wherein there is no profit "but only

vanity." Open the book, friend, at page 123. The great *Chamomilla* is described, a prince among its fellows, followed by *Coffea*, no less useful under certain conditions; then *Ignatia*, *Cocculus*, *Conium* and *Zincum* follow in the line of neurotics—certainly a grand array against your *Opium*, the pain as well as patient killer. The advantage of studying these important "nervous" remedies one after the other and comparing them in your mind while their reading is still fresh cannot fail to individualize each one in its particular sphere. If you want to know what narcotic doses of *Opium* accomplish turn to page 273.

One of the best features of the book is its comparisons. Vide page 305, under *Arnica*, "everything on which he lies seem too hard." *Baptisia*, *Phytolacca*, *Rhus*, *Ruta*, *Staphisagria* and *China* are quoted with their similar symptoms "soreness," while *Arnica* and *Baptisia* are still further compared. Herein lies the art of teaching, *i. e.*, to open the eyes of the pupil to such differences, to call his attention to seemingly insignificant symptoms, which will enable the physician to diagnose the case and the remedy correctly.

Petroleum (page 313) has "one very marked characteristic symptom that guides to this remedy, and that is, that the eruption is worse during the winter season. There is no other remedy that has this so prominently." Does that make you smile? Well, we have another remedy, *Lycopodium*, where the characteristic aggravation is daily from 4 to 8 o'clock P. M. (page 47). Now laugh right out; but it is true, nevertheless, I have tried it myself; a young man labored under typhoid fever, was given *Quinine*, *Quinine*, *Quinine* in massive doses by his (regular) doctor without getting any nearer to recovery. I found out that this fever was worse from 4 to 8 P. M., gave him *Lycopodium* 24 or 30, I forget now which, and that remedy alone, put him on his feet in a very few days. *Try it!*

I wish more attention was paid to the time of the day and the season of the year as regards the aggravation or amelioration in individual cases. It would make practice so much easier. Well, you will say, how do you explain it; we don't claim to explain everything, we leave that to the physiologist and the pathologist to search out after they get through with their bacteriological craze.

As I said in beginning, this is *the* kind of a primer in therapeutics for the regular physician to read to get really acquainted

with the treasures of the *Materia Medica*. No long, empty discussions as to the law of similars or of the doses. The facts are given. Clear cut indications, enabling any intelligent physician to individualize each case, are written down, excluding any *routinism*. Such and such potency cured. Now, honestly, what is that to you, that your mental calibre does not understand why the ridiculously high 200th dilution or potency (what's in a name?) cured such or such a case? The fact that it *did* cure ought to be uppermost in your mind, and should urge you to study that remedy and that system of cure.

If some of the *regular* brethren had been contemporaries of Cotton Mather they might have believed that burning witches was quite *regular* and proper. Thanks to God! the human mind has developed and has cast out its fossil shell of old. On the other hand, if homœopathic teachers want to convert to their teaching those who are dissatisfied of their own barren therapeutic knowledge let them take out from their treasury of knowledge "things both old and new" and present them in such a tempting way as Dr. Nash has done. It is very dry reading, such reading of the standard *Materia Medica* with its many thousand symptoms. Every one who *has been there* (*i. e.*, in the doubt between two remedies) will not deny that a large homœopathic *Materia Medica* with its many symptoms is very desirable and very useful. But such books do frighten most people away. There is such a sameness to the unexperienced eye! It takes a book like that of Nash to act as an "eye opener." Really there is no reason why some qualified teacher and practitioner should not write a large octavo book of 600 or 700 pages on the same lines as those laid down by Prof. T. F. Allen in his excellent article on Aconite in the October number of the *RECORDER*. But (and here is the point!) there is no reason either why that book could or should not be written like Fothergill's *Hand-Book of treatment* (allopathic), *viz.*, according to systems of organs, making such chapters as these: fever; troubles of the circulation; trouble of the respiration, etc.; not according to names of diseases so much as to symptoms (respiratory, circulatory, nervous, etc.). We know, or ought to know, that there are no remedies that are only neurotic, or tonic, or only adapted to the circulation as the regulars may think when they prescribe *Digitalis*, *Opium*, *Zinc* or *Iron*. Yet we know that certain remedies have an affinity for certain organs; now why not bring

out those affinities? Why not classify the effects of drugs according to their relations to organs? And the same drug, although discussed in several chapters according to its different affinities, will not appear the less clear in its action, but will impress us the more forcibly with its genius. Come forth, ye *Materia Medica* giants! Now is your chance!

A. A. RAMSEYER.

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WHAT WAS IT IF NOT MEDICINE?

My patient (typhoid), was tossing in a muttering delirium; no sleep; skin dry; temperature 104° F.; picking at bed clothes; slipping to the foot of the bed—in fact, everything looked discouraging, and I was baffled. On the evening of the twenty-third day I discontinued all medicines, and gave him six powders of *Kali phos.*, 3x, one every two hours. Next morning he seemed no worse. Gave him twelve powders *Kali phos.*, 3x one every hour. When I saw him again in the evening he was sleeping his first sleep for nearly four weeks. Nurse was instructed that he was not to be disturbed, and when I saw him next morning he greeted me with a “Hello, doctor!” Had slept all night; temperature 101° ; *tongue absolutely clean*. He was free from that muttering delirium, and from this time on, with the aid of the indicated remedies and good nursing, he made an uninterrupted recovery. The points of special interest are the scarlatinal like eruption, the characteristic tongue, and the almost immediate results following the use of *Kali phos.*, 3x.—*Dr. J. S. Nerderkorn, Versailles, O., in Ec. Med. Gleaner.*

Looks as though it would be well for the doctor to make a practice of discontinuing all medicine!

ALTHOUGH the contents of Dr. Bradford's work (*Logic of Figures*), have the effect of a competitive showing, they were compiled from honest statistics, such as could not have been affected by any emulative or partisan spirit. They exhibit clearly and cleanly the difference between the clinical results of two great systems of medicine. Fair comparisons deduce an advantage of 150 per cent. for Homœopathy. The book should be studied with more than religious assiduity by all intelligent people. Particularly doctors should study it, for upon them hangs the physical well-being of the people.—*Medical Gleaner.*

SCILLA MARITIMA.

By C. M. Boger, M. D., Parkersburg, West Va.

Continuing our study of the Liliæ, we now take up one of the most ancient of drugs. The medical history of the sea onion is shrouded in the mists of the remotest antiquity; this remedy is an *acid-irritant* affecting every part with which it comes in contact, but showing an especial affinity for the mucous glands of the *bronchi*, and in a slightly lesser degree for those of the nose and gastric intestinal tract, stimulating them and causing the pouring out of large quantities of an acid mucus.

It principally stimulates the cardiac muscle, by this means greatly increasing the flow of urine; its action on the kidneys is not always thus explainable, for its irritating qualities also specifically affect the kidneys, so that but scanty, or even bloody, urine is secreted according to the susceptibility of the individual.

Squills exhibits two distant groups of associated symptoms, the first is HEART, RESPIRATORY ORGANS and KIDNEYS usually with *profuse* urine except in fully developed inflammatory states.

The two following cases illustrate this nicely:

Mrs. B. Angina pectoris; former homœopathic physicians helped her with *Aconite*, *Cactus*, *Kalmia*, etc.; last attack came on with very forcible cardiac contractions, profuse urine, and much loose mucus in throat and trachea, heart pain of an indefinite but very severe character. *Scilla* 30 relieved in a few hours; there has been no recurrence for almost three months, a very unusual thing for her, especially as she always fared badly in winter or cold weather.

Miss L. Pleuro-pneumonia; fully developed temperature 103°, pulse 132; stitching pains in left chest; must sit erect; respirations thirty per minute; constant hacking cough; frequent hot scanty urine; great weakness and anorexia; this case was beautifully cured with *Scilla c. m.*, considering the fact that the patient had only lately recovered from typhoid fever and has naturally a weekly constitution.

The second group combines HEART, DIGESTIVE TRACT and KIDNEY symptoms, the urine commonly being *scanty*; the acute exacerbations of chronic Bright's disease not infrequently show this combination. It will then be found that the gastro-intestinal symptoms are often those of the proving of squills, the diarrhœa, the tongue, etc., particularly when the loose stools alternate with scanty or suppressed urine.

All the discharges are excoriating, often causing itching, so that *children continually rub the eyes, nose and face*; this drug irritates the skin and affects its nutrition; we have the formation of blisters, pustules and excoriations; the nails become brittle and split, and veterinarians use it for cracked hoof; it is one of a few remedies that cause black teeth. Lippe puts it thus: "Black cracked lips and black teeth." The following case shows its action nicely in this connection:

Lad, æt. 7. Hay fever, third yearly attack, teeth show black marks, continually rubs eyes and sneezes, bloated about eyes and face, loose cough, entire relief without relapse this year in two days, former attacks lasted several weeks.

Squills causes exudation into the serous cavities, affecting the pleura most prominently, hence of great utility in pleurisy with sticking pains round the left side; hydropericardium or ascites may call for it, although Hahnemann has pointed out that it can not act *curatively* in dropsies unless profuse urination co-exists, these cases being rare; he calls attention to its applicability in diabetes, which, as we all know, may present coincident respiratory symptoms; that it will act curatively in these cases remains to be demonstrated; the general aspect of its symptom picture does not seem to lend much encouragement to such an idea. The allopathic school have used this remedy extensively for bronchitis and certainly with benefit, for its symptomatology plainly indicates it for several types, especially when combined with heart symptoms or accompanied by spurting of urine; or in children when they continually rub the eyes and face; how common these cases are we all know, but do not prescribe this remedy as frequently as it deserves.

Scilla Maritima.

THE PATIENT.	LOCALITY.	MODALITIES.	SYMPTOMS.
Crossness.	Mucous membranes.	<p><i>General.</i> Agg. Morning. Inspiration. Motion. Uncovering. Amel. Rest. Lying down in bed. Wrapping up warmly.</p>	<p>IRRITATION OF THE MUCOUS MEMBRANES WITH GREATLY INCREASED SECRETIONS, ESPECIALLY FROM THE KIDNEYS, MUCOUS GLANDS OF THE NOSE, BRONCHI AND GASTRO-INTESTINAL TRACT, generally of a very acrid character; serous exudations, hence pleurisy and in rare cases dropsy.</p> <p>WEAKNESS; mental and physical languor; relaxed sphincters with incontinence on subjecting them to sudden pressure, as coughing, etc.</p> <p>Symptoms generally appear on the left side; sticking, or contractive sensations.</p>
Too hot, but averse to uncovering.	<p>Respiratory Organs. BRONCHIA. Pleura.</p> <p>Kidneys and Bladder.</p>	<p><i>Special.</i> Agg. Drinking (cold). Exertion. Ascending. Cold air. Inspiration (deep). Amel. Sitting up. Expectoring even a small quantity.</p> <p>Agg. Coughing.</p>	<p>Violent persistent sneezing and fluent coryza; CORYZA WITH ULCERATED NOSTRILS; PROFUSE ACRID SMARTING DISCHARGE.</p> <p>COUGHS ACCOMPANIED BY OR ENDING IN SNEEZING, or a necessity to blow the nose; with watering nose and dim watery eyes; WITH INVOLUNTARY MICTURITION; IN CHILDREN WHO CONTINUALLY RUB THE EYES AND FACE; bronchial, with chest full of mucus, but a little expectoration relieves; offensive expectoration; constant expectoration of mucus.</p> <p>The period of the morning cough, in which the mucus is dislodged, though with difficulty, is much more exhausting than that of the evening, when the cough is dry.</p> <p>Sudden violent cough, with expectoration in the morning, with sticking in side at every cough.</p> <p>Sticking pains in chest, worse on left side; PLEURISY.</p> <p>Urine profuse, escaping involuntarily when coughing, sneezing, etc.; more rarely, hot, red, bloody, scanty or suppressed.</p>
Comparisons.	Digestive Tract.	<p>Agg. Morning (2-7). Daytime. Walking. Measles, during.</p>	<p>Disgustingly sweetish taste in mouth; to expectoration; burnt taste.</p> <p>Nausea in back of throat, with salivation; much viscid mucus in mouth.</p> <p>EMPTY ERUCTATIONS.</p> <p>Offensive, often blackish form of diarrhoea, involuntary when coughing, sneezing or passing urine.</p> <p>Pulse hard; powerful muscular contraction of heart; ICY COLD FEET.</p>
Bryonia. Cantharis. Lil-tig. Kali-c.	HEART. Skin.		<p>Dark red face; black cracked lips and black teeth; SPLITTING NAILS.</p> <p>Absolute lack of sweat, heat with aversion to uncover because he is chilly if uncovered ever so little.</p> <p>Itching and sticking in; excoriation of; eruptions, blister like, pustular, purpura like.</p>

WAS IT A PROVING OF CALCAREA FLUORICA?

The following rather curious letter, addressed to Messrs. Boericke & Tafel, is not without interest to all homœopathic physicians. The first letter was simply an inquiry from the

writer as to the effects of *Calcarea fluor.*, but couched in such terms as to be rather puzzling. The reply was a brief general statement of what is known of the drug, which brought out the following, and, we may add, that no names were mentioned by the gentleman, nor is it of any importance, as the sole general interest in the letter rests in the effects of the prolonged use of the drug to which he was subjected: He writes:

“ In your letter of Nov. 23d you called my letter to you puzzling. No doubt it was. This time I will be more explicit. The *Calcarea fluor.* was actually given me by a physician after me showing him the veins above the knee. After taking the same for about a month the calf of the leg became somewhat swollen. After six weeks some hard lumps formed in the calf (left leg). Asking the doctor about it, he said he did not know the cause of it, I must have knocked myself, I should continue the *Calcarea fluor.* The veins did not improve, but the calf became full of such lumps (though not painful) and measured more than one inch more than the other in circumference. After four months I noticed a marked decline in erectile power. Then I got hold of your little manual, entitled *Sexual Ills and Diseases*, 1896. I began taking *Hamamelis* beside the *Calcarea fluor.* Then there was a kind of standstill at least. After five months and one week I dropped *Calcarea fluor.* without telling the doctor, and since three weeks I take only *Hamamelis* and *Carbo veg.*, once in a while a pellet of *Sulphur*, and rub the calf evening and morning with *Hamamelis* mixed with a few drops of *Arnica*. Now it is improving daily, although slowly. I can make the veins disappear while rubbing, and have only three small lumps left.

“ When I told the doctor, after six weeks, it was no better he said it would take at least two months. Then, again, later it would take three and four months, and at last eight months. I do not at all wish to take this doctor to account; of course I drop him. But I would like to know whether a physician should have prescribed *Calcarea fluor.* for varicose veins? the same can be asked about *Aurum met.* In my case both medicines failed entirely to cure that which I asked the doctor to cure.

“ I thought it the wisest way to address myself direct to you, for obvious reasons, for my own and family's information. It cannot surely do the system any good to take the wrong medicine for such a length of time, not taking into consideration that the ill may grow, especially a sickness of the heart caused by shock.

“You will also confer a favor,” etc.

The reply to this was that no doubt but that the physician prescribed to the best of his ability, but that as the treatment was a failure he had better go to another physician. The account given in the letter of the effect of the drug is a strong confirmation of its pathogenesis given in Boericke & Dewey's *Twelve Tissue Remedies*, and for that reason the letter is of general interest.

INDICATED VS. NON-INDICATED REMEDY: PERITONITIS.

Mrs. H., aged twenty-three years, light complexion, blue eyes, weight 93 pounds, was taken with a sharp pain in the region of the liver, which changed to left side under regular treatment, finally located in right lower abdominal region, when the pains were sharp, coming and going quickly; also at times a pain of same nature in region of splenic flexure of colon. Pains had been partially controlled by doses, hypodermically injected, of morphine, codein, etc., with no diminution of trouble, but a gradual decline in strength and an increase of tympanitis, until almost complete exhaustion.

Tympanitis, like a drum, throughout the abdomen, severe pains when gases or fæces passed the sore points (evidently adhesions or constrictions had taken place here), surface of abdomen sensitive to touch, loss of sleep, continued moving from pain, aggravation from jar or noises.

This had been going on for six weeks, when a casual remark by the physician in attendance that it would probably be another week before much relief could be expected decided those interested, including the patient, to change the treatment.

April 4th, '99, was called to take the case; arriving 3.30 P. M., found a pitiable little emaciated woman with symptoms as above; decided that *Belladonna* was the remedy and administered it on tongue with instructions to take no more unless necessary. The next morning was informed that by 5 o'clock relief was felt and she had slept most of the night, a thing she had not done for nights.

The tympanitis was almost gone, with very little pain at sore points where constriction had taken place; could move from side to side without much pain. There had been a considerable

disturbance of the stomach from the medicines taken. By careful selection of foods that agreed, in ten days case was discharged perfectly happy and appreciative.—*Frank R. Waters, M. D., in Dunham Med. Col. Journal.*

CONVALLARIA MAJALIS—LILY OF THE VALLEY.

We are positive that the profession generally neglects this most active and praiseworthy drug. The only drug that can be compared with *Convallaria* is *Digitalis*. The former is just as active, both upon the kidneys and upon the heart, and it does not disturb digestion, is non-toxic, and non-cumulative, therefore much safer than *Digitalis*.

Some one has said that *Convallaria* is one of the most powerful diuretics known. In some cases this is true. In other cases some other drug will be more powerful. To get the best diuretic effect of *Convallaria*, the heart affection must be a complication. At least our experience has not led us to the use of *Convallaria* simply as a diuretic.

In the *Convallaria* case there is heart discomfort; there is fluttering and palpitation; a sudden stop, then a sudden start, that makes the patient faint and nauseated. The symptoms are aggravated by ascending stairs or by active exercise. There may be organic heart trouble, or there may not be. The pulse is usually softer than common. In the so-called "tobacco heart," and in "bicycle heart," *Convallaria* has no equal. It is a safer and better remedy in organic heart troubles than is *Digitalis*. It is a more powerful remedy in all conditions than *Cactus*. Its effects in mitral stenosis or insufficiency, or aortic regurgitation, are as beneficial as can be reasonably expected from any drug. Through its tonic action upon the heart and consequent diuretic effects, it frequently dissipates a dropsy due to mitral trouble. It lessens the pulse and augments the force of contraction. In the same way a hydrothorax, a pulmonary stasis, the dyspnoea, palpitation and distress of the later stages of phthisis pulmonalis may be mitigated by *Convallaria*.

When given in chronic Bright's disease, *Convallaria* lessens the amount of albumen, and to a degree renders the patient more comfortable. But, owing to the structural lesion of the kidney, its diuretic effects in this disease are not so marked.

In many cases of typhoid fever, pneumonia, bronchitis, em-

physema, and other lingering diseases, *Convallaria* will help overcome the cardiac debility that so frequently ends in heart failure. However, the cases in which any drug of this kind is to be administered must be carefully selected, and the remedy carefully given. Many times heart tonics have brought about the very effect that they were intended to avert or dispel. A running horse can be whipped to exhaustion; an overworked heart can be over-stimulated and exhausted. We believe the administration of heart tonics and heart stimulants to be the direct cause of fifty per cent. of the deaths from pneumonia and typhoid fever. There is a place for such drugs in the treatment of these diseases, but the great mass of the profession has not yet learned this necessary lesson.—*W. E. B., Eclectic Medical Journal.*

HYOSCYAMUS.

As noted above, when the patient objected to the taste of the water containing the *Hyoscyamus* tincture I took a teaspoonful of it myself to taste it. The result was funny.

A few minutes later I found that it produced a queer feeling throughout the body. I felt as though without weight. It seemed as though I walked through and on air. My head felt light. I had an insane desire to laugh and shout. It was only by the utmost use of my will power that I could keep myself from doing something ridiculous. Even when I forced myself to think of my position of responsibility as medical attendant on this very sick man, and the absolute necessity of keeping my wits about me, it was hard for me to restrain my hilarity. I can liken the condition only to one of mild hilarious intoxication—a “funny drunk.” I knew I was silly, but I could not help it. To keep myself from losing my dignity before the nurses and the family I locked myself in the bath-room for a few minutes and made faces at myself in the mirror.

Fortunately, this curious condition of mind was transitory, and in the course of a half hour I had returned to my normal mental condition. The proving, if I may dignify it by that name, was entirely unexpected and involuntary. The picture is as nearly accurate as I can make it, and is not overdrawn.—*Walter Sands Mills in N. Am. Jour. of Hom.*

BOOK NOTICES.

Keynotes and Characteristics, with comparisons of some of the leading remedies of the *Materia Medica*, by H. C. Allen, M. D., Professor of *Materia Medica* and the *Organon* in Hering Medical College and Hospital, Chicago. Second edition. Revised and enlarged. 318 pages. Cloth, \$2 00; by mail, \$2.10. Philadelphia. Boericke & Tafel. 1899.

The first edition of this work contained 179 pages, while the second (same size of page and type) runs up to 318 pages, new remedies having been added and the others being very thoroughly revised and polished. The new edition also contains a remedy list and an index, something missing from the first. Among the more important additions to the work are quite long chapters on the nosodes, something, barring Hering's chapter on *Psorinum* in his *Condensed Materia Medica*, to be found, we believe, in no other work.

Many inquiries have been made in the past for something on the use of these remedies, but there was none available; now they are in print, shaped by a master hand. Of the remainder of the book little need be said; it is the great "keynote" book of the homœopathic *materia medica* today in print, and the rapidity with which the first edition was sold out is a good test of the way in which it is regarded by the homœopathic medical profession. It is gotten up in fine style, the type and paper making a combination pleasing to the eye.

Children: Acid and Alkaline. "Health the Golden Mean." The Law of Diet Selection, *Contraria*. The Therapeutic Law, *Similia*. By Thomas C. Duncan, M. D., Ph. D., LL. D., etc. 148 pages. Cloth, 75 cents; by mail, 82 cents. Philadelphia: Boericke & Tafel. 1900.

The division of all babies born into the world into three classes—normal, acid and alkaline—is not original with the author of this book, though no man in either of the big divisions of medicine has devoted so much study to it, or understands it so thoroughly, so it is fit that he should present this important study to the world.

Whether the theory be true, or not, is a question, but we incline to the belief that there is considerable of truth in it, and

the study of this book will enable the physician, now unacquainted with what Dr. Dr. Duncan has here given to his professional brethren, to pull many a baby through its always perilous first few years of life by its help. Duncan in one of our esteemed "senate of seniors" and what he writes is worth reading.

A Text-Book of Diseases of Women. By Charles B. Penrose, M. D., Ph. D. Professor of Gynecology in the University of Pennsylvania; Surgeon to the Gynecean Hospital, Philadelphia, etc. Illustrated. Third Edition. Revised. 531 pages. 8vo. Cloth, \$3.75. Philadelphia: W. B. Saunders. 1900.

Another of those books (this a third edition) marked by the elegant paper, press work and illustrations that characterize nearly all of Mr. Saunders' publications. As for the contents, it is the knowledge and methods of our "regular" brethren brought right up to the close of the 19th or the beginning of the 20th century, accordingly as you view the much-discussed question.

A Manual of the Diagnosis and Treatment of the Diseases of the Eye. By Edward Jackson, A. M., M. D. Emeritus Professor of Diseases of the Eye in the Philadelphia Polyclinic, etc. With 178 illustrations and two colored plates. 604 pages. Cloth, \$2.50 net. Philadelphia: W. B. Saunders. 1900.

This is a book, as the preface informs us, intended to meet the needs of the general practitioner of medicine and the beginner in ophthalmology; it is intended to cover the diseases that are often presented rather than the rarer diseases. The book is plain, practical and well written.

An American Text-Book of Surgery, for the Practitioners and Students. By Phineas S. Connor, M. D., Frederick S. Dennis, M. D., William W. Keen, M. D., Charles B. Nancrede, M. D., Rosewell Park, M. D., Lewis Pilchre, M. D., Nicholas Senn, M. D., Francis J. Shepherd, M. D., Lewis A. Stimson, M. D., J. Collins Warren, M. D., and J. William White, M. D. Edited by William W. Keen, M. D., LL. D., and J. William White, M. D. Third edition. Thoroughly

Revised. 1,228 pages. Cloth, \$7.00; sheep or half morocco, \$8.00 net. Philadelphia: W. B. Saunders. 1899.

This massive and magnificent volume is so well-known by the profession that the mere announcement that the third, revised edition is out is sufficient.

Lectures Upon the Principles of Surgery Delivered at the University of Michigan. By Chas. B. Nancrede, A. M., M. D., LL. D. Professor of Surgery and of Clinical Surgery; Emeritus Professor of General and Orthopædic Surgery, Philadelphia Polyclinic, etc. With an Appendix containing a résumé of the principal views held concerning inflammation. By Wm. A. Spetzly, A. B., M. D., Senior Assistant in Surgery University of Michigan. Illustrated. 398 pages. Cloth, \$2.50 net. Philadelphia: W. B. Saunders. 1899.

This book consists of thirty-six very interesting lectures, together with the appendix and index. Glancing through the lectures we notice in the one on "Tetanus" that another popular belief is shattered, namely, that in hydrophobia "there is no fear of water in the dog. Although, finding he cannot swallow readily, he may abandon the effort." For a broader view this book is excellent.

A Text-Book of Embryology for Students of Medicine. By John Clements Hessler, M. D., Professor of Anatomy in the Medico Chirurgical College, Philadelphia. With 190 Illustrations, 26 of them in colors. 405 pages. Cloth, \$2.50. Philadelphia: W. B. Saunders. 1899.

A book embodying all the science of embryology up to date in compact style, well printed and illustrated.

Saunders' Question Compend, No. 3, Essentials of Anatomy, Including the Anatomy of the Visera, Arranged in the Form of Questions and Answers Prepared Especially for Students of Medicine. By Charles B. Nancrede, M. D. Professor of Surgery and Clinical Surgery in the University of Michigan, etc. Sixth Edition Thoroughly Revised by Fred. J. Bockway, M. D. Assistant Demonstrator of Anatomy, Columbia University. New York. 419 pages. Cloth, \$1.00. Philadelphia: W. B. Saunders. 1899.

Sixth edition. Enough said.

Essentials of Physical Diagnosis of the Thorax. By Arthur M. Corbin, A. M., M. D. Instructor in Physical Diagnosis in Rush Medical College, etc. Third Edition Revised and Enlarged. 220 pages. Cloth, \$1.25 net. Philadelphia: W. B. Saunders. 1899.

The original plan of the first two editions have been adhered to in this, only amplified and the text bettered here and there. A good book.

MESSRS. BOERICKE & TAFEL:

Gentlemen—Through an oversight, I have, until now, neglected the acknowledgment of your courtesy in sending to me a copy of Raue's work upon diseases of children.

It gives me great pleasure to say that I regard it by all odds the best existing homœopathic work upon diseases of children, and as such I have recommended it to my classes.

I am yours very truly,

WM. T. HOPKINS.

Lynn, Mass., Dec. 11, 1899.

The Logic of Figures. By T. L. Bradford, M. D. 12 mo. 212 pages. Cloth, \$1.32. Boericke & Tafel, Philadelphia.

This little book of 212 pages is designed to bring before its readers the comparative results of treatment by homœopathic and by regular methods. It is an interesting and useful compilation, being divided into sections, embracing first general statistics, and then diseases such as cholera, yellow fever, diseases of children, etc. The author adds many sharp criticisms that are intended to contrast, as he believes, the disadvantages of regular medication with the advantages of homœopaths. For example, concerning the average loss of patients, in one instance, he says: "*Problem*—If Homœopathy, in doing nothing, loses 13 patients a year, allopathy, by doing something, loses 13 plus 6 in the same time, what causes the death of those six, and what *is* that something?" Possibly if it ever became necessary to answer such questions and meet such arguments, our regular friends might reply that the aim was to avoid the number 13.

This book is nicely printed, presents statistics of value gained by much labor and patience, and shall be placed in my library to study with other books of statistics on similar subjects.—*J. U. L. in Eclectic Medical Journal.*

Homœopathic Recorder.

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E. P. ANSHUTZ, P. O. Box 921, Philadelphia, Pa.

“FOR the benefit of the younger men in the profession” the *Pacific Coast Journal of Homœopathy* warns them not to put their trust in statistics (Bradford’s *Logic of Figures*), but, “as a means of convincing the community of the superiority of homœopathic treatment over all other methods, let the practitioner of Homœopathy remember that intelligence in practice and faithfulness to the sick will accomplish more in the way of strengthening himself and of popularizing Homœopathy than can be done by an endless collection of statistics.” The advice to employ intelligence and to be faithful to the sick is excellent, but with all due respect it seems to us that in following the above advice the young practitioner is putting himself on trial and not Homœopathy, for there are thousands of our allopathic, or “regular,” fellow citizens who are not only very intelligent, but as faithful to the sick under their care as any homœopathic practitioner can be, yet their *results* (*vide* Bradford’s *Logic of Figures*) are far behind those following good homœopathic treatment.

When statistics all point one way, as they do wherever homœopathic treatment is compared with other treatments (*vide* Bradford’s *Logic of Figures*), why should we seek to suppress them? Are we not all (more or less) good Christians, and does not the scripture tell us not to hide our candle under a bushel?

Thirdly, and lastly, brethren, and in all good faith, why should the magnificent results of homœopathic treatment, as illustrated by Bradford’s book, be shouldered aside because “statistics are unreliable,” and at the same time and in the same places a remedy like antitoxin be accepted *solely on its statistics*?

The question is a fair one, is it not?

THE *Syracuse Hospital Record*, Volume 1, Number 1, is to hand bearing date of December. It is an eight-page leaflet, and the editorials are well written and in the right spirit. The purposes of the journal are thus expressed: "The welfare of Homœopathy and of the hospital in this city is the central and the *one idea* of this paper." Hold fast to these and success is assured.

OUR respected contemporary, the *Medical Summary*, says "It is very refreshing to the mind to find the study of hypnotism now stripped of its mystery and clearly and plainly described."

"When we consider how strong the imitative faculty is in the human being, and knowing the sympathy existing between the different organs of the body, and the reflex of the abnormal upon the normal, we can read with a clearer comprehension the facts embodied in the subject." But, friend, weren't these things known from the days of Moses and the prophets, and being known do they in the least reveal the "mystery?" And it and many other things will always remain so until science recognizes another element in life than matter.

IT is proposed to convert the magnificent grounds about the new Homœopathic Hospital, at Ann Arbor, into an extensive botanical garden. The Board of Regents have decided to establish such a garden and members of the biological section of the literary department have communicated with the homœopathic faculty respecting the hospital grounds, which are now practically annexed to the campus, for this purpose. Not only will this proposition be welcomed as a means of beautifying the said grounds, but a special feature will be the growing of plants peculiar to the Homœopathic *Materia Medica*. Students will have the additional opportunity of having their botanical outfit close at hand to familiarize themselves with this important branch of their curriculum.

WHEN the Ass in the Lion's skin essayed to roar, he merely brayed.

But the Ass was resourceful.

"I have brain-fag!" he protested.

And thereupon there were very many who believed him a Lion after all.

This fable teaches that one should not feel it necessary to shun good society just because one happens to be an idiot.—*Detroit Journal*.

“IT will be a bad day for medical science when the sceptics cease to exist. We are called on to believe so many things, and to believe them at once, that sometimes we hesitate before accepting everything that is said by microscopists and bacteriologists. It is still, in spite of all that has been said, very hard to believe that the origin of disease is to be found only in the initial activity of germs. This shuts out chemical and traumatic influences. We have much still to learn on this great subject, and we are all willing to learn it; but we do not care to be snuffed out, because we prefer to wait before accepting all the conditions from meagre facts that are presented to us in this department.”—*The Post-Graduate*.

“THE efforts which men will make to substantiate and defend a cherished theory at the cost of truth and usefulness is wonderful. The mind is cudgelled to invent and devise explanations and reasons to make a thing appear plausible. The fountains of sophistry are let loose, and the principle of authority strained to the utmost.

“Mosquitoes and malaria come about the same time of the year in sections which harbor both, so coincidences in the shape of mosquito-bitten people, suffering from malaria, can be found to strengthen the belief of those who are determined that the mosquito shall be regarded as the source of malaria. But how about Canada and the Northwest, regions always free from malaria, but where the mosquitos are larger and their poison more virulent than in malarial sections.

“We laugh at the demonology of old Germany, yet the influence of its superstition lingers in the minds of Continental investigators. It was a great impertinence in Dr. Koch, after his fiasco of a few years ago, to again make an arbitrary announcement, which is a mere generalization from a few coincidences, and biased by a conclusion spontaneously born in his own brain.

Such methods are unscientific and untrustworthy. The profession no longer has respect for the pronouncements of such men as Koch."—*Exchange*.

"A MICHIGAN statute prohibits the marriage of any person who is afflicted with syphilis or gonorrhœa. If the person has had either disease at any former period, evidence must be produced that a cure has taken place. What an opportunity for the expert witness!"—*Medical Monitor*.

A statute backed by excellent intentions, but who will enforce it? Will an expert sit in judgment at the license clerk's office and compel the man to strip before he gets his papers? And then, faintly be it thought, breathed or glanced at, what of her? Or are these diseases for men only?

DR. FRED. J. LEVISEUR begins a paper, "Iodide of Potassium in the Treatment of Acne," in the November 11th *Medical Record* as follows:

"It seems to be paradoxical to claim that iodide of potassium administered internally is useful in the treatment of acne vulgaris. The well-known fact that this drug is liable to produce papulo-pustular cutaneous manifestations closely resembling the lesions of acne apparently favors its avoidance rather than its use. Practical experience while treating a number of acne patients with iodide of potassium has convinced me that the action of the drug is in many regards quite different from what one is led to expect, and that it can be utilized very well in the treatment of this stubborn disease."

Dr. Levisieur's whole paper is simply a demonstration of the truth of the Law of *Similia*.

A. C. FRICKENHAUS reports the rapid reduction in size of enlarged glands after inunction with lanolin. The axillary glands were enlarged and painful, following recurring furunculosis of the trunk, and thorough application of lanolin over the enlarged glands was followed by diminution in their size and marked lessening of pain. Similar results were obtained in a case of angina tonsillaris, accompanied by enlargement of the tonsils and pain on swallowing.—*Monatshfte für Prakt Dermatol.*, June 1, 1899.

PERSONALS.

Mrs. Eddy claims to be "the woman clothed with the sun," and intimates that Mrs. Woodbury, a rival C. S. is the woman on "the scarlet beast." And now they are quarreling. Naughty girls!

A drug journal praises "soft boiled eggs, laid by live hens," for their excellence.

Seven days make one week; also lack of Perfection Liquid food, it seems.

Happy is the man with the bald head and no beard for no microbes can lurk therein.

A doctor contributes to *Suggestive Therapeutic* cures by means of hypnotism of obesity, hæmorrhoids, dyspepsia, chronic headache, rheumatism, deafness, and stiff joints. Good thing, equal to Christian science.

Cuts with the barber's story are not popular.

FOR SALE at a bargain. A First Class Modern Sanitarium in most desirable location in Eastern Pennsylvania. Satisfactory reasons for selling. Address, "Sanitarium," Care HOMŒOPATHIC RECORDER, P. O. Box 921, Philadelphia, Pa.

FOR SALE. A Perfection Yale chair in good condition; list price \$75.00; will be sold at \$30. A bargain. Address P. C. P. O. Box, 921, Philadelphia, Pa.

A man may be a "deep thinker" but if the what-you-may-call-it never comes up — ?

"Excess is the cemetery of enjoyment" is a striking one by Dr. W. L. Parker in December *Medical Age*.

Dr. Philip A. McCrea removed from 134 Morris avenue to 448 Franklin street, Buffalo, N. Y.

What killed the Dead Sea?

A good old farm gag is: What can a cow give but-her-milk.

The American Institute of Homœopathy will have to discipline some of the journals that persist in spelling it "*curenter*" in place of "*curentur*." Nearly all do it.

Married.—Nellie Parker Weddleton and, Dr. Charles Emerson Libbey, November 22, Nashua, N. H.

The Liberal Arts Building of the Chicago World's Fair was a small twin brother to some of the "homœopathic laboratories."

But, in the words of the estimable Joseph Gargerey, those "laboratory" pictures seem to be "too architectoo-ra-roo-ra-rooral," for this little world.

Have you settled whether we are in the 19th or the 20 century?

The Halsey Bros. Co. have combined into one company, their own business, that of Messrs. Gross & Delbridge, of Chicago, and the Taylor & Meyers Co., of St. Paul. The new firm is Halsey Bros. Co. We wish the new company success and prosperity.

Don't fail to get a copy of *Nash's Leaders in Typhoid*. A wonderfully practical little book.

If you want to widen the borders of your knowledge of babies get a copy of Duncan's *Children: Acid and Alkaline*.

Dewey, so it is rumored, has a new book nearly ready for launching. It is bound to be a good one.

Send your papers to the RECORDER if you want them read everywhere.

Well, \$1.00 is well spent for a year's subscription to RECORDER.

All new remedies naturally seek to appear on the RECORDER's forum, else they are not noticed.

Good luck to you for 1900.

THE HOMŒOPATHIC RECORDER.

VOL. XV.

LANCASTER, PA., FEBRUARY, 1900

No. 2

MALANDRINUM VS. VACCINATION.

By W. A. Yingling, M. D., Emporia, Kansas.

The first article in the Homœopathic Recorder for December, 1899, on *Malandrinum*, is very interesting and corroborates my own experience. The efficacy of vaccination at the best is very questionable, and the questionableness of it among its advocates is manifest in that they consciously realize the inadequacy of its protection in demanding that every one be subjected to its possible injury, not as a protection to those who oppose it, but as a safeguard to those who profess to believe in it and have been protected by it. The one who *really* believes in its efficacy as a protection against small-pox will not care whether others are vaccinated or not, because he has its protection and therefore must be absolutely safe. In the demand that others be vaccinated as a protection to those who believe in the safety secured by its protective virtues, the lack of positive faith in its virtues is manifest. Such a demand is a virtual confession that there is an element of danger, a certain want of safety, a lack of confidence, even in spite of the most "taking" vaccination. If it really does make its subjects immune then there can be no danger to such an immune even though all the rest of mankind should be variolous.

A man in *health* is not subject to any of the contagious diseases. The want of sensitivity to the toxic miasm of variola of necessity makes a man immune, absolutely puts him beyond the influence of the variolous poison. Whatever destroys that sensitivity or strengthens the resistive forces of the system is a safe prophylaxis, and that only gives safety. Reason should convince us that that which undermines health, causes a weakening of

the resistive powers of the system and poisons the whole economy by a virulent substance cannot be a safe prophylaxis and the danger in such a procedure is not only unsafe, but really very dangerous. Common sense should lead us to utilize that prophylaxis which is, at least, equally efficacious, and at the same time absolutely harmless and quite safe.

Every observing physician must have seen that vaccination is not only of doubtful efficacy, but also frequently injurious and hurtful. Returned soldiers have informed me that they came near losing their arms, and in one case at least the arm was actually lost through the result of vaccination. One of my patients here says she was in bed under the doctor's care for four long weeks and endured great suffering in consequence of the same cause. Many others have told me that they were in such danger and suffered so much in consequence of the vaccine virus that they would much rather run the risk of small-pox, and refused to have their children vaccinated. In consequence of these personal experiences, and observation of the result of vaccination in others, very many have hailed with delight the homœopathic immunizing remedy.

General Otis reported to the War Department that the soldiers at Manila were "repeatedly" vaccinated, yet many of these "took small-pox" and quite a number died from it. This is also the experience of all armies. This proves, at least, the questionableness and inefficiency of vaccination, and that in many instances it is as bad if not worse than small-pox itself. Vaccination very frequently leaves the patient a chronic sufferer, a wreck of his former self, and not infrequently is the direct cause of the death of the innocent subject. On the other hand, small pox is a renovator, leaving the patient without bad results, without chronic complaints or suffering, and in a more healthy condition than before. The possible pitting and blindness are not the direct results of variola, but the consequence of incompetent doctors, or of neglect.

How different with the homœopathic prophylactics. Here we have absolutely no danger, no bad results, and, at the very least, as safe and sure a preventive as we can possibly have in any kind of vaccine virus. The only proviso is that the physician has good common sense and understands the Law of Cure. Instead of poisoning the entire man with a nauseous substance, impure pus in its crudity, so crude as to produce a toxic physi-

ological effect to the detriment of the subject, we secure the dynamic effect on the vital economy by the dynamic power of a potency far removed from its crudity and nastiness, and by this humane and rational procedure strengthen the resistive powers of the system and by annulling the sensitivity of the subject make him immune to the subtle influences of the variolous toxic miasm.

Of the several homœopathic prophylactic remedies I have had experience with only one, *Malandrinum*. A brief statement may be of interest as confirming the experience of Dr. Marcy and others. My experience has been very limited, yet it will add to that of others and all together will make sufficient data upon which to base a reasonable opinion of this prophylaxis. The claim is not made that it is an absolute preventive, for there must of necessity be a much severer test made of its preventive powers to claim that, but so far as I have been able to ascertain it has as yet never failed. The claim is that it is a safer and more pleasant preventive than vaccination can possibly be.

Two parties in Texas and one in Arizona wrote me that they had been exposed to small pox and desired to know whether I could send them medicine or if they should be vaccinated at once. I sent them *Malandrinum*, with the result that neither one "took" variola. They might not have had any trouble anyway, but who can tell? Had they been vaccinated it would have been given as a verification of the efficacy of Jenner's "discovery," and hence the credit must be given to the homœopathic prophylactic.

During the small pox scare in this city last winter hundreds took *Malandrinum* as a prophylaxis and not one was affected with variola. I am creditably informed that all who had small-pox, save one only, had been vaccinated previously. Two of the cases came to me for treatment after they were let "go," being quite unwell, and both were of the opinion that vaccination was the cause of much of the suffering, if not of the sickness. The daughter of one of these was vaccinated because she had been exposed and, while the case was reported as one of small pox, she first became sick by having "black pimples come out around the place she was vaccinated, then all the breaking-out on the side of the vaccination was black and the other half was of the usual color," and she has not been well since. So reported the father who had nursed cases of small-pox before.

He himself was vaccinated, but only had a few pimples come out over the body which might have been the result of vaccination instead of varioloid. Many cases of varioloid are but vaccinia, the result of vaccination. The city "health officer" received ten dollars a day during the epidemic scare. In the aggregate he was paid by the city twelve hundred dollars. No comment is necessary.

During the epidemic of vaccination one young lady was thrown into convulsions in direct consequence of the vaccine poison, and had very strong and marked symptoms of trismus. Her arm was very sore. She was delirious, not knowing where she was and calling for help and for her parents who were at the bedside unknown. Strong spasms came every five minutes, and were increasing in severity, yet her fingers, the muscles of hands and neck, and about the jaw were twitching and jerking all the time, and she often put her hand to the jaw as if painful. She frequently raised the head and looked about as if expecting to see some one, with more or less alarm in her countenance. This keynote led me to study *Stramonium*, which speedily controlled the convulsions and other serious symptoms. She had but one spasm after the remedy. There were five other members of this family, all grown but two, with sore arms and very much alarm in consequence. The father's arm was very painful, the glands in the axilla were enlarged and painful, he was feverish and felt sick. The whole arm of the mother was painful, and she had every indication of a severe ordeal. One of the children had as severe trouble, while the other two had arms less painful, but "taking" well. To each of these I gave *Malandrinum* 5m, and in each case there was a complete subsidence of all trouble, no pain, and absolutely no "taking" of vaccination. The *Malandrinum* completely antidoted and destroyed the already working, active poison of the vaccine virus. There is absolutely no question in these five cases of the action of the remedy.

Space precludes the lengthening of this article, save only to mention the case of my son who enlisted in the Fourth U. S. Cavalry and was sent to Manilla, P. I. In the pocket case I put up for him I gave him *Malandrinum* 3m, with instruction to take it when vaccinated or if exposed to small-pox. Of course he was vaccinated in the most approved style, and of course he took the remedy according to instructions, for he was well posted in

the injurious results of vaccine inoculation. When he arrived at Presidio, San Francisco, California, ten days after the vaccination, the surgeon, on removing the bandage, found his arm *perfectly healed* and no inflammation at all. The homœopathic potentized remedy is stronger and greater than the allopathic crude poison.

Dr. Raue, *Special Pathology*, says: "*Malandrinum* has been given during the last epidemic (1880-'81) by Dr. R. Straube, several others and myself with great success as a preventive as well as a curative agent." He refers to an article by Dr. Straube published in the *North American Journal of Homœopathy*, August, 1881, which should be resurrected by the *Recorder*.

DR. BLANK'S APOLOGY.

"What fools, these mortals!"

By A. F. Randall, M. D.

In my last I related that in consideration of the above remark of *Puck*, as certified to by Shakespeare, I had invested him with a degree, feeling sure that all physicians would agree that he deserved it in consideration of his pronouncement as aforesaid, so eminently sound and true. I also related that later I found that he had written in his diary some things I did not like so well; in fact, I questioned whether I had not been hasty; but I felt reassured, for people *are* fools, everybody, more or less, emphatically everybody disagreeing with me in medicine, politics and theology. No; I was not altogether pleased. I set my muse a musing and thought of what I read when a boy in the Fourth Reader, a speech, I forget by whom, and what he said, except "The Erie Canal! What an Achievement for a Young People!"

I thought how we licked the whole British Empire, and down South we licked each other, and now we have licked Spain into shape, and I resolved that if he was not ungrateful I would secure an apology from him the next time he visited our earth—I mean the N. S. I would give him a piece of my mind.

At the same time I wanted to get an expression from him regarding Homœopathy. Those fellows are getting too saucy; why, they have invaded the territory to which we had a squatter title, and are actually doing *surgery!* and taking up specialties,

and they hold up their heads in spite of the large crop of sure killers that we annually raise for their benefit. I felt sure he would say something good, and being a politician I agree with Talleyrand that language was invented to enable a man to disguise his thoughts, so when we met I did not blurt right out that I thought he had insulted us Americans, but welcomed him with apparent cordiality, expressing a hope that he had come to share our glorious destiny, and that he would aid us with his penetrating vision, and then I inquired if he had come to us as a missionary?

He laughed. "History relates how fervidly you welcome missionaries. What a host of them, Abel, Enoch, Noah, Christ, Socrates, Galileo, Hahnemann—"

Shade of Hippocrates! All our medical heroes passed over, and that old quack endorsed. I am afraid he noticed the sneer that we involuntarily and habitually practice when that name is mentioned, but I restrained my indignation.

"So you feel like hanging me for writing you up in my diary as sturdily opposed to right living, dietetically, medically, morally, socially, mentally? When sick you send for a doctor and implore him to save you from the results of daily and hourly misdoing, and for the clergyman to administer an intellectual opiate when you draw near the brink of the dark river."

I pause to remark that whereas I wrote formerly of him as Dr. Puck, I have scratched that name off his diploma for the reason that I asked him if that was his name and he said "No." As he did not volunteer further information, I have written in Dr. "Blank" until such time as I discovered his real name. I was satisfied that Shakespeare did not rise to his opportunity, and that his conception of him as but a sharp, good natured tramp was a very defective estimate.

"You are dissatisfied with my estimate of your theological notions?"

Yes. I do not understand how you can object to our creeds that have been settled upon as believed always, everywhere, by everybody, that is, by everybody Evangelical.

"You are mistaken about the dogmas of the immortality of the soul and eternal torture being a part of the creeds, for these two are not in the articles of faith one is required to assent to before he can become a member of the Methodist, Baptist, Episcopalian and other churches, showing that they are either

doubtful or non-essential; yet, so consistent are you that you brand dangerous! and will not admit to your Evangelical associations one who disbelieves them. But the adamantine durability of your creeds is not so very apparent when we remember that fifty years ago the punishment of the recalcitrant was immersion in a lake of eternal fire, twenty-five years ago it had changed to everlasting melancholia, while to day many leaders of Christian 'thought' regard the Bible as but little superior to any old thing. These opinions are, of course, all orthodox. Who will tell us what to-morrow will be orthodox and what heterodox?"

"Why this change of base while the written word reads the same as before? This is thus: some good man burned his finger, and half an hour being longer than he could endure the agony he then and there resolved that no God of love could punish any crime, however atrocious, so atrociously; a thought that he mistook for an idea struck him that the punishment will be only mental, but the ghastliness of this modification has occurred to some and so some are facing one way and some another. Of course, if their brain machinery had been in working order they would have set themselves to a fresh study of the history of belief and of the Word."

"The dogma of the immortality of the soul and of conscious existence after death to be anything more than mere worthless conjecture must be proved by personal experience, by science, or by revelation. Now the Bible relates that many dead persons have been raised to life, but not a word is there of their post-mortem experiences, which is certainly remarkable."

"Science knows nothing whatever of intelligence apart from a living material organism, and revelation agrees thereto when it states 'there is no knowledge in the grave whither thou goest.' 'They die, in that very day their thoughts perish.' You hear daily, and as if it were one of the certainties, of going to Heaven at death, whereas not a word in the Bible states that you go there then, or at any subsequent time."

"The history of belief shows that not until near the end of the second century did any Christian writer believe in the immortality of the soul, eternal torment, nor conscious existence in the intermediate state."

"Did not Justin, Irenæus, Polycarp, Clemens Romanus, Ignatius, those associates of the Apostles, know the Apostles'

doctrine? Assuredly. Why, then, did you accept as gospel truth a distempered fancy that happening to flit through somebody's head, like bats in the dark, he mistook for thought? And why, when you find yourselves in one muddy ditch, do you flounder right across the road into the other? Because you are human, with little, or no, capacity for a process of thinking that will enable you without endless circumlocution to arrive at facts. It is easy to ascertain that the aforesaid dogmas were invented by pagan priests to over-awe and keep in subjection the people."

I was mad! And I was just pulling my cap down over my ears, preliminary to bidding a curt adieu, when he said: "As physicians—"

Dr. Blank on Regular Medicine.

"A hundred years ago the practice of medicine was in such an idiotic state that you are not pleased with the memory thereof; but it continued to be so until but a few years ago, and your candid, frequently expressed opinion agrees thereto.

"About a century ago Hahnemann developed a mild, harmless, and, what is more, successful system of practice, and you hailed him with joy and gratitude, examined his system, adopted it and to-day you have some tolerably uniform rules so that your prescriptions are tolerably uniform."

"You refer with pleasure to the great array of statistics—"

Not much, we don't, I roared, do any of those things.

"What, my mild-mannered friend, you did not even examine his claims, when he so urgently requested you to, and you are mortally afraid of comparative statistics, and you did not unanimately declare that he did not and could not abort typhoid fever, as it was impossible; you did not state that there wasn't water enough in Lake Huron to make an ounce of tincture into the thirtieth—you learned that the thirtieth could be made with half a pint, I suppose? Their late experience with la grippe you know all about?"

No, we don't, and we don't want to know about it!

"Do you mean to say that when the state of medical knowledge was so extremely unsatisfactory that you felt that it was doubtful whether the good you did equaled the harm you did you would not even examine a system claiming to be a grandly successful discovery, and do not know enough about it to-day to state a single principle thereof correctly?"

Yes, I do, and—

“What sort of beings shall I write you down?”

Mad! I jumped six inches high, and if I hadn't had my Sunday clothes on I really believe I would have felt it my Christian duty to lick him; as it was I commenced, “You”—but looking up I caught his eye, looking so steadily at me with a grave expression on his countenance that plainly said: “You neglected a solemn duty that you owe to your dying fellow creatures. You have believed that of every wilful neglect of duty men must give an account in the great Judgment Day—”

I shall never forget that penetrating, grave, reproachful gaze; it haunts me in my dreams. So I said, “You have given me something to think about,” and went home, determined that hereafter I would endeavor to do some accurate thinking.

Port Huron, Mich.

PASSIFLORA INCARNATA IN SCIATICA.

By D. N. Ray, M. D.

It is not unknown to the physicians how obstinate this affection is, and how unwillingly it yields to medicinal treatment. So, *Passiflora* will be welcomed by many in this obstinate disease. At the time of acute pain, the old school plan of treatment is hypodermic injection, of *Morphia*, etc. This they do almost in all severe cases as soon as they are called to attend them, without waiting to see the effect of any remedy administered internally. Many cases are temporarily relieved by such injections, and it is no wonder that some people give preference to such palliative method of treatment to ours. But *Passiflora* given internally acts quickly in relieving the pains of such cases; with us it is a great acquisition especially for a disease for which we have not many remedies which act so promptly. This drug has been in use for several years for various other ailments. It has been spoken of highly in cases of infantile *tetanus*, an equally obstinate disease to deal with. My experience with this drug in such cases has not been very satisfactory, either the dose that I used had not been strong enough or the drug had not been used in sufficiently early stage of the disease. Infantile *tetanus* is a common disease in our part of the country and the mortality of such cases is also very great. I tried *Passiflora*

incarnata θ , a drop for a dose in sugar of milk, repeated frequently in dozen cases, ages of the infants varying from a few days to three months, in rather advanced stage of the disease, without a single success. In two cases I got the opportunity of trying the remedy in fairly early stage of the disease, but met with equally sad result.

On the other hand, my success with this drug in cases of *delirium tremens* has been very great. Sleeplessness also at times comes under its control. I have very successfully treated many cases of sciatica with this drug, here I shall mention only one or two to show what a potent agent we have in *Passiflora incarnata* to combat quickly the most excruciating pains of sciatica. Let me first say a few words as to the other drugs I have used in sciatica from time to time with more or less success.

Rhus tox. is a remedy that has been frequently employed in this affection with some success, especially in those cases where the attacks were brought on by exposure or overstraining. I treated an old lady who had been suffering for some time from a severe pain along the left sciatic nerve, caused by straining; the character of the pain was exactly like sciatic pain. She used to get worse from evening till next morning. Sleep was not possible during the night. She was given *Rhus tox.*, *Arnica*, etc., with external application of the same, without any appreciable effect. *Hypericum* 6, one drop for a dose every three hours, greatly relieved her suffering the very day she took it, and the continued use of the drug for some time cured her completely. This drug I have occasion to use in other cases also with good result.

Colocynth has many a time proved efficacious. *Gnaphalium* 1x and 3x has greatly relieved in some cases. Instead of further dilution I here mention that *Aconite*, *Arsenicum*, *Cimicifuga*, *Bryonia*, *Nux vom.*, *Plumbum met.*, *Lachesis* and *Zincum* are frequently called for.

CASE I. On the 24th of September, 1892, I was called to see a gentleman in the executive service, aged about forty-eight. He had been suffering from sciatica of the left side for over a month. He was a strong person and apparently healthy looking. He was under the treatment of the best European allopathic physicians of the place, who relieved him several times with hypodermic injection of *Morphia*; laterally these injections would not produce the desirable effect. The internal adminis-

tration of *Bromides*, *Iodides* and opiates, etc., had equally no effect; in fact, the poor patient's suffering became so great that the doctor became almost helpless and as the last resource he proposed nerve-stretching. The patient and his relations were advised by their friends to try Homœopathy before they submitted to that extreme measure of such an operation. On my arrival I found he was in great agony; the pain was almost continuous, and at times most excruciating; it extended from the sciatic notch to the dorsum of the foot; and was usually worse at night; sleep was almost unknown to him for several weeks; the bowels were constipated, no desire for any kind of food. The affected limb could not be straightened. My first prescription was *Passiflora* θ . I poured nearly a drachm of the drug out of a two-drachm phial from my medicine box in a small quantity of water, and asked him to take a desertspoonful of it every four hours; he was also advised to take some light diet such as milk and sago. On the 25th September, that is, the next day in the morning, when I visited him again, the report was that he had passed a quiet night, without any aggravation of pain at night. The patient and his friends were all surprised at the remarkable action of the drug. The same medicine was continued every six hours instead of every hour and almost the same diet. On the 26th, when I visited him again in the morning, the report was that he had a good night's rest and that he was feeling very much better. I made him to stand, but he could hardly stand. He stood in a stooping posture and complained of a feeling of numbness in the limb. I gave him *Rhus tox.* 6x, one drop for a dose, every three hours. On the next day, morning, the report was that he had not been so well last night as on two previous nights. So I had to give him again *Passiflora* θ , as he asked for the remedy himself. This day he was allowed to take some home-made bread and fish soup. The next morning, that is, on the 28th, he felt so well that he could walk a few steps with the help of a stick; the lower limb was still slightly crooked. Within another week he got so well that he was able to resume his work. The other remedies used in his case were *Nux vom.*, *Gnaphalium* and *Ignatia*.

CASE II. Mrs. D., aged 38, fair complexion, nervous temperament, well built, has not borne any children and has been in the enjoyment of good health. She felt a pain on the right side of

her buttock and thigh; this pain gradually became more and more severe, until so severe that she was obliged to take to bed. She applied all sorts of pain killers and cures without deriving much benefit. I was called to see her on the 4th of June, 1893. The part was slightly painful on pressure, more so in some parts. The pain was most excruciating at times, in a line along the course of the nerve, and she would scream at the height of the pain. It was worse on motion and worse at night, but there was no particular time of aggravation. She felt some relief on the application of heat. She had no fever and had no desire to take any food. She was told by her medical attendants that she had been suffering from sciatica. On my first visit I gave her *Colocynth* 6x, one drop for a dose, every three hours, and more frequently during a paroxysm of pain. In the evening the report was that she had passed a bad day. She wanted something to give her relief and to produce sleep. I put some fifteen or twenty drops of *Passiflora incar.* in a small quantity of water and advised her to take two or three drachms for a dose out of it every two hours until she derived some benefit. It was indeed a great relief to me to hear that she had passed a comparatively better night, for I was prepared to hear a terrible account of the night as I had stopped all the opiates she had been taken. The report was that she was not altogether free from pains; the pains were there, but they were not so severe as to make her restless or scream. The next day the medicine was continued and in the evening I found her much easier, so during the night also she took the same medicine. Thus her sufferings gradually became less and less and she began to sit up in her bed and to enjoy her food. After a week from the commencement of the treatment, when she first attempted to stand up, she felt her leg slightly numb and quite heavy and could not stand properly. In the course of a few days by gradual use the limb regained its former strength and she was all right. Within the last few years she had pains several times, lasting each time only for a short while—on each occasion she specifically used the same remedy, with almost immediate relief. I have treated several cases of sciatica, mild and severe, with this drug; in each case I have invariably been able to give relief; in some cases other remedies were needed to complete the cure. So, I have no hesitation in saying that physicians will find in *Passiflora* a capital remedy to relieve the severe

acute pain of sciatica. The dose had been from one drop of the tincture to quarter of a drachm, according to the acuteness of the pain.

“Ray Lodge,” Beadon St., Calcutta, India.

SOME SINGLE REMEDY CURES.

By A. W. K. Choudhury, Hom. Prac., Calcutta, India.

Arsenicum in a Case of Coryza.

Patient, a Mahommedan male, adult, named Asgar Sirdâr, aged about 32 years, came to my dispensary October 21, 1899, about 9:30 A. M., for treatment.

He used the oil of *Sesamum Indicum*, which produced the discharge. When he came to dispensary he had been suffering from the illness about a month.

Symptoms.—Watery discharge from both nostrils; nose stuffed up at night; sneezing more at morning, sneezing one, two or three at a time at night, sneezes when he comes out of the house at night; heaviness of head, coughs after sneezing; cough with watery expectoration; oppression and sensation of constriction of chest. Nasal discharge excoriating nasal orifice and upper lip; feels chilly; slight photophobia; giddiness on standing from a sitting posture; loss of smell and taste; burning within increasing in the sun or near fire, feels better in the open air, but coryza with sneezing increases there.

Bowels open daily once; stool hard, dry formed; no diarrhœa; no thread worms; urine red with burning in passing; appetite good; sleep not good for difficulty of breathing.

Was given *Arsenicum* 30.

Rice, vegetable curry and milk for diet in the daytime, at night *Khoi* and milk. Bathing to be discontinued.

The next day, the 22d inst., he gave the following reports: No difficulty of breathing last night as before; nasal discharge much diminished; discharge yet watery; no sneezing; coughs now, but he had no cough before; no more photophobia; no chilliness; no stuffiness of nose, no constriction of chest; giddiness of head on standing somewhat less; one better stool this morning; sleep last night not good; has got rid of almost three-fourths troubles and difficulties produced by the illness.

That day he was given placebo with diet and bathing as above.

23d inst.—“Going on well; good sleep last night; coryza as yesterday; slight difficulty of breathing last night; cough less; watery discharge from nose; taste in mouth good; olfaction all right; no giddiness on standing from sitting posture; one good stool this morning; appetite good.”

He was given one dose more and came to dispensary no more. Got news of his thorough recovery through one of his relations who was attending the dispensary for the treatment of his own child.

Result—Recovery.

Remark.—Two doses were sufficient to remove the coryza, difficulties of a month’s duration. The progress of improvement after the first dose, as noted above, is always very satisfactory to every one who labors to restore suffering humanity to health. The second day he was given *Placebo*, which was followed by amelioration of all the symptoms save slight difficulty of breathing the previous night. This caused me to repeat the medicine.

There are many medicines to meet coryza with sneezing, but what made me to select *Ars.* here in this case? In the case we see *watery discharge with the nose stopped up; the discharge excoriating upper lip and nasal orifice; chilly feeling with internal burning; photophobia; coryza with sneezing.*

I was placed between the 2 horns of a dilemma to select between *Ars.* and *Nat. m.*, each of them having almost equal claim to be selected for the treatment of the above case.

Ars.

Natr. m.

Coryza with watery discharge, with stuffed up }
nose, with sneezing. } As on the left hand side.

Photophobia.

Photophobia.

Nasal discharge excoriating upper lip and }
nasal orifice. } No such thing.

Nat. m. may have, moreover, small blisters around the mouth which was wanting in this case. Chilly feeling with burning may call for *Ars.* Vertigo is found in the symptoms of both the medicines.

Then the excoriating nasal discharge, with chilly feeling, with burning and non-existence of blisters around mouth caused me to select *Ars.* which produced a satisfactory result by curing a case of coryza of a month’s standing with only two doses of the 30th potency.

Bryonia in Chest-Pain.

Patient, a Mahommedan of about sixty years, named Akbar, came to my dispensary the 18th October, 1899, at about 10:20 A. M., for treatment.

"He had been exposed to rain before he first noticed the pain. The situation of the pain, in the sternal region; pain felt on inspiration; coughs, and pain felt in coughing; expectoration thick yellowish, cough aggravation at evening; coryza of left nostril; right nostril had coryza, but since nose-bleed from the right nostril yesterday since 4 P. M. till evening there has been no nasal discharge from the right nostril; nasal discharge thick yellowish; nose stuffed up now; taste in mouth insipid; sputa tasting saltish; heaviness of head; had headache before epistaxis, but no headache since that bleeding."

"One hard and formed stool yesterday; no stool two days back yesterday; no thread worms; urine red. Habitually suffered from nose-bleed." (Copied down from my case-book, No. xi, case No. 359.)

He was given *Bryonia* 6, one globule per dose, two doses per diem, given two doses only. *Khoi* and sugar-candy given for diet.

The next day, the 19th inst.: "Pain almost gone; one stool to-day, morning; stool formed and dry; heaviness of head less than before; coryza less; cough less; appetite good; sleeplessness last night for hunger."

Repeated two doses. Diet: Rice and vegetable curry.

Result.—Recovery.

Remark.—Our patient got rid of his chest-pain, cough and coryza by four doses of *Bryonia*. The two doses of the first day of his treatment wonderfully lessened the pain, diminishing along with it the cough and coryza. Two doses more thoroughly restored him to health.

In treating homœopathically, if you can make out the *cause* of the disease, you are sure to hit the mark the first shot. Here in the present case the patient had been exposed to rain water wetting, and *Bryonia* has a good control over diseases produced by wetting.

Apis in Inflammation.

Patient, named Matiullah, a Mahommedan boy of about two years of age, came to my dispensary on the 17th of October, 1899, at about 11:50 A. M.

The history and symptoms of the case are as follows: "First seen after sleep in the morning, day before yesterday; situation, right cheek sore, red lish, shining, swelling (looks rather erysipilatus); swelling under lower lids of both eyes, especially that of the left eye. Thirstlessness. Had fever; no fever now."

Was given *Apis* 30, one dose.

Seen the next day, morning, much improved. No more medicine was required and the child recovered.

Result—Recovery.

Remark—There are good many medicines in Homœopathy to mark such inflammation, but what led me to select *Apis* was the *swelling under the lower eyelids* and *thirstlessness*, along with the sore swelling of the cheek, were indicative of the medicine was.

Natrum mur. in a Case of Intermittent Fever.

A Mahommedan lady, aged about 40, came under my medical treatment on the 11th of October, 1899, at about 11:50 A. M. She had been suffering for four mouths back. Her symptoms were as follows when she came under treatment:

Type—Quotidian.

Time—7 to 8 A. M.

Prodrom—*Thirst*.

Chill—Slight, *thirst*, not requiring covering; continuing till noon; body hot.

Heat—*Thirst*.

Sweat—Slight; *no thirst*.

Apyrexia—Complete.

Bowels normally regular, water tastes sweet, distaste for other articles; tightness of head and headache during fever.

Used quinine in the commencement of the fever. She resides beside a pond.

Was given *Natrum mur.* 30, one globule per dose, one dose, ordering diet and bathing as usual.

12th October, 1899. Noticed a less severe paroxysm the previous day after the dose of medicine, and that at about noon, the dose was repeated.

The following day, the 13th inst., she got another similar slight paroxysm as that of the previous day. Medicine was discontinued and she continued well. She continued under placebo till the 18th inst.

Result—Recovery.

Remark—Is nothing new with me that the readers of the HOMŒOPATHIC RECORDER will see me publishing in the RECORDER a case of intermittent fever cured with a single homœopathic remedy. In this case the *time*, the *previous use of Quinine*, the *prodromal thirst*, the *headache during fever* and the *residence besides a pond* all indicated the medicine and it was a happy selection.

Belladonna in Nakra Fever.

A. R. K. Choudhury, a relation of mine, a male adult, came under my medical care on the 5th October, 1899, at about 11:15 A. M. (Case, No. 341, of my case-book xi):

History and symptoms of the case: This is a *Nâkrâ* fever case. Perhaps this fever (*Nâkrâ*) is not so known to other parts of the world. On this supposition I give here a brief description of the fever. It is known here in this land as the *Nâkrâ*—or *Nâshâ*—fever, *Nâk* and *Nâshâ*, each of the words meaning the *nose*. In this fever you are sure to find in the nose of the patient the best symptom indicative of the disease. Blood collects and stagnates in the Schneiderian membrane, often forming a swelling there. This may give rise to epistaxis in some cases, but in other cases the tumor is punctured or scratched to let out the blood. This is the general practice among the common people here. This blood-letting, as I have witnessed on many occasions, does good service to the patient; he is relieved of the headache, heaviness of head, aching in the nape of the neck and possibly the redness of the face, which symptoms invariably accompany the disease. I have never seen a fatal issue of this *Nâkrâ* fever. The fever generally disappears on the fourth day of the disease, but may continue in severe cases days after that. In many cases there is no need of taking any medicine, patients requiring to observe some hygienic conditions only before they are restored to health.

The patient under consideration was first seen on the fourth day of his illness. He was found face red, especially when sitting; pulse full; face pale when lying down. The previous night, at about 11 or 12 P. M., he had a paroxysm of fever, in which he had heat after chill, and the heat was long; but in paroxysms previous to that there had been chill, heat and sweat mixed together. In the last paroxysm he had no thirst. Appetite was dull. Day before my first visit the patient had epistaxis once

in the morning and then once more in following night. He had aching of the sacral region, of the knees and of the right thigh; and had tightness of head. There had been no perfect remission in the previous paroxysms. He had aversion to uncovering.

He was given *Belladonna* 30, two doses in 24 hours.

“6-10-'99; 8:40 A. M. Face not so red on sitting; yesterday slept half an hour after noon; after that sleep, last evening had aversion to uncover; passed one knotty stool today, morning; hungry; aggravation of pain with aggravation of fever last night since 11 P. M.”

Repeated one dose for the daytime and placebo for the following night.

Diet:—*Khoi* and milk.

Drink:—*Sherbet*.

On the 7th inst. passed two more stools, the first of which was knotty and the second partly knotty and partly thin; one thin stool the following night; had twice copious perspiration, once the previous day about noon, and once the previous night. Pulse normal; body cold; no abnormal heat of any part of body; hungry, weak; no redness of face.

Given placebo.

Diet.—*Atâ* bread, milk.

Seen the 9th inst., at about 9:45 A. M., and was found going on well; bowels open.

Given placebo.

Result.—Recovery.

Remark.—Three doses were required to restore such a bad case to health. He came under our medical treatment on the 5th and for that day I gave him two doses to be used in 24 hours. The following day, the 6th he got one dose only, and that day about noon the patient had a copious perspiration and once more the following night. The following morning, the 7th inst., he was rather cold to touch, had no abnormal heat on any part of body—trunk, extremities and head,—and his pulse was found normal.

Our reader will be pleased, if not a rigid allopath, to see such an astonishingly beneficial and satisfactory result out of such an imperceptibly minute quantity of a homœopathic medicine as is used in this case. Consider the gravity of the case, the rapidity of the action and quantity of our medicine used. *Belladonna* here created a crisis, opening the doors of the sudoriferous

glands, and stood here as a regulator of the bowels, dislodging their hardened contents as required.

I have treated *Nákrá* fever cases on many occasions and remember no failure with *Belladonna*. In these cases I always use the 30th potency.

Satkhira P. O., Calcutta, India.

PERITONITIS.

Its Definition, Symptoms, Causes, Classification and Treatment.

By S. C. Ghose, M. D.

I. Definition.

Peritonitis is an inflammation of the serous membrane which lines the abdomen, and covers and supports the viscera contained therein.

II. Symptoms.

Shivering and fever are frequently present. A stitching, burning and constant pain is generally experienced below the navel, and the pain soon spreads over the whole of the abdomen. The patient is troubled with a feeling of lassitude, pain in the limbs and slight chills. It occasionally happens that the pain does not appear until the febrile reaction is marked. The abdominal pain is generally felt and limited to a small space, but as the demon of this malady marches on it soon spreads over the entire or a greater portion of the abdominal cavity. Some writers have asserted that the pain moves irregularly from one spot to another. Great sensitiveness is felt, so that the patient cannot bear any amount of pressure, even of the bed clothes. In all cases, pressure on the external surface of the abdomen becomes a source of extremely painful suffering. Constipation is a generally marked concomitant of peritonitis. The pulse is found to be quick and small. Nausea, vomiting and generally tympanitis are ushered in the disease. The sufferer lies on his back, with his legs flexed.

When perforation of the stomach or intestines gives rise to an attack of peritonitis, the pain comes on suddenly and becomes very intense, excessive sensitiveness is felt over the abdomen, and the patient may die all of a sudden. When an attack of peritonitis terminates in gangrene, the abdominal pain suddenly

disappears; the pulse is found to be very small, frequent and often intermittent; great prostration of the muscles supervenes; the extremities are marked to be cold and clammy; the face becomes pale; slight delirium appears and the patient ultimately breathes his last.

III. Causes.

Peritonitis may be due to the following causes: Mechanical violence or injury; decomposing fragments of retained placenta; foetid lochia; any animal poison conveyed from one patient to another by doctors; sudden changes of temperature; irregularity of diet; frequent intoxication; violent and long-continued bodily exercise; stricture of the colon and rectum; perforation of the stomach or bowels by slow ulceration; wet and cold feet; rheumatism.

IV. Classification.

Acute inflammation of the peritoneum is due to so many different causes that it is very difficult to give a satisfactory classification. The basis of a rational classification must necessarily rest on the anatomy, pathology and etiology of the disease.

1. *Anatomical classification.*

(a) *Ectoperitonitis.* It is an inflammation of the attacked side of peritoneum.

(b) *Endoperitonitis.* An inflammation of the serous surface of the peritoneum is, anatomically speaking, an endoperitonitis. It generally leads to ectoperitonitis.

(c) *Parietal peritonitis.* It is an inflammation of the serous lining of the peritoneal cavity.

(d) *VISCERAL PERITONITIS.* It is an inflammation of the peritoneal investment of any of the abdominal or pelvic organs. The inflammation is hardly limited to a single organ. It generally extends to the adjacent organs.

(e) *Pelvic peritonitis.* When the peritoneal lining of the pelvis and its contents are inflamed, it is called pelvic peritonitis. It is a complaint felt by the female sex.

(f) *Diaphragmatic peritonitis.* It is an inflammation of the under surface of the diaphragm. When suppuration is established, it leads to the formation of sub-diaphragmatic abscess.

2. *Etiological classification.*

The physician should try to arrive at the classification which rests upon an etiological basis. It lays great stress upon the

prognosis and often enables the physician to make out the methods of treatment that should be adopted.

(a) *Traumatic peritonitis.* It is generally produced by penetrating wounds of the abdominal wall, the uterus and the lower portion of œsophagus.

(b) *Idiopathic peritonitis.* Great doubts are entertained by many that the occurrence of peritonitis is sometimes traced or due not to the influence of an antecedent injury or suppurative lesion. Peritonitis is found in females during or soon after menstruation. It is not improbable that the pyogenic bacteria collect together in the blood which accumulates in the uterus and reach the peritoneal cavity through the Fallopian tubes.

(c) **PERFORATIVE PERITONITIS.** Acute peritonitis is sometimes caused by the perforation of an ulcer of any part of the gastro-intestinal canal, or of an abscess of any of the abdominal or pelvic organs or of the abdominal wall into the peritoneal cavity.

(d) *Puerperal peritonitis.* It occurs in connection with septic diseases of the puerperal uterus. The infection may reach from the endometrium through the Fallopian tubes, or it follows the lymph-channels or the infected uterine veins. Puerperal peritonitis hardly occurs without some inflammation of the uterine appendages; but both of these structures may be greatly attacked, while the muscular covering of the uterus and the veins and absorbents remain entirely free from disease. In puerperal peritonitis, in which the peritoneum is primarily and principally involved, the commencement of the malady takes place before delivery, but it is more liable to arise in from twenty hours to three days later on. Sudden rigors are the sure harbinger of the attack.

Extreme pain may be instead present, but the rising of temperature generally prefaces them both. Thirst, flushed face and quick respiration ensue afterwards. Nausea and vomiting may exist. The patient cannot bear the least pressure or smallest weight, and the slightest movement of the body produces excruciating suffering. As the disease makes progress the abdomen becomes more tender and sensitive to touch or movement, and subsequently the abdomen grows tumid and tympanic.

The lochia are variously affected. In simple peritonitis, the mind remains clear, the presence of pus corpuscles in the blood is not found in the nervous system and the patient expires with-

out the presence of those hysterical and even monomaniacal affections that generally characterize a purulent infection of the blood.

(e) *Peritonitis infantum*. It attacks most frequently children.

3. *Pathological classification.*

(a) *Diffuse septic peritonitis*. Every acute peritonitis is septic when the inflammation terminates in suppuration, and in which death occurs in a few days.

(b) *Putrid peritonitis*. It is generally found in connection with grave forms of puerperal metritis. Gangrene or ulceration of uterus, intestines or abdominal wall is associated with it.

(c) *Hæmorrhagic peritonitis*. It is generally found in the pelvis upon the posterior surface of the uterus or vagina and in men behind the bladder.

(d) *Suppurative peritonitis*. It is an inflammation of the peritoneum which results in the formation of pus that is either serous, sero-purulent or may reach the consistence of cream or of a yellow color.

(e) *Serous peritonitis*. This form of peritonitis is not dangerous. It is usually complicated with fibrinous peritonitis, as fragments of fibrin are often found in the fluid. The serum is turbid, grayish-yellow, or reddish in color.

(f) *Fibrinoplastic peritonitis*. When plastic exudations are found and pus is not present or is scanty, it is called fibrinoplastic peritonitis. It is always a secondary process.

Peritonitis which involves the serous covering of any abdominal organ is designated by the prefix peri- and has given rise to the following terms:

- (a) Peri-gastritis.
- (b) Peri-enteritis.
- (c) Peri-typhlitis.
- (d) Peri-appendicitis.
- (e) Peri-colitis.
- (f) Peri-hepatitis.
- (g) Peri-splenitis.
- (h) Peri-cystitis.
- (i) Peri-salpingitis.
- (j) Peri-oöphoritis.

V Treatment.

Acute Form. *Acon.*, *Bell.*, *Bry.*, *Apis*, *Colocynth*, *Merc. cor.*, *Ars.*, *Bap.*, *Carbo veg.*, *Rhus tox*, *Thuja*.

SEVERE CASES. *Ars.*, *Carbo veg.*, *Lachesis*, *Opium*, *Veratrum*.
Detailed Treatment.

ACONITE. If peritonitis is caused by cold. Inflammation of intestines and peritoneum, with intense burning and lacerating pains in umbilical region, worse from turning on left side or lying on affected side; the pains are so very unbearable that they drive him crazy and restless; mental worry, anxiety and fear accompany the patient.

Dose. ix , 3x .

APIS. Inflammation of peritoneum and bowels, with ascites and great sensitiveness of whole abdomen; knife-like stabs through abdomen and pains like bee sting in peritoneum; pains are burning, stinging or sore and suddenly migrate from one locality to another; the patient does not feel any thirst; the urine is scanty, dark, albuminous; incontinence of urine exists, with considerable irritation of the parts; it generally affects the right side.

Dose. θ , ix , 3x .

ARSENIC. The abdomen is greatly distended, insatiable thirst, excruciating pains, wishes to be kept warm by hot applications; the patient fears death and continually changes his position; great prostration exists; symptoms get worse after midnight or from cold drinks or food.

Dose. 6x , 30 , 200 .

BAPTISIA. Sharp pains in bowels, with ever-lasting pain in hypochondrium; in whatever position the patient lies, the parts rested upon feel sore and bruised; pains are worse from any movement.

Dose. ix , 3x .

BELLADONNA. The abdomen is distended; brain disturbance and headache exist; the head is hot and painful, the face is flushed, the pulse is full and bounding; pressing downward as if the contents of abdomen would issue from the vulva; pains in sudden attacks come and go suddenly or less frequently, gradually increase and gradually decrease; it is used in complication with metritis; lochia checked or hot; enteritis or typhlitis.

Dose. 3x , 6x , 30 .

BRYONIA. Stitching or burning pains, which are worse at night; the pains are aggravated by any movement or motion and relieved by absolute rest and lying on affected side; abdomen is very sore to touch; constipation; great fever; much effusion; complication with diaphragmitis: urine is scanty; great thirst.

Dose. 3x, 6x.

CALCAREA CARBONICA. Tuberculosis Abdominalis; hard and distended abdomen; the pit of the stomach is swollen like an inserted saucer, and painful to pressure; severe cramps in the bowels; constipation; better from cold water.

Dose. 6, 30.

CANTHARIS. When effusion has taken place; much pain, but not much fever; burning pain in abdomen; the pains are raw, sore, burning in every part of the body, internally and externally; oversensitiveness of all parts; cold extremities; bloody, slimy stools with much colic; peritoneum over bladder much affected; painful urination; suppressed urine; unbearable urging before, during and after urination.

Dose 3x, 6x.

CARBO VEGETABILIS. When tympanitis is present; paralysis of the intestines; offensive stools; foul smelling lochia; vital powers are almost exhausted; the patient desires to be constantly fanned.

Dose. 6, 12, 30.

COCCULUS. Paralytic pain in the back and paralysis of the lower extremities; loss of appetite, with metallic taste; the time passes too quickly; sensation as of sharp stones rubbed together in the abdomen.

Dose. 1x, 3x, 30.

COLOCYNTH. Great tenesmus, with distension of abdomen; cramp like pain in both sides of abdomen, worse after pressure; excruciating pains in abdomen which cause patient to bend double, with anxiety and restlessness, and which are ameliorated by hard pressure; the pains are worse after eating or drinking; diarrhoea, aggravated by everything which is eaten or drunk.

Dose. 1x, 3x, 6x.

CONIUM. Swelling of the abdomen; pinching pains in abdomen, as if diarrhoea would follow; bitter taste; pulse is unequal in strength and sometimes irregular.

Dose. 3x, 6x, 30.

CROCUS. Sensation as if some living object were jumping about in the stomach, abdomen, anus or other parts of the body with nausea; faintness; stitches in the abdomen which arrest respiration; accelerated pulse; distended abdomen.

Dose. 6x.

GRAPHITES. The abdomen is distended and hard; taste salty,

particularly when the ovaries are affected; itching over various parts of the body; sensation of cobweb on forehead, the patient tries hard to brush it off.

Dose. 6c, 30c.

HYOSCYAMUS. The abdomen is sore to touch; peritonitis with typhoid symptoms; delirious without apparent heat; the face is pale and the limbs are cold, although the temperature is high; the patient is restless, jumps out of bed, tries to go away and throws off the bed clothes.

Dose. 1x, 3x.

IPECAC. Constant nausea exists; vomiting, aggravated by stooping; every movement is associated with cutting pain across abdomen, running from left to right; pain about the umbilicus, extending towards the uterus.

Dose. 3x, 6x.

LACHESIS. The abdomen is hot, sensitive, and painful; it is painfully stiff from loins down the thighs; peritonitis complicated with typhlitis; abdomen is very tender, with aggravation from sleep; swelling in the cœcal region; the patient lies on his back with limbs drawn up; pulse is rapid, feeble, intermittent; constipation; tormenting urging, but not to stool; strangury; left side principally affected; the complaints begin on the left and go to the right side.

Dose. 6, 30.

Lycopodium. I have no experience.

MERCURIUS CORROSIVUS. Peritoneal effusion; peritonitis with purulent exudation, especially with typhlitis; griping cutting pains; abdomen much swollen, excessively tender; tenesmus; œdema of feet; weakness and emaciation.

It is especially useful in scrofulous patients.

Dose. 3x, 200.

NUX VOMICA. In peritonitis, it is frequently used; tension and fulness in loins; heaviness and burning in abdomen; painful ineffectual urging to urinate; heart feels tired; palpitation; pulse full, hard, small, intermittent; pains in small of back, as if bruised or broken, worse 3 or 4 P. M.; sick feeling through all the limbs; constipation; frequent desire for stool; headache, worse by attempting to turn in bed; the complaints seem to grow worse towards morning.

Dose. 3x, 6x, 30, 200.

OPIUM. Tympanitis; somnolence; anti-peristaltic motion of

the intestines; constant belching and vomiting; bowels entirely closed; retention of urine; complete inactivity of lower bowels.

Dose. 6c, 30c.

PHOSPHORUS. Peritonitis with tympanitis; abdomen greatly sensitive to touch; rolling and rumbling in abdomen; painful feeling of weakness across whole abdomen; paralysis of intestines; sensation of weakness and emptiness in head, stomach or abdomen; the pains are worse from lying on left or painful side.

Dose. 6, 30.

RHUS TOX. Enteritis or peritonitis with typhoid symptoms; great distension of abdomen; involuntary stools with great exhaustion; great restless, anxiety and apprehension; the patient changes place always, although the pain is increased by it; low, muttering delirium; pulse accelerated, irregular or intermittent; typhlitis; soreness in abdomen, worse on the side lain on; powerlessness of the lower limbs which can hardly be drawn up.

Dose. 3x, 6x, 30.

SULPHUR. Peritonitis, especially puerperal; limbs go to sleep; great lassitude.

Dose. 6x, 200.

In a case of puerperal peritonitis I marked all the symptoms of *Sulphur* present. I employed *Sulphur* 6x, 6c, and 30 in succession, but no perceptible improvement was wrought by them. The temperature of the patient was from 104° to 105° for several days. No other medicine could bring down the temperature. At last I thought of *Sulphur* 200, and employed it. I found a lower temperature in the morning, with less pain and offensive lochia. I used it in several other cases from that time forward, and the success that I derived was almost magical. Only *Sulphur* 200 restored the patients to perfect health. Experience has proved this fact without the least shadow of doubt. I, therefore, ask all other physicians to use *Sulphur* 200 in the affection named above, and thus to test the truth of my observation; they should not, on any account, give it lower than 200, but may go on higher if they prefer.

TEREBINTHINA. Pelvic peritonitis, associated with an inflammation of bladder; spasmodic retention of urine; the urine has the odor of violets; distension of abdomen; tongue is dry, smooth, glossy, as if deprived of papillæ; strangury; hæmorrhage from bowels with ulceration; puerperal metritis.

Dose. 3x, 6x.

VERATRUM ALBUM. Burning in the abdomen as from hot coals; peritonitis with vomiting and diarrhœa; skin cold or icy coldness of face, tip of nose, feet, hands and many other parts; cutting pain in the abdomen as from knives; cold perspiration of the forehead; the face is pale, sunken; the pulse is small, weak; the patient is restless and anxious; the patient is seen to curse and swear; great thirst exists.

Dose. 3x, 12, 30.

VERATRUM VIRIDE. Acute pelvic cellulitis and peritonitis; pains at right of umbilicus, passing down to groin; severe pains attending inflammation; vomiting; dark, bloody stools; the tongue is white or yellow with red streak down the centre.

Dose. 3x, 6x.

VI. Accessory Measures.

Hot fomentations or light poultices to the abdomen should be used to relieve pain. Perfect quiet must be observed. Pieces of ice, sucked in the mouth, will help to lessen the vomiting. I have found that in some cases cold compresses do more good than hot fomentations. The diet should be mild and unstimulating.

Midnapore, Bengal.

ENURESIS.

Editor of HOMEOPATHIC RECORDER.

I have seen inquiries in the RECORDER in regard to *Rhus aromatica* in nocturnal enuresis. The case was a little girl, aged seventeen years, who had always been subject to the terrible wetting the bed every night in winter and nearly every night in the summer. I began the treatment with *Rhus aromatica* the 25th of August, 1899, she received 1 oz. θ , which she took in five drop doses four times daily until it was gone; only wet the bed twice the first fifteen nights, then there seemed to be a great aggravation; I then put her on *Causticum* 4x for two weeks, with no improvement; I then put her on a powder of *Pulsatilla* 30th in the morning, at night a powder of *Sulph.* 3x, for two weeks; she wet just one-third the time, five nights out of fifteen; I then put her on *Rhus* again, twenty drops three times a day until she had taken two ounces, with much improvement, wet-

ting only four nights out of sixteen; I then gave her *Pulsatilla* 30x mornings, and *Kali phos* 3x nights, for two weeks, gave her the *Pulsatilla* on account of styes and the *Kali phos.* for a nervous condition. When I received the next report she was well and remains so still, time about six weeks.

H. M. ROBERTSON, M. D.

Middleport, N. Y.

CURRENTUR CORRECT.

Editor of the HOMŒOPATHIC RECORDER.

In your issue of January, under the caption *Curantur*, *Curentur*, *Curenter*, you publish a communication on the form to be used as the motto of the homœopathic school, whether *curantur* or *curentur*, as to *curenter* I can hardly believe that it should have appeared except as the result of the ignorance of a printer and the carelessness of a proof reader.

With all the display of latinity made by E. G. H. M., M. D., he still seems to have missed the true inwardness of the distinction between the proposed forms. He is fortunately correct in his grammatical knowledge of these forms, but unfortunately not so in his interpretation of them.

In the first place the verb *curo* signifies primarily to treat, to care for, then secondarily to do so successfully, *i. e.*, to cure. It is important to bear this in mind in considering which form of the word should be adopted for any particular purpose. In the second place the Latin subjunctive is never the equivalent of the potential mood in English; to become so it requires a preceding *licet*, *potest*, or *necesse est*. The subjunctive *curentur* could not, therefore, by any possibility be correctly rendered into English by "may be cured." It is simply a very common use of the subjunctive as a mild imperative, conveying an injunction, and can only be correctly rendered "let (similars) be treated." The inference that by the adoption of this form any departure from the "sureness and certainty of a cure by the well-indicated remedies" could have been intended, is, therefore, entirely gratuitous and, indeed, impossible.

The various grammatical forms which the verb took in the writings of Hahnemann, if we wish to appeal to him as a final authority, depended altogether upon the requirements of the context. In the beginning of the *Organon* it had of necessity

to be *curentur*, for there Hahnemann opposes to the rule ("Regel") of the allopaths, *contraria contrariis*, his own principle, and enjoins upon his readers to treat similars with similars. "Let similars be treated with similars." It contains then merely a different rule ("Regel") of practice, and asserts nothing as to the certainty or probability of the truth of the proposition.

This seems, therefore, to be the motto best adapted for the monument, since it represents him, who "though dead yet speaketh," as forever enjoining upon his followers to hold fast to this sole and fundamental rule of practice, to treat similars with similars.

W. H. B., M. D.

A CORRECTION.

Editor HOMŒOPATHIC RECORDER.

The article I sent you, *as printed* in the December RECORDER, is badly mixed and I desire to correct the errors. .

The work on Veterinary Homœopathy I wished to commend was by John Sutcliffe Hurndall, M. R. C. V. S., and it was *his* exposition of Homœopathy in the introduction to said work that I thought deserved a separate publication in tract form.

In the line beginning: "It has been said that Homœopathy is only good for women and children, but *we know better*—man and the lower animals can be included in the list, and the superiority of our treatment has been manifested on many a trial.

After "Logic of Figures" we will have a mass of testimony instead of "a map."

Whoever will take the trouble of re-reading what is printed on page 549 will, with this correction, be able to see what I meant to say, and if I have only called attention to the most excellent work of Hurndall I shall be satisfied, for it is bound to make converts to Homœopathy of those who read it and put its teaching in practice.

A. P. BOWIE, M. D.

SAD COMMENTARY.

By A. M. Cushing, M. D., Springfield, Mass.

That the nineteenth century should pass away and leave the dominant school of medicine, the one that claims that all there is of science and skill belongs to it, possessing but one remedy for malarial diseases, and that by many people considered worse than useless, is a sad commentary. Yet it is a sadder commentary that some of those who claim to be homœopathists, and therefore are expected to know something of the beneficial actions of homœopathic remedies, should follow in that school's ignorant and dangerous wake.

One Way.

We often hear it said that homœopaths have to give Quinine for malaria. Recently I learned of a case where a young homœopath was treating a returned soldier for malaria, and gave him so much Quinine that dissatisfaction ensued and a allopathic physician was engaged. The young doctor not only lost his patient and family, but Homœopathy was greatly injured.

A Better Way.

A man aged forty was having frequent chills, and the symptoms seemed to call for *Belladonna*. I gave the 200 every two hours for one day, and he had no more chills.

This brought me the case of a lady, aged thirty-five, who had for many months been occasionally afflicted with chills. When I was called she had for several weeks had a severe shake every other day about 11 A. M., beginning in hands and feet. The alternate day she had severe headache. I gave her *Natrum mur.*, 200, every two hours that day. The next day when it was time for the chill she went to bed, but had no chill and has had none since.

A man, aged thirty, had a bad chill every afternoon, fever in evening, sweat all night. During chill violent thirst, but at no other time. I had no *Ignatia*, but the 3d and 1,000. I gave the last, a dose every two hours, through the day and he did not have another shiver.

A returned Cuban soldier, aged twenty one, had three fevers and spinal meningitis—and Quinine. When I saw him he had

for six weeks a severe chill every other day, each one coming just four hours earlier (every 44 hours); they lasted two hours, and were so violent that he would shake the bed and become delirious. During chill violent thirst for cold water; he would drink a pailful during chill; but little thirst during fever or sweat. After chill great exhaustion for several hours. His father and mother thought he must die. The chills began in his back, so I gave *Capsicum*, 30, with slight relief; but four days later, as he seemed no better, I gave *Ignatia*, 1m., for one day, then sugar of milk. Two days later I lost my patient. He had had no chill, was feeling fine, and said he guessed he would go out skating.—*Medical Century*, October.

“I WILL now give in one sentence why physicians fail to secure a grip, and why they are not able to retain a grip; and mark well the words. It is just this: they are not truly interested, and they are not willing to invest money in their profession. To prove this statement I will take up in order what Emerson would style the externals of a man, and then the internals. The first of the externals is the general appearance of a physician as regards his being neatly dressed, and, above all, clean. I once asked a lady of another town why she did not emp'oy a certain physician of her home, whom I knew to be mentally superior to every other one in the place. She replied: 'I cannot stand his black finger-nails.' That settled the question. A medical man is supposed to be an antiseptic gentleman at all times, with faultless linen, and everything else to correspond. The next external that I regard as exceedingly important are his offices. If a young physician were to ask what advice I would give to aid him on entering a town, I would say, have the finest offices your means will permit, and go on improving and freshening them up occasionally with a new picture and very often with a modern book, bearing in mind that there is nothing furnishes a house or office like books and pictures.”—*Sydney Davis*, *Lycoming Med. Society*, *Medical Council*.

LIEBERSOHN (quoted in “*Münchener Medicinische Wochenschrift*”) has obtained excellent results by the use of hot steam long continued in a number of chronic skin diseases. He states

this measure is specially indicated in circumscribed cases of chronic eczema, particularly of the face, and in suppurative forms; in acne, in non-parasitic sycosis, in leg ulcer, rosacea, lupus vulgaris, venereal ulcers, and erythematous lupus. It is contra-indicated in acute forms of eczema, in the diffused and varicose manifestations of this disease, in psoriasis, favus, and herpes tonsurans.

Of twenty-two cases of chronic eczema thus treated only one was uncured. The results were especially brilliant in sycosis, leg ulcer, and acne. All such cases thus treated were cured.

COMPLICATIONS—MALARIA ET GONORRHŒA.

By Dr. Paul R. Fletcher, St. Louis, Mo.

Mr. W., age 26, dark hair and eyes, weight about one hundred and forty pounds, five feet eight inches in height, called at my office complaining of a slight urethral discharge. After ocular examination a diagnosis of specific urethritis was made, which diagnosis was corroborated by the personal history which was not delectable. On remarking that he presented a rather cachectic appearance, he replied that he had been having intermittent fever, but at this time paroxysms had ceased, due to the administration of quinia sulph., in appreciable doses, according to the classical methods of our regular (?) medical "Solomons."

Careful questioning elicited a totality clearly indicating *Natrum mur.*, which was prescribed, though with some little hesitancy, owing to the fact that the case was sadly confused by the unpropitious combination of the plasmodium malarie, quinine and gonorrhœa. All injections and stimulating fluids and foods were interdicted in addition to proscribing all "home-spun" therapy and the patient directed to report in three days. Instead of making his appearance, I was called to his home. On reaching there I found a peculiar state of affairs. He had, following my directions, taken four doses of the *Natrum mur.*, without noticing any change in conditions, but toward eleven o'clock A. M. on the second day suffered a marked chill with the accompanying fever and diaphoresis, and a complete cessation of the urethral flow. The suppression of the urethritis was carefully noted, and on inquiring whether there was any discomfort in the pelvis or genitalia received a negative reply.

I examined the urethra, but could detect no discharge. *Saccharum lactis* was prescribed, and the case temporized with until my next visit, which occurred the following day. This visit found the patient with another chill, which was very slight, but no sign of a reëstablishment of the wonted flow. The placebo was continued—not without a battle with the innate materialism which we all possess, however—and on the following morning the lost discharge appeared with symptoms of some gastric irritation—pyrosis, aversion to food; especially wanted vinegar. Great thirst *Sepia*²⁰⁰ was given once, and in three days the discharge had ceased, and malarial conditions have manifested themselves. At the present writing patient is to all appearances well.

In connection with the recital of this case I might say that in the capacity of House Surgeon of the Grace Hospital in Detroit, I observed in the returning Michigan Volunteers (men who were in Cuba during hostilities), suffering with the various types of malarial infection, the presence of urethral discharges. In some of these cases I was unable to elicit the slightest history of gonorrhœa, and in those cases which could be shown to have been infected there were marked changes and modifications in the course of inflammation. In these malarial types quinine had been pushed to the limit and beyond, producing the deafness, ringing in the ears and the remainder of the classical symptoms of cinchonism.—*Clinical Reporter*.

NOTES FROM GERMAN JOURNALS.

Hardening the Body.

Translated for HOMŒOPATHIC RECORDER.

Prof. Kussmaul describes in the reminiscences of his youth a simple means of hardening the body, which proved of the greatest use to him: "This method may be carried out at all seasons and requires no great preparations. Any wash-basin large enough to put both the feet in will be suitable? It is best to fill the basin the evening before, putting in enough water to cover the ankles, and putting the basin near the bed; put towels by it. If carefully managed, even the most effeminate skin will learn to bear the cold water. We must not begin with water of too low a temperature; we ought to begin, according as the re-

action of individuals is weaker or stronger, with water at 77° or even 81° and 86° of Fahrenheit and go down gradually in the course of weeks to 68° , and only exceptionally to a lower temperature. In all cases the cold foot-bath lasting only a few seconds must be followed by quickly warming the feet. This can be done in a few minutes by going back into the warm bed, it is not necessary to rub them; the more quickly the bed is regained, the more easy it will be to bear the cold foot-bath; only when the temperature is too low will it take more than 10 minutes before they get well warmed. With very weak or old persons the temperature should not be too low and it will be better to keep to 68° - 77° F.

To harden the skin of the whole body, Kussmaul recommends the following procedure: First wash the body down to the knees, which may be done standing or kneeling, bending over the basin, and allowing the water to gush from the sponge, especially over the throat and the back of the neck; then dry off quickly, cover the body, sit down on the side of the bed and dip the feet into the basin, standing by the bed, and wash the feet up to the knees, dry them off quickly and draw them back under the cover. Such an abluion with footbath will only take a few minutes; in 10 to 15 more minutes the whole body will again be well warmed in the bed. Then get up at once.

Kussmaul concludes his advice with the following words, which should be taken to heart by all parents: Happy are those who do not require such modes of hardening the body, because they have been taught from childhood to take at once as they rise a cold bath in the bath-tub, a cold douche or an abluion of the whole body in the sit bath!—*Therapie der Gegenwart*.

Fatal Poisoning From Common Sorrel.

The use of the common sorrel (*Rumex acetosa*) is usually considered harmless. It is especially esteemed at present during the hot season on account of its acid contents for quenching the thirst and for refreshment; it is also a favorite in many houses in the form of soup and salad. Children, especially, are wont to pick it fresh by the road and to eat it in large quantities while at play. Nevertheless, a case of poisoning from sorrel, published by Prof. Eichhorst, Berlin, advises caution in this matter. A boy of 12 years had eaten a large quantity of sorrel while at play in a meadow. He was seized with violent colic,

vomiting and diarrhoea, and finally lost consciousness. In this state he was brought to the hospital, where he gave no response to shaking or loud calls. Morbid twitches of the muscles ensued and in a few days the boy died. The post mortem showed a violent inflammation of the kidneys, owing to the oxalic acid contained in the sorrel. This case shows that the copious use of sorrel may endanger life.—*Stram.*

IN INFLAMMATION OF THE SEBACEOUS GLANDS, TETTER ON THE CHIN, Dr. Siberson (in *Therap. Monatshefte*) recommends the use of steam; he cites a number of cases.

Raw Eggs and Raw Meat.

Beerwald in Berlin calls attention to the difficulty in digesting raw eggs and raw meat. He says: "If we give the stomach the raw white of eggs, then it has to effect in a chemical way that which else is effected by the fire; *i. e.*, it has first to coagulate the albumen and only then can it begin the process of digestion. To partake of the raw white of eggs is, therefore, a disadvantage; for, besides the danger of infection, the stomach is compelled to additional exertions, and since the time during which the albumen remains in the stomach is limited the delay in the digestion makes it probable that the albumen thus partaken of will not be used up when and assimilated as fully as if it had been boiled. Even a hard boiled egg, cut small or well chewed, is more easily digested than a raw egg, and the troubles attending the eating of hard-boiled eggs have, in an otherwise normal condition, their cause merely in the insufficient diminution, in consequence of which the morsels swallowed do not offer a sufficient plane of assault to the gastric juice. The same considerations applying to the albumen of eggs will also apply to the albumen stored up in the fibres of the muscles in meat. There is no doubt that meat boiled in a small quantity of water or properly roasted is preferable to raw meat, except where some particular circumstances call for the latter—*Zeitschrift f. diät. u. phys. Therapie.*

**KALI PHOSPHORICUM, A MAGNIFICENT
REMEDY.**

By Horace T. Dodge, M. D., Denver, in the Critique.

If asked the question, "What remedy do you consider the most important in our *Materia Medica*?" I would unhesitatingly answer, *Kali phosphoricum*. It is the most important because it is indicated in a greater number of conditions than any other, and when the action of this wonderful curative agent becomes known, and we are certain of its physiological effects in detail, and are enabled to know just to what extent it can safely be administered, then will the world hear of the most brilliant cures which have been made in the history of medical science.

When *Kali phosphoricum* is taken regularly every fifteen minutes for several hours a delightfully pleasant sensation is experienced, one of supreme content, with a disposition to dream on and on indefinitely. It reminds one of the description of the Turk who, with the companionship of his pipe, will peacefully gaze into space for hours, with the exception that all the pleasure derived from his tobacco he pays for dearly in the resultant state of despondent depression. Through the administration of *Kali phos.* there is manifested an exhilaration not unlike the effects of the first glass of champagne, but without its after disagreeable results. Unlike the stimulus of alcoholic mixtures, such as tonics, wine, beer, whiskey or brandy, there is no clouded mental condition or thickened speech. The stimulating action of tea is one which increases the heart's action, but the consequent resulting effects upon the system are depressive. Not so with *Kali phos.* It does not in the least depress the heart or other organs, does not perceptibly increase or decrease the beating of the pulse, but seems to confine its sphere of operation upon the brain or spinal cord, and when the drug is taken frequently there is experienced an increasing exhilaration, beginning at the base of the brain and spreading gradually through to the frontal lobes. This condition after a while becomes one best described as a peculiar lightness of the brain. If the remedy is taken faithfully for a few hours, a characteristic nervous condition will arise, seemingly beginning in the spinal cord and extending to the arms, thence down the spine to the lower extremities.

There will be a desire for greater activity, but strange as it may seem the heart's action is unimpaired. The brain is clear and the desire for thought and study is greatly pronounced, and it is surprising the amount of mental labor that can be accomplished through the use of this drug. There is a complete loss of weariness.

A few doses will ward off "that tired feeling" and greatly aid the waning powers to recuperate, so one can complete the task laid out before one, and also have the assurance that a good night's rest is a certainty, something which cannot be said of tea, coffee, tobacco, alcohol, tonics, etc.

It is a fact that *Kali phos.* has its specific action upon the gray matter of the brain, entering into its composition and repairing the waste consequent upon the expenditure of vital force through any mental exertion. We know that the gray matter contains *Kali phos.*, and those who are subject to mental exhaustion, or are unable to perform their work after a certain time, are mentally reinforced by the use of a few doses of this remedy. Search medical lore through and through, you will find not one remedial agent to take its place, nor is there one which can near approach it in usefulness; and what is a singular fact, but very little is written about it.

Its homœopathicity is plain, and it will be found indicated in all cases of debility, especially where there are evidences of a loss of vital fluids, excessive mental exertion, brain fag and a lowered vitality, consequent upon running the human machine at too high rate of speed, causing a breaking down of the various tissues and organs of the body. It is essentially a homœopathic remedy, recommended by Homœopaths and discovered by them, and like many of our remedies which have been brought to the front by our Allopathic brethren will not long remain in obscurity, and as the discovery of ether as an anæsthetic is pronounced the greatest medical triumph of the nineteenth century, and to commemorate its birth has been erected in Boston one of the most magnificent monuments in America, so when the greater benefits which will arise through the use of *Kali phosphoricum*, when its value as a therapeutic agent becomes generally known, there will be builded a grander one, a record to preserve its memory, in the cures which will daily be performed throughout the world.

It is a positive cure for the "blues," for it is impossible to

have an attack if the balance of supply and waste of *Kali phosphoricum* is kept in the gray matter. Give it to your worn out nursing mother, who are tried almost to distraction with nervous babies, you will be doing a great service, and enable her to stand tenfold more disturbance and annoyance, and be the means of quieting the child through the increased nourishment supplied. She will bless you.

Give it to the overworked business man, and he will tell you in a short time that he is able to perform double the amount of work without fatigue. Give it to the tired professional man, and notice the marvelous change you will have wrought. The special indications for its use are, a foul breath, tongue coated with a brownish, mustard-like coating. A dull, heavy aching between the shoulders, extending to base of brain. worse while standing, better on lying down, restlessness, inability for mental work, conditions of debility and all complaints having foul odoriferous excretions.

Whenever you find a foul breath you will have a nervous condition below par, and whether from biliousness, catarrh, or indigestion, or a condition simulating typhoid fever, *Kali phosphoricum* will be found greatly beneficial, and in many cases the only medicine required. If used faithfully and conscientiously in the higher potencies the best results will be obtained.

OPHTHALMIA NEONATORUM, CURED BY INTERNAL REMEDIES.

The afternoon of July 26th, '98, was called to see a pickaninny five days old. The previous day the mother noticed the child's eyes were sore and by advice of the negro granny milked breast milk in them. That day being worse had used cold tea, but when they began to run was frightened and sent for a doctor.

Found the eyes full of yellow pus. With difficulty could evert the lids and then could see nothing of the eyeball for the pus. The mother all through her pregnancy had the "whites," profuse and bad-smelling. A neighbor volunteered the information that she had refused to wash her clothing, it was so covered with "corruption." The father had had ulcers on his legs burnt out for him from time to time by the doctors. I had never seen a case of ophthalmia neonatorum, but concluded this must

be it. I washed the eyes as well as I could with warm water and gave directions to keep them as free from the discharge as possible. Gave *Argentum nitricum* m .

Next morning the eyelids were glued together with dried pus. When cleansed the discharge gushed out profusely; thick, yellow, nasty-looking pus. The lids were so swollen could scarcely open them and could not evert them at all. Child cried all the time, nearly went into a spasm when bathed. *Sulphur* m . In the evening found the condition as bad as ever and began to think I had better relinquish the high potencies until I knew more about them, unless I wanted a blind child as a testimony to my skill. However, made one more prescription as a last and desperate venture. *Medorrhinum* m .

Was at the shanty next morning by 6 o'clock with a bottle of Nitrate of silver in my pocket, prepared to swab out the eyes thoroughly. To my pleased surprise the pickaninny had slept nearly all night, the swelling was considerably reduced and the discharge less. Needless to say the bottle in my pocket stayed there. Kept up the sac. lac., and in a week discharged the case. I frequently see the small pickaninny and his eyes are as bright as a squirrel's. Great as my faith is in the similitum I think I should doubt that it was a specific case but that the first day I submitted some pus for examination and got a report that the gonococci were present.—*Dr. Frances McMillan, Nashville, Tenn., in Med. Century.*

CARBOLIC ACID IN BURNS.

“In 1881 I burned my thumb with hot solder while mending a tin vessel. Wife went for some *Carbolic acid* to put into water to hold my thumb in. While she was gone for the water I took the bottle, uncorked it and dropped some of the acid on the burn and spread it around with the cork. To my surprise, the surface burned turned white and pain instantly ceased. No water was used. Some time after that, wife's mother scalded her foot. The skin from the entire upper surface came off with the stocking. The raw surface was coated over with two or three layers of the full strength acid, with the effect of instant relief of pain. A light cotton covering and one thickness of bandage to keep from rubbing was all the dressing used, and the white pellicle peeled off in a few days with a new skin under

it. In 1893, I saw an article by Dr. Oscar H. Allis, of Philadelphia, on the uses of *Carbolic acid*, but he said nothing about full strength acid on burns. I wrote him, asking if he knew anything of it. He replied that he did not, and wished me to send him any items I had. I wrote out my experiences up to that date and sent it to him.

“Dr. Allis gave as the explanation of the action of the acid, that ‘formed an impervious coating by a chemical combination with the serum (albumen), which exudes; thereby, as it were, replacing the skin, and rendering further absorption impossible. As to the action of the acid on well flesh, or flesh that has not been scalded or burned, its effect is really like intense fire, and is dangerous, because then absorption does take place.’”—*Exchange*.

Looks like *Similia*!

BOOK NOTICES.

Leaders in Typhoid Fever. By E. B. Nash, M. D., Author of “Leaders in Homœopathic Therapeutics.” 135 pages. Cloth, 75 cents; by mail, 80 cents. Philadelphia. Boericke & Tafel. 1900.

The almost unprecedented success, Dr. Nash’s “Leaders in Homœopathic Therapeutics,” met with on all sides, is a good introduction to this second venture, and we believe that “Leaders in Typhoid” merits an equal success, as a reference to its pages will help many a bad case to speedy convalescence. In his preface the author says: “I have not given the description of the disease, but only the leading indications for the treatment, for the reason that it would only increase the price of the book, and be but a rehash of what they already have in their libraries.” So the possible purchaser is warned that if he is looking for a book on the etiology, pathology, diagnosis, prognosis, etc., of typhoid this is not the book he seeks, but if familiar with these, and looking for help to pull some desperate case through, or what to do in the midst of an epidemic of the disease, then, before all others, this *is* the book he seeks, the book of a man’s experience. It is interesting from cover to cover and full of most practically helpful information.

A Manual of the Practice of Medicine. Prepared especially for Students. By A. Stevens, A. M., M. D. Fifth edition revised and enlarged. Illustrated. 519 pages. Flexible Leather, \$2 00 net. Philadelphia. W. B. Saunders. 1900.

This popular manual is now in the 5th edition, and a better comment cannot be made.

MR. SAUNDERS announces that the "American Year Book of Medicine and Surgery" will be issued this year in two volumes. Volume I treating of General Medicine, and Volume II of General Surgery. The two volumes will be sold in sets, or separately, as desired. The price per volume will be Cloth, \$3.00; Half Morocco, \$3.75.

MORGAN'S *Repertory of the Urinary Organs* meets with good words on all sides, showing that a soundly homœopathic book is still welcome by the profession. The following is what Dr. Walter M. James has to say of it in the *Homœopathic Physician*:

"This most excellent, practical, and soundly homœopathic book, is warmly welcomed to our editorial table.

"In his preface the author says, 'The work might undoubtedly have been better.' This *is* doubtful. The work could *not* have been better. Then he goes on to say, 'but it certainly could not have been more conscientiously done.' This we unreservedly believe. Its carefulness and its minute elucidation of the symptomatology entitle it to all praise, all confidence of the practical prescriber seeking to find the true simillimum with the invincible determination to cure his case.

"Its division and sub-division are somewhat peculiar. But it can be readily learned. We note some of these divisions: Kidney, Ureters, Bladder, Urethra, Meatus Urinarius, Fossa Navicularis, Desire to Urinate, Emission of Urine before Micturition. On Beginning Micturition, At Close of Micturition, After Micturition, Before and During Micturition, Before and After Micturition, During and After Micturition, Before, During, and After Micturition, Between Acts of Micturition, Character of Urine, Color of Urine, and so on. A glance at these headings will convince the homœopathist of the pains taking character of the preparation of this book. Sediments and odors

are given and the remedies are indicated in three kinds of type, according to their importance, after the manner of Bœnninghausen. Further on we find a separate repertory of the prostate gland, and then come some diagnostic tables, which are excellent, and the several urinary tests.

“The diagnostic table is especially commendable, as it enables us to interpret the meaning of any symptom or appearance of the urine at a glance. We observe one slight omission in this table, and that is headache as a frequent cause of temporary increased quantity of urine. This, however, is of no importance, and is utterly insignificant in the presence of the great number of valuable qualities possessed by the work.

“It must become at once the every-day companion of the homœopathist and he will not be induced to part with it.

“We are happy to note that there is in these days a great increase in the number of practical working books of the Hahnemannian prescribers, and this valuable production must stand out as one of the most distinguished of them because it is instantly, continuously, and readily available in getting the right remedy in prevalent complaints”

DR. BURNETT'S *Diseases of the Skin* does not meet with the approval of all the profession by any means, as it, with an exception for the itch mite, condemns all external medication. The *Eclectic Medical Journal* gives the following non-committal notice of it, yet which is at the same time a fair résumé of its character:

“The author believes that a sound skin is only found on a sound body; that as the skin receives its vitality from within, being fed from within, having in fact its health from within, its disease must necessarily come from within, and a successful medication must of necessity come from internal treatment. The doctor says, “The treatment of skin diseases as local affairs is, in my opinion, nothing less than a crime against humanity.” The book consists in a recital of a large number of cases that he has treated wholly with constitutional remedies. He is quite opposed to any local measures. He also records a large number of cases where, by curing the disease by local treatment, the patient has suffered with a far more serious lesion, and which was only relieved by restoring to the skin the former

eruption. The book is interesting from a clinical stand-point, and contains much that will benefit the reader."

It is a good thing, in cases where there is marked difference of opinion, to dispassionately read both sides, even though firmly convinced beforehand of the truth of the matter. It is well to know the other side.

DR. BRADFORD'S "Logic of Figures," a collection of the comparative statistics of results of homœopathic and other medical treatments from earliest times down to year of publication, is an invaluable book for anyone looking for unanswerable arguments in favor of Homœopathy. A copy in the library will come in handy at times. Dr. Cameron, editor of the *Jour. of Homœopathics*, has the following to say of it:

"This is a book of facts and 'facts are chiefls that winna ding and donna be disputed.' The allopath does not believe in statistics when they are used as comparative tests of the success of the two schools, and an examination of Dr. Bradford's book soon lets us into the reason why. Allopathy somehow or other, even in diagnosed diseases, cannot present such a good showing as Homœopathy and that is not telling all the tale, for multitudes of cases that would develop serious pathological states are arrested by the homœopathic remedy before even a diagnosis can be formed. For combative and educational purposes Dr. Bradford's compilation will be invaluable."

FEW books have received the high professional endorsement given to the second edition of Norton's "Ophthalmic Diseases and Therapeutics." Among a host of these the following from our brethren across the water is peculiarly gratifying. Mr. C. Knox Shaw, Ophthalmologist to the London Homœopathic Hospital, writes: "I am delighted with it, and I shall value it as one of the most useful books in my library. I shall be referring to it constantly. I see you have made some valuable additions and improvements."

When our own men can turn out work of the class represented in this book there is no need to go to the old school for text books.

Herbal Simples, Approved for Modern Uses of Cure. By W. T. Fernie, M. D., pages, 651. Cloth, \$2.50.

It is many a day since we have seen a book that was as well worth its price as this. There is not a dull page in it. Folklore, poetry, history, legend are all skillfully blended with the practical accounts of both the empirical and homœopathic uses of the plants described. It is a book which you can pick up for ten minutes' or ten hours' reading and feel that you have been entertained as well as instructed. The work is English, and we miss, of course, some of our American medicinal herbs, but that it is fairly complete is shown by the fact that some 400 plants are treated of. The book is quite free from botanical technicalities and dry-as-dust details—a master-piece in its way. Our readers will thank us for calling their attention to it, if they will add it to their libraries.—*Clinical Reporter*.

MEDICAL GRAMMAR.

When the howling wind is piping
 In the middle of the night,
 And the be lyache is griping
 In all its strength and might,
 When they want to rouse you quickly,
 When they want to make you hark,
 They will fill the air quite quickly
 With the !

But when the ache has vanished
 With its terrors and its grief,
 And the memory has banished
 The remembrance of relief,
 Your bill will start them aching
 In every bone and joint,
 And then they will be making
 A big ?

“COUNTRY DOCTOR.”

Homœopathic Recorder.

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POTENTIZING IN THE OLD SCHOOL AND THE NOSODES. CANCER.

The following is from *Health*, of London, and seems to show that the brethren outside of Homœopathy have discovered the power of the highly attenuated, or, if preferred, potentized, nosode:

“Dr. P. J. McCourt recently read a paper on this subject. He said that he had been led to prepare a serum for cancer, working on new lines. To obtain the primary serum he had selected a typical case of rapidly recurrent carcinoma, the patient being otherwise in good health. The ulcerated surface was cleansed without the use of antiseptics, and sterilized dressings were applied to the part for forty-eight hours. The virus was then collected by curettage and mixed with perfectly pure vegetable glycerine, after which it was triturated and separated by means of a special separator that he had devised. After the fifth trituration, micro organisms could not be found, but nevertheless this serum was very virulent, and was not fit for use. By repeated subdivision and attenuation the toxins became anti-toxins. Alcohol must not be employed in any step of the preparation; even a mixture with animal glycerine, of standard purity, had been sufficient to render the serum inert. The serum was administered by the stomach, two or three times a day, for a long time. Toxic symptoms would rarely follow a correct selection of the preparation and of the dose, but a critical erythema, closely resembling erysipelas, might occur. The subcutaneous administration of this serum had proved irritating and useless. A strict regimen, including absolute abstinence from alcohol, must be enjoined—even a single glass of beer was

apt to neutralize the treatment of an entire month. A considerable number of cancer cases had been kindly referred to him from a number of the hospitals. Some of the results of the treatment had been encouraging, but in a preliminary paper of this kind he preferred not to dwell upon the results. Even in the most advanced cases the antitoxin had been found to relieve pain, improve the general health, and retard the progress of the disease."

What means "by repeated subdivision and attenuation the toxins became antitoxins?" Is not that Hahnemann's doctrine of dynamization?

"DILATION"—NOT "DILATATION."

"A good deal of confusion exists between medical writers as to the use of the words 'dilatation' and 'dilation.' As it is always preferable to use those words with the fewest possible syllables, because the energy wasted in writing, speaking and reading redundant words and syllables could be put to much better use, the shorter form is preferable. It is true that the dictionaries give both forms without comment. However, when it is discovered that etymology furnishes at least one good reason for using the shorter form, it certainly seems that there should be no question about its more general use. For instance, it is found that 'dilation' is derived from the good old Latin word *dilatare*, whose past participle is plain *dilatatus*. On the other hand, 'dilatation' is derived from the later Latin of the scholastics and monks of the Middle Ages, who made it *dilatatio* and *dilatatus*. There is no reason for preferring the Latin of the monks to the original article as a source for English roots. As euphony is also better served by use of the shorter form, we advise every one to employ it by preference."—*Cleveland Journal of Medicine*.

DIPHTHERINUM.

In the second edition of his *Keynotes and Characteristics*, just published, the author, Dr. H. C. Allen, after giving the indications for *Diphtherinum* (which he subheads "homœopathic antitoxin"), adds the following:

"The remedy is prepared, like all nosodes and animal poisons, according to the Homœopathic Pharmacopœia, and like all homœopathic remedies entirely safe when given to the sick."

“Like all nosodes it is practically worthless in potencies below the 30th; its curative value also increases with increase of potency from the 200th to the m. and c.m. It should not be repeated too frequently. It will cure in every case that crude antitoxin will, and is not only easy to administer, but safe and entirely free from dangerous sequellæ. Besides, it is homœopathic.”

“The author has used it for twenty-five years as a prophylactic and has never known a second case of diphtheria to occur in a family after it had been administered. The profession is asked to put it to the test and publish the failures to the world.”

HERE is Dr. Walton's definition of a homœopathic physician—and it is, perhaps, as good as Dr. Porter's: “A homœopathic physician is a composite of all that is good in Homœopathy, and all that is good in any practice of medicine.”

If he can't cure you send for the priest.

“EARLY to bed and early to rise does very well with preachers and guys, but makes a man miss all the fun till he dies and joins the old stiff's that are up in the skies. Go to bed when you please, and lie at your ease, and you'll die just the same from a Latin disease.”—*Gillard's Medical Journal*.

Cratægus is a remedy I have used several times with success, especially where there was a failure of the normal action of the heart; but I am unable to define its action with certainty.—*Dr. C. H. Evans, The Clinique*.

“*Succus cinerariæ maritimæ* is said to act in the absorption of cataract when dropped into the eye daily, two or three drops at a sitting. The editor of *Experience* says of it, that in many instances the results are ‘nothing short of miraculous.’”—*Medical Record*, Jan. 27, 1900.

“IN diphtheria *Echinacea* shows, to even a blind man, its real worth, and only needs one trial to put a sick horse's serum in the shade, besides being much cleaner and safer.”—*Dr. A. B. Woodward in Medical Brief*:

PERSONALS.

Yea, John, it is easier to shed ink than to get readers, as many a quill driver hath sadly discovered.

The average reformer acts on the rule that whatever is wrong, excepting himself.

Every man has a right to his opinion but few have the nerve to express it. What is a "dry coryza?"

And now we have "milkin" to vex the souls of those who love their language.

A "scientific" preparation for doctor's prescriptions is advertised as containing the "active constituents of life."

"Because of the mouth, the body comes to harm" saith a Hindoo proverb.

Several of our esteemed exchanges have announced the startling fact that alcohol is a poison.

The New Jersey Medical Examiners ask: "What quantity of water should be supplied per individual in towns and cities?" That depends.

The *Pacific Coast Journal of Homœopathy* under the new management comes out in quarto forms. Arndt, editor.

FOR SALE at a bargain. A First Class Modern Sanitarium in most desirable location in Eastern Pennsylvania. Satisfactory reasons for selling. Address, "Sanitarium." Care HOMŒOPATHIC RECORDER, P. O. Box 921, Philadelphia, Pa.

Dr. Rupp, *N. Y. Med. Jour.*, writes of "antitoxinizers," as he terms them, in no respectful terms.

"One's faith in Homœopathy receives a big boost after reading this little volume," says the *Med. Councilor* of Bradford's *Logic of Figures*.

And the same authority says of Raue's *Diseases of Children*: "Because of its conciseness and its Homœopathy no student can afford to be without it."

An elderly homœopathic physician gradually retiring from business will let his house and office thoroughly and nicely furnished, situated at 155 W. 12th St., New York City, from May 1st, next. Rent \$1,600.00 per annum. The owner would like a home with family if agreeable, for which he would pay liberally. Address as above.

At Yale the Prof. said, "Examination papers now in printers hands; any questions?" "Who's the printer?" called out one of the class.

Those behind the "no admittance" door know that most fluid extracts are more or less compounds.

There are "trituration" tablets, so they say, that be chiefly chalk.

Modern arms do not seem to whip the enemy any easier than the old ones.

Says the *Homœopathic Journal of Obstetrics* of Morgan's *Repertory of the Urinary Organs* "its contents are an example of pure Homœopathy. A book that will live."

"I can never repay your kindness," remarked the man as he filed his doctor's bill.

Funeral directors, and their assistants should never hum "a hot time" while on duty.

As a hypnotic suggestion—subscribe for the RECORDER!

THE HOMŒOPATHIC RECORDER.

VOL. XV.

LANCASTER, PA., MARCH, 1900

No. 3

“A WORK OF GOOD INTENTION.”

A reply to criticisms of the “Logic of Figures” in Pacific Coast Journal of Homœopathy and Monthly Homœopathic Review.

By T. L. Bradford, M. D.

The dictionary man, Dr. Samuel Johnson, in the earlier editions of his word book defines a lexicographer, “a harmless drudge.” I have often when hunting through the musty pages of old books or journals for some fact in bibliography or medical biography thought of the quaint definition, and fancied that I might well apply it to myself. A drudge certainly, and, as I fondly fancied, harmless. But, alas! eheu! it may not be. It has been written! My latest drudgery is very, very harmful! Some years since while going over, page by page, many and polygot medical journals in search for certain data, I noted down the references where any record could be found relating to statistics of homœopathic and allopathic treatment. Later at the suggestion of one who was always a good friend to Homœopathy and its possible advancement, but who since has “passed the door of darkness through,” I collated these tables of statistics and shaped them into book form. The MSS. laid for some time locked in a publisher’s manuscript safe until another good friend of Homœopathy and its progress thought it fitting time to put it into printed record. The result is the book entitled: “Logic of Figures.”

My reviewers gave me, if brief, yet timely words of meed, until from the land of gold and big fruit an editor sat in judgment upon my little booklet. Now I hold that he who dabbles in printer’s ink should receive the critic’s arrow meekly even be its point a little venomed. So when this genial Western editor presented an editorial chat upon statistics in which he gravely

stated that the title of the aforementioned booklet was "the attractive and rather assuming name 'The Logic of *Facts*' " I did not say a word; I rather liked the whimsicality of the criticism and thought that the critic probably had not read the real title of the book, but just taken a bird's eye view of it, *casually* as it were. And I could see that the editorial was much more logical if my title could be warped into Logic of *Facts* and not *Figures*, because our genial editor questioned "whether or not statistical data as here presented may be considered in the light of *facts* and from a logical standpoint meet the demands which a thoughtful student has a right to make." And I whispered to my pen, Go to. let him call it *Facts*; we know 'twas writ down *Figures*. But how *could* he call it *Figures*? It would have busted up that beautiful and logical criticism. Hence silence; and besides his was a gentlemanly and good natured discussion of the matter.

But now another arrow has reached me, this time tipped with harsher venom. And because it be so tipped I must in simple justice hold up before it the shield of truth and fairness, to blunt its whittled point.

In the *Monthly Homœopathic Review* for February 1900, there is a review of my poor "*Logic of Figures*" in which the critic makes certain remarkable assertions accusing me of careless proof-reading, careless compilation, falsification of tables and *sich*, and kindly, so kindly, grieves over the stern duty that his exalted position compels him to fulfill; sorrows (?) ah, so much, over the slipshod sort of laziness of "the harmless drudge," concedes with innuendo, and *tries* to overwhelm with the faint praise that is said to destroy. It is likely that there *are* errors in the book, typographical errors, it is an odd book that hath them not. *But errors of carelessness they are not, nor of lazy proof reading.* Selah! I have said it. To quote:

' We much wish we could congratulate Dr. Bradford upon the result of his researches, but candor makes this pleasure impossible. Not having an opportunity for referring at first hand to the material of which Dr. Bradford makes use, we have contented ourselves with checking the deductions which he gives from figures which we take for granted. The test is not a severe one, but it is more severe than the work can support. In the mere matter of percentages from figures quoted we find four errors (and two of them very considerable errors) upon one

page, 94. We find eight errors on page 95. We find six errors upon page 96. Upon page 97 there is one blunder which we will give in extenso. The table (No. xxi.) deals with the comparative mortality of typhoid fever under allopathic and homœopathic treatment, respectively. Line 3 states that during the years 1891-1895, in the city of Baltimore, there were treated, allopathically, 918 cases of typhoid fever, and that of these 1073 proved fatal. It is not astonishing that the mortality per cent. is expressed by a note of interrogation. In the same period the homœopaths treated 55 cases with 55 deaths, and are credited with a mortality percentage of 1.0. Now, it may be urged that the numbers of total cases and fatal cases under the allopaths were accidentally transposed by the printer, and that the error escaped notice in revision; but even then, the mortality ranges at over 86 per cent., which is improbable. * * What grace of shrift will they grant to such figures as these? Nor are the errors of this book purely clerical. On page 30 there is a 'table of cases treated allopathically by Grisolle, Briquet and Skoda in the *Edinburgh Dispensary*, and of cases treated homœopathically by Fleischmann.' We have no desire to make merry over the failures of a *work of good intention* and faulty workmanship; but we should be doing less than our duty as impartial critics if we failed to point out that a book which has been so carelessly compiled is calculated to damage a cause which it seeks to benefit."

Now, firstly, it would seem that a critic who would assume to be the conservator of the homœopathic profession ought to be sure that his criticism be just. Yet he tells us that he has not access to the original sources from which the tables are taken. Dear, dear; is it that the Transactions of the American Institute are so hard to find in London? Had the critic but compared the tables in the American Institute Transactions with those in *Logic of Figures*, he would have discovered their perfect similitude and that, therefore, the harmless drudge need not be censured for laziness, nor the printer for uncorrected errors. Then what was a compiler to do? Publish verbatim or juggle with figures? Why, certainly, if the American Institute of Homœopathy, with its best of the profession as members, deemed it proper to publish these tables with their seeming discrepancies, it was not such a grievous sin against the cause for the meek and lowly, yet *careful* (assertion to the contrary notwithstanding), compiler to include them in a book of statistics.

Now the tables in question were taken from the pages of the Transactions of the American Institute of Homœopathy for 1898, taken verbatim et literatum, not a line nor figure changed; the printer did not omit, did not change the figures. I did read the proof and carefully compare, table by table, and line by line, and figure by figure, the original and the copy. And I have compared them since the book has been published and find but three figures changed. And as I am simply a compiler, a harmless drudge, one who sets down the work of others, Mr. Critic, I fail to see how I am to become a target. Shoot your arrows at the other *feller*. Nor were you, Mr. Critic, the first person to observe that there could not be more deaths than cases! This was known on this side the Pond; known before the tables were ever printed. It may be, let me whisper it gently, that you do not quite understand the origin of Dr. Strickler's tabulation. Some eight years ago the American Institute of Homœopathy appointed a committee, of which Dr. Strickler was made chairman, to collect data from the principal cities in the United States of comparative mortality. A physician was selected in each city whose duty it was to collect the data. It became Dr. Strickler's tiresome duty to tabulate this mass of material, and most faithfully has he done the work, presenting three reports to the Institute. The facts have been in great measure obtained from the records of the different boards of health, and it is likely that Dr. Strickler did not feel like changing the figures that he obtained from the different cities. These tables were, therefore, presented just as they appear and are valuable even if, as they undoubtedly are, inaccurate, inasmuch as they give proximate data concerning many and diffuse disease records. The interrogation point is in the original table, and is *not* the fault of the printer nor the harmless drudge. It may be, I whisper it, likely that Dr. Strickler put it there because he had previously discovered the mare's nest discovered by our pessimistic critic.

Concerning the matter of the Edinburgh Dispensary, in which the harmless drudge is accused of doing something worse, far worse than neglecting proof; something nameless, but supposed to be little less than high treason or *lesè majesté*, the harmless drudge would respectfully call the attention of the pessimistic critic to a book written some years ago by one of his own countrymen, one Samuel Cockburn, M. D., called "Medical Reform," 1st American edition, Philadelphia, 1857.

On page 119 of the American edition appears the following: "Of 909 cases of inflammation of the lungs treated by Grisolle, Briquet, Skoda, and in the Edinburgh Infirmary, 212 died—that is, about 23 per cent. or nearly one out of every four. Whereas, of 299 cases treated homœopathically by Dr. Fleischmann, only 19 died—that is little more than 6 per cent., or 1 in 15." Dr. Cockburn then states the figures in pleuritis and peritonitis and then presents these figures in a table just exactly, figure for figure, word for word, line for line, as it is presented on page 30 of that book, "Logic of Figures," said to be so very harmful to the progress of Homœopathy. So, an't please you, Mr. Critic, be there untruth it hath lain at the door of Dr. Samuel Cockburn since 1857. And as his book has been extensively read and has been, in fact, one of the useful books on homœopathic statistics, and has not entirely destroyed homœopathy, it may be that my quotation from it may do no very great amount of harm. No, dear Critic, I did not make up those figures, I did not invent that table on page 30 of my book. You will find it in Cockburn, all right, all right.

To be sure I called that moss-grown institution, the Royal Edinburgh Infirmary, the Edinburgh Dispensary. It *is* a Dispensary. I did not expect that I ought to have explained that Grisolle, Briquet and Skoda did not treat their cases in that time worn institution, that neither did Fleischmann treat his cases there homœopathically. It was to be presumed that such explanation was not necessary. Perhaps I ought to whisper again for the benefit of the credulous critic that Grisolle, Briquet, and Skoda were allopathic physicians who collected and published statistics from *their* medical view, and that Fleischmann was a homœopathic physician who did some good in Gumpendorf Hospital in Vienna, and that the cases were not all treated in the Edinburgh Dispensary at a sort of love feast of these gentlemen. Cockburn evidently did not think it necessary to go into elaborate details. The figures are given, given correctly; they can be easily verified from the original publications. The table in the book is correct. It was a false alarm, Mr. Critic, there was no Ethiopian in that woodpile. But if my friend would like to know where he can find really a scholarly criticism on statistics, something thoughtful and something *fair*, lo! it is printed in the *Homœopathic Times*, of London, Vols. 3, 4, and is by Dr. John Ozanne. Grisolle *et al.* are most fully

discussed, and it is a valuable addition to our literature on the subject. And now the harmless drudge will once more return to the companionship of the bookworm and the dusty shelves of his library. With just one thought. The pessimistic critic has no more real right to accuse the drudge of carelessness and certain hinted, but no doubt, presumably fraudulent practices in the compilation of the "Logic of Figures" than the harmless drudge has to accuse the critic of an intention to cater to the foible of the allopath in the criticism that has been the cause of "all these tears."

(The following letter from Dr. Strickler also bears on the same subject: ED. HOM. RECORDER.)

* * * *

DENVER, COLO., FEBRUARY 27, 1900.

Dear Doctor Bradford: Your note of the 18th inst., calling attention to the criticism of "The Logic of Figures" in the February issue of *The Monthly Homœopathic Review*, was received a few days since.

Not having time to look for the errors claimed, I placed the book in the hands of a friend, asking him to run over the whole carefully. He has just returned it with his findings.

To take up the matter in the order of his criticisms: He first calls attention to two errors in percentages upon page 94.

One of these is evidently in line 1, where we find 52 cases of measles reported by homœopaths with two deaths and a figured mortality of 0.38 per cent. This is a typographical error which does not occur in the *Southern Journal of Homœopathy*, October, 1896, page 309, which was published from a duplicate report, nor does it occur in the original which is in my hand. The doctor tells us he did not have the "opportunity of referring first hand to the material of which Dr. Bradford makes use," but I would call your attention to the fact that a little study of the tables, particularly the one on page 85, would have shown him that the "52" was purely a typographical error and should have been "526" cases reported with two deaths.

The second error is in line 9, where the figures 897 cases reported with eight deaths, mortality 89 per cent. Here again the 89 per cent. is purely typographical. It occurs neither in the original nor in the *Southern Journal*, and here also the Doctor could have ascertained from page 89, in much less time than it took him to write it, that instead of 89 per cent. it should have been 0.89 per cent.

Inasmuch as I did not read the proof, I do not assume the responsibility for these errors; but from my general experience with printers, I think this a small percentage of errors. Had the Doctor tried to learn the facts patent in the book, and had he not spent so much time with the evident view of tearing to pieces, he would have accomplished more toward advancing truth.

His next statement, "we find eight errors in page 95." My friend finds the same number by carrying out to the third decimal; as an example, where I figure a mortality of 0.8 per cent. he figures 0.78 per cent.; where I figure 1.1 per cent. he figures 1.09 per cent. I find no place where he differed save in the third decimal. If it were more than one half I made it a full number, if less, I took no account of it. If the Doctor thinks his a fair criticism on this page he's welcome to all the satisfaction he can extract from it.

Again, "we find six errors on page 96." My friend found more. True, they were, with two exceptions, the same in kind as on page 95. Line 3, column 3, should be changed from "10.46" to "11.70." Line 10, column 6, should be changed from "3.26" to "2.98." In both of these changes you will note it makes it a little worse for our allopathic friends, and the charge cannot be made that the compiler was intentionally falsifying.

"Upon page 97 there is one blunder which we will give *in extenso*." "Line 3 states that during the years 1891-1895 in the city of Baltimore there were treated allopathically 918 cases of typhoid fever, and that of these 1,073 proved fatal." It is not astonishing that the mortality per cent. is expressed by a note of interrogation. In the same period the homœopaths treated 55 cases with 55 deaths and are credited with a mortality percentage of 1.0. Now it may be urged that the number of total cases and fatal cases under the "allopaths" were accidentally transposed by the printer, and that the error escaped notice in revision; but, even then, the mortality ranges at over 86 per cent., which is improbable."

As to this criticism "*in extenso*." First, the "1.0" is a typographical error present in neither the original nor in the *So. Journal*. I will call the Doctor's attention to a fact of which he seems to be ignorant. The line does not say that "in the city of Baltimore there were treated allopathically 918 cases of

typhoid fever, and that of these 1,073 proved fatal." It says, instead, the "allopaths" of Baltimore reported to the health office 918 cases of typhoid fever, and that they reported 1,073 deaths as resulting from typhoid fever."

The men who collected the data from the records in the various health offices are not responsible for the neglect of physicians in reporting their cases, nor did the compiler of these tables believe that the percentages figured represented the actual mortality per cents. Had he so considered them, what could have been his object in figuring the death ratios, comparing them with the relative number of physicians in practice?

It is an easy matter to find fault with the records in health offices. Even we Americans are bright enough to do that. But when all the data bearing on comparative results of the two schools collected from these records, nearly all of which are kept by old school physicians, show homœopathic superiority in every disease, in mortality per cent. as well as in death ratios as compared with ratios of physicians in practice, we do ourselves and our system an injustice not to use it. The records are worth no more for this purpose than they are for any other, nor are they worth one iota less.

Fraternally yours,

DAVID A. STRICKLER.

ATONIC CONDITIONS, AND THEIR TREATMENT.

WITH REPORTS OF CASES.

By Robert C. Kenner, A. M., M. D., Louisville, Ky.

It is a fact, that all practitioners of considerable experience will admit, that many conditions we are called upon to treat are not defined in the text books. I refer to atonic states which result as a consequence of any disease or condition of the system which lowers the powers of resistance and saps the strength of the patient. Atonic states result from any acute disease, and they may be in every respect what we shall see in convalescence. Again, it may result from some serious disease influence.

Atonic conditions which cause the practitioners the greatest amount of trouble, and those which are of the greatest moment are in fact very often purely cases of secondary anæmia.

These may have their origin in dyspepsia, malarial poisoning, hemorrhages or any acute or chronic disease.

Prolonged lactation is a fruitful cause of atonic states, and improper food, bad hygienic surroundings are sufficient to establish it.

One of the most prevalent causes of atonic conditions is getting up too early from any acute disease.

Very frequently when patients fail to act on the advice of the physician and go about in a debilitated condition an atonic state fastens itself on the person, and this will be maintained until proper treatment is brought to bear on the condition in hand.

Another very fruitful source of the atonic state is overwork and under rest. Business men, and in fact all people of active habits, in the race for advancement of personal interest, are likely to forget self and to sustain a degree of physical and mental fatigue which will in time react against the tone of health, and the individual will find himself some day with dyspepsia, nervousness, and in a most jaded condition.

The race for advancement in the United States is probably more marked than in other countries, and this is why the American physician so very often sees these patients.

It is, indeed, the most common thing on the part of the physician to be consulted by men and women who through overwork and under-rest are in a most atonic condition.

What shall we do for these patients?

In the first place we must tell these patients that rest of mind and body are absolutely essential in their cases, and unless they help us by following directions we shall be unable to bring about a favorable result in these cases.

Rest will not be gained by merely not doing labor. Idleness will often emphasize the unrest of these patients and actually do them harm. I have found it best to give them some occupation which is different from the one to which they are accustomed, but I am anxious that this shall not be fatiguing in any respect.

In these cases, too, we must give our patient such a tonic as will correct the anæmia present, and which will give tone to the organs. To answer my purpose, in meeting this condition I have tried many remedies, but none have served my purpose so well as Physiological Tonicum (Hensel). This readily overcomes the anæmia and gives tone to the various organs. On it

the appetite and digestion improve, and the lips soon become red and improvement and cure follow in order. This having been my experience in a large number of cases treated with the remedy, and I am therefore pleased with Physiological Tonicum (Hensel). When this remedy is used, too, I have observed that the patients sleep well. Sleeplessness being a most debilitating factor, I am always pleased to have it eliminated. Overcoming sleeplessness is by the general improvement on patient's general health, and not to any hypnotic action of Physiological Tonicum (Hensel).

Below I give some reports of cases which I think make clear the value of the remedy in atonic conditions.

Case I. This patient, a woman, aged 31, had been ill for the past six months. She was pale and weak, and was at times most despondent. She had la grippe, and this left her in a debilitated and nervous condition, and she had never recovered from this, and was now almost an invalid. This woman was given Physiological Tonicum (Hensel) regularly, and told to take a drive every fair day, and to visit her friends and throw off, as much as possible, thoughts of herself. In ten days after beginning with this remedy she was improved, and could eat and sleep better than any time before for months. After this her improvement was gradual, and she got along so well that at the end of five weeks she was feeling strong, had a good appetite and digestion, and she left off her medicine. She has had no recurrence of her trouble now in a considerable time.

Case II. The patient was a boy, aged 15. He had no appetite and was quite weak. This was a result of an attack of pneumonia from which he had gotten up four weeks ago. He was given Physiological Tonicum (Hensel) regularly. On this he readily got a good appetite and strength, and was discharged cured three weeks later.

Case III. This patient, a man of 37, was in a fatigued and generally run-down condition as a result of over-work. He attended business very closely, and neglected to take proper rest and food. He now complained of headache, debility, and indifferent appetite and digestion. He was directed to take adequate rest and change, and was given Physiological Tonicum (Hensel), and using this regularly and following my other directions he got along well; was discharged cured in six weeks.

Case IV. This was a woman, who was a book-keeper and

who was overworked. She was weak, and had poor appetite and digestion. Rest and regular employment of Physiological Tonicum (Hensel) brought her round well in a few weeks.

Case V. This woman was nervous and weak, and was in low spirits. This was from lowered state of health from imperfect recovery from pneumonia. She took only Physiological Tonicum (Hensel) and on this made a complete recovery after a period of four weeks.

HOMŒOPATHIC VICTORY IN SOUTH CAROLINA.

(We have received from Dr. George W. Hursh a copy of *The State*, Columbia, S. C., of February 19, 1900, giving an abstract of the proceedings of the General Assembly, which ended by a victory for Homœopathy. The allopathic reasoning is rich. We clip the following):

Homœopathic Board.

Senator Marshall asked consent to take up the bill providing for a homœopathic board of medical examiners. The unfavorable report was laid on the table and Senator Ilderton, an allopathic physician, moved to strike out the enacting words.

Senator Marshall said that homœopathic physicians cannot now practice in South Carolina, as they cannot stand an examination before the allopathic board provided by the present law. The present law places a wall around the State which keeps out many northern visitors who desire homœopathic treatment.

An Allopath.

Senator Ilderton, an allopathic physician, opposed giving the Governor power to appoint this board. One man who knows nothing about physicians would be given power to select examiners. The purpose of the bill was really to allow one man to practice in this State. Every Senator, he said, had been buttonholed about this matter. He said a homœopathic doctor who does not endorse "our" system was not a competent man. No one could cut your finger or leg off and treat it without using the treatment of his school. He defended the allopathic school of medicine most vigorously and referred to the "ecclesiastic" system, meaning "eclectic." He spoke of the State board of examiners as the "gardeens" (guardians) of the people from ignoramuses. This bill would open the floodgates of South

Carolina for the fools to come in. It would not do "to down the bars to people that we are not congenial with." Senator Ilderton spoke for quite a while on this line.

For Competition.

Senator Archer said this is a free country. The Senator from Florence had admitted that our people were being killed by the allopathic physicians now practicing and he thought competition might be a good thing. It would reduce prices. (Laughter.) Gen. Washington died because the doctors could not cure him of a cold and he suspected they were allopathic doctors. (Laughter.)

At this point Senator Sheppard began to speak, but some of the members wanted to stop for dinner, and after some discussion it was agreed to take a recess until 7:30 P. M.

The Night Session.

When the Senate reconvened Senator Sheppard continued his remarks. He was willing for the homœopathic physicians to have all the protection of the law, but he did not think the bill should pass as it was. It would give two boards of examiners and one who is unsuccessful before one can stand the examination before the other. This would create confusion and cause disreputable practice.

An Amendment.

Senator Manning proposed an amendment to this effect: Add at end of Section 8: Provided, That no applicant who has failed or who may hereafter fail in his examination by the State board of medical examiners shall be allowed to present himself or herself before the medical examiners for examination. Provided, further, That no graduate of any medical college requiring less than four years' course of study will be eligible for examination before this board.

A Homœopath Senator.

Senator Stanland said he hoped the bill would not be killed. He referred to his town, Summerville, a health resort, where tourists had often inquired for homœopathic physicians. His attention had been called to this matter 30 years ago, and ever since that time had never had any other kind of physician than a homœopath, and never would have, if he could help it. The Senator from Florence opposed the bill, but he doubtless preached

equal rights to all and special privileges to none, and that was the purpose of this bill. The homœopaths, he said, might kill as many people as the old school doctors, but they prescribed medicine which made the patients feel mighty good while they were dying.

Senator Stanland is a fine advertisement of Homœopathy.

As Senator Ilderton, who opposed the bill, was absent, the matter was postponed until 8:30 P. M.

(At the evening session the following occurred):

Allopathic Wisdom.

At this point the homœopath bill was taken up, Senator Ilderton being then in his seat. He took the floor again in opposition to the bill, making a learned and scientific argument from the standpoint of the physician educated in the allopathic school. He said he loved his profession, had studied it and had made a successful practice of it until to-day. The great obstacle to the profession was the ignorant doctor. The ignorant doctor is something you can't manage.

In reply to a question from Senator Stanland, Senator Ilderton said he could get Senator Stanland a diploma in medicine and make him a doctor if the Senator would pay \$50 and "purge" (perjure) himself.

Senator Stanland—A doctor of your school? (Hearty laughter.)

A Layman's Views.

Senator Graydon said the bill should be killed or every allopathic doctor in the State is an arrant humbug, for the two schools are directly antagonistic. He said if they could be satisfied the homœopaths would confine their practice to the northern tourists, and kill them off, it might be very well, but they would get to practicing on our own people. He said the homœopathic theory was ridiculous, called it foolishness and not worth a cent. He thought the homœopathic physicians should be required to pass the allopathic examination if they want to practice in this State.

An Analogy.

Senator Mayfield said the position of Senator Graydon was very strange. There are different schools in theology, the Methodists believing they are right about baptism and the Baptists believing they are right. Then there are Protestantism

and Catholicism. We tolerate them all, so we should tolerate the different schools of medicine.

Homœopaths Win.

The vote was then taken on Senator Ilderton's motion to indefinitely postpone, which was lost by a vote of 23 to 11, as follows:

Yeas—Alexander, Bowen, W. A. Brown, Crosson, Dean, Hay, Ilderton, Love, Sarratt, Talbird, Williams—11.

Nays—Appelt, Archer, Barnwell, Blakeney, G. W. Brown, Dennis, Douglass, Glenn, Gruber, Henderson, Hough, Livingston, Manning, Marshall, Mauldin, Mayfield, McDermott, Shepard, Stanland, Suddath, Sullivan, Wallace, Waller—23.

The following pairs were announced: Senator Graydon aye, Senator Mower no, Senator Connor aye, Senator Aldrich no.

(Among the editorials of the same paper we find the following reference to the legislative proceedings):

“It is possible that some homœopathic physicians may kill their patients. It is certain that some allopathic doctors murder the queen's English.”

(Also among the locals, the following):

The Homœopathic Bills.

The many friends of Dr. George W. Hursh, who is primarily the father of the homœopathic bill just passed by the legislature, will regret to learn of his illness at the residence of Col. James G. Gibbes, on Senate street. Dr. Hursh worked assiduously for the passage of the bill, and as a result of his exertions the collapse came on him. He had several engagements with his friends in the Legislature to meet them in the city yesterday and to day, but on account of his illness will be unable to do so. This he greatly regrets, but hopes, however, to meet his friends again.

SERUM THERAPEUTICS IN EXCELSIS.

By Dr. Dudgeon.

From *Homœopathic World*.

The hope and the expectation of bacteriologists that all diseases will be found to be caused by virulent toxins secreted by microbes and to be curable by hypodermic injections of anti-toxins formed in the serum of animals artificially infected by these diseases seems about to be realized. The much-vaunted

antitoxin of diphtheria is manufactured from the blood serum of a horse which has been well dosed with the toxin of diphtheria, and one of the latest discoveries of the new science is an antitoxin of dipsomania or the alcohol habit, made by dosing a horse with large quantities of alcohol and injecting its serum into the body of the votary of Bacchus, whereby the patient acquires such a distaste and disgust for all forms of alcoholic liquor that the mere smell of it makes him sick, and from a confirmed drunkard he becomes at once a convinced teetotaler, and no doubt is never afterwards seen without a blue ribbon in his buttonhole.

But the ambition of the serum therapist has soared beyond the cure of mere diseases that are not necessarily otherwise incurable. He has now discovered a cure for the disease which all mere medicine-giving doctors have declared to be incurable—old age! The locality where this grand discovery has been made is the Pasteur Institute, of Paris, the precursor and model of most of the existing establishments for clinical and physiological research. It receives a considerable annual subsidy from the city of Paris, and its chief occupation has been to manufacture anti-rabic vaccines from the spinal cord of rabbits which had been subjected to cerebral inoculation with the saliva (or cerebral substance is it?) of rabid dogs, which vaccines were hypodermically injected into persons who had been bitten by dogs or foxes or wolves or cats suspected of rabies for the purpose of preventing hydrophobia. But as, since the employment of these so called “prophylactic vaccinations,” upwards of three hundred of the vaccinated have died of hydrophobia, the vaunted efficacy of the anti-rabic injections has begun to be doubted even by those who at first hailed them with enthusiastic laudation. The reputation of the Pasteur Institute suffered a considerable diminution from this manifest failure to effect the chief object for which it was established. Something must be done to revive its waning credit. Dr. Roux’s adoption of the anti-diphtheric serum, first proposed, I believe, by Dr. Behring, of Berlin, served for a time to arrest the decadence of the Institute, and the manufacture and sale of this antitoxin brought much pecuniary profit to its coffers. But authorities are by no means agreed as to the curative powers of the anti-diphtheric serum, so something else had to be done in order to supply a reason for the continued existence of the Institute. Haffkine’s

proposed anti-toxin for bubonic plague was eagerly seized on by its astute officials. When the plague broke out in Oporto they sent two of their acolytes, with a supply of the anti-toxin, who diligently inoculated the inhabitants of the plague-stricken city, with the woful results we mentioned in our last number.

The latest exploit of the Pasteur Institute—the abolition of old age—is the achievement of the director of one of its sections, M. Metschnikoff. This gentleman, in 1896, gained a certain notoriety by claiming to have discovered that the leucocytes of the blood devoured any stray microbes which had wandered into the blood, and hence he called them “phagocytes.” In his presidential address at the British Association of the same year, Lord Lister (then Sir Joseph Lister) announced this as a discovery of Metschnikoff and said it was “a romantic chapter in pathology.” His lordship was evidently not aware that this microbe-devouring propensity of the white corpuscles had been observed at least twenty years previously by physiologists, as stated by Dr. Drysdale in his work on the *Germ Theories of Infectious Diseases*, published in 1878. But though Metschnikoff cannot be credited with the discovery of the phagocytic propensities of the globular masses of protoplasm, called leucocytes or white corpuscles of the blood, no one will dispute his claim to be the promulgator of a scheme for the abolition of old age, the inventor of a new elixir vitæ. A somewhat similar claim was made about a decade ago by Dr. Brown-Sequard, who fancied he restored their youthful vigour to old men by hypodermic injection of the extracts of certain organs of dogs and other animals. But, as that distinguished physiologist died soon after he had renewed his youth by these injections, his plan for abolishing senile decay did not attain the popularity he expected. The published accounts of Metschnikoff’s method do not enable us to form a very precise idea of its character, but it seems that he does not limit himself to the rejuvenescence of one organ only, like Brown-Sequard, but as all the organs of the body suffer more or less deterioration from old age he proposes to restore every organ to its normal—or juvenile—state by a specific serum for each. I do not at the present moment remember how many organs the human body possesses, nor do I know how many youth-renewing serums have been discovered, nor whence these serums are obtained; but we read: “His entire section at the Pasteur Institute is now working to find the specific serums for

each particular organ. If the blood serum acts on the red globules, the liver serum must produce similar effects on the cells of the liver, that of the brain on the brain, and so on." This is rather vague. As only rabbits and guinea-pigs are mentioned as the sources whence the serums are obtained, I imagine that the market price of these animals will soon rise, if they are to be employed as the source of human rejuvenescence. As *vita brevis est* I trust the *ars* of prolonging it will not be *longa*, and I hope that one injection of the magic serum for each senile organ will suffice. But supposing the serum for one or two organs should remain undiscovered, it would be rather disappointing to have these organs grovelling in a state of senility whilst the other organs are rejoicing in renewed youth. We should feel like Achilles with one vulnerable spot in his otherwise immortal body. As we are promised a life "ten times as long as it takes us to reach maturity," viz., 250 years, that is comparative immortality.

When Metschnikoff has got all his serums for all the organs prepared, old age will have lost its terrors for those who can afford to pay the price which will be demanded for a thorough anti-senile inoculation. No one would object to having his body dotted all over with hypodermic cicatrices if thereby his decadent organs are restored to their pristine vigour. How delightful to have sight, hearing, smell, taste, lungs, heart, stomach, liver, spleen and all the rest of our organs rejuvenated at the trifling inconvenience of a score or so of pricks with the Pravaz syringe! It might be as well to forego the injection of the brain serum, for if to all the young and robust organs were added a juvenile brain we might be tempted to indulge in youthful indiscretions, which would be unbecoming in men of advanced maturity of years. Much better would it be to retain our old and discreet brain, even though the rest of our organs are restored to youthful vigour. An old head on young shoulders has always been held to be a desideratum, though hitherto unattainable, but with the aid of Metschnikoff's serums it is, or shortly will be, in the power of all old men to acquire this inestimable advantage.

When this promising scheme for the abolition of old age is in full operation, Shakespeare's seventh age of man will have to be amended. Its "second childishness" may remain, though in a different sense from what the poet meant, but for its dismal conclusion, "Sans teeth, sans taste, sans eyes, sans everything,"

will have to be substituted, "New teeth, new taste, new eyes, new everything." If Dr. Metschnikoff were a Scotchman—which I presume he is not, though one never knows, Scotchmen are so ubiquitous—he might exclaim with the patriotic admirer of Home's tragedy: "Whar's yer Wully Shakespeare noo?"

We have not noticed that the medical periodicals have said much about this new elixir vitæ. The *Medical Press and Circular*, it is true, sneered at it, but the other medical journals have apparently treated it with contemptuous silence. But it has been pretty well puffed by many newspapers, and will, no doubt, soon be extensively advertised. If we wait a little we shall doubtless find our only peer adding it to his extensive list of "astounding facts" (which have, alas! all proved to be astounding fallacies), and delivering a lecture on it, as he did on Koch's cure for phthisis, which was a splendid advertisement for that pernicious delusion. We may soon expect to see it advertised with grateful testimonials from rejuvenated old fogies, accompanied by their portraits, after the fashion of Mother Seigel's Syrup, Scott's Emulsion, and Dr. Williams' Pink Pills. This will certainly be a famous plan for enriching the ingenious directors of the Pasteur Institute and arresting its ebbing popularity; but it is hardly what the original founders of that pretentious establishment contemplated when they successfully appealed to a credulous public for support.

"Pupils very much dilated; the light dazzles him, causing pain in the eyes; on bringing the light nearer the eyes, the pupils contract, indeed, but they rapidly dilate on removing it."—*Manganum.*

"Great short sightedness for many days."—*Manganum.*

"Contraction, nausea and warmth, mounting up the œsophagus, from the middle of the abdomen to the chest."—*Manganum.*

Sour burning, like heartburn, rising from the stomach almost to the mouth, in the evening.—*Manganum.*

Total adipsia, and too little desire for drink for many days.—*Manganum.*

Sensation of repletion and satiety, but the food tasted all right and it diminished the sensation of satiety. Neither hunger nor appetite, he loathed the food, though he relished it.—*Manganum.* CHRONIC DISEASES.

EUPATORIUM.

By C. M. Boger, M. D.

The clinical use of *Eupatorium* has extended far beyond the sphere to which the provings would seem to limit it. The recorded pathogenesis is not extensive, but was recorded by the most competent observers.

There has been held to be little to differentiate the pathogenetic effects of the *perfoliatum* from that of the *purpureum*. A close scrutiny reveals what has been known clinically for a long time; the contrast may perhaps be best shown thus:

Eupatorium.

Perfoliatum.

Bones and muscles.
Liver.
Fever.

Purpureum.

Bones and muscles.
Urinary Tract.
Fever.

Mucous membranes.

Both cause bone aches, muscular soreness, feverishness and affect the mucous membranes, *boneset* selecting those of the bronchia, where it diminishes the secretions and provokes a painful cough, while the *trumpet weed* irritates that of the urinary tract increasing the secretion of mucus and causing symptoms which have shown the appropriateness of the lay appellation, *gravel root*, for it is homœopathic to certain urinary disorders. Many practitioners give it the first place in the treatment of cystitis, while others think of it when the urine contains lithates. In certain types of albuminia and dropsy its curative power is beyond question. However, it is in the role of an anti-periodic that *Eupatorium* has won its greatest laurels. Fevers with *bone aches* and *bilious symptoms* generally need the *boneset*, while those with *bone aches* and *urinary symptoms* usually require the *gravel root*, this distinction is pronounced and positive, from this it is not to be inferred that its use is limited to intermittent and bilious fevers, for any sickness taking on a bilious rheumatic phase may require the *perfoliatum*; as also rheumatoid combined with urinary symptoms, the former in the form of bone aches and *muscular soreness*, will certainly be cured by the *purpureum*, be the disease influenza, dengue, intermittent fever, bronchitis or what not. A case in point, Mrs. B., æt. 25; large blonde of a mild temperament; constant bone aches since two years; gen-

eral œdema; dilation of the left ventricle; shortness of breath; much exhaustion and muscular relaxation; urine scanty with lateritious sediment; history of former intermittent fever cured (?) allopathically. *Eupatorium purpureum* 30 in repeated doses made a complete cure; she now looks like quite another person.

Eupatorium Perfoliatum.

THE PATIENT.	LOCALITY.	MODALITIES.	SYMPTOMS.
Depressed and anxious.	BONES and Muscles.	<i>General.</i> Agg. COLD; open air. <i>Uncovering.</i> Motion. Morning lying on left side. <i>Amel.</i> Indoors. <i>Pressure.</i> Night. <i>Special.</i> Agg. Motion. Odors, smell of.	BONES ACHE AS IF BROKEN, OR DISLOCATED. BRUISED SORENESS; IN MUSCLES; occiput; eyeballs; liver; bronchi; chest; back; loins; limbs; CALF OF LEG; feet, etc.; CAUSING RESTLESSNESS. Can't lie on left side. Bilious symptoms accompanying goit; sick headache; MALARIA, etc. BILIOUS VOMIT AND STOOL; VOMITING PRECEDED BY THIRST; retching. Nausea from the thought or smell of food; from the least motion. GREAT THIRST FOR COLD WATER OR ICE CREAM.
Sensitive to COLD.	FEVER.	Agg. Morning. <i>Uncovering.</i>	INTERMITTENT FEVER, paroxysm in morning, THIRST PRECEDES AND CONTINUES THROUGH CHILL AND HEAT, but drinking chills him or causes NAUSEA AND BITTER VOMITING; BILIOUS VOMITING AT CLOSE OF CHILL; sweat generally absent or scanty, rarely profuse, relieving all symptoms except headache; <i>uncovering aggravates the chill and chills him when sweating</i> ; throbbing headache, especially in occiput in all stages; severe chill with scanty sweat, or light chill with profuse sweat.
Compare Brv. Cham. * CHIONANTH.	Mucous membranes and skin.	Agg. Lying on back. Evening. <i>Uncovering.</i> <i>Amel.</i> Lying on face.	Coryza; catarrhal fevers; bronchitis, etc., WITH ACHING IN EVERY BONE. Cough, with soreness and heat, or scraping in bronchi; hurts head and chest, must hold chest when coughing; expectoration scanty or absent.
Depressed and dull, or nervous and hysterical.	MUSCLES and Bones.	<i>General.</i> Agg. COLD. <i>Motion.</i> Morning. <i>Special.</i> Agg. Standing. Taking cold. Pressure of uterus.	SKIN JAUNDICED; sweating profusely during coryza, rheumatism and vomiting, least <i>uncovering chills him</i> . SORENESS ALL OVER, ESPECIALLY IN MUSCLES. ACHING IN BONES, <i>mucous secretions increased</i> . A left-sided remedy. Vertigo, as if falling to left. Pains moving upwards. Rheumatism, with urinary or intermittent symptoms. Great weariness accompanies the urinary symptoms.
Sensitive to cold.	URINARY TRACT.		CYSTITIS, <i>nephritis</i> , dropsy, lithæmia, etc., all with aching pains in the bones. <i>Soreness, aching and cutting</i> in the bladder, with frequent evacuation which nevertheless leaves a sense of fullness behind; incontinence of urine in children; irritation of bladder from numerous causes; <i>strangury</i> . External genitals feel as if wet (illusory). Increased secretion of mucous from bladder.
Compare Dulc.	Fever.	Agg. Motion. Draft. <i>Uncovering.</i>	CHILL BEGINS IN LOWER DORSAL REGION AND RUNS UP BACK, OR SPREADS OVER BODY, with blue finger nails; <i>uncovering or moving causes chilliness</i> in all stages. Bones ache during the chill and heat, <i>Apyrexia marked by urinary symptoms.</i> INTERMITTENCY, BONE ACHES and URINARY SYMPTOMS is the combination characterising this remedy.

ODDS AND ENDS.

By T. L. Bradford M. D.

William Leaf established the first Homœopathic Dispensary in London, in 1836, under the care of Mr. Curie.

In 1839, Mr. Leaf took, at his own expense, the house No. 17 Hanover Sq., London; the dispensary was enlarged, and later a hospital of 21 beds was formed. The hospital was discontinued in 1846. The dispensary was continued until the Hahnemann Hospital was organized, when it was transferred to that institution. (*Hom. Times*, vol. iii., p. 372.)

Prominent Allopathic physicians who have spoken fairly of Homœopathy: Hufeland; Broussais; Brera; Mott, Valentine, American surgeon; Kingdon, the English surgeon; Combe, Dr.; Liston, Mr.; the English surgeon. (See *London Lancet*, Feb. 6, 13; April 16, 1836. *Hom. Times*, vol. iii., p. 506.)

Homœopathy introduced into Sweden by Dr. George Wahlenberg, Professor Linneanus, at the University of Upsala, in 1826. He procured medicines of Stapf. Drs. Peter Jacob Liedbeck and Souden were the first practitioners. (*Hom. Times*, vol. iii., p. 508, 641; *Trans. World's Hom. Convention*, vol. ii., p. 342.)

Homœopathy introduced into England by Dr. F. F. Quin in April, 1827. (Not by Dr. Romani.) (*Hom. Times*, vol. iii., pp. 536, 565, 571)

The Earl and Countess of Shrewsbury returned from Naples to England in 1830, bringing with them Drs. Francesco Romani and Taglianini. (*Hom. Times*, vol. iii., p. 635.)

"Homœopathy." *London Medical Repository*, May, 1827.

Homœopathy was mentioned before the London Medical Society in 1826. (*Hom. Times*, vol. iv., p. 625.)

HOSPITAL BEDS IN LARGE CITIES IN 1852.

	Population.	Number of Beds.	Mortality.
Paris	1,000,000	10 000	. . .
London	2,000,000	5,000	45,000
St. Petersburg	476,000	6,000	10,000
Vienna	400,000	3,700	16 000
Berlin	365,000	3,000	8-9,000
Warsaw	150 000	193	. . .
Manchester (Eng.) . . .	360,000

(*Hom. Times*, vol. iv., p. 254.)

DIVISIBILITY OF VARIOUS SUBSTANCES.

Five centigrammes of musk in 320 quadrillions of molecules retains its odor.

Five centigrammes of carmine tinges 10 kilogrammes of water.

Five centigrammes 3d trituration of Zincum contains 676,000,000 of molecules.

STATISTICS OF 2,000 CASES OF MENSTRUATION.

Observed by Francis R. Hogg.

Age	9	10	11	12	13	14	15	16
Cases	1	6	59	146	253	437	502	270
Age	17	18	19	20	21	22	30	
Cases	157	97	45	9	4	11	1	

Occurred after marriage in 17 cases; girls from 14 to 19.

		Months		
During pregnancy, menstruation continued up to:		5th.	6th.	9th.
		21	4	3

CLIMAXIS.

Age	23	34	35	37	38	40	41	42
Cases	1	1	1	2	5	10	2	6
Age	43	45	46	47	48	49	50	53
Cases	3	5	3	9	2	3	2	2

N. Am. Jl. Hom., vol. xxi, p. 127.

MORTALITY FROM DYSENTERY IN THE UNITED STATES.

Total mortality in 1850 (all diseases),	320,000
Mortality from dysentery in 1850	20,556
Per cent.	6.5.
Died in the spring	1,009
" summer	2,570
" fall	14,254
" winter	1,890
Died within one week	5,239
" month	11,184
" three months	1,837
" period unknown	1,800
Agnes	1st yr. 1-5 5-10 10-20 20-50 50-80 80-100
Males	1,810 4,436 1,184 787 1,727 879 166
Females	1,501 3,727 988 672 1,480 1,086 130
Total, males	10,732
" females	9,822

PERCENTAGE.

Died before adult age	60 per cent.
“ after “	40 “
“ during first year	18.5 “
“ 1 to 5th year	36.7 “
“ 5th to 10th	6.7 “
“ 10th to 20th	5.1 “
“ 20 to 50th	18.8 “
“ 50 to 80	13.3 “
“ 80 to 100	8 “
Died during the spring	5.5 “
“ “ summer	16.0 “
“ “ fall	70.0 “
“ “ winter	7.5 “

In 1867 zymotic diseases produced 43.18 per cent. of all the deaths in New York and 39.84 per cent. of the mortality in Brooklyn.

Diarrhœal diseases— $\frac{1}{3}$ of the mortality.

(W. Hanford White, *N. Am. Jl. Hom.*, vol. xvi., p. 262.)

HYOSCYAMUS IN CHOLERA.

By Dr. S. A. Ghose.

A lady, aged 35, was attacked with an attack of cholera on the 20th of September, 1899. She was treated by some allopathic physicians for three days, but none of them could arrest the further development of the disease. It was on the fourth day at 4 P. M. that the patient was placed under my treatment.

The following symptoms were notably marked:—

NERVOUS SYSTEM.—Low, muttering delirium existed; partial loss of consciousness was present; the patient could be aroused from stupor; she was seen to pick at bed clothes; occasional spasms hovered about the patient; prostration was very considerable; excessive thirst and burning troubled her.

EYES.—The pupils were dilated, and the eyes were half-shut, inanimate and drooping.

FACE.—The face was seen to be very pale; dull and haggard expression existed.

TONGUE.—The tongue was yellowish, fissured, and swollen.

STOMACH AND BOWELS.—Excessive pain in the stomach was noticed; sinking of the stomach came on; the stools were watery and very offensive, and passed involuntarily.

URINE.—The urine was very offensive and passed involuntarily.

APPETITE.—Hunger was very great; the patient always desired to eat something.

MOUTH AND THROAT.—The inside of the mouth was swollen and inflamed, as deglutition was very difficult.

EXTERNAL SURFACE.—The whole of the body was icy cold; the patient was seen to respire too freely.

RESPIRATORY SYSTEM.—Hoarseness, with dry cough, was present.

I, at first, prescribed *Veratrum album*, *Arsenicum*, and *Opium* in quick succession, but to no effect. In the last moment, when the patient was seen to sink suddenly, I gave her *Hyos.* 3x every half hour. This medicine, in fact, saved the patient from the jaws of death.

Midnapore, Bengal.

STRUCK BY LIGHTNING AND REVIVED BY ELECTRICITY.

By Nicholas Bray, M. D., M. E.

I have finished fourteen years in active practice and have never written an article for a medical journal. I have read many articles from many journals, have been an active member of the "American Institute of Homœopathy" for twelve years, have written a "Materia Medica" on an entirely new plan. Have measured swords nearly every day of those years with practitioners of the "Old School," many of them very clever men. Have run the gamut of "sure cures" and the new products of the laboratories and pharmacies, and the combination tablets of the homœopathic pharmacies, etc., etc. Have listened to many eloquent speeches on medicine at many different medical conventions. Have finished special course on Eye and Ear in 1892. Finished special course on electricity in 1899, and now I come before the intelligent readers of the HOMŒOPATHIC RECORDER with my maiden article.

Experience in the field of active practice, has taught me more severe and lasting lessons than the demonstrator of anatomy ever did in trying to pluck me in the State University because

I was a "little pill." It has taught me that there is some difference between theory and running up against the real thing. Here is an instance:

In the spring of 1895 I was called by telephone to come post-haste to Benjamin Fern, on Eleventh Street Hill, who was struck by lightning. I inquired of the messenger if he was badly hurt, who replied in a breathless manner "that he was dead;" "but you had better see him." What could I do? What was the indicated remedy? and no time to lose! What's the similia? I was confused! My wife asked me, hurriedly, "what's the nature of the accident, doctor?" I replied, the man is struck by lightning and killed. She said, "Take your battery, doctor!" Good enough! I took it and got there in short notice. I found a man seventy-two years old laid out full length supine position on the porch, with his old felt hat torn to shreds, his clothing torn in like manner, and his cowhide shoe on the right foot thoroughly riddled and torn away from the foot. His hair was burnt off his head, breast and body on the right side. I could detect neither respiration nor pulsation, and my man was to all appearances dead.

I hastily applied secondary current long coil of the faradic battery, one pole to the vertex and one to the palmar surface of the foot. Having the sponges well moistened I turned on all the current in the battery and allowed it to work for more than an hour. Brisk massage was also given by all hands who could lend assistance. In twenty minutes I could detect signs of life, and in two hours he was feebly alive. In two days he was dismissed, well. I applied the battery at intervals.

His hat and shoe are at the museum at Washington, D. C., placed there by an United States officer at his request.

Dubuque, Iowa.

EVERYDAY CASES FROM MY PRACTICE.

By Dr. Ram Gopal, Pundit, Calcutta.

Similia Similibus Curantur.

Case I.—A maid-servant, nearly 35 years old, of a very weakly constitution, has not menstruated at all for four or five months, one day consulted me through my wife. She had pains of the stomach, constipation and violent headache, which had only appeared on the cessation of the menses. I gave her *Sepia* 6d

twice daily. Next day she came to me and said, "the headache and pains had disappeared and she was quite well." I repeated the same medicine, one dose only and completed the cure with a few doses of *Sulphur* 6d.

Case II.—A child about 2 years of age vomited food with phlegm. had greenish diarrhœa and restlessness. Her father gave her *Chamo.* 6d, *Ipec.* 6d and *China* 6d, but to no effect and consulted me. I advised *Rheum* 6d, and heard later the patient was quite well.

Case III.—A gentleman, 28 years old, had been suffering for a fortnight from gastrodynia; consulted me after he had been a few days under the treatment of a homœopathic practitioner, who tried *Nux vom.*, *Arsen.*, *Bismuth.*, *Puls.*, etc. I advised him not to take any medicine to-day and see me to-morrow morning. Next day he came to me and I gave him a dose of *Sulphur* 6d, and then only with a few doses of *Tabacum* 6d I cured him in a week.

Case IV.—A mason, 26 years old, had impotency. No remedies cured him, and at last came under my treatment. He had been under the treatment of a friend of mine, who tried *Arn.*, *Phos.*, *Baryta*, *Iod.*, *Kali bro.*, *Conium*, *Agnus castus*, etc., and in a months' time none of these medicines did answer him a little to his satisfaction. I advised him to try *Damiana* 30th twice every third day in a week. This cured the patient after five weeks.

Case V.—A carpenter. 35 years of age, had been suffering from repeated attacks of malarious fevers, enlargement of spleen and diarrhœa, with pains and eyelids swollen, weak to prostration. Quinine poisoned him in a great deal. I gave him *Sulphur* 30th once in the morning for a day or two and began with *Eucalypt. glob.* 30th. In a fortnight the patient was completely cured.

Case VI.—A coachman, age 45 years, has been suffering for years from piles and rheumatism attended with heartburn and hoarseness with fatiguing cough, heaviness in the forehead and stuffiness of the nose, vomiting with occasional constipation, came under my treatment with the report that neither allopathic nor kobirajee medicines he used for months did any good to him. A dose of *Sulphur* and *Nux vom.* 100th in the morning and in the night at bedtimes, respectively, every day cured the patient in a week.

Case VII.—A girl of a milkmaid, about 8 years old, had infantile leucorrhœa with very thick discharges, acidity of stomach,

loose cough with vomiting of mucus, swollen eyelids with flow of tears. Her mother, the milkmaid, did not care for any of the ailments much for months, and at last came with the patient to my dispensary. I gave the girl *Sulphur* 30th, one dose in the morning I saw her. *Puls.* 30th completed the cure in five days.

Case VIII.—A confectioner, 30 years old, had malarious fevers attended with thirst, great restlessness and diarrhœa, pain and heat in the forehead, sometimes loss of consciousness, occasional colic pains, difficult breathing, attacks of suffocation with great debility, suppressed and retained urine, sleeplessness with intolerance of light, for about two years. *Ars.* 30th. and *Bella.* 30th, alternately, made him all right in two weeks.

Case IX.—One of my office peons, a Mahomedan, aged 26 years, had been suffering from a very peculiar, obstinate colic in the abdomen, attacks just at 2 P. M. and pains only remained for an hour every day for a month; no other symptoms or complaints of any kind. I tried *Plumbum* 6d., a dose only at noon, and this very much aggravated pains which continued for hours. On discontinuing the medicine I found him quite well and completed the cure with a few doses of *Sulphur* 6d

Case X.—A widow about 23 years old had whites with acrid, corrosive, very much irritating discharge. A few doses of *Sepia* 6d. cured her in a week.

Case XI.—An infant only 2 months old, reported to have been ailing of purulent ophthalmia on the third day after birth, caught this infectious disease. On examination and inquiry I came to know that the patient was born at the time of puerperal fever. The eyelids slightly swollen, with a copious discharge of the purulent matter, and were so united with the specific inflammation of the cornea that the patient could not open the eyes at all after the attack. A few doses of *Argent. nit.* 3d., and its application 2x externally, cured the patient in four days.

Calcutta, 28,-12,-'99.

HOW TO TEACH MATERIA MEDICA.

By A. A. Ramsayer.

How to teach and how to acquire the wealth of the Homœopathic Materia Medica is a problem that seems to confront a great many able minds. I can say that the latest work on Materia Medica, Nash's Leaders in Homœopathic Therapeutics,

is the best elementary work I have met so far, and it has suggested to my mind another book that could be called its companion, viz., some kind of a Pocket Repertory, where the characteristic and most important symptoms of a similar nature would be put down under the same headings as those used by Hahnemann, but not in such a short, dry, general way as met in most Repertories; but put the full symptoms, compare several remedies having the same symptoms, as delirium for instance, and show their gradation, from the light delirium of *Rhus* to that of *Belladonna*, *Hyoscyamus* or *Stramonium*, etc. Show for every important symptom the gradation of remedies, according to their *calibres*. Draw not only from the *Materia Medica Pura*, but from clinical experience as well.

A book of this description would necessarily give the times and seasons of aggravation and of amelioration (as far as known), the likes and dislikes, the synergists and the antidotes, the compatibles and incompatibles, the complementaries, for there is no doubt that some remedies follow well after some others and act as *clinchers*. All these seemingly unimportant details may help to find *the* remedy for any given case, and a repertory of this kind could not only be referred to, but actually read with interest. Give us also the direction of symptoms, their succession, their modalities; give us their degree of violence, or the degree of depression they induce or correspond to; give us some pictures of the face, pallor, redness; picture the apathic or the restless patients; give the atrophic and the hypertrophic changes of organs (liver, etc.), and in this way you will engrave durably upon the minds of the student a living picture of each remedy of the *Materia Medica*.

Now one word of caution. Keep yourselves to *appreciable* symptoms. In Hahnemann's days, man possessed a *nervus vagus*, or a solar plexus, as well as in our days; the anatomist could dissect them as well as now, and the physiologist *theorized* about them as much as now. But Hahnemann showed his good sense in ignoring the physiological theories of his day, and simply registered reliable, appreciable symptoms; no mention is made in his writings of the effects of certain drugs upon the *nervus vagus*; it should not be tried now either, for there are not two physiologists agreed upon the subject. Having written a thesis on this very *nervus vagus* myself, when assistant of Dr. Heyer, the Professor of Physiology at the University of Lausanne,

Switzerland (Dr. Heyer being a pupil of the celebrated Schiff), I ought to know of what I am speaking. Physiology is not as yet a settled science, nor is pathology; not even the medical nomenclature is settled. But if instead of crediting *Rhus* or *Clematis*, etc., with certain pathological names, you give the fact that *Rhus*, *Cantharis*, etc., produce blisters, *Natrum muriaticum* produces eczema at the edges of the hair, or tetters in the bends of the knee, that is, if you specify the kind of eruption, and its place, it will materially help us towards a cure.

Then in getting up a characteristic chart for each remedy, the most important symptoms could be marked down as a *pictograph* (excuse the barbarous expression); the pain in the lower third of the tibia, for *Nitric acid* would be represented by a dot or an arrow, etc., at the corresponding place on a diagram or mannikin of the human body.

Those constitutions or temperaments which show themselves most sensitive to the action of certain drugs, and those which are almost without any answer to the same remedies, will be considered too.

In speaking of plants, their habitats should be considered, their general forms as well as those of their parts, the time of their flowering and the time at which they open and close their petals (Linnæus Floral Clock). These seemingly unimportant details would give us the key of many of their modalities. (See, *Chapitel, Rapports de l' Homœopathie avec la doctrine des Signatures*, Paris, 1866.)

The modalities as to heat and cold, the weather, as well as the position of the bed of patient (N. S., or W. E.), should be considered, as the earth's magnetism may exercise some influence on nervous troubles; so, too, the time of the month, in regard to the moon's position. (See Farrington, Lippe, etc., for epilepsy, tumors.)

Jan. 25, 1900.

1060 E. 2d Street, Salt Lake City.

CALENDULA.

This is what Jahr has to say of this remedy (*Forty Years' Practice*):

"Even in gun-shot wounds, where the whole limb is shattered *Calendula* is indispensable. During the coup d'état of 1849 I treated several cases of this kind, with my colleague Crosario, among my most intimate friends. In treating the wounded with

Arnica we had already lost two of pyæmia, who would rather die than have their limbs amputated; after reading Dr. Thorer's observations in Staph's new *Archiv*, Vol. III., No. 1, we used *Calendula* from this time forward. The result was exceedingly brilliant. In the case of a young man whose upper arm was entirely crushed, and who was unwilling to have the limb amputated, the continued use of *Calendula* enabled us to extract all the bony splinters without any suppuration setting in; the arm healed with dry granulations, and although somewhat distorted yet the limb preserved a tolerable shape and patient's life was not sacrificed. This was the result in every case where the splinters had to be cut out and the soft parts had been horribly contused and lacerated. In all such cases *Calendula* is indispensable to prevent suppuration, and will always prove more efficient than any other remedy."

CONCENTRATED SUNLIGHT IN EPITHELIOMA.

By H. T. Webster, M. D., Oakland, Cal.

Concentrated sunlight seems to possess not only the properties of a caustic, in that it destroys morbid growths, but it also seems to impart a therapeutic influence to the part cauterized not possessed by ordinary caustics. In such malignant growths as epithelioma, for instance, while destruction of morbid development by ordinary caustics is usually futile, so far as permanent removal is concerned, since the new growth continues to develop, concentrated sunlight leaves a healthy base, from which benign granulation springs, and a permanent and desirable cicatric is the result.

Several years ago my attention was attracted to this subject through an article by a California practitioner in a medical journal, but the subject was forgotten before opportunity arose for testing the truths of the propositions there put forward. Time passed along and the subject was recently renewed forcibly by an interesting and instructive object-lesson. We often learn valuable lessons from the success of neighboring practitioners. Unfortunately we cannot always know what proves successful in other hands, but in this case there was no concealing from the patient the agent which did the successful work.

An elderly gentleman with whom I had business relations a few weeks ago had been annoyed for more than a year by an

indolent, warty, oozy ulceration in the left malar region. This was unmistakably an epithelioma, and the patient informed me that it had been so diagnosed. His physician, a homœopathic practitioner of this city, had been treating him for the trouble for many months, but if any improvement had followed the patient had been unable to perceive it. Consequently he was beginning to be discouraged. There had been talk of resorting to the knife, but this was a resort against which the patient had scruples of his own, and surgical interference had thus far been avoided—at least interference involving the use of cutting instruments. I thought of *Grindelia robusta*, and suggested that I believed I knew of a remedy which would cure him, provided he failed to derive benefit from his family physician. The suggestion, however, appeared to be unheeded, and as I did not see the gentleman again soon the case slipped from my mind, until a reminder recalled it vividly.

A few days ago I chanced to meet the gentleman in a street car, and was rather surprised to find that his face was healed, and that a scarcely perceptible scar marked the site of the former epithelioma. After exchanging the compliments of the season I ventured to congratulate him upon the excellent cure which had been accomplished upon his face. He then informed me that, at the urgent request of a member of his family, he had changed physicians, and had employed a specialist in San Francisco, who had used a sunglass and burned the growth off with solar rays. Improvement had been prompt and rapid after the beginning of this treatment. Only three or four cauterizations were necessary to complete the cure, a week being necessary for the slough to separate before another application was called for. The application was continued for several minutes at each time, until the tissues burned smoked freely. He said that there was little pain from the burning, this being due, he believed, to lack of sensibility of the morbid growths. Each time the slough was allowed to separate spontaneously, and immediately afterward the surface was subjected to burning with the concentrated solar rays. This practitioner concurred in the opinion that it was a case of epithelioma.

In connection with the local application of concentrated sunlight, the use was made of osteopathic manipulation, and the doctor pretended that much of the efficacy of the treatment was due to osteopathic science. This, however, the patient doubted,

and believed that this idea was advanced by the doctor in order to becloud the apparent simplicity of the cure.

From what I have before read of sun treatment for epithelioma, and from this striking object lesson, I am disposed to believe that this means of cure for epithelioma is not to be overlooked. With our ordinary means of cure the successful management of epithelioma is not always easy. Caustics and irritating plasters often prove a delusion and a snare. Surgical measures are not always permanent in their effects, even when resorted to early. If the life-giving rays of the sun can impart a new vitality to the tissues at the same time that they destroy the superincumbent malignant growth, it is well to make avail of them, especially since they are free to all, and so generally accessible.—*American Medical Journal*.

(A very interesting paper on this subject, by Dr. O. V. Thayer, was printed in the RECORDER for October, 1893.—Ed. of Hom. Recorder.)

A NEW APHRODISIAC.

Dr. J. Coplin Stinson, of San Francisco, contributes a paper to the *New York Medical Journal* on "*Echinacea Angustifolia*, a new and successful aphrodisiac for impotence, pseudo-impotence, etc.," from which the following is condensed for what it is worth:

This paper deals mainly with the local action of *Echinacea* used freely and undiluted on the mucous membrane of the glans penis, corona, etc.—*i. e.*, as a local aphrodisiac. The influence of *Echinacea* on the capillary circulation is more satisfactory than that of any other drug. It is a stimulant to the circulation, and appears to endow the vessels, etc., of the glands with a rapid recuperative power, which constitute it a stimulant and tonic to the local circulation, etc., adapting it especially for local conditions of debility. When applied locally in doses of from twenty to sixty drops, it produces a mild, pleasantly tingling, penetrating burning sensation. The glands, etc., become congested by stimulation of the vessels and sensory nerves of the penis. Muscular contraction is excited by reflex action, and in from two to fifteen minutes erection occurs. One application is usually sufficient to produce an erection, but, if necessary, a second should be made in fifteen minutes. Erections are aug-

mented, completed, and maintained by applying *Echinacea*. Reaction after connection occurs quickly by using this drug locally. Usually in an individual who requires one or two or more hours to elapse before he can have a second connection, reaction with erection occurs in about fifteen minutes after its local use.

The thermal stimulus to the peripheral terminations of the sensory nerves, etc., is rapidly transmitted to the central nervous system.

Erections in a normal individual can be increased in frequency and with shorter intervals between them by its use.

The local stimulating action increases the special sensibility by acting on the nerve fibrils and vessels. The effect of local stimulation on the sensory apparatus is really a central one, and the sensation, although referred to the penis, is a cerebral state. It therefore affords a means of arousing the highest centres, and the impression conveyed is not converted into a painful sensation, but while traversing the gray matter of the spinal and medullary centres causes reflex impulses which arouse specially pleasant sensations and erections. In this way the special impressions are readily available means of stimulating, not only consciousness, but the cardiac, vasomotor, and other centres, and through them the viscera themselves. Thus, as well as a local stimulant, it may become a powerful general stimulant.

Echinacea is very mildly rubefacient and stimulant; the local vessels are dilated by the direct action on the vessels and nerves, and the local circulation becomes more free. The irritation of the sensory nerves causes a very pleasant, mild, burning sensation; reflexly, the cardiac centre is accelerated, the blood pressure rises, the temperature is elevated, the highest centres are roused by the pleasantly painful impressions, perception and consciousness are increased, and marked erection occurs.

Impotence, pseudo-impotence, and the other different forms of impotency, sexual nervousness, feeble desire, want of sexual confidence, functional sexual disorders, low sexual capacity, sexual neurasthenia, diminution of the sexual power without assignable cause, sexual weakness, poor powers of reaction, and distaste for the female are all favorably influenced by applications of *Echinacea*. In organic and paralytic impotency this drug may be of some value as a local application in promoting erections. *Echinacea* also acts satisfactorily as an aphrodisiac in the female when applied locally.

THE NECESSITY OF GIVING HEED TO PERIODICAL SECRETORY CRISES.

By Dr. Gaudy, in Brussels.

Translated for the HOMŒOPATHIC RECORDER from *Jour. Hom. Belge.*

A vigorous young man, 23 years of age, descended from healthy parents, and energetically and indefatigably at work, was afflicted every year with a single or double inflammation of the tonsils, always proceeding to ulceration. Last year it appeared as an inflammation of both tonsils and caused a diseased state, which excited the whole family so much that after a day of care they urged me to follow the example of other physicians and allow them to apply leeches to both sides of the neck, as they declared that the patient would die of asphyxia unless he was relieved by withdrawing some blood.

Softened by these alarming, persistent clamors of the family, I consented, but with the condition that I should be free from any responsibility for this application. The leeches had their innings for two hours and the family rejoiced over their success, but they had to pay high for it. The patient immediately sank into the deepest prostration, indifference to food and insomnia, and soon there appeared a cough without any symptoms in the cavity of the thorax to explain it.

No one now doubted that phthisis had set in, and at last I believed it myself, since all efforts on my part to remove the threatening symptoms were in vain, until at last a spontaneous diarrhœa appeared as a finale to these threatening symptoms, after which the patient promptly recovered. Since then he had enjoyed perfect health. A few weeks afterward he had an inflammation of a tonsil, which probably on account of the regular use of *Baryta carb.* between the two attacks ran its course without coming to suppuration.

A few years ago a very tender girl, with a tendency to tuberculosis, came under my care, owing to a violent attack of inflammation of a tonsil. The rapid progress of the inflammation made it impossible for her to open her jaws. The pain was excessive, respiration difficult; I requested a consultation with another physician; the situation became ever more difficult, and an operation seemed inevitable. One remedy besides trach-

otomy was yet possible, the application of leeches. I applied them, though I informed the family that it would require 6 to 8 months to do away with the consequences of the withdrawal of the blood. The effect on the tonsils was again rapid, but I had then to fight for two and a half years against the predominance of phthisis. I never had seen such prostration. Nature had not received the treatment it called for.

A professor of music, who enjoyed a good constitution and enviable health, was afflicted every year with inflammation of the tonsils, which always proceeded to suppuration. A young colleague, a specialist and friend of the professor, promised to drive away this enemy and not to allow the inflammation to break out. He accordingly prescribed the application of ice to the throat, had him swallow ice continually, while prescribing at the same time various medicines which I had given up long ago. The suppuration was suppressed at its start and the patient recovered; but a few days later he was seized with general arthritic rheumatism, and his state began to be intolerable and critical. In the sixth week I was called in, to combat this violent rheumatism, which had not spared a single joint.

After I had received a full statement of the case, I told my new patient that I would endeavor to cure him, but that a full cure could only be hoped for from a return of the tonsillar inflammation, and I would endeavor to call it back by homoeopathic treatment. In the course of eight to ten days the patient felt himself, as it were, recovered, and quizzed me about my tonsillar inflammation, and he declared that since he felt nothing of an abscess I ought to wear mourning.

Next morning I came to hear about my patient, and he reported with pleasure that an abscess had opened, almost painless, on the other tonsil, which had never been diseased. His recovery now proceeded rapidly, and owing to the breaking of the abscess I think I can assure the professor that he will not have a return of his arthritic rheumatism.

One of my relatives, at the time 35 years of age, had regularly been afflicted with inflammation of the tonsils and with bronchial catarrh, caused by a hypertrophy of the tonsils. A physician in his village recommended the removal of the tonsils. He came to see me about it, and I strongly advised against it. But he did not listen to my warnings, and went to a surgeon in order to have this troublesome swelling removed. A few months later

he called on me and told me with rejoicings that he was now rid of his catarrhs.

A few months later he called on me and complained of a constriction of the anus, and reported that his stools were small and like ribbons. I easily established an intermitting constriction of the anus with the characteristic stool, and he wrote to me two or three times a year for remedies against this affliction.

His father died of a cancerous disease of the bladder and the anus, and I have no doubt that he will die of the same affliction. He has become a candidate for this disease in consequence of the operation on his tonsils.

I have put these observations in juxtaposition merely to present my protest against the extended custom of excising the tonsils, and against the violent methods used to prevent the development of ailments which are caused by nature for the purpose of excreting something. I might add a large number of diseases of other parts of the body, showing a manifest tendency of excreting some morbid matter from the circulation of the body.

PRACTICAL HINTS.

Frequency of the Pulse.

Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hom. Zeit.*, Aug., 1899.

We must not allow ourselves to suppose that there is fever with little children merely because they have an acceleration of the pulse; we must also carefully examine their temperature. In numerous cases of simple catarrh in the head with children of 4-5 years I have found, even while they were lying down, a pulse of 130-140 beats, while their temperature was quite normal and they were otherwise quite well. Such acceleration of the pulse, especially in the presence of the physician, is quite a common phenomenon.

Prof. Henoch.

The Urine at Various Times of the Day.

BY DR. MOSSA.

"I have often called your attention to variations in the urine at various periods of the day; these differences, if not noticed, may lead to great mistakes in diagnosing disease. In affections of the liver and spleen we have the strange fact that the urine

discharged after a meal shows an abnormal condition, while at other times it is quite normal; the same strange fact appears also in diseases of the kidneys, where we would not expect it. The urine discharged during the night frequently contains a considerable quantity of pus, while that discharged during the day shows no trace of it or only a small quantity. The same peculiarity is also often seen in diabetes; the urine discharged during the night and immediately afterwards may contain much sugar, while that discharged at other times may not show a trace of it. The older physicians have given much more attention to this fact than modern practitioners, and in spite of the imperfections in their modes of examining the urine, their methods contained many excellent features which have only now been justified by the modern chemical tests. Modern physicians are too apt to neglect the important variations in the urine as affected by the different times of the day and by the food partaken of. If we should draw any conclusions for the diagnosis of a disease from the quality of the urine the urine discharged at different times of the day must be examined separately."

This remark preserved and which we find in "Schoenlein's Clinical Lectures" (p. 58) is not merely the dictum of a distinguished observer, but it is further substantiated (p. 406) by facts. Here Schoenlein mentions the fact that with splenetics he found *after meals* in their urine a sediment of a finger's breadth formed of ureates and showing a peculiar violet color, while at other periods of the day there was no trace of it; such patients grow thin although they have a good appetite. A similar difference he found in albuminuria, in suppuration of the kidneys and, as mentioned before, also in diabetes. Thus he observed variations in the contents of sugar with a patient he treated in the Charity Hospital:

	After Digestion.	Evening and Night.	Morning.
20½ to 21½	7¼%	6½%	6%
21½ to 22½	6½%	6%	5%
22½ to 23½	5%	4%	3%

The writer of this article had an opportunity of making similar observations with a young man suffering from albuminuria. The urine examined at a morning call always contained more albumen than the urine examined in the evening a few days later. Had he founded his prognosis, as he was inclined to do in the beginning, merely on the examination in the evening, this would be quite favorable, as the urine in the evening was at times almost free from albumen. But the unfavorable showing appeared at the next morning call.

CURE OF A DOG.

(Communicated by E. K.-)

Translated for the HOMŒOPATHIC RECORDER from the *Lepziger Pop.*
Z. fuer Hom., July, 1899.

“Although you are not a veterinary physician, I take the liberty of asking your advice, even with the risk of suffering a rebuff. As I have for a year been able to effect cures even in the most desperate cases with my many dogs by means of your homœopathic medicines, I do not know whom I could better consult in the special case before me.

“My skye terrier, Romeo, which I may mention is of very great value, having been bought by me two years ago for 150 dollars, has been suffering for some four weeks with rheumatism. Symptoms: he will suddenly writhe, raise up his back high and remain standing with head hanging down and moaning. If he is touched, he will even cry out aloud. The pulse beats high, the heartbeat is irregular, the jugular artery swells up and you can see the blood rushing through it. Put into his kennel, the dog will remain in the above mentioned position, holding up his left forefoot, for about ten minutes. Then he will lie down for a long time, seeming very much exhausted. After half an hour or an hour he will seem very bright and will then at once ask for his feed. The seat of the disease seems, therefore, to be in the nobler parts. I have used *Aconite*, *Bryonia* and *Rhus tox.* but without effect, which has never been the case with your remedies before; even the distemper of dogs being most readily cured, according to my conviction, by means of homœopathic remedies. I followed the directions given by Mr. H. Fischer in his book. The age of the dog is five years. I would entreat you, therefore, to be so kind as to give me your valuable advice and to have forwarded to me the necessary remedies.”

This was the main part of a letter from the Royal Forester Luban of Burg near Solingen, dated March 15 of this year. This gentleman is a well known raiser of dogs, having gained many first prizes and honorary awards. That the dog may have had *rheumatism* is hardly to be doubted; still it is just as certain that this was not simple rheumatism. I myself at least had no doubt that *the heart was mainly involved*. In simple rheumatism

Aconite, *Bryonia* and *Rhus tox.* could else not have failed to bring some relief. The remedies to be considered were in consequence *Benzoës acidum*, *Cactus grandiflorus*, *Kalmia latifolia* and *Spigelia*. After a lengthy consideration and comparison, I dropped *Benzoës acid*, and gave the preference to the specific heart giving remedies. So I prescribed *Cactus grandiflorus* D. 3, and *Kalmi latifolia* D. 3. alternating every three hours, giving five pellets dry on the tongue; requested him to report. This was prescribed on March 17th and on April 26 I received the following report:

I accurately followed your kind directions, giving *Cactus grandiflorus* and *Kalmia latifolia*. The cramps of the "heart" were at once moderated, though they continued frequent. But soon their frequency diminished, and they have not appeared in the last two weeks. I must give you my hearty thanks for this new success, obtained with Homœopathy by your kind directions. Thanks to it, my favorite dog, which I thought I would lose very soon, has been fully restored, so that it obtained the first prize in the victor's class at the kennel show in Duesseldorf, a short time ago. I would mention yet, that the dog had always been warmly wrapped up in woolen blankets, which no doubt assisted in his recovery.

Yours very respectfully,

Luban, Royal Forester.

DR. GOULLON'S CONCEPTION OF PSORA.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Zeitschr. Hom.*, Oct., 1899.

It is well known that Hahnemann established three original injuries as the causes which prolong certain diseases, and unexpectedly put them beyond the reach of the various curative efforts made, causing them to become chronic. We shall not here consider two of these injuries which are supposed to originate from syphilis or gonorrhœa acquired either by the patient or his ancestors, but shall confine ourselves to the third, namely, psora. In the time of Hahnemann Itch (scabies) was quite prevalent. This was caused by the wars, during which hygienic measures were much neglected. There was as yet no "red cross," but only the thorny cross of the fury of war. The blessings of Lister's Dressing and of antiseptics were not as yet in existence. This made it possible for eruptions due to the pres-

ence of the itch-mite, and thus catching, to spread enormously. The remedies used in combating itch were without any rationality, since the *corpus delicti*, the itch-mite, was not yet known. From this itch, which was cured either imperfectly or not at all, there arose with many a state of infirmity, which made the cure also of other diseases difficult and caused them to become chronic. It is not strange, therefore, that Hahnemann established the bold hypothesis that whatever chronic disease is not due to syphilis or sycosis owes its origin to itch. For this third category of disease Hahnemann introduced the name of psora. As an old and well-skilled practitioner, Hahnemann then discovered the antipsoric remedies, among which *Sulphur* stands pre eminent like a king, as a specific.

Practice has established the correctness of Hahnemann's views, but theory has not agreed to it *i. e.*, the notion of *Psora* in the sense attributed to it by Hahnemann, has been proved to be untenable. Now we must say that in many organisms there is a persistent resistance to the actions of potencies otherwise curative, because there is a specific noxiousness in the blood, which, however, has nothing in common, neither with the nature of lues nor of sycosis, nor is it characterized by the presence of the *acarus scabiei*, but the peculiarity of which lies in its tendency to make the skin, the membranous system and even the system of the mucous membranes the seat of its appearance or of its critical secretions. These exenthemata in the traditional school of medicine have a proud nomenclature, but the knowledge of their essential nature and the fruitful therapy founded upon it is the work of Hahnemann and is the exclusive privilege of Homœopathy. Thence we may also see, as, indeed, thoughtful physicians who have not been prejudiced nor blinded in their universities, can observe in their practice in innumerable cases, that salving or anointing in such cutaneous crisis, especially in the infantile age, but also in old age, which in many respects has an analogy with infancy, may have the worst and most fatal consequences though these *need not always* follow; for their degree and intensity largely depends on the previous measure of "psora;" *i. e.*, on the quality and quantity of the noxiousness and the poisons hostile to the organism which are latent and slumbering within, and of which Hahnemann's autipsorics are the antidotes.

We cannot, therefore, do too much to support the centrifugal active healing forces of the body, and it is only when these forces

are ignored that the ailment in question becomes chronic and even incurable.

If these views are agreed to, then a correction will also be seen to be required, which I am not able to suppress on this occasion, with respect to the views of psora as presented by our esteemed colleague of Itzehoe.

He is quite correct when (on page 90 of *Leipziger Pop. Z. fuer Hom.*), presenting his interesting cures, he warns against the remedies of the allopaths which cause "constipation," and I also perfectly agree with him when he continues: "The stopping of a diarrhœa with violent allopathic remedies often has the same hurtful consequences to the organism as the driving back of external cutaneous diseases by external remedies, or as the cure of leucorrhœa by medicinal desiccant injections, etc. As quite in agreement with our views we subscribe to his words: "Of course, such a treatment is no cure, but only a suppression, driving the disease inward, and Hahnemann knew already that such a treatment which only a thoughtless man could call a cure is frequently connected with danger to the patient." Thus far we are in perfect agreement, but not with the concluding words:

"By this the body is changed, and a state is produced, which Hahnemann called psora, etc."

THE STATE WHICH HAHNEMANN CALLED PSORA WAS ALREADY PRESENT before the unskilled hand of the practitioner intervened. And because the case of psora was already developed, the allopathic irrational local treatment, which never deserves to be called *specific*, cannot but do harm.

This correction in no wise changes the fact that our honored colleague had a true view of the case in his mind, and that he is doubtlessly perfectly transfused with the truth of the doctrine of the psora when rationally viewed.

I may yet adduce a memorable historic fact. Also Napoleon I. was psoric, and, indeed, psoric in Hahnemann's sense of the word. He had, in Toulon, suffered from veritable itch. Dr. Baumann, one of our best authors, tells us in his carefully compiled and valuable work on "The Old and the New Methods of Cure :"*

"While Napoleon was being treated by Dr. Marguot on the island of Elba for a dangerous pityriasis (a kind of herpes), and

*Memmingen Oscar Besemfelder, 1857.

the Emperor was restored to health, he allowed the physician to acquaint him with the spirit and the excellence of the new method of healing, and he declared that this discovery bestowed more benefits on mankind than any discovery since the invention of printing."

That he was not able to execute his firm determination "to cause Homœopathy to be taught in all the medical schools within his states" is much to be deplored, though it is on the other hand easily explicable, when we consider how many things were occupying his titanic brain. Elba was also too quickly followed by—St. Helena!

BOOK NOTICES.

New, Old and Forgotten Remedies. Papers by many writers. Collected, arranged and edited by E. P. Anshutz. 386 pages. 8vo. Cloth, \$2.00; by mail, \$2.12. Philadelphia. Boericke & Tafel. 1900.

This book is, in a manner, an addenda to Hale's *New Remedies*, with the difference that Hale commented on his remedies, while the editor of the book under consideration confines his work to stating (in small type, bracketed) who was the writer of the paper and where it was published. As they are collected from old books and medical journals of the three schools, no attempt at a repertory was made; but instead a clinical index was substituted by means of which the physician can easily discover if there is any remedy in the book for a given disease. None of that host of new remedies that issue from chemical laboratories are included in the book, but only those, as a rule, found in nature—there are a few exceptions, like Clement's *Arsenicum brom.* (1859) translated by Lilienthal. The reviewer, even though he be the editor of the book, can, without self laudation, affirm that the book contains a great amount of very valuable material that could, with difficulty be reached, but for its being gathered within the covers of this book, and many a valuable hint will the physician be able to glean from its pages, while it materially enlarges his therapeutic field. The effort was to include only such remedies as are not in the standard *Materia Medica*, or to be found in Hale's *New Remedies*, though this rule was not strictly adhered to when new light could be thrown on the drugs. The criticism will doubtless be made,

and justly, that many remedies that should have been included are omitted. To this we reply: Send us the names of the drugs, and where the literature may be found, for use, should a second edition ever be brought out.

The American Year-Book of Medicine and Surgery. Edited by George M. Gould, M. D. Philadelphia: W. B. Saunders. 1900

As previously announced in the RECORDER, this standard work is issued in two volumes this year. The year-book of "medicine" embraces 656 pages, while that on "surgery" covers 560 pages. The price of each volume is \$3.00 in cloth binding or \$3.75 in half-morocco. They are sold separately when desired and by subscription only.

A Pocket Medical Dictionary, etc., etc. By George M. Gould, A. M., M. D. Fourth edition. Revised and Enlarged. 835 pages. Flexible leather, gilt edges, round corners. \$1.00. Philadelphia: P. Blakiston's Son & Co. 1900.

Our ancient and honorable foe, in the days of the *Medical News* and the "\$100 pamphlet," has gotten up a pocket medical dictionary that for completeness, compactness and general excellence is yet to be excelled. The definitions are very concise, occupying on the average one line, yet are clear, and the pronunciation plain enough for any one to comprehend. The book is said to contain 30,000 words. It also has full and valuable tables. A very excellent work.

International Text-book of Surgery. By British and American Authors. Edited by J. Collins Warren, M. D., LL. D., Professor of Surgery in Harvard Medical School, and A. Pierce Gould, M. D., F. R. C. S., Surgeon to Middlesex Hospital, etc. Vol. I. *General and Operative Surgery.* With 458 Illustrations in the text and 9 full-page plates in colors. 947 pages. Philadelphia: W. B. Saunders. 1900.

After some vexatious delay the first volume of this superb work is now ready for delivery to subscribers. It is a fine work.

A Text-Book of Obstetrics. By Barton Cooke Hirst, M. D., Professor of Obstetrics in the University of Pennsylvania. With 653 Illustrations. Second Edition. 848 pages. Cloth. \$5 00; Half Morocco, \$6.00. Philadelphia: W. B. Saunders. 1899.

The first edition of this work was sold out with a rapidity that was gratifying to both publisher and author; the second edition revised and corrected, but not extensively altered, is now on the market. A good book.

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Address communications, books for review, exchanges, etc., for the editor, to

E. P. ANSHUTZ, P. O. Box 921, Philadelphia, Pa.

We had the pleasure of a call from Dr. E. B. Nash, of *Leaders* fame, while on his way to Chicago where he is to deliver some lectures, before their enterprising colleges, on *Materia medica*. Speaking of drug possibilities, the doctor related a case that had come under his care in January of this year. It was one of complete paralysis of the left side, both of sense of touch and motion. For three nights and days the patient had been unable to sleep and was about worn out. Whenever he would drop off towards sleep his heart would slow down, beats intermit, and he would start up with a gasp, to prevent suffocation. *Digitalis*, a drug with no reputation in paralysis, was prescribed and in an hour the patient was sound asleep, and in a week's time was able to walk about his bed-room. "That, I think," concluded the doctor, "was a homœopathic prescription."

So say we all of us.

"The multiplication table as taught one hundred years ago is out of date to-day, amid all our modern improvements."

What an absurd statement!

Quite as good, however, as the contention that the "Homœopathy of Hahnemann" is out of date. *Aconite*, as he left it in *Materia Medica Pura*, is like the old-fashioned multiplication table, true.

When you improve on the truth men, who know, smile.

Do you own a set of Hahnemann's writings?

And can a man sit in judgment on that of which he is un-informed?

Happy is the man who goeth to the fountain head, for he escapeth the muddy water.

We greet with pleasure the appearance of a new homœopathic journal, namely, *Wjestnik Homœopaticheskoy Mediceny*, Khar-koff, Russie. Though we cannot read a word of it, nevertheless we feel confident that it is filled with good matter and wish it success and a big subscription list.

THE head of the Sanitary Department in Egypt, in a letter to the *London Times* concerning the plague, pays the following left-handed compliment to the serum faddists: "By applying sanitary measures, so despised by M. Halfkin—and denounced by him before the Royal Society as useless—the disease has, at least, been kept well under control." It begins to look as though the days of "serum" were drawing to a close. Probably it would never have attained the vogue it did had not the manufacturers been so liberal in their advertising.

115 East 37th Street,
NEW YORK, February 10, 1900.

To the Editor of the HOMŒOPATHIC RECORDER.

Kindly permit me to use your columns to ask such of your readers, as may at any time have been in correspondence with the late Dr. I. T. Talbot, of Boston, and have preserved his letters, to be so good as to send them, or copies of them, to me. It is proposed to prepare a fuller Memoir, than has yet appeared, of that most useful life, and the Editors of that Memoir have requested me to collect for this purpose all letters of his that relate to his methods and his work. These letters will, of course, be returned to their owners.

Yours fraternally,
E. M. KELLOGG, M. D.

FASTING CURE FOR DYSPEPSIA.

The following was published in the Philadelphia *North American* of March 11th. How much credit the Hensel Physiological Salts and Tonicum are entitled to we are unable to say:

"Leonard Thress, of 2618 Frankford avenue, has learned how to live without eating."

“By physical experience he has proved not only that food is not a daily necessity of the human system, but that abstinence therefrom for protracted periods is beneficial. Indeed, it saved his life. He has just finished a fifty days' fast. When he began it he was on the brink of the grave and his physicians had abandoned hope. When he ended it he was in better health than he had enjoyed for years, although in the meantime he had lost seventy-six pounds, falling away from 209 to 133.”

Medicines Lost Their Power.

“Thress, who is about 57 years old, was attending the Grand Army Encampment at Buffalo in the fall of 1897, when he caught a violent cold, which settled in his bronchial tubes. It proved so stubborn that his general health became affected, and a year later dropsy developed. His condition grew steadily worse, and at Christmas time, 1868, it was such that he could neither walk nor lie prostrate, but was compelled to sit constantly in an armchair. His doctors exhausted their skill in the effort to bring relief, and eventually, in the early part of last January, they told him that their medicines refused to act and that his death was a question of only a few days.”

“Up to this time Thress had been subsisting on the meagre diet permitted to a man in his condition, but his stomach rebelled even at that. He had heard of the Dewey fasting cure and its boasted efficacy against all human ills, and, though he had little faith, death was already looming before him, and he knew that he could lose nothing by the experiment.”

“He began to fast on January 11th by taking in the morning a portion of Hensel's preparation of salts in a glass of water and the juice of two oranges, and in the evening a hot lemonade. For twenty-five days he also drank a teaspoonful of a tonic consisting chiefly of iron, but the rest of the diet he continued until two weeks ago, when he discontinued the salts and orange juice and confined himself to a hot lemonade at morning and evening. This was his only sustenance until last Thursday.”

“According to Thress' own recital the effects of this course of treatment were amazing. He says that the natural craving for food was gone after the first day. Three days later he had regained so much strength that he was able to go upstairs to bed and enjoyed a good night's sleep. From that time on, although he steadily lost in weight, his vitality grew greater, and on January 22d he left the house and took a half-mile walk.”

“ Before three weeks of his fast had elapsed his dropsy had disappeared, and thereafter he took almost daily walks, increasing the distance with his strength. Some days he covered as many as five miles, and never less than two, even while he was growing thinner and thinner.”

Felt Hungry at Last.

“ For the first time since the beginning of his fast, he became hungry last Thursday, the 1st of March, and he felt that he should like some pig’s feet jelly. It is one of the prescriptions of the fasting cure that when hunger finally comes the patient shall eat whatever he craves, so Thress consumed two slices of the jelly and one piece of gluten bread, with butter. He says he enjoyed it and felt well afterwards.”

“ He ate no more that day, but at noon yesterday he became hungry again, and this time his appetite was for something more substantial. He disposed of a dish of mashed potatoes, some red cabbage, another portion of pig’s feet jelly, apple sauce and a cream puff for dessert. He even smoked a cigar after the meal, enjoyed it and felt still better. He says he will eat no regular meals, but only when he becomes hungry.”

“ While he looks haggard and worn from loss of flesh, Thress declares that all his ailments have left him and that he never felt healthier and heartier in his life.”

Veterinary Homœopathy in its Application to the Horse; Including a Code of Common Suggestive Symptoms. By John Sutcliffe Hurndall, member of the Royal College of Veterinary Surgeons, \$2.00; by mail, \$2.18.

This is a very complete work, and most systematically arranged. It is adapted for all degrees of intelligence, from the veterinary expert to the most ignorant horse owner. The book is opened by an excellent introduction; this is followed by a chapter on Hygiene and Sanitation, then comes Diagnosis, the Strength of Drugs and the Dose, and finally the various diseases to which the horse is heir are then considered together with the treatment, always the homœopathic treatment. A little subdivision on the subject of accessory treatment is one of the important features. The Code of common Suggestive Symptoms with which the work is concluded, is most valuable. A general index rounds out the whole. The good paper, clear type and handsome cloth binding, so character of the work of the firm by which the book is published, only form additional reasons why the work should find a large and ready sale.—*Southern Journal of Homœopathy.*

PERSONALS.

FOR SALE at a bargain. A First-Class Modern Sanitarium in most desirable location in Eastern Pennsylvania. Satisfactory reasons for selling. Address, "Sanitarium." Care HOMŒOPATHIC RECORDER, P. O. Box 921, Philadelphia, Pa.

To keep up with the procession it is now necessary to study lapidotherapy.

But sometimes the men who do not head the procession are all the better prescribers in consequence.

A Buffalo doctor has built him an "aseptic office."

Some, we wot, should be told of the frog that would emulate the ox in bulk and what befel poor froggy.

"I run the fizzeological department," remarked the soda-water clerk.

A homœopathic college, we are informed, has been organized in Mexico. Success to it.

St. Louis has a "Regular Medical Visitor." Vol. I., No. 1.

A young lady, a poetess, writes of the Phillipinos, "little brown brothers."

The hysterical male and female is brought out in war times.

We are inclined to believe, John, that the starting of the prize ring mills is not necessarily an evidence of prosperity.

Dr. John L. Moffat has removed to new quarters, 1136 Dean St., Brooklyn, N. Y. Special attention to eye and ear.

Of what avail is it to store the mind with useful information when it will be out of date before the dust settles on it?

A post-graduate course in Homœopathy begins April 25 at Ann Arbor. The outside talent will be surgery, Dr. J. M. Lee; Materia Medica, Dr. Frank Kraft, and Dr. J. C. Nottingham in Therapeutics.

Dr. R. L. Souder has removed from 1630 Pine street to 410 South Broad street, Philadelphia.

One of Dr. Porter's correspondents (*N. A. J. Hom.*, Feb.) suggests that "a true homœopatic physician is one who isn't a homœopath any more than he is anything else."

No, John, Mr. Seegoodineverything is not necessarily a leader of men.

Homœopathy is either a natural law, or a mere fantasy, and demands whole souled support or absolute rejection.

Annual re-union of the Alumni of Hahnemann College, May 17, Philadelphia.

Send items of news, meetings, removals, etc., to RECORDER for publication. Always glad to receive and publish them.

Send your papers, too; they will be read by a large circle of physicians in all parts of the world.

Spring, spring, beautiful spring, with its colds and its grippe and that sort of thing.

A new book by Dewey is in compositor's hands.

THE
HOMŒOPATHIC RECORDER.

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No. 4

MALANDRINUM AS A PROPHYLACTIC AND A
REMEDY IN THE TREATMENT OF
SMALLPOX.

The following letter, and others, is the reason for resurrecting Dr. Straube's papers from *North America Journal of Homœopathy*, 1881 and 1883, when it was published by Messrs. Boericke & Tafel and edited by Dr. S. Lilienthal:

Editor of the HOMŒOPATHIC RECORDER.

I have just read Dr. Yingling's article in THE RECORDER, February number, and heartily join him in urging you to resurrect the article by Dr. Straube in the *North American Journal of Homœopathy*, August, 1881, and referred to by Dr. Raue. I, too, have used *Malandrinum* as prophylactic against smallpox. Made something near four hundred prescriptions the past spring and summer. Not one of my patients took the smallpox, while every case of the disease we had here were persons recently vaccinated.

Yours truly,

CHAS. E. JOHNSON, M. D.

Sherman, Tex., February 20th, 1900.

It may be well to begin with the paper in 1883, as it contains the results of the provings arranged in an orderly manner. In a few introductory words Dr. Straube warns the reader not to think that *Malandrinum* is derived from "malanders" in the horse, as some have; it is simply the "grease" virus of the horse potentized according to the rules of homœopathic pharmacy.

This is the proving as written by Dr. Straube:

Provings of Malandrinum.

HEAD, INNER.—Frontal and occipital headache. Dullness. Dizziness.

HEAD, OUTER.—Impetigo covering head from crown to neck and extending behind the ears. Thick, greenish crusts with pale, reddish scabs, itching worse in the evening.

EYES.—Red stripes under the eyes.

EARS.—Profuse, purulent, greenish yellow discharge, mixed with blood.

TONGUE.—Coated yellow, with red streak down the middle (typhoid), also cracked and ulcerating down the centre. Tongue swollen.

STOMACH.—Vomiting of bilious matter; nausea.

ABDOMEN.—Pains around the umbilicus.

STOOL.—Dark, cadaverous smelling. Yellowish, foul smelling diarrhœa.

SEXUAL ORGANS, FEMALES.—Vagina closed with impetiginous crusts. Yellowish-greenish-brown in color.

BACK.—Pain along back, as if beaten.

UPPER LIMBS.—Impetiginous crusts on the extensor sides of forearms.

LOWER LIMBS. Pains, especially in the left tibia with petechiæ-like patches on anterior aspect of left leg from knee to ankle. Petechiæ on both thighs, worse on left.

ALL THE LIMBS.—Sore pains in limbs and joints. Run-arounds on the nails of hands and feet.

TIME.—Worse in evening.

SKIN.—*Smallpox, measles*; also as preventive. Impetigo covering back of head, extending over the back to buttock, and even into the vagina; covering the labiæ. Impetigo on extensor of forearms. Boils. Malignant pustule. Bad effects of vaccination. Small, dusky red spots on legs, not disappearing on pressure. (Typhoid fever. Petechial typhus.)

OTHER DRUGS.—*Malandrinum* follows well *Bryonia*, *Lachesis* and *Stramonium*. After *Malandrinum*, *Silicea* is often indicated. (Perhaps *Tartar emetic.*)

Such is the concise summing up of the provings of *Malandrinum* on the healthy human beings. The provings were all

made with the 30th potency, which shows it to be a peculiarly virulent drug.

We now go back to the paper published in 1881. The writer states that Dr. Raue called his attention to the drug, which had been proposed to him by Dr. Boskowitz, of Brooklyn, who, also, supplied the drug. He follows with a brief account, with initials, of the twenty persons on whom the provings were made, and adds that they were persons "who were continually within the sphere of infection, and to whom I had given *Malandrinum* as a prophylactic." How often it was given is not stated, but from the effects one would be inclined to think that rather infrequent doses would be preferable, if the constitutional effects of the drug were to be avoided. None of the provers were attacked with the disease. The headache and backache so characteristic of the onset of smallpox were, however, the most frequent symptoms.

It is scarcely necessary to reprint the entire paper, as the following clinical cases will serve to fully illustrate the action of the remedy in treating smallpox after the disease has developed:

George S., vaccinated four years ago, but did not take. I first heard of him on the fifth day of his sickness. He complained of pain in the back and head, no appetite and inability to sleep. I sent *Malandrinum* and visited him the next day.

January 25.—Had slept well and feels better in every respect, pulse 118. *Sac. lac.*

January 26.—Slept well, no pains, good appetite. *Sac. lac.*

January 27.—Slept well, no pains whatever, great appetite, itching, pulse 118.

January 30.—The same, pulse 118. Confluent, *no smell.*

February 1.—The same. Drying off. pulse 91. He is slightly pitted here and there. No complications followed.

* * *

Angeline S., æt. 11 months, vaccinated three weeks before taken sick; commenced on Sunday. She is crabbed, crying continually, no appetite, does not sleep; received *Malandrinum* on Tuesday.

Wednesday.—Seems much better. *Sac. lac.*

Friday.—Seems rid of all symptoms, pocks out well.

Sunday.—Drying off. No pitting, *no smell.*

Charles W., vaccinated twenty-four years ago. In this case the stadium invasionis commenced with hallucinations, for which I prescribed *Stramonium* 30, upon which the eruption made its appearance, with a subsidence of all brain symptoms. I then gave *Malandrinum* 30, and although the case was of the confluent type I could not detect any smell during any of its stages, and only a slight rise in the fever during the period of suppuration. There was no pitting.

* * *

Willie G., æt. 3, not vaccinated. Eruption made its appearance on Monday. Was called to see him on Friday, and found him covered with pocks, confluent on face, arms and legs. Gave *Malandrinum*.

Saturday.—Seems bright, has changed altogether, has appetite, had a natural stool. *Sac. lac.*

Sunday.—The same. Took a sudden change in the afternoon and died in convulsions. I am confident that the patient would not have died had he received *Stramonium* in time and had been properly cared for by his parents. Profiting by this experience, I always left a dose of *Stramonium* with every subsequent case of variola, to be given as soon as brain symptoms supervened; as a metastasis to the brain proves fatal within a few hours. *Malandrinum* does not cover the brain symptoms of the present epidemic, howsoever exact a similitum it is for the undeveloped variola.

* * *

Charles G., æt. 16 months, never vaccinated. The history of this case shows the great virulence of smallpox, if coupled with a certain "congenital dyscrasia." I commenced treatment with *Lachesis* on Thursday, February 24th.

Friday.—The symptoms had changed, indicating *Zincum met.*

Saturday.—Eruption appearing. *Sac. lac.*

Sunday.—Eruption out well. *Malandrinum.*

Monday.—Has slept well for the first time since the onset of the disease, has good appetite, with a decided general improvement; pocks are confluent on face, arms, legs and back. *Sac. lac.*

Tuesday.—The same. Left *Malandrinum*, and *Stramonium*, in case of a metastasis. On Tuesday afternoon, according to the mother's statement, Charles seemed to be going into convul-

sions in the same manner that Willie did before he died. (See previous case). She gave *Stramonium* as directed, and assured me that it acted "like a flash." All the untoward symptoms soon disappeared and she continued *Malandrinum*.

Wednesday.—Slept well, no pains apparent, has appetite, had natural passage, throat inflamed. Gave *Belladonna*, with no effect.

Thursday.—Throat the same, pocks drying off, slept well, likes to eat but can't on account of soreness of mouth. *Malandrinum*.

Friday.—Slept well, appetite good, drinks milk, no passage, itching. *Sac. lac.*

Saturday.—Slept well, seemed better in the morning. At noon his eyes became glazed; at 2 o'clock spasms commenced with clinching of hands, trembling and boring head backward; at half past four about two tablespoonfuls of yellow and purple corruption rushed out of the right ear and spread over the pillow; at half past seven the child was dead. There was *no smell* noticeable until the day after its death. The immediate cause of the child's death is undoubtedly to be found in the fact that over two-thirds of its skin was involved in the suppurative process, thereby ending life in the same manner as an extensive scald or burn.

* * *

Clara A., æt. 16, vaccinated. This case commenced with *Sulphur* symptoms. Gave *Sulphur* on Saturday, January 29th.

Sunday.—Eruptions out on forearms and thighs, with *Malandrinum* symptoms. Gave *Maland.*

Monday.—All symptoms gone. Monday, February 7th, all pocks which had made their appearance before the exhibition of *Maland.*, were of the hæmorrhagic type, and subsequently left slight pits, while those that appeared after the administration of *Maland.* were mild and perfect, leaving no pits. The pocks were confluent on the face, but there was no suppurative fever and *no smell*.

* * *

Mary A., æt. 3, never vaccinated, confluent on face arms and legs. *Stramon.* first and *Maland.* afterwards quickly removed all untoward symptoms and pains. There was slight suppurative fever, but *no smell*. Nose and forehead slightly pitted here and there.

Emil K., æt. 8, and vaccinated five years ago. This is the worst case that has come under my observation. He was taken sick on Monday, March 7th, with pains around the navel and backache, coupled with great weariness. [As the details of this case cover much space will only give a summary of it.—ED. RECORDER.]

Delirium for two days, which was controlled by *Stramon.* Eruptions followed. *Maland.*, and three days of comparative comfort. Sore throat gave way to *Bellad.*

Three days later the head is one blister; blister on right arm eight inches long by three wide and raised half an inch in the centre. Both heels capped with blisters.

Thursday.—Pustules commencing to dry, tongue, which had been deeply cracked and almost ulcerating, clean with only slight crack, but symptoms of synovitis, pleuritis, pericarditis, great oppression of chest, inability to move, dry brown lips, and great thirst now appeared and were controlled by *Bryonia.*

Maland. continued. Now in author's own words again:

Monday.—Slept well. Gave *Sulphur* to stop the itching, with hardly any effect. I did not visit him again until Saturday, when I was told that on Wednesday and Thursday preceding he had had a passage every fifteen minutes, smelling terribly foul, accompanied with great straining and mixed with clear blood and whitish pus. Had I been present then should have given *Mercurius.* On the day of my visit, however, the just narrated symptoms had disappeared and *run-a-rounds* had become developed around the nails of his fingers and toes, with no accompanying symptoms. I gave *Maland.*, which had a marked effect, and led me to infer that the symptoms following the exhibition of *Sulphur* would not have come on had I continued *Maland.* in lieu of *Sulphur.*

During the whole course of the disease there was *no smell to be perceived*, not even by lifting the bed covers and smelling close to the body of the patient; on the face he is slightly pitted; worse on the nose and centre of the forehead. On the arms are numerous pits, as also likewise on legs and feet. He had always been a sickly child, but now enjoys perfect health.

In conclusion, I wish to call attention to the fact that in no case which I treated with *Malandrinum* from the beginning was there any smell perceptible. *Malandrinum* must, then, have caused such changes in the character of the disease as may,

among other things, have deprived it of its infectiousness. To prove this, I took pus from one of my cases and smeared it into the eyes of a cat with no effect. From this one trial we can, however, draw no conclusion. I, therefore, propose further experiments of the same kind to those who should have the opportunity of using *Malandrinum* in small-pox.

* * *

Such are the papers of Dr. Rudolph Straube, with only slight condensation here and there. It looks as though Jenner had been on the edge of a great discovery when he—or was it some one else?—coupled grease in horses with cow-pox, and thence as a preventive against small-pox. The notion that the animal virus, wherein resides all the prophylactic and curative, powers, must first be passed through the system of another animal was his first error and the second was that which afflicts all his brethren of the “regular” persuasion, namely, too big doses and given in the wrong manner. If instead of taking the grease modified by the cow, and inserting it into the blood, he had used it unmodified, but potentized “grease” and given it by mouth, he would have achieved a success and there would to-day be no anti-vaccinationists.

To-day the vaccine farms, we believe, do not use the grease to produce their virus. In fact, no one knows what is used—not even the vaccine farmers themselves. Homœopaths, however, have in *Malandrinum* the true prophylactic against small-pox.

“I WANT to report a clinical experience with *Echinacea angustifolia*, so highly extolled. A baby, aged three months, from five or six weeks old was fed on Richardson’s and other milk foods. It has hiccough after eating and throws its food up soon after eating. Five weeks ago boils began to appear behind and above ear, with thick, yellow pus discharge. Body was now all covered with boils, the skin being fiery-red; child cross, better when carried. Gave a dose of *Chamomilla* 6x. No special results. Prescribed *Echinacea* 3x, four doses a day for four days, and succeeded in curing, with not a vestige of the boils left. This was the most notable experience I have had with *Echinacea*.”—P. S. Duff, M. D., in *Am. Hom.*, March 15.

EUPATORIUM.

A mistake was made in the table of Dr. C. M. Boger’s paper on Eupatorium published in the March number of the *RE-CORDER* in not dividing the two remedies *perfoliatum* and *purpureum*. It should have appeared as follows:

Eupatorium Perfoliatum.

THE PATIENT.	LOCALITY.	MODALITIES.	SYMPTOMS.
Depressed and anxious.	BONES and Muscles.	<i>General.</i> Agg. COLD; open air. <i>Uncovering.</i> Motion. Morning lying on left side. <i>Amel.</i> Indoors. <i>Pressure.</i> Night. <i>Special.</i> Agg. Motion. Odors, smell of.	BONES ACHE AS IF BROKEN, OR DISLOCATED. BRUISED SORENESS; IN MUSCLES; occiput; eyeballs; liver; bronchi; chest; back; loins; limbs; CALF OF LEG; feet, etc.; CAUSING RESTLESSNESS. Can't lie on left side. Bilious symptoms accompanying gout; sick headache; MALARIA, etc. BILIOUS VOMIT AND STOOL; VOMITING PRECEDED BY THIRST; retching. Nausea from the thought or smell of food; from the least motion. GREAT THIRST FOR COLD WATER OR ICE CREAM. INTERMITTENT FEVER, paroxysm in morning, THIRST PRECEDES AND CONTINUES THROUGH CHILL AND HEAT, but drinking chills him or causes NAUSEA AND BITTER VOMITING; BILIOUS VOMITING AT CLOSE OF CHILL; sweat generally absent or scanty, rarely profuse, relieving all symptoms except headache; uncovering aggravates the chill and chills him when sweating; throbbing headache, especially in occiput in all stages; severe chill with scanty sweat, or light chill with profuse sweat.
Sensitive to COLD.	FEVER.	Agg. Morning. <i>Uncovering.</i>	Coryza; catarrhal fevers; bronchitis, etc., WITH ACHING IN EVERY BONE. Cough, with soreness and heat, or scraping in bronchi; hurts head and chest, must hold chest when coughing; expectoration scanty or absent. Skin jaundiced; sweating profusely during coryza, rheumatism and vomiting, least uncovering chills him.
Compare Bry. Cham. CHIONANTH.	Mucous membranes and skin. MUSCLES and Bones.	Agg. Lying on back. Evening. <i>Uncovering.</i> <i>Amel.</i> Lying on face.	

Eupatorium Purpureum.

Depressed and dull, or nervous and hysterical.	URINARY TRACT.	<i>General.</i> Agg. COLD. <i>Motion.</i> Morning. <i>Special.</i> Agg. Standing. Taking cold. <i>Pressure</i> of uterus.	SORENESS ALL OVER, ESPECIALLY IN MUSCLES. ACHING IN BONES, mucous secretions increased. A left-sided remedy. Vertigo, as if falling to left. Pains moving upwards. Rheumatism, with urinary or intermittent symptoms. Great weariness accompanies the urinary symptoms. CYSTITIS, nephritis, dropsy, lithæmia, etc., all with aching pains in the bones. Soreness, aching and cutting in the bladder, with frequent evacuation which nevertheless leaves a sense of fullness behind; incontinence of urine in children; irritation of bladder from numerous causes; strangury. External genitals feel as if wet (illusory). Increased secretion of mucous from bladder.
Sensitive to cold.		Agg. Motion. Draft. <i>Uncovering.</i>	CHILL BEGINS IN LOWER DORSAL REGION AND RUNS UP BACK, OR SPREADS OVER BODY, with blue finger nails; uncovering or moving causes chilliness in all stages. Bones ache during the chill and heat, Apyrexia marked by urinary symptoms.
Compare Dulc.	Fever.		INTERMITTENCY, BONE ACHES AND URINARY SYMPTOMS is the combination characterising this remedy.

OUR MOTHERS AND BABIES.**What Shall We Do With Them?**

BY A. JEROME ROBBINS, M. D.

What shall we do with our mothers and babies this summer? Where will we send them? These questions occur to every physician in our cities, and many rural districts as well, in the South at this season of the year. The writer himself has been perplexed, when practicing in one of our largest cities, to answer these questions intelligently. The matters of diet, climate, competent physicians, suitable accommodations and entertainment are all to be considered. Fathers are interested in the proper answer to these questions, mothers are interested, children are interested, friends are interested, and the physician must be.

The usual reply made to such persons upon inquiry is, "Get out of the city," or "Go North," if it comes from the rural districts of the South. But the inquirer wants more than this. He must be advised where to go and why.

The seaside has proven not to be a good place for young children, as a rule. The humidity along with the low level is quite too enervating, to say nothing of the overcrowding and the consequent trouble in securing a first-class milk supply, which is so essential to the subjects of these remarks.

The mountains! Ah! here is the place. Fresh air in abundance, fresh milk of superior quality, fresh eggs and fried chickens.

But for those adults who are not robust and for infants the sudden changes are too severe. The day may be very hot, yet within thirty minutes the air is so cold that all the clothing that can be put on will not stop the chill, pneumonia, or cholera infantum that have already been ushered in.

I have never seen any statistics comparing the number of cases of cholera infantum in different regions, but, aside from the cities I believe that dread disease is more prevalent in our mountain climates than anywhere else.

Then we must turn to our rural districts, with their abundant supplies of everything that is good to eat. But the meagre accommodations, with an utter lack of entertainment and instruction, make these retreats, with few exceptions, not desirable, to

say nothing of delays in securing a physician in case one is needed.

Where then shall we turn? There seems nowhere that is safe and at the same time enjoyable.

Yes, there is *one place*, sought out by the writer for the benefit of his own wife and little one, which combines all the advantages of all the others, with none of the disadvantages of any of them. It is the region around the upper end of "Lake Chautauqua," in the famous "Western New York Dairy Region." This section hardly knows what summer is; has an altitude of from 1350 feet to 1500 feet above sea level, thus giving an abundance of fresh air without that sudden drop in temperature that a mountain region has.

The milk is the finest I have ever found on the market. The water supply in places as clear as crystal, and all around here far above the average in purity.

In this vicinity we have Mayville at the extreme head of the lake, with two railroads, electric lights, city water of the finest quality, and prospects of natural gas. Hartfield, a small village on one railroad; Point Chautauqua started as a second or rival Chautauqua, but now abandoned to a summer resort alone. Lighthouse Point, a new and coming favorite, half-way between Mayville and Chautauqua.

Then comes Chautauqua. Can I say aught of this already world-renowned place? In regard to its management, its objects, its varied fields of instruction, its platform lectures and concerts, its high moral tone, I can add nothing. There is only one Chautauqua. and that is Chautauqua.

But as a place for our mothers and babies, perhaps I can enlighten my brothers who have never been here, or who have come and only made a superficial observation. It is a quiet place, yet at the same time there is plenty going on. There are no street or railroad cars to run over children, the railroad stopping outside the gate. The water at the edge of the lake is shallow, making splendid wading without danger of drowning. The milk supplied here, if obtained from the stand, is, as all about here, above reproach. Accommodations here are reasonable when taken in connection with the season program.

This section also furnishes many beautiful drives to interesting points in natural scenery, such as caves, rocks almost mountain high, and canyons approaching in miniature the

beauties of the Rockies, and the lake is swarming with floating craft of every size and manner of propulsion.

As for physicians, we have allopathic, hydropathic, eclectic, and last, but not least, except in dose, ye homœopathic. Many come here and have minor ills and defects corrected who cannot when at home stop sufficiently long from their daily duties, or the functions of society, to have them corrected there.

Some major operations have been performed here also; but we have no desire to recommend this place as a hospital, or even a health resort. But taking everything as it is, I know of no place superior to this section in climate, food supply, and entertainment for our "Mothers and Babies."

Mayville and Chautauqua, N. Y.

CALCAREA PHOS. IN CHRONIC PLEURISY.

By J. Henry Hallock, M. D., Saranac Lake, N. Y.

Among the many cases who are recovering from tuberculosis in our mountains, also in those in whom the disease is completely arrested, there is great tendency towards chronic pleurisy.

There is usually little or no fever, and the pains will not be of the sharp character which accompany acute pleurisy, but more of a sore pain, "a hurt with every breath and cough." Usually worse at night, disturbing sleep.

These pains are brought on by sudden changes in the weather, damp weather; also by severe exercise.

Formerly I prescribed *Bryonia*, *Cantharis*, *Kali carb.*, *Rhus tox.*, but they were unsatisfactory, while *Calcarea phos.* nine times out of ten will remove the pain in a day or two, and in a large percentage effect a cure so that the pain will not return.

CASE.—John D., aged 39, male, came into the mountains three years before with an active, and quite advanced pulmonary tuberculosis. Mountain air, *Bacillinum* and *Phosphorus* had effected a cure, and he was in his former weight, strength and vigor. But with every damp spell of weather, or if he drove his horse which frequently pulled him, he would suffer for several days with a pain following the lower border of the ribs on his left side, or it would sometimes come about the lower or inner angle of the scapula.

The pain was severe upon breathing or moving, and would

frequently compel him to remain in bed for several days at a time.

The ordinary remedies did not reach his case, but *Calc phos.*, 4 doses 6x trit., cured him.

This was over one year ago,* and the only attack he has had since the prescription was a very light one. A week later this was quickly removed by three doses of same remedy and he has not felt a sign of the pain since.

THLASPI BURSA PASTORIS.

By Chas. E. Johnson, M. D., Sherman, Texas.

One month ago I prescribed this remedy, in the 2d centesimal potency, for a lady patient 48 years of age. Hysterical in the extreme. Always complaining, symptoms always changing; seemed delighted at the slightest chance to complain. Menses had always been regular until, recently, they became profuse, protracted, lasting twelve days. Uterine cramps, leucorrhœa profuse, constantly changing in appearance, but always acrid, inflaming all parts with which it came in contact. Urine rather scant, containing considerable quantities of brick-dust-looking sediment. All symptoms seemed better after one week, but most remarkable was a discharge of tapeworm during the second week, more than 80 feet passing. Should there be other interesting developments in this case I will report again.

FASTING TREATMENT.

By D. O. K. Strong, M. D.

I saw in the March RECORDER that Leonard Thress, of 2618 Frankford avenue, Philadelphia, has learned how to cure bad dyspepsia. (I will add many other serious troubles of the stomach may be similarly treated.)

I have prescribed the fasting for bad stomach troubles of any "name" for over forty years—and every patient recovered promptly, usually after two weeks' fasting. In a case of "cancer"—so said by two physicians who had attended her for four months till ready to die—I found her symptoms clearly indicated "cancer." She was very low and had lost much flesh. She promised to do as I requested. The nurse was ordered to give one teaspoonful out of a glass of water every hour, when the

patient was awake, in which I put one teaspoonful of *Hydrastis* θ . This was continued for fourteen days and she was very comfortable during the whole period. Became hungry the twelfth day, but ate nothing till the fourteenth day passed; then eating agreed and flesh returned and patient now weighs 200 pounds and is as well as ever to day.

I will now give you my first case, 41 years ago, to show about "fasting" somewhat. A case of peritonitis, dying, her attending physicians said, and just left the case as I came along and was called in—and seeing a large cake of ice—I felt master of my *position*. In less than one hour she was able to speak, and in less than two hours nothing of disease remained, yet I made another visit the next day. Further examination I found a tumor in the "colon" making the disturbances, and in a few weeks by its growth completely closed the bowel, no more escape of gas even. Anything swallowed, food or water, produced vomiting and extreme misery. I now advised her to give up eating and drinking and wait for death. After satisfying herself of that necessity she lay for forty-two days without food or water, very comfortable; at this time the bowel burst with a loud report and death followed. Post mortem showed diagnosis correct.

Not in this line of business; but will add that as long as "ice" is plentiful and fasting is cheap who should lose cases of appendicitis or peritonitis. I do not, and have been called a fool for saying "I can cure you" (by any other physician) when in consultation, but the patient did not lose his breath.

Will peritonitis or appendicitis bowels assimilate food or water even? Then, why give them?

Fishkill on-Hudson.

NUX VOMICA.

The following is an abstract of the papers and discussion of the Chicago Materia Medica Society, on this drug, at the meeting held February 14th:

Effects on the Nervous System.

Dr. McIntyer said I am not satisfied from recorded provings where the action of *Nux* begins or where it ends. In cases of poisoning from very large doses, the spinal cord seems to be the

point of primary attack, since severe tetanic spasms very quickly follow its ingestion. But where smaller doses were taken, the first symptoms were severe griping in the intestine. In former days, when there was nothing known of the Aurbach's plexuses, and it was believed that the vagus presided over peristalsis, these pains were attributed to this nerve, but we could never explain how we got this action without symptoms of irritation to other branches of this nerve. We now know that the vagus has nothing to do with this function; that the pains result from spasm, owing to the irritating action of the drug on Aurbach's plexuses of the sympathetic. It is unfortunate that our provers were not anatomists. The drug certainly acts on the posterior columns of the spinal cord, which might explain the sensitive skin, but could not explain the motor spasms. So it might make it plainer if we say it acts on the sensory portion of the cord, from which it could be reflected to the motor cells over the reflex arc in the cord. The cardiac symptoms may be reflex to the vagus or over the sympathetic cardio-accelerations. It is only possible to get accelerated action of the heart by irritating the latter nerves or paralyzing the former, either of which will break the balance, so to speak, and increase the heart's action. I am satisfied the brain symptoms are all reflex.

On January 31, 1900, at 6:45 A. M., I took about two grains of B. & T.'s 1x trituration of *Nux* on an empty stomach. At 11 A. M. felt dull, heavy feeling in head, almost an ache, all over head, most marked in parietal region.

At 12:15 P. M., hot feeling all over and through the head, with same dull aching.

February 1, took about four grains at 7 A. M. of the same preparation. No symptoms.

February 2 took about six grains at 7:15 A. M., on an empty stomach. At 12 M., slight pain extending from right eye over head to occiput and upper cervical region. 2 P. M., slight uneasiness in bowel as if for stool, which lasted till 6 P. M., when I had a movement of bowel, a stool, soft, passed with much straining, but no pain. At 8:15 P. M., diarrhœic stool, no pain, and about 10 P. M. another small stool, so I conclude from this, and provings by poisoning and otherwise, that in small doses the first effects are on the sympathetic, from which it produces its spinal symptoms reflexly, while in large doses it acts directly on the spinal cells.

Effect of *Nux Vomica* on the Kidneys.

Dr. J. D. Craig said : My studies for a number of years have not been so much in the direction of diseases of digestion as diseases resulting from faulty nutrition, of which digestive troubles are only part. I have given attention particularly to the influence of uric acid on the vital functions, and the thing that strikes me most in the symptoms of *Nux* is its close resemblance to the effect of uric acid in some directions.

This substance is not eliminated steadily, but has its ebb and flow. From 3 to 4 A. M. until 2 P. M. is the period when the largest amount will be found in the urine, and it is there when it is in excess, or the urea is deficient, that disturbances of the circulation will be greatest, and this is precisely the period when the aggravations of *Nux* are most apparent, so that the effect of both is quite similar.

Uric acid influences the vital functions much more than is imagined, and I am beginning to believe that many, if not quite all, drugs interfere with its elimination in some directions. Elimination is controlled by the nervous system, and when a drug produces irritation in one or more nerve centers there must be a corresponding disturbance in the locality influenced by them, and when elimination is checked it is uric acid that is retained, for the reason that this is the most difficult of all the acid products of metabolism to hold in solution.

Perhaps no organ or tissue is more influenced by faulty elimination of uric acid than the liver and, as a consequence, the digestive organs; and it is just here where *Nux* resembles it most, and where such faults will be rectified with that drug.

In regard to the question asked by Dr. McIntyer, it is an error to suppose that uric acid in the body results from defective oxidation, and that if fully oxidized the end product would be urea alone. Uric acid is an end product of proteid change just as urea is, and when they hold a relation to each other of 1 of uric acid to from 35 to 40 of urea the uric acid is perfectly soluble in the blood and is readily eliminated; but when from any cause, the urea is deficient or the uric acid is in excess it is thrown out of solution and disturbance of circulation follows.

As a further answer to the question where the excess of uric acid comes from, I would say that it comes from faults of eating and drinking. Flesh meat contains free uric acid, and tea,

coffee, and cocoa each contain xanthenes in large amounts. These are to be estimated as free uric acid, because the chemical formula of xanthesis are the same as uric acid, with the exception that 1 atom of oxygen is deficient, and this is easily furnished from the blood.

Dr. Duncan's Outline of *Nux*.

We have had a very interesting meeting, and I am sure that we all know more about the action of that great drug, *Nux*, than when we came. From Dr. Hœhn we have learned in his description of the *Nux* tree and bean and its chemical composition that the alkaloid *Borocine* affects the nerves of sensation more than *Strychnia*, hence we are wise in using the whole nut and not one of the alkaloids. The general action of *Nux* that I read only gives us a few outlines. The course of action was well traced out by Dr. Woodward. We, above all others, should know how *Nux* plows its way through the organs to bring out its many effects, signs and symptoms. Dr. McIntyer has traced its action upon the nervous system and brain. His meteoric effort was fine and I do not wonder you applauded. That is a *Nux* effect also I suppose. Dr. Morris has verified the respiratory effects of *Nux*. That severe case of asthma that had to sit up leaning on the table in front with the mental irritability (crossness) of that angry drug shines on its course and action of the cardiac action of *Nux* I gave you all. Dr. Pierson's analysis of the action of *Nux* upon the digestive organs and sexual system was valuable. (We missed Dr. Evans on the alimentary tract and Dr. King on the urinary organs). Dr. Craig led us into the causes of the red sand and muscular pains and weakness of *Nux* proving defective elimination. The illustration, cases by Drs. Philips, Mack, and others should be written out. The strictures of Dr. Replogle upon the too free use of *Strychnia* hypodermically even in homœopathic hospitals should be impressed upon the profession. We all agree that the paralytic effect of *Nux* renders it a dangerous stimulant if that is the purpose.

There are some points to be cleared up yet in the action of the great drug. Some expressions were used that seem to me inexact for a scientific society. Why use the term "reflex" when return or transmitted is supposed to be implied?

Yesterday I took *Nux* θ , 5 drops, at 9 and *Strychnia* 2x, 2

grains, at 5, to note the very first effect, especially on the heart and circulation. We will all agree with Dr. Woodward that we should know the course of action from the very first, else how can we know the similar conditions for which to use it? The first effect in my case was the bitter taste felt all the way to the stomach. Then came a shiver or shudder. Dr. McIntyer well says that all do not shiver at a bitter taste. Perhaps because my sympathetic system (sensory nerves) is well developed. The action of the heart was now slower. The course of action so far we should know. I will give you a new physiological fact that friction over the percordial region produces contraction, narrowing of the heart as shown by the X-ray. (This is called by Dr. Abrams, of San Francisco, "a heart reflex." He says: "If we irritate the skin of the thorax in the percordial region by vigorous rubbing with a blunt instrument a contraction of the myocardium is observed."*) That is not reflex, but a direct effect. Narrowing or contraction of the heart is the effect in both his cases and mine. How is it brought about? It may be transmitted to the posterior roots or sensory nerves of the spine, then conveyed to the anterior branch and lessen their action, so that the vagus will inhibit the heart and thus show and narrow it, or it may be produced by a general peripheral contraction and arrest the circulation temporarily. The bitter taste is conveyed to the vagus through the glosso-pharyngeal, with which it anastomoses. The pneumogastric distributes around the œsophagus (and to the heart, lungs and stomach), is affected by *Nux*. The action of all are shown up. The slowing of the heart slows the brain and must frighten it. This is apparent when a large or poisonous dose is taken.

The next effect is to accelerate the heart. The *modus operandi* of this I leave to the nerve men. The acceleration is not strong and sudden, but is gradual in a small dose. In a large dose it is tetanic. We should study, I think, the small dose as being most similar to ordinary disease expressions. The flow to the brain is increased (in the front brain if best developed, otherwise farther back); usually mentality is stimulated, and by and by the face is slightly flushed. This quickening of the circulation must be relieved. The respiration is rapid to increase oxidation, but venosity will come on in spite of profuse urination. The front brain becomes clouded because of lack of

* *Phil. Med. Jour.*, Jan. 6, 1900, p. 66.

oxygen, and hyperæmia comes on, and, I think, travels back and down the spine, manifesting its action at various points and chiefly at the lumbar region, giving the peculiar pelvic visceral symptoms (urinary, sexual and rectal) as well as those of the lower extremities. Paralysis takes place here first. This spinal hyperæmia may be lasting, and then we have great stimulation of the visceral organs. [A dog poisoned by strychnia that survives grows rapidly fat and finally decrepid.] The action on the heart is from three directions, (1) from flatulent indigestion crowding up on the heart; (2) increased venosity, producing both disturbed respiration and cardiac action, or (3) weakness and relaxations, so that the flabby heart rests heavily on the diaphragm, impeding both respiration and circulation. We may meet all these conditions in one patient.

The system itself goes through most of these changes normally in a day and a night. The sympathetic system is at its lowest ebb at 3 to 4 A. M. People with a feeble sympathetic system awake at that hour, when I fancy it is again reinforced by the cerebro-spinal system, and some people can go to sleep again while others cannot. *Nux* seems to emphasize the bodily functions, tiring them out, hence the early morning alarm of this drug which is felt most by the nervous or nervo-bilious people.

In Dr. McIntyer's proving you notice his diarrhœa did not appear until the evening of the second day. In my case it appeared on the morning of the next day (24 hours). We can believe that the impression of *Nux* can continue for days and perhaps weeks—as the books state.

SOME SINGLE-REMEDY PRESCRIPTIONS.

By Dr. A. W. K. Choudhury.

Ign. in a Case of Intermittent Fever.

Patient, an old Mahomedan widow, came to be treated to my dispensary the 12th November, 1899, when she had been suffering for about a fortnight with the following symptoms:

Type—Double tertian—one day less than the other. Severe.

Time—Afternoon, 2 P. M.

Prodromata—Stretching, yawning.

Chill—*With thirst*, slight, body hot, goose-skin.

Heat—Not severe, *no thirst*, gets up and walks about.

Sweat—No sweat.

Apyrexia—Complete; works as usual.

Bowels open daily once; *thread-worms*; urine not colored; appetite not good; *taste in mouth bitter*; eyes burning; sleep not good; spleen not enlarged; no pain under pressure on epigastrium and right hypochondrium.

She was given *Ignatia* 6, one dose. This restored her to health, and there was no need of repeating the medicine.

Why this medicine (*Ignatia*) was given in the present case is explained in the following lines: *Yawning* and *stretching for the prodromata*; *thirst in chill* and *not in heat*; there was sweat; *goose-skin in chill*; *apyrexia* was *complete*, enabling the patient to do her usual daily works; *threadworms*.

H. C. Allen, M. D., has in his work on *Intermittent Fevers*, while treating *Ignatia*: "The *Ignatia* patient is able to resume his occupation as soon as the paroxysm is over."

The above italicized words, and resuming her occupation as soon as the paroxysms were over, guided to the selection of the drug.

Nux Vom. in a Case of Intermittent Fever.

Patient T., aged about 14 years, came under medical care on the 12th of November, 1899, with the following history and symptoms:

Type—Tertian (?), most probably double tertian.

Time—1 P. M. 1st day of fever.

Time—6 P. M. 2d day of fever (last evening.)

Prodrome—Aching in legs.

Chill severe, *thirst*, headache, aching of limbs, inflammation of right cervical glands since after last evening, but inflammation diminished; could not lie on right side last night; body hot; chilliness whole night (last).

Heat—No separate heat.

Sweat—No sweat.

Apyrexia—Incomplete.

Bowels opened yesterday once; stool soft with not much bad smell; no threadworms; urine red with no burning in passing; *menses* for five days; heaviness of head; coryza and cough a fortnight before the commencement of the present illness; nasal discharge thick whitish; sputa thick whitish; taste in mouth

bitter; taste of sputa saltish; the nasal discharge excoriating the lining membrane in the left nostril, tongue yellowish posteriorly; pupils dilated; enlarged spleen; feels hungry; sleeplessness last night; pain and pressure on right hypochondrium.

Thus she was entered in my case-book. She came under treatment on the fourth day of her illness.

She was given *Nux vomica* 6, one dose the day I first saw her.

The next day found her without fever, having no paroxysm after the dose. As usual with me, I gave one dose more. She has been continuing under placebo, bowels moved daily and enlarged spleen gradually diminishing.

I may count her as one of my recovered cases (writing on the 19th inst.).

This is a case of menstrual fever, which finds a good remedy in *Nux vomica*. On several occasions previous to the present I have observed in her case that she had the fever with menses.

A Complicated Case of Intermittent Fever of Three Month's Duration.

Patient, Dulâl Bibi, Mahommedan by religion, aged about 26 years, came to dispensary November 11, 1899. The case runs as follows (as put down in my case-book):

Type—Quotidian.

Time—Afternoon, about 4 P. M.

Prodrome—Burning of eyes.

Chill—Severe, *no thirst*; goose-skin, alternating with heat compelling her to cover and uncover repeatedly; body hot; aching of joints of limbs.

Heat—*No thirst*, longer than chill; no aching of limbs.

Sweat—No sweat:

Apyrexia—Incomplete.

Bowels irregular, three mucous soft stools yesterday; alternate constipation and soft stool; thread worms, more with soft stools; bad smell with stools; urine red afternoon, with burning increased; burning during micturition always day and night.

Leucorrhœa before and after the beginning of the fever; discharge watery before and after menses; more when walking night as well as day; but these leucorrhœal symptoms grew worse about one and a half months back; burning during micturition after disappearance of the leucorrhœa, which had been suppressed by native drugs; now complaining only of burning

during micturition; smarting in the urethra always but more during micturition.

Used no medicine for the fever. Heaviness of head; rushing of blood in the head, with a sound of bellows, which she hears more when she lays her head on pillow. Palpitation of heart; sleep not good, with aggravations of other symptoms; taste in mouth insipid; appetite not good; gets up about fourteen times per night to pass water; involuntary discharge of water at night; pain under percussion on the hypogastrium, and she feels pain there in walking and in other movements; flatulent distension of abdomen, and eructations; heartburn; burning of soles of feet and palms of hands; heat from vertex; menses one or two days earlier; menstrual blood pale red, with occasional pale reddish clots, with bad smell; pain in the sacral region during menses; pain all over body and increase of feverish symptoms during menses; early morning hasty diarrhœa.

Mother of five children, of which three are dead, the last and the first are surviving.

Treatment: *Sulphur* 200, one dose. Milk and sago were given for diet. Bathing not allowed.

Nov. 12, '99. Got up only once last night to make water; no flatulent distension of abdomen; burning during urination about the same; sleep better last night; no eructation. *Placebo*.

November 14. Two thin stools last night; got up once to urinate; burning during micturition slightly less; no pain in hypogastrium; sleeps better; appetite good; no flatulent distension; no eructation; heaviness of head less. *Placebo*.

November 15. Going on well.

November 19. Appetite good; sleep good; does not get up at night to pass water; urine not colored; no more burning in micturition.

Result.—Recovery.

In writing this case, I do not give a case of a single remedy cure only, but a single dose cure. This was a case of intermittent fever of three months' duration, complicated with burning during micturition and pain in the hypogastrium felt during walking and other movements, sequences of her leucorrhœa which she had before and on the disappearance of which leucorrhœa the burning during micturition and pain in the hypogastrium came to play. The presence of the hypogastric pain and burning during micturition proves the spreading of the inflammation

upwards and its existence, though in modified form, in the pelvic cavity. *Sulphur* is a medicine which should be better known practically than it is at present. I would rather call it the first medicine, in respect of its usefulness, in the treatment of intermittent fevers. I can fill up the pages of any of our medical journals with many hundreds of cases (if not thousands) of intermittent fevers cured with *Sulphur* in my hands. I have yet to learn where *Sulphur* has no power to show. In the present case it has well shown its wonderful effect in the treatment of intermittent fever complicated, as above mentioned, with sequences of leucorrhœa. In the treatment of leucorrhœa I have, on good many occasions, seen *Sulphur* producing often a desirable effect.

Come, allopath and see !

Satkhira P. O., Calcutta, India.

ANNUAL MEETING OF NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

The 48th annual meeting of the New York State Homœopathic Medical Society met in the Common Council Chambers at Albany, February 13th, 1900. Although but forty-eight annual meetings have been held, yet this is the fiftieth anniversary since the organization of this society. As it is the Jubilee Year, it is the purpose of this society to celebrate in a befitting manner at the semi-annual meeting to be held in Brooklyn the 3d and 4th of October, 1900. It is the intention to have papers upon various subjects pertaining to homœopathic medicine and surgery; the same to be read not only by the well-known men of New York State, but by prominent men throughout the country.

The meeting was called to order by President J. W. Sheldon at 10:45 A. M. and opened by prayer by Rev. A. L. Love, of Albany, N. Y.

The secretary read an obituary notice of the late Dr. Charles E. Jones, of Albany, N. Y. A committee, consisting of Drs. F. Park Lewis, M. E. Graham and E. R. Fiske, was appointed to send a memorial to the mother of Dr. Jones. A short memorial service was held, in which Drs. Sheldon, LeSeur, Lewis and others made touching remarks concerning their personal relations with and high estimation of the late Dr. Jones.

The resignations of Drs. Alex. Hardlicka, New York; E. E. Leach, Mt. Morris, and F. A. Faust, Poughkeepsie, were received and accepted.

Dr. J. W. LeSeur, of Batavia, offered resolutions relative to the appointment of a commission which should have supervision over the plumbing and drainage of all the small cities and larger villages of the State for the purpose of affecting better sanitation. The matter was referred to Drs. W. B. Gifford, Attica; E. W. Bryan, Corning; D. H. Arthur, Gowando, and Dr. Birdsall for action.

Drs. D. E. Southwick, Ogdensburg; E. W. Bryan, Corning; S. H. Carrol, Albany, and Dr. Fiske, New York, were elected senior members.

Drs. W. B. Van Lennep, Philadelphia, Pa.; N. W. Emerson, Boston, Mass., and Geo. F. Shears, Chicago, Ill., were elected honorary members.

The regular program as arranged then followed:

BUREAU OF NEUROLOGY.

Dr. Daniel H. Arthur, Gowando, chairman, read a paper on "Tremors."

BUREAU OF CLINICAL MEDICINE.

Dr. Bryan, chairman.

Dr. J. W. LeSeur, Batavia, read a very interesting paper on "Absent Treatment."

The papers of Drs. Noble and Hilton on "Chronic Empyema" and "Silicea," respectively, were read by title.

BUREAU OF O. AND O.

Dr. Schenck, chairman, read a paper on "Symptomatology of Reflex Eye Troubles."

The paper was discussed by Drs. Charles Deady, John L. Moffat and J. W. Dowling.

Dr. J. I. Dowling, New York, read a paper on "Earache and its Possible Evils."

BUREAU OF GYNÆCOLOGY.

Dr. W. H. Proctor, chairman, absent.

Dr. DeWitt G. Wilcox, of Buffalo, took charge and read Dr. Proctor's paper, "Review of the Year on Gynæcology."

BUREAU OF OBSTETRICS.

Dr. W. L. M. Fiske in charge.

Two excellent papers read by Dr. Danforth, of New York: 1st, "Bellis Perennis in Obstetric Practice;" 2d, "A Case of Rupture of the Uterus."

Dr. Emily F. Swett, Medina, read a most practical paper on "Uterine Inertia."

Dr. W. S. Garnsey, Gloversville, reported an interesting case of "Mole Pregnancy."

BUREAU OF SURGERY.

Was called at 4:30 P. M. Dr. Newton M. Collins, Rochester, chairman.

The following papers were read:

"Some Suggestions on the Early Diagnosis and Treatment of Diseases of the Lower Bowel," by Dr. E. G. Tuttle.

"The Bottini Fredenburg Prostatic Galvanic Cauterizer," by Dr. B. G. Carleton.

"The Early Recognition and Prompt Treatment of Gonorrhœal Salpingitis," by Dr. DeWitt G. Wilcox.

"Carbolic Acid in the Treatment of Tetanus," by Dr. B. W. Sherwood.

"Intussusception in an Infant Thirteen Months Old. Spontaneous Recovery. Later, Intestinal Obstruction, Excision of Stricture. Circular Enterorrhapy, Recovery," by Dr. Horace G. Packard, of Boston, Mass.

BUREAU OF LARYNGOLOGY AND RHINOLOGY.

Dr. Fred. D. Lewis, in charge, read a paper on "Sprays."

The evening session was called to order by the vice president, Dr. E. Gorham.

BUREAU OF NEUROLOGY.

Again opened with an interesting paper, written by Dr. Spencer Kinney and read by the secretary.

Then followed President J. W. Sheldon's very excellent annual address, embodying a resume of the work accomplished by the State Society during its lifetime.

BUREAU OF PUBLIC HEALTH.

Opened at 9 P. M.

Dr. LeSeur, chairman, gave a verbal address upon matters of vital interest pertaining to the health of the public.

Dr. W. L. Hartman spoke upon the subject of "Contagion in Syphilis."

- Dr. DeWitt G. Wilcox, "Constitutional Effects of Syphilis."
Dr. B. G. Carleton, "Treatment of Syphilis."
Dr. J. W. Candee, "Should Syphilis be Quarantined?"
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Wednesday Morning, 10:55.

BUREAU OF MATERIA MEDICA.

Gordon W. White, chairman.

This was an experience meeting, wherein each member present was expected to give some brief verification of our *Materia Medica*. This proved a very interesting and successful session, remarks being made by some of our most able subscribers, such as Drs. G. G. Shelton, William Morris Butler, Park Lewis, Love, J. L. Moffat, Geo. E. Gorham and J. W. Candee.

A very interesting paper, written by Dr. Martin Deschere, of New York, upon "The Verification of *Calcarea carb.*," was unfortunately for the society read only by title.

Dr. Shelton, of the Monument Committee, then made a report showing some of the work which has been done in behalf of the monument, and of the necessity of immediately obtaining the balance of the subscriptions necessary to set up the monument. He reported that the monument was now finished, was in storage in New York, that Congress had donated a site in Washington Park, together with an appropriation of \$4,000.00, to erect the base, and it only remained for the homœopathic physicians of this country to raise the necessary funds to see the statue of the founder of our Homœopathic *Materia Medica* set up at our National Capitol. He suggested that a certain day be set aside in which every homœopathic physician of New York State should devote the earnings of that day to this fund. A motion to that effect was carried, the matter being placed in the hands of Dr. Shelton to be carried out as outlined. The society then voted to appropriate \$250.00 of its funds to the monument fund. A subscription was also taken up from the members present, which resulted in a sum total of \$1,150.00 for this most worthy object. Dr. Shelton, together with the secretary of the State Society, will make a thorough canvass of the State, probably setting aside Hahnemann's birthday as the date upon which the earnings of one day shall be given to the Monument Committee.

The election of officers resulted in the selection of: Dr. William Morris Butler, Brooklyn, N. Y., president; Dr. Edward W.

Bryan, Corning, N. Y., first vice president; Dr. Lynn A. Martin, Binghamton, N. Y., second vice president; Dr. Emily F. Swett, Medina, N. Y., third vice president; Dr. DeWitt G. Wilcox, Buffalo, N. Y., secretary; Dr. Charles Deady, New York, N. Y., treasurer; Dr. Frederick E. Wadham, Albany, N. Y., counsel.

The Committee on Nomination for State Medical Examiners consists of Drs. E. H. Porter, G. G. Shelton and R. B. Howland.

The following names were selected to be sent to the Board of Regents, from which should be chosen the medical examiners: Dr. Asa S. Couch, Fredonia, N. Y.; Dr. J. W. Candee, Syracuse, N. Y.; Dr. J. M. Lee, Rochester, N. Y.; Dr. F. E. Doughty, New York, N. Y.

The following were elected new members: Dr. C. G. Capron, Utica, N. Y.; Dr. Walter S. Mills, New York, N. Y.; Dr. E. A. Gayde, Utica, N. Y.; Dr. A. R. Grant, Utica, N. Y.; Dr. Phoebe J. B. Wait, New York, N. Y.; Dr. R. C. Woodman, Middletown, N. Y.; Dr. H. D. Cochrane, Watertown, N. Y.; Dr. J. I. Dowling, Albany, N. Y.; Dr. Justus G. Wright, Brooklyn, N. Y.

THAT SAME OLD SPIRIT.

The following editorial is from the March number of the *North American Journal of Homœopathy*, and is respectfully submitted to those graduates from homœopathic colleges who are eager to drop the "sectarian" name. Much good it would do them!

The Brooklyn Hospital.

The controversy over the disposition to be made of the Brooklyn Homœopathic Hospital, now raging in the daily press, affords, once more, a most striking illustration of the practically unchanged attitude of the allopathic school towards Homœopathy. The facts briefly are—that the city determined to take entire charge of its sick poor; that the trustees of the Homœopathic Hospital offered the city an institution of wide reputation and usefulness, costing over \$150,000, on the sole conditions that the city assumed a debt of about \$60,000, and agreed to continue and maintain the institution as a homœopathic hospital.

No other hospital being available, the Commissioners of Char-

ities approved the offer, and an enabling act is pending in the Legislature. Before this, however, the homœopathic physicians and surgeons had been refused representation in the Kings County Hospital, which is controlled and managed by allopaths and supported by the city.

The homœopathic profession, therefore, denied representation in any public hospital controlled by the allopaths, although taxed to support these sectarian institutions, in order to protect the great interests of the school, to insure the continued and careful training of medical men as well as of nurses, and to afford those who desired homœopathic treatment the care they wished, and had a right to demand, offered to the city a splendid hospital which they had labored for years to build up, and asked simply in return that they should have the same privileges there that the allopaths enjoyed in other hospitals supported also by the city. This would not seem to be a very monstrous proposition. In fact it is so fair and just that opposition to it by decent men could not be expected. But there are decent men and other men, and then there is Raymond. If the newspaper reports are to be credited, Dr. Raymond has achieved the petty notoriety for which he apparently craved. His opposition to the McCarren bill is purely partisan, without one single glimmer of fairness or decency. One is reminded when looking over his labored argument that there are varieties in vulgarity, and it may be added in bigotry. A man who deliberately fails to entertain with thankful hospitality the splendid opportunity to illustrate the lessening of partisan bitterness may not be forgiven. And in such a case then to be coarse, then to be maliciously unfair, then to misrepresent, argues a vulgarity so gross and a prejudice so ignorant as to excite pity.

His argument is that since homœopathic physicians are quacks, and Homœopathy is a delusion, and that he knows nothing about it, and therefore does not believe in it, no sectarian homœopathic hospital must be supported by the city. That sectarian allopathic hospitals are so supported does not trouble him. It is the old argument, the old spirit, the old attitude of intolerance. It shows the folly of dropping the distinctive name without first obtaining a full recognition of our rights and privileges as a school and as individual practitioners. In presenting the homœopathic side of the controversy to the readers of the *Eagle* in a manner so clear, convincing and dispassionate,

Dr. W. S. Searle has done a distinct service to the school, and is entitled to the thanks of his confreres; his letter, with that of Dr. Jeffries, leaving little more to say.

MEDICAL CHESTNUTS.

Haven't you read from time to time in the medical and lay press set stereotyped expressions until good nature was on the point of going to the bad? And haven't your patients bored you with statements so ridiculous that nothing but diplomacy restrained you from saying what was uppermost in your mind? Here are some samples that have forced themselves into prominence:

"Medical Journal"—Journal means a daily newspaper.

"A silver plate" is said to be worn by herds of individuals who simply had a scalp wound sewed.

Mr. A. had a charge of buckshot pass through his lung and his friends inform us that the doctor "pulled a silk handkerchief clean through the wound." What a calamity it would have been if it had been linen or cotton or clean, or even if it had been iodoform gauze!

You have all heard of wombs, kidneys, eyeballs, etc., being taken clean out, scraped and put back again, after which they continued to do normal duty. We have even heard of the doctor's having taken out his heart and returning it, thereby saving his life.

You have all treated the patient who says: "I bin to all the doctors—I spent a fortune on medison." Salary, \$1.50 per day when not too sick or too strong to carry the hod.

Here is a good one: "I had piles 15 years. I used Nincumpoop's pile salve and it cured me in three days."

When you write a medical article call it "A Plea" for something or other. Then make some statement of doubtful value and state "this is a truth." It is a chestnut, but it closes the debate. We are thinking of writing "A Plea for the Early Diagnosis of Labor, this is not a truth."

"Good Doctor." This chestnut may be found in some article in most any medical periodical. The writer will report the case describing some sign of symptom and state that such patients should be treated by "some good doctor." How modest and unassuming! We are willing to admit that it might have been better in the first place had the patient employed a good doctor.—*Regular Medical Visitor.*

A CONTRIBUTION

To the Homœopathic Use and Effect of *Mercurius dulcis*
and *Arsenicum jodatum*.

By Dr. Sigismund Edelheid in Sanok.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Z. f. Hom.*, February, 1900.

I have several times in allopathic journals directed attention to the success obtained by me in treating chronic tuberculosis and acute, subacute and chronic, catarrhal and feverish pneumonia. I called this, my, treatment the combined *Calomel* treatment, because calomel was combined with *Benzoic acid*, *i. e.*, they were given to the patients in alternation. The doses I called subdiuretic, *i. e.*, smaller than those which cause a more abundant secretion of urine; thus they were homœopathic doses.

Latterly I have also used in my treatment of pulmonary tuberculosis *Arsenicum jodatum*, allowing it to follow after my treatment with *Calomel*, and giving it also in homœopathic doses.

I wish here to report my experience lately with several patients and consider this method from the standpoint of Homœopathy. The point involved is the confirmation of the law of similars and the principle of minimal doses.

The law of similars has become more manifest to me from year to year, as I became convinced that sharp drugs in general, *i. e.*, those which show a violent action when given in large doses, called forth exactly those symptoms which we can most effectively combat with small and minimal doses! If I give much *Calomel*, and this is excreted from the body with difficulty, then we see appear: ulcers in the mouth and in the laryngeal region, glandular swellings in proximity of the ulcers, dyspepsia and pains in the abdomen, cough, and so great a debility that the patient who has been so unfortunate as to experience this effect of *Calomel*, will vow, that if he should ever recover his health he will never again submit to such a treatment.

Now we find that ulcers and glandular swellings, originating in impure blood, whether with adults or with sucklings, when they receive minimal doses of *Calomel* will disappear, and the general health will return with the former natural appearance.

The cause of this is, that the *Calomel* in the stomach and the bowels, passing into a soluble combination, rapidly penetrates into the cells of the various organs, irritates them and destroys the weaker cells. Now the patient who calls in the aid of the physician naturally has many cells in his organism which have become enfeebled and in part incapacitated for their work. Now if a large quantity of *Calomel* enters the cells of the human body, then first of all the cells already incapacitated for their functions are still more destroyed than the cells weakened through a bad mixture of blood and through a congestion of blood are also destroyed, and the healthy or approximately healthy cells are so much incited to cast out the injurious material out of the body that also these in view of the multitude of these morbid masses must grow paralyzed; thence come the great lassitude, the swelling of the glands, the ulcers and the *suddenly arising anæmia*.

It is just as if a beast of burden were driven along in spite of its weariness. It will pant, collapse and remain lying down until its organs, or its cells, have in rest so far recovered owing to the circulating blood that they can again take up their work. But what remains behind as a memorial? It has in a less or greater degree lost its former strength. So also it is with man. There is no greater mistake with the modern physicians than that they are unwilling to hear of the efficacy of small and of minimal doses, and this merely because they never heard of it in their school and because they are in general prejudiced against everything styling itself homœopathic.

And yet there are at times mishaps among the cases treated with large doses, in which an honest man has to say: If the doctor feels bound to use large doses of violent medicines to combat severe symptoms, he ought at least to allow those patients to whom he cannot give any hope of recovery the liberty to die or to recover without them!

For it is certain that many a farmer in the country gets over a severe case of pneumonia because he does not take any large doses of violently acting medicines. We may also grant, indeed, that such farmers frequently die from the lack of a proper medical treatment.

That large doses may injure rather than assist, we can learn daily from the fact that even nourishment taken in too large a quantity will sooner injure the stomach than when taken in

smaller quantity. How much more important is it to carefully consider the dose where we have to deal with a substance like *Mercury*, *Iodine*, etc., which enters into reciprocal action with the individual cells, while it is a new substance, foreign to the body.

And now I shall proceed to the discussion of several cases:

I. In the course of this summer Mrs. K. F., a lady of 25 years, and the mother of two children, whom she had nursed, came under my care. When she came under my treatment she had been sick for six months, and had been treated by physicians altogether ignorant of homœopathic principles.

She presented the following symptoms: Great emaciation, lack of appetite, a coated tongue, a quickened action of the heart and of respiration, chilliness, fever, a temperature of between 101.5° and 102.5° . There was a local dulness in the apices, more on the left side than on the right; catarrhal rattle in both the lobes, cough with tough mucous expectoration, at times discolored with blood; the respiratory noises were coarse, in places quite bronchial. She had several times been afflicted with violent coughing up of blood—a hemorrhage—which was checked by the doctors who treated her. From this description any one may see that her case was very serious.

The patient herself said to me: I have taken so much medicine at the advice of two physicians, and yet I am getting worse day by day. If I could only be saved!

I honestly confess, and this without ambition or a desire to boast, but with a clear conscience: I did not think that the lady could recover. She was too much emaciated, was feverish and chilly, had too violent and extended a rattle, tough expectoration and a wretched expression. The only circumstance which showed me a possibility of her recovery was that the rattle was not metallic and *not so very sticky*—for these two symptoms are ominous.

The patient was given 0.2 decigrammes of *Calomel* in the course of only ten days, so that the daily dose was about 0.02 centigrammes and the single doses about 0.005 milligrammes. Then came *Arsenicum jodatum*, of which she received 0.02 centigrammes in the course of thirty days. The daily dose was about 0.0007 tenths of a milligramme, the single doses about 0.0002 tenths of a milligramme.

Running parallel with these medicines, she was given 0.7

decigrammes of *Ferrum sesquichloratum* in fifteen days on account of her proneness to hemorrhage.

Homœopathically the prescription would read: 20 grammes of the second trituration of *Mercurius dulcis* to be used in 10-12 days; 20 grammes of *Arsenicum iodatum* III. trituration to be used in 30 days; a watery solution of *Ferrum sesquichloratum*, first dilution, every day about 5 drops in sugar water, about half a tumblerful, to be sipped. The improvement was at first subjective, for the woman felt better; objectively I could not observe before the second week of the treatment that the fever was diminished, being only 98.8 to 99.3; the expression improved, the rattle was no more sticky, nor with as large bubbles, nor as moist. In the apices the respiratory murmur was clearer, the expansion of the thorax was effected more easily, the paleness had much diminished, the expectoration was less, and less tough and frequent. The appetite had considerably increased.

During these thirty days I advised my patient to sit much in the open air, to respire pure air, and to rub the upper part of her body every twelve hours with spirits of pine leaves which I had made myself.

Several times during this period I had to give her *Codein* on account of the cough which tormented her. This cough is best combated with five drops of the first dilution or a larger quantity of a higher dilution. This treatment is of course an antagonistic combating of the symptoms, but *we must attack the symptoms of the disease in another way than we attack the disease itself*. The troublesome symptoms, viz., the pain caused by the tendency to cough, which is caused *through the irritation of the nerves during the gliding movement of the mucous, must be combated in the same way, whether we are homœopaths or allopaths*; just as in either school poisoning by means of an acid will be combated by means of an alkaline fluid, in order to form an innocuous combination. It is otherwise with the disease itself, consisting of disintegrated cells, the corrupt blood, the pus with the little fungi in the disintegrated tissues, the fever, the anæmia and the swelling of the glands.

The homœopath gives small doses in every case, and in treating a disease he follows the law of similars; the allopath does not use these means, thinking that they will not be of any use if given in doses too minute and that the right time for action would thus pass by. But the homœopathic curative principle of itself requires small and minimal doses.

What, then, became of this lady, who before had been treated with heavy doses of *Creosotal*, strong infusions and decoction of *Ipecacuanha*, etc.?

She was so far restored by the treatment which prescribed altogether 0.2 decigrammes of *Calomel*, 0.02 centigrammes of *Arsenicum jodatam*, 0.7 decigrammes of *Ferrum sesquichloratum* that in spite of my representation that it was still necessary for her to be carefully observed and after a pause of one or two months to repeat the same treatment, though less in extent, she believes that she does not need any further treatment. *She is well and attends to her household duties* without any trouble.

II. A second case is just as instructive. It was also treated in the summer of 1899, and is also to be considered a difficult case. This was a Mr. J. Ch., 41 years old, with an extended scattered catarrh of the lungs and decided dullness on the right side, just opposite to the left side. He also had been, for a long time before coming under my care, under strictly allopathic treatment. Under my prescription he took altogether 0.2 decigrammes of *Calomel* and 0.01 centigrammes of *Arsenicum jodatam* and recovered.

If it is desired to have a full report of the cases of improvement and of recovery of the earlier series of difficult cases, I may add that all my patients who had not the so called "galloping consumption," accompanied with a permanently high fever or high intermittent fever, but who showed a plainly developed chronic tuberculosis, with the ability of taking exercise in good weather in the open air, were treated with success. After taking a rest of from 3 to 4 to 8 weeks under the treatment described above, they were able to again follow their usual occupations in agriculture, mechanics, or as merchants; they were, of course, obliged to take their regular night's rest, a hygienic diet, exercise in the open air, and particular care of their chest, rubbing it regularly with spirits of pine-needles.

Of these cases, I would specially mention the case of a boy who at this day is 14 years old. In his fifth year he had passed through what is called Pott's Disease, viz., tuberculous softening of the lower cervical and upper dorsal vertebræ with a chronic malformation, a hunchback remaining as a result. His mother died later on of pulmonary consumption. From this we might conclude that possibly, or rather very probably, the softening of the bones may have been due to a tuberculous consti-

tution. In the seventh year he passed through measles, and as an accompaniment a chronic pulmonary catarrh with rough respiratory murmur, accelerated respiration, cough with tough expectoration and increase of temperature every evening. My older colleague who was consulted, as well as I myself, considered the case as serious, and even very serious.

In view of the heredity and the very unfavorable prognosis of my colleague, the father of the child determined to agree to the treatment with *Calomel* in homœopathic doses, which I had proposed. The daily dose was between 0.008 milligrammes to 0.04 centigrammes, increasing gradually to the highest daily dose of 4 centigrammes, gradually decreasing again to 0.008 milligrammes.

In the course of a month the boy received about 0.6 decigrammes of *Calomel*. The result was beyond our expectations. The fever gradually disappeared, the cough was much improved, until finally the pulmonary catarrh and the cough entirely disappeared. A subsequent treatment with *Carbonate of iron* and *Phosphate of lime*, also in quite minimal doses, restored him so far that he could be sent to mineral springs containing chloride of sodium with iodine. That the homœopathic treatment with calomel really secured a better constitution of the blood and in connection with this an increased bodily power of resistance, is proved by the fact that the boy returned from these springs containing iodine and salt, after using them for four weeks, healthy in appearance, but with a loss of weight of three pounds. It is well known that the iodine salts especially act in the direction of absorbing morbid exudations and in this way strengthen the osseous system. So long, indeed, as there is pulmonary catarrh with fever and purulent mucus in the lungs these springs, indeed, also perform their use; but they so much weaken the body that it does not increase in its power of resistance, but this is diminished and the body, instead of undergoing repair, hastens to dissolution. This shows that in this boy the homœopathic treatment with calomel, by its peculiar cumulative action upon the cells of the blood and of the tissues, so far aroused the healthy tissues and the blood-cells that these entirely destroyed and excreted the masses of cells which had passed over into morbid mucus and pus, and were permeated with tuberculous fungi and other lower fungoid organisms (bacteria, cocci, etc.). Only now could the blood take up iron

and phosphate of lime, because the blood could now proceed to strengthen the weakened tissues which had now been largely delivered from their diseased burden. It could then take up as much of the iron and phosphorous as it was able to work up in the tissues; the rest would be excreted, but as the doses given were small, the useless residue would not be extensive, while in allopathic doses the larger part of the iron taken passes off unused in the excrement. Since the boy had passed before this through softening of the bones, it might be assumed that the salt springs would stimulate the circulation in the internal membranes and would more completely excrete the noxious substances remaining in the close-knit meshes of the bones and even in the lungs.

BOOK NOTICES.

Skin Diseases. Their Description, Etiology, Diagnosis and Treatment, According to the Law of Similars. By M. E. Douglass, M. D., Lecturer on Dermatology in the Southern Homœopathic Medical College, Baltimore, Md. Illustrated. 467 pages. Cloth, \$3.50; by mail, \$3.65. Philadelphia: Boericke & Tafel. 1900.

“The author has been prompted to prepare this work by a conviction of the existence of an urgent demand for a work on dermatology in our school of medicine which should embody the advances recently made and set forth the distinctive character of our therapeutics in a rational and practical manner.”

“The work has been written in the first instance with the view of meeting the wants of the homœopathic practitioner in his daily dealings with diseases of the skin; at the same time the needs of the medical student in preparing for his examinations have been kept constantly in mind.”

“The author has endeavored to present his subject in the most practical manner and with the fewest possible words consistent with an intelligible presentation of the same.”

The foregoing is from the preface of the work under review and all must admit that Dr. Douglass has accomplished what he set out to do in a most satisfactory manner. The book is divided into 21 chapters and they cover all the technical field of dermatology, besides giving very full homœopathic therapeutics

and, also, the external applications that are sanctioned by dermatologists. The descriptions of the diseases are very terse, yet at the same time very clear, and they are backed up by nine colored plates illustrating the most prevalent forms of skin diseases. The book ought to command a large sale, for there has been no new homœopathic work on the subject for many years and this one is full, complete and up-to-date.

The International Text-Book of Surgery. By British and American Authors. Edited by J. Collins Warren, M. D., LL. D., Harvard Medical School, and A. Pearce Gould, M. S., F. R. C. S., London. Volume II. Regional Surgery. With 471 Illustrations in the Text, and 8 Full-Page Plates in Colors. 1,072 pages. Cloth, \$5.00. Half morocco, \$6.00. Philadelphia: W. B. Saunders. 1900.

Mr. Saunders is certainly giving the surgeons of the world no cause for complaint of neglect of their profession, having added to his already large list the two volume International. No one but an expert could write an adequate review of such a work, so we content ourselves with the mere notice of its publication—illustrations and mechanical parts first class.

Surgical Pathology and Therapeutics. By John Collins Warren, M. D., LL. D., Professor of Surgery in Harvard University. Surgeon to the Massachusetts General Hospital. Illustrated. Second Edition. With an appendix containing an enumeration of the scientific aids to surgical diagnosis, together with a series of sections on Regional bacteriology. 873 pages. Cloth, \$5.00. Half Morocco, \$6.00. Philadelphia: W. B. Saunders. 1900.

The illustrations in this work, one hundred and thirty-five in number, and nearly all colored, are remarkably fine, as are also four full page colored plates. The author's name guarantees the surgical features of the book.

Diseases of the Nose and Throat. By J. Price Brown, M. B., L. R. C. P. E., Member of the College of Physicians and Surgeons of Ontario. Laryngologist to the Toronto Western Hospital. Laryngologist to the Protestant Orphans' Home.

Fellow of the American Laryngological, Rhinological and Otological Society. Member of the British Medical Association, the Pan-American Medical Congress, the Canadian Medical Association, the Ontario Medical Association, etc., etc. Illustrated with 159 Engravings, including 6 Full-Page Color-Plates and 9 Color-cuts in the text, many of them original. $6\frac{1}{4} \times 9\frac{1}{4}$ inches. Pages xvi-470. Extra Cloth, \$3.50 net. The F. A. Davis Co., Publishers, 1914-16 Cherry street, Philadelphia.

This seems to be a very excellent, well written and clearly expressed treatise on the diseases of nose and throat. The author was for twenty years a general practitioner, and for the past ten years has confined his attention to the diseases treated in this book. It will be of especial use to the profession in general when consulted on such cases.

Elements of Clinical Bacteriology for Physicians and Students. By Dr. Ernst Levy, Professor in the University of Strausburg, *i. e.*, and Dr. Felix Klemperer, Private Docent in the University of Strausburg, *i. e.* Second Enlarged and Revised. Authorized Translation by Augustus A. Eshner, M. D., Professor of Clinical Medicine in the Philadelphia Polyclinic, etc. 441 pages. Cloth, \$2.50. Philadelphia: W. B. Saunders: 1900.

If any one wants the latest on bacteriology here it is, though whether the study is worth the time bestowed on it is a very wide open question. The authors say that cholera infection always takes place by way of the mouth, and is caused by the coma-bacilli; yet they note the *fact* that in 1892-'93 Berlin and Paris escaped, though their water supply was known to be infected with the coma-bacilli. They might have added that Pettenkoffer and his followers at that time voluntarily swallowed several millions of the bacilli with no effect. Still, if asked the cause of Asiatic cholera, you must answer coma-bacilla, else you cannot pass the examining boards.

Saunders' Question Compend Essentials of Surgery, together with a full description of the Handkerchief and Roller Bandage. Arranged in the Form of Questions and Answers Prepared Especially for Students of Medicine. By Edward

Martin, A. M., M. D., Clinical Professor of Genito-Urinary Diseases in the University of Pennsylvania. Illustrated. 7th Edition, Revised and Enlarged. With an appendix containing full directions and prescriptions for the preparation of the various materials used in antiseptic surgery. Also several hundred recipes covering medical treatment of surgical affections. 342 pages. Cloth, \$1.00. Philadelphia: W. B. Saunders. 1900.

This, as will be seen from title, is the seventh edition.

“**Science and Homœopathy.**” By Frank P. Webster, M. D. Norfolk, Va.

Such is the title of a very handsomely printed pamphlet of 40 pages and paper cover. It is a well written treatise aiming to convince ye “regular” of his wrong attitude towards Homœopathy. We have often wondered whether this is good policy? The homœopath has all the “regular” has in all departments of medical science, plus the power of *curing* diseases that are curable by medicine, and, also, the friendship and support of the better classes of the people. If the “regular” comes, welcome him; if he comes not, let him gang his ain gait—no loss to the homœopathic practitioner. Certainly if the old school man is open to conviction Dr. Webster’s pamphlet will set him to thinking.

OUR estimable and scholarly contemporary, *The New England Medical Gazette*, in its March number, rather shakes its head at three of our most popular homœopathic writers, Dewey, H. C. Allen and Nash.

Dewey comes first, and the book is the third edition of his *Essentials of Homœopathic Materia Medica*. After several minor complaints our *Gazette* friend registers the regret that Dewey has given Hahnemann’s own directions for preparing the medicines which he, and his followers, proved. This may be an error on Dewey’s part, but still there are not a few who hold that when a man has proved a drug, and physicians prescribe it on his provings, students should be taught how to prepare that drug in accordance with the prover’s explicit directions. Sentiment may have no place in science, yet, unless Hahnemann is to be relegated to the “dust heap,” some men sentimentally think

that the students of Homœopathy should at least have a chance to learn what he taught concerning drugs and their preparation and prescription. Dewey in this third edition took particular pains to discover how each drug was prepared when proved, and by many this is regarded as a particularly good feature. When the student becomes an M. D. he can use his own judgment in the matter if he wants to prepare his own drugs.

Allen, with the second edition of his *Keynotes*, comes next. Feeling a little shaky as to our ability to grasp the *Gazette's* meaning we give the notice entire:

This handbook is designed for the student of *Materia Medica*. It takes up only the leading symptoms of the different remedies, pegs, as it were, upon which to hang the fuller symptomatology of the larger and more complete works. Its object is to serve as a guide to the student and practitioner. As a repertory it is of little value, for it lacks a clinical index.

The critic might have added, and we would have said "Amen" most heartily to it, "as a novel it is a flat failure."

Nash's *Leaders in Typhoid* comes in for this: "The reviewer does not wish to criticise this book favorably or otherwise, but believes that these quotations will enable the reader to draw his own conclusions." The first quotation is one to the effect that under true homœopathic treatment no hemorrhages will occur, and if they do "we may blame ourselves and not our system;" this is termed "remarkable," as, also, is the one that if the prodromic stage is rightly treated "very few cases need go on to a course of fever." All that may be "remarkable," but it seems to have been the author's experience. "Dried apple water is a beautiful beverage," is quoted as something from which the reader is to draw conclusions, and the advice to abstain from too early sexual intercourse "it has proved fatal," is said by the critic to be "original." It may be, but is it not fact? The following we quote in full:

Dr. Nash mentions some exceptional remedies useful at times in typhoid fever. One evening in consultation he prescribed, by telephone, *Cina*. The reply was, "Why, damn it, this is typhoid, not a case of worms." *Cina* was used and the patient made a remarkable recovery.

Perhaps our esteemed *Gazette* is quoting this approvingly? *Quien sabe*. At any rate we have read that part of the book with especial interest, and amusement, because it illustrates a great point in Homœopathy. The doctor at the other end of the wire who, unlike the commander and crew of H. M. S. Pinafore,

uses the big, big D., could not see the connection between *Cina* and "typhoid;" though he could between it and "worms;" *Cina* was not in the text-books as a remedy for 'typhoid,' hence his lapse into vigorous Anglo-Saxon. The author of the book looked beyond "typhoid" to the patient, and saw *Cina* writ large on him, and prescribed it, even though the text-books on typhoid sanction it not; and the critic seemingly sides with the latter, though it may be he is objecting to that swear word, which, of course, was very wrong.

We are not complaining that the *Gazette* spoke out concerning these books; quite the contrary, for it is the duty reviewers owe their readers to say what they think of that brought before their courts for judgment.

CLEVELAND, O., March 5, 1900.

BOERICKE & TAFEL, Philadelphia.

Dear Sirs:—I believe that I have never acknowledged the copy of "Nash's" *Leaders in Homœopathic Therapeutics* which you sent to me last December.

I now wish to acknowledge the receipt of the book, as well as to give my hearty endorsement of it. I have recommended it to the freshmen and junior classes, to which I lecture, as a genuine homœopathic work, and worthy of imitation by every student. I feel that I cannot say too much in favor of it, and I am certain that not a few students have taken my advice and purchased a copy. Every student beginning the study of medicine should have the book.

I feel so much interested in that kind of Homœopathy that I wish every teacher could be induced to recommend it to their students.

Very respectfully,

ALVAN L. WALTZ.

CHICAGO, March 9th, 1900.

BOERICKE & TAFEL.

Gentlemen:—After a careful and extended examination of "Repertory of the Urinary Organs," by A. R. Morgan, M. D., I can safely say that it is one of the books that should be in the library of every homœopathic physician; a book that I can recommend to all—those who have had years of experience can

turn its leaves with satisfaction, those who have recently entered the field will find it a wonderful help in time of need and will consult its pages frequently, and to the student who is soon to become a doctor of medicine it will prove invaluable.

It is well printed, on good paper, the binding is in correct form and the publishers are to be congratulated.

Respectfully, E. C. SWEET.

IN a note, asking for the postoffice address of Dr. Stacy Jones, author of the *Bee-Line Therapia and Repertory*, Dr. T. Griswold Comstock, of St. Louis, Mo., says: "His most excellent little book is a jewel. I wish, however, to correspond with him regarding some statements in his book. I wish to repeat that I think his work a great helper to any rational homœopathic physician.

Diseases of Children. By. C. Sigmund Raue, M. D.

The very practical character of this work will commend it to the general practitioner and the student of medicine. There is no useless verbiage, no long-drawn out descriptions or discussion, but a clear and definite outlining of the various disorders of childhood, together with judicious recommendation for treatment. In the section on nervous diseases Dr. Weston D. Bayley, the well known lecturer on nervous diseases at Hahnemann College, gave valuable assistance. The section on skin diseases was written by Dr. L. T. Ashcraft, lecturer on venereal diseases at Hahnemann College. The volume is a most excellent one and deserves a wide sale.—*North American Journal of Homœopathy.*

ACID AND ALKALINE CHILDREN.

It is now a good many years since we first came across Dr. T. C. Duncan's luminous articles on "Acid and Alkaline Babies." We were struck at the time with the writer's clinical acumen, and forthwith proceeded to absorb the principles he laid down; and they have formed part of our mental equipment ever since. It is, therefore, no small pleasure to us to find that Dr. Duncan has returned to his old theme, and put into book form the material he has accumulated. It is a work which all homœopaths ought to possess, and if, among other benefits, it should send them to study the great work of von Grauvogl, from whom Dr. Duncan draws so much inspiration, it will be so much the better for their therapeutic intelligence and efficiency.—*Homœopathic World.*

Homœopathic Recorder.

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Address communications, books for review, exchanges, etc., for the editor, to

E. P. ANSHUTZ, P. O. Box 921, Philadelphia, Pa.

SERUM.

This is the way Dr. Robert N. Tooker comes back at a brother homœopath who intimates that those homœopaths who refuse to use "serums" are narrow-minded. It is rather good reading for men who believe in Homœopathy from their boots up. Says the Doctor Tooker:

"The article is headed 'Satan and His Due,' and the tenor of it is to use any and everything without regard to reason in the treatment of the sick—to be broad-minded and accept the *ipse dixit* of every pseudo-scientist, and endorse every new fad, or if unable to endorse, to keep still and let Satan have his way."

"Let us see how this would work if we all gave Satan his due."

"Take any of the fads of the day, Christian science, hypnotism, osteopathy, serumpathy *et id omne genus*. Doctor D. will, I am sure, agree with me that these are, in the main, fads unworthy of scientific or serious discussion. But must we try them in order to demonstrate their fallacy? In Chicago we are troubled, or some folks are, by the pestiferous Dowie, who claims to make some marvelous cures by the means of prayer. Another mountebank, Sweinfurst, had, some time ago, a host of followers, who believed in his miraculous powers to cure disease. Must a college professor undertake to test the efficacy of these pretensions by sending his patients there before denouncing them?"

"It is not so long ago that our old school friends used the lancet for almost every disease in the whole catalogue of human ills. Has Dr. D. ever spoken against blood-letting as a panacea? If so has he learned of its folly, its nonsense by actual experi-

ments? I have a patient now under treatment who, in addition to other troubles, is unable to eat any solid food because his former physician of the old school salivated him. Does Dr. D. believe in giving mercury to the point of salivation? If not, and he has not tried it personally, has he any right to denounce it? There are some baby foods on the market which are manufactured on unscientific principles. They are largely advertised as 'the best baby foods;' as 'superior' to all others. The experienced physician, especially if he be an expert in dietetics, ought to know that these foods will not and cannot nourish an infant as well as other foods built on more scientific principles. But must the professor sacrifice several infants, more or less, by experimenting on the use of one of these commercial abortions before telling his medical class or his friends about the best foods?"—*Medical Visitor*.

GOOD-BY HOG STOMACH.

Leaf by leaf the roses fall. Time was when to doubt pepsin was horrible heresy, but now—why, listen to this by Dr. Frœhling in *Kansas City Medical Index*:

"Pepsin can only change albumen into peptone when there is free muriatic acid. This is a physiological fact which has been definitely determined for some time. Now in cases where there is a deficiency of pepsin there is also certainly a deficiency of muriatic acid."

"According to our position concerning the use of acid, we shall never be able to produce a free unbound acid in such a stomach by giving it through the mouth. Therefore, pepsin, given per os, cannot act at all. It will either be absorbed by the stomach or, which is more likely, carried into the intestines. Guided by these facts, all our great stomach specialists have discarded the use of pepsin entirely, or nearly so. They only expect a suggestive result by giving it to intelligent patients who have heard of pepsin and its digestive powers, and look for a good result."

"When one considers these, as I may safely term them, positive and definite facts and think of the great number of large bottles containing essence of pepsin found in every drug store, he will be overcome with a feeling of pity for the poor people who have to swallow all this costly stuff. Neither the patient nor the physician will be benefited by it, but the manufacturer and the druggist are the ones who reap the reward."

GLYCERINE SUPPOSITORIES HARMFUL.

The following note addressed to Messrs. Boericke & Tafel by Dr. J. B. Garrison, editor of *Hom. Eye, Ear and Throat Journal*, is not without general interest. Large houses like Boericke & Tafel's, are compelled to supply what the profession ask for, though, as Dr. Garrison truly notes, they should not "push" bad things. We are informed that the reason these glycerine suppositories were mentioned at all was on account of a change in price. Here is the note:

Gentlemen: The "Glycerine Suppositories," prominently noted in your "News-Letter" for March, are very surely prompt in action at first, but there is no drug that produces the extreme rectal dryness with consequent chronic constipation after a continued use for a time that glycerine does; no other form of constipation so difficult of cure, and I do not think a homœopathic drug store should contribute to the production of such results. Many do not think to inquire for themselves, but take your word for the excellence of the drug and use it. I have used it, but do not now.

Very truly yours,

J. B. GARRISON.

Office, *Homœopathic Eye, Ear and Throat Journal*,
New York, March 22, 1900.

ALUMNI MEETING OF NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

The *Alumni Day of the New York Homœopathic Medical College and Hospital* will be celebrated on Thursday, May 3d, 1900, the exercises beginning at 9 A. M. at the college and followed by the Commencement at 3 P. M. The Alumni meeting and dinner will be held at Delmonico's, Fifth Avenue and 44th street, at 6 P. M., for which the toastmaster, Dr. Chas. H. Helfrich, has secured the services of a fine list of speakers.

EDWIN S. MUNSON,
Corresponding Secretary,
16 West 45th street, N. Y.

INTERNATIONAL CONGRESS OF MEDICAL ELECTROLOGY AND RADIOLOGY.

At the request of the French Society of Electrotherapy and Radiology, the International Congress of Medical Electrology and Radiology, the initiative of which it has taken, is connected to the International Congress of 1900.

A commission, which is composed of: Messrs. Weiss, professor at the University of Paris, president; Apostoli and Oudin, vice presidents; Doumer, professor at the University of Lille, general secretary; Moutier, secretary; Boisseau du Rocher, treasurer, and of Messrs. Bergonie, professor at the University of Bordeaux; Bouchacourt, Branly, professor at the Catholic Institute of Paris; Larat, Radiguet, Villemin, surgeon of the hospitals of Paris; has been asked to assure its organization.

This Congress will take place in Paris, from the 27th of July to the 1st of August, 1900.

All inquiries for further information must be forwarded to Prof. E. Doumer, general secretary, 57 Rue Nicolas-Leblanc, Lille.

Adhesions are to be sent to Dr. Moutier, 11 Rue de Miromesnil, Paris.

The General Secretary,

PROF. E. DOUMER.

THE bacteriological origin of disease will soon be giving its last gasps. We wonder what will take its place. Some fellow seems to have proven, at least to his own satisfaction, that the tubercle bacilli found in cattle are not at all identical with the tubercle bacilli found in man, and hence that tubercular disease in cattle never has been and never can be, directly or indirectly, transmitted to man, or be the cause of human tuberculosis, and that all of the thousands of experiments, and all of the slaying of cattle, and all the millions of expense to which the States, the Nation and the people have been put in this effort to stop the transmission from beast to man, have been based upon a wrong hypothesis, and therefore have been in vain—both efforts and money wasted. We are inclined to believe it to be true. The “bug” lives, because the disease permits it to live, and if every

consumptive and every tubercle bacillus were at this moment annihilated in five years or ten there would be just as many consumptives, and just as many deaths from tuberculosis. Wrong living and wrong environment will produce it eternally.”—*Dr. Bloyer, Medical Gleaner.*

REPLYING to one of those gentlemen who are writing up anti-toxin, and seeking to have it forced on the public on the immunizing plea, Dr. Adolph Rupp says, among other things (*New York Medical Journal*, March 3):

“Thus far, all that is certain about immunization in diphtheria is that it has not realized the promises and expectations of its original promulgators; and, although its alleged immunizing power has dropped from a six months’ to a six weeks’ duration, its calculated effective dosage has been more than trebled. Practically this does not look well for ‘the most potent means of preventing the spread of diphtheria.’”

“AND what triumphs has bacteriology achieved in stemming the tide of human disease on these empirical lines? Pasteur’s antirabic vaccination is, I believe—and others with me—a delusion. Koch’s tuberculin cure for phthisis has long since been labeled as worse than worthless. As a test even for bovine tuberculosis tuberculin possesses only a secondary and not a specific value. The much-vaunted antitoxin cure for diphtheria does not command the universal approval of even the physicians of the metropolitan fever hospitals. Just because tetanic antitoxin serum has failed when used subcutaneously, medical men have felt justified in deliberately trephining patients and injecting it into the brain substance, and one medical man has had the courage to confess, after making a post-mortem examination of his patient, that such treatment can no longer be justified. The serums used for the treatment of other diseases—such as the pneumococcic serum, the serum used for puerperal fever (the serum which was so much vaunted as another great discovery), Sanarelli’s serum for the cure of yellow fever—are all of them allowed to slip into the lap of forgetfulness.”—*From Address of George Wilson, M. A., M. D., LL. D., at Annual Meeting of British Medical Association.*

OBITUARY.

Jerome A. Maubey, M. D.

Jerome A. Maubey, M. D., eldest son of the late Hon. Cornelius Maubey, of Fort Plain, Montgomery county, N. Y., died at his residence in this city February 19, 1900, aged 82 years, 4 months and 11 days. He is survived by his wife, Frances A., eldest daughter of the late Justus Cooley, and brother Ambrose S., and sister Anna M., of Syracuse, and brother Albert G., of Brooklyn.

At an early age he entered Fairfield Academy. After completing his studies there, he engaged in literary pursuits for several years. He was a natural poet, contributing while a mere boy to the Knickerbocker, New Yorker, Atlantic Monthly, Godey's Magazine, New York Mirror, edited by Gen. Morris and N. P. Willis, and also The Louisville Journal, edited by George D. Prentice. He was intimately acquainted with Prentice, who wished him to become an associate editor. He had in his possession a number of complimentary letters of the beautiful lines he wrote, from George D. Prentice, Edgar A. Poe, Bayard Taylor and N. P. Willis. He was well read in the highest class of literature, and familiar with all the poets. He would frequently repeat pages and pages from memory during his illness.

To gratify the wishes of his father he relinquished literature and began the study of medicine, with his brother-in-law, Darius Lomis, M. D., of New Berlin, N. Y. Being a close student he soon became interested and spent some time in the usual course of study. He attended the Albany Medical College and later Columbia University, New York. He also read the homœopathic course with J. C. Raymond, M. D., of Utica, and received his diploma from the Homœopathic Medical Society of the County of Oneida, N. Y. Educated in both schools (allopathic and homœopathic) he was well fitted for the practice of medicine, and became a devoted and successful physician.

He was deeply interested in science and astronomy and during his long illness surrounded himself with his books, and passed the otherwise wearisome hours in an enjoyable manner. He retained his mental faculties to a marked degree to the last hours of his life, remarking but a few days previous to his death, "My mind is clear as ever, but physically I am so weak."

He awaited his approaching death, with great calmness and resignation. He oftentimes repeated "Thanatopsis" and the touching lines, "I would not live alway, I ask not to stay."

He was unassuming, gentle, kind and possessed a refined and elevated nature.

PERSONALS.

The wife of Dr. J. R. Haynes, Indianapolis, died on March 10.

An exchange affirms that the use of tobacco does shorten one's days, for when you try to stop the days seem much longer.

He was told to mail his opinion rather than express it, because being of little weight it would be cheaper.

From the purely worldly point of view it is better to have the Chief Justice on your side than justice; from the transmundane, better reverse the order.

Quoth Aldrich: "Chicago's death rate has greatly increased lately; how about antitoxin?" Well, don't cher know, but for antitoxin it *might* have been *so* much worse? That argument is as impregnable as a Boer trench to a front attack.

The doctor who told her it was "only a black and blue spot" was not in it with the other who diagnosed it as "a severe case of ecchymosis."

Goll darn it, there's nothin' like larnin'!

Doesn't the "employment of anti-diphtheritic serum in the treatment of pneumonia" kind o' knock the basic theory silly? Or are the toxines of pneumonia and diphtheria the same?

He called the other fellow "a liar" and a sudden and severe case of epistaxis followed.

FOR SALE. A large and fine assortment of surgical instruments, enough for an ordinary hospital, or for any practitioner. They are mainly of Geo. Tieman & Co.'s make, are in first-class order and will be sold at 30 to 50 per cent. off cost. Address, T. D. Stow, M. D., Mexico, N. Y.

FOR SALE. About \$40.00 worth of supplies and \$75.00 worth of medical books belonging to a physician's library. The lot can be bought for \$15.00. Address, "K. W." Care Messrs. Otis Clapp & Son, 10 Park Square, Boston, Mass.

Neat programme of Denver Homeopathic Club, 1900, to hand. Good idea.

Dr. Edwin Jay Clark has removed to 22 Steele Block, Denver.

The difference between firmness and obstinacy is altogether one of point of view.

China's door is now open, and, in John's opinion, any "red-headed foreign devil" may blow in who feels like it.

Have you sent your mite to the Monument Fund?

No use looking in the dictionary for "kopje," yet to look elsewhere is a bit dangerous.

The new book, *Skin Diseases*, by Douglass, fills a vacant niche in our literature.

We heard men say, John, that while it is safer to paint things red with water colors, it is not so much fun.

"Men who think they have been cured of gonorrhoea have unsexed more women than all the surgeons' knives," says Dr. Boothby.

And still, notwithstanding Schenck, papa, and all are kept guessing until the baby arrives; hence may be deduced the reflection: All that becomes notorious is not science.

A correspondent of one of our esteemed asks for treatment of a man well on in life who has "lost his sexual power." We should advise resignation.

An irate "regular" writes of the "followers of S. C. F. Hahnemann." No doubt it relieved his feelings.

We have often thought that the true artist would picture April in waterproof, overshoes and flannels, rather than the traditional thinly-clad damsel.

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No. 5

SILICEA IN CARIES OF THE BONE.

By W. M. Hilton, M. D.

It seems that flint was first used as a medicine by Paracelsus; but its employment had become quite unknown when Hahnemann, encouraged by the success of introducing and triturating the otherwise inert metals, applied the process to it also, thereby giving us a most valuable remedy.

The genuine physiological action of *Silicea* is quite unknown, but experience has proven that its influence is upon the nutrition rather than the functional activity of the tissues which come within its range of action; it is therefore suited to organic changes rather than to functional disorders. Its deep and slow action make it appropriate to the chronic rather than acute diseases. The one especial property of *Silicea* is its power over suppuration. It does not act like *Mercury* in averting this process when threatening, and it is inferior to *Hepar sulphur* for promoting it when inevitable; but when it is established, and by its excess or long duration is causing mischief, the effect of small internal doses of *Silicea* in checking it is very remarkable.

It would take a long time to enumerate the conditions in which *Silicea* is useful, but that is not the purpose of this paper, but to speak of its efficacy in caries of the bone.

Dr. Von Grauvogl points out that the only chemical difference between cartilage and bone is that flint is present in the latter, but not in the former, and he gives a good case of enchondroma of the fingers in which, acting upon this suggestion, he administered *Silicea* 3x with most satisfactory results. We can speak no less confidently of the power of the drug, when, as in rachitis, the enchondromatous tendency is general. In scrofulous dis-

eases manifesting themselves in the bones and joints, *Silicea* proves its remedy. In the scrofulous joints, it is probably most useful when the disease has begun in the bones rather than in the synovial membranes or cartilages.

Dr. Hempel, in his work on *Materia Medica*, says: "In caries and exfoliations of bones, long bones, bones of the face or skull or vertebræ, *Silicea* is an indispensable remedy, more particularly if the disorganization is complicated with mercurial action." He gives a case of enchondroma which was cured by *Silicea*, 6th attenuation. The patient was a poor boy of fourteen years, of very pale complexion. He says: "The patient showed me his right hand, after he had first removed the bandage which was of very little use to him. The metacarpal bones of the middle and ring fingers, the phalanges of the index and middle fingers and the thumb, had become transformed into oval, bulbous, hard masses, having a uniform surface, the articulations having become effaced and unrecognizable, and, consequently, immovable. In various places these parts had lost their integuments by ulceration; the rough surface of the bones could be distinctly felt by the probe, and parts of them could readily be broken into; other parts, on the contrary, were more resisting.

The boy had no appetite; he was employed by a potter in carrying clay, and was unwilling to give up this work, which secured him a scanty livelihood. He complained of nothing but acute pains in the affected parts, drowsiness in the daytime, a feeling of exhaustion and his spirits were very much depressed. According to the existing doctrines of physiological surgery, nothing could be done for this poor boy but to amputate the hand at the wrist joint. "Enchondroma is a pathological process by which the substance of bone is changed into cartilage; morphologically, as well as chemically, this cartilage is in perfect agreement with ordinary cartilaginous tissue. Now, it is well known that cartilage has all the constituents of bone except *Silicea*. In about one ounce of the bones of the adult there are found fifty-four grains of *Silicea*. Would it have been possible, under the circumstances, to administer *Silicea* as a nutrient remedy in the traditional quantities of the Old School? This being impossible, I gave the boy *Silicea*, 6th attenuation, of which he took a dose every two hours, at the rate of five drops in the course of the day. In the course of eight days the condition had changed to such an extent that the superficial ulcers began to

cicatrize and the bulbous formation had become considerably less in size. In another fortnight, the mobility of the joints had been restored to a very slight extent. At the termination of the next fortnight, all the accessory symptoms in this case had disappeared, the appetite was restored, the drowsiness had disappeared, the boy was in good spirits, enjoying the prospect of his final recovery. This was completed in eight weeks; since then five years have elapsed, and the boy continues to enjoy perfect health."

The following cases are from my own practice, and verify to some extent the one just mentioned, although, in these, there was no enchondroma present.

Case 1. Mrs. R., age 35, tall and spare, had a discharging sore upon the inner side of the right tibia, about two and a half inches above the ankle joint, which would apparently heal, then in a week or two break out again. This had continued during a period of about two years, causing her a good deal of pain and inconvenience, the whole leg below the knee becoming very much swollen and at times inflamed. She had consulted several physicians and used a great many kinds of local applications, ointments, salves, etc. She called upon me for advice, and my diagnosis was caries of the bone, and I so informed, her and also told her there were two methods by which she could be treated; the quicker method, a surgical operation, curetting and removing the diseased bone. The other, and slower way, by internal remedies. She decided to try the latter, and I gave her *Silicea*, 6th attenuation, four times a day, and within two months she brought me a piece of bone about an inch in length by a half at the wider end and pointed or sharp at the other. The sore quickly healed, and I kept her under observation for about five years, and there was no return of the trouble.

Case 2. Mrs. W., age 42, a very large, stout woman, had a large discharging sore upon the inner side of the left femur, about three inches above the knee-joint. The leg was badly swollen above and below the knee, and at times she was completely disabled by it. She had tried "all kinds of treatment" except homœopathic. My diagnosis was caries of the bone. I described to her the two kinds of treatment, surgical and medical, and as she chose the latter I prescribed accordingly. *Silicea*, 6th attenuation. This had been troubling her more or less for two years and was gradually, but surely, growing worse. She took

the medicine for a period of two and a half months, during which time several small pieces of bone were exfoliated, but no very large spiculæ were discharged as in the other case. The sore healed within three months entirely, and she has never had any return of the trouble, now more than ten years. No other remedies were given in either case than the *Silicea*. These cases came under my observation about ten years ago, and as I saw them at intervals of a few months during the next five years following the treatment I have good reason to believe they were permanently cured.

One author or writer (Grauvogl, I think) says in regard to the manner in which *Silicea* acts: "This substance is undoubtedly conveyed to us in our food, but the organism loses the faculty of assimilating it. The functional power of the stomach and intestines, whose business it is to appropriate the *Silicea* contained in the food, becomes prostrated, for otherwise an enchondroma could not originate; it is the absence of *Silicea* which renders the formation of enchondroma possible. If the *Silicea* could no longer reach the tissues through the usual channel, we have to apply to anatomy and physiology for other localities where this agent may be brought in contact with the organism in such a manner that it can be transmitted to the tissues of which it constitutes a component part. Upon considering the anatomical channels through which molecular bodies are transmitted to the blood, we observe already upon the tongue the papillæ filliformes with their capillary processes turned inwards, which, by retaining substances very firmly within their walls, transmit them immediately to the cells. The mucous membrane of the mouth, pharynx and œsophagus very readily absorbs substances which do not surpass in size the orifices of the epithelium; whereas the mucous membrane of the stomach is almost exclusively of a glandular, secretory nature, so that its faculty of absorbing molecular bodies must be much less than that of the above-mentioned anatomical parts. The mucous membrane of the stomach is chiefly a repellent organ, by which means the food is kept within the cavity of the stomach until its adequate solution is effected by the gastric fluid. Only solutions whose density does not exceed that of water are able to penetrate and be received by the mucous coat, after which they are transmitted to the blood. Chemical mixtures, infusions, decoctions, at once excite a more copious

secretion from this membrane, and we may rest assured that only very small portions of such liquids remain exempt from the destructive effects of the gastric fluids. This accounts partly for the fact that the enormous doses of the physiological school may still manifest medicinal power, and partly for the other fact that they must necessarily lead to the most disastrous consequences, as daily experience shows. Most physicians seem disposed to overlook the faculty inherent in the capillary processes of the papillæ of absorbing substances presented to them in an appropriate form and afterwards transmitting them to the cells."

I think we may conclude from the few facts stated above that, under the right conditions, we have a valuable remedy in *Silicea* in caries of the bones.

Waverly, N. Y.

DISEASE.

By A. J. Whitman, M. D.

A deranged state of the vital, or nerve, force, an excited, or irritated, condition sets in followed by inflammation with heat, pain and a disturbed condition of the parts; this progressing, we then get up a swollen, or œdematous state, later on exudation and finally a breaking down of the tissue and death of the parts.

Now how does medicine act, and what does it do? If given in season it arrests this nervous error and assists nature to regain her lost control over the parts.

How this is done remains with the Infinite to us unknown. Hahnemann had a great deal to say concerning this force which he called "dynamis," but whence it comes or whither it goes is the enigma of life.

God breathed into man the breath of life, and he became a living soul, or independent being, a part and parcel of the great I Am. The life, or vitality, that was introduced into the system goes on, if not obstructed, until it has fulfilled its mission; then, we are informed, that the body returns to the earth, and the spirit (Ruah) to the God who gave it; or, in other words, the "Ruah" which we receive at birth goes back to its original state or element from which we only borrow it for life's term.

It is a question that I have asked this association a number of

times, as many of you know, "where does disease have its origin?" Is it in the vital, or life supporting element, or in the nervous system, or in the physical organism? After a thorough study of the question for years, and watching the action of our remedies on the sick, in the lower and higher potencies, in acute and chronic diseases, I have come to the conclusion that if we can reach the deranged vital force with the *similar* dynamized remedy we shall, in all cases, assist nature back to her normal state.

I see this more and more in chronic cases; and it is almost beyond conception to see the action of the proper remedy on cases of years' duration.

I will cite a case of a little girl of thirteen years old who had been an invalid since she was one month old; she had been treated for every kind of disease that flesh is heir to, and had received all kinds of treatment except homœopathic.

Up to the time I took charge of the case she had been sleeping for two years on a medicated pillow for a consumptive tendency and cough.

I had just received the new edition of *Chronic Diseases*, and thought this a good case to try its virtues, so I solicited of the parents a trial. I took down the symptoms and made my comparisons with several remedies, and concluded that *Kali carb.* would cover the most of them; not having it in the potency I wanted, I washed out a bottle thirty times centesimaly; while doing this I thought to myself, what virtue can there be in that vial? But the old saying, "the proof of the pudding is in the eating," I gave a single dose of five drops. This started the curative force and in two weeks she was able to discard the pillow.

This acted for four weeks; then symptoms called for *Kali bichrom.*, which I gave in the 30th; this run for six weeks. *Bryonia* then set up a demand, which completed a cure. She was under treatment about three months, after which time the parents informed me they considered her perfectly well.

Now the question arose in my mind, did I *give* material substance enough to act on animal matter to effect it physiologically, or did the dynamic force of the drug excite the dynamic force of the system and set up the recuperative process? Does not this go to show that our remedies act on the vital force, or that force that runs our animal mechanism? We all know there

is an inherent force that we start with in life that is kept up, and supplied, to the system as long as we have vitality; where that force is generated in the system, and how developed, and continued, is to us a problem that science has not as yet divulged. It goes by many names, magnetism, electricity, dynamis, physiological, spiritual, and many others, yet it remains the hidden mystery.

Further proof of this force is shown in mesmerism, hypnotism and psychology, where disease is cured by mind over mind and the last mind over matter.

Look at faith cure; that is entirely mind over matter, as I understand it. But this can only be done in cases where the condition is only a neurotic one, where the nervous system alone is at fault, or it may be we have a simple lesion where it is only a question of time when nature would accomplish the object without any foreign stimulation than the inherent dynamis.

Take all of this class of treatment for diseases, and it all comes down to the vital, or dynamic, force. When this element loses its equilibrium we have a diseased condition set up which we combat with our remedies, and the dynamic force of the remedy (and the higher it is dynamized the more potent) affinitises with this deranged nerve force, and we have a union of forces producing an equilibrium, thereby setting up a healthy action.

In proof of this, have you not often given a patient a dose of medicine, and before it could have had time to get into the stomach, and be absorbed, would be told by the patient he, or she, could feel it act? I have noticed this often in practice, showing that the medicine acted on the vital instead of the animal tissue.

I was reading an article the other day where it was stated that *Iodide of potassa* could be extracted from the urine in fifteen minutes after inception, losing none of its parts; this would go to show that it came in contact with the nerve force, accomplishing its mission without losing any of its substance.

This vital force is also affected meteorologically.

How often we have patients who say to us, "I am always worse just before a change of weather," or "I can tell when we are going to have a storm."

I have two patients with rheumatic trouble, one of the knee the other of the little finger, and when the day is as fair as can be the knee will commence to pain, or the finger, and within

twenty-four hours there will be a storm of some kind. Such patients I have benefited with *Rhododendron*. Again, take the highly nervous temperaments, troubled about sleeping; put them on a bed with the head to the south, east, or west, and they are restless, uneasy, sleepless; but put them into the true magnetic current, head to the north, and sleep is what it is designed to be—rest.

I have noticed this in my own case, and often verified it.

If I have a nervous patient troubled about sleeping, I generally inquire which way the head of the bed sets; and if any of you nervous ones will make a note of this I think you will see the results.

Some of our first practitioners in this country had a good many *fads* that we later ones have ignored. I think it was Hering who had patients who had to have a layer of anthracite coal under the mattress; must not have wool next to the skin, or body, must be silk or linen, and many others of similar nature, all showing they had to do with this force. There is another condition that I will call your attention to, and that is catalepsy, a condition to the ignorant death, to the enlightened an abnormal condition of the vital force. To me it seems to be a condition where every function of the body is quiescent except the mental, the connection being broken between the mind, or mental activity, and the motor system; it seems like an electric battery that, where one of the transmitting wires is broken, as soon as the break is repaired all goes on well again. So with this condition, as soon as the mental can make connection with the muscular force then nature resumes her normal state.

This condition sometimes occurs, and I presume many a poor mortal has been put under ground to suffer all the agonies of being buried alive. Some of you may have known our late Dr. Owen, of Cincinnati, Ohio. At the meeting at Detroit of the A. I. H. I was conversing with him on a subject, when he informed me that at the age of fifteen he had the measles, they struck in and he went into a state of death, or catalepsy, was laid out for burial for four days. His old "mammy" said, "No, you must not bury young massa, he is not dead." He came out of it and lived eighty odd years; he told me that no one could know what he went through at that time. He was cognizant of everything, but had no power to put into action the motor force.

I will cite another case (it was in the fifties) of a young woman who had one of these spells, and was brought out of it by electricity, and she made them promise that if she ever had another they would not use electricity, as she would rather die than suffer as she did in coming out of it.

She did have another, and for three weeks of the time she had watchers; it was in freezing weather and they had to dress for outdoor condition, she lying in bed with only a sheet over her with the windows up, and all of the time was conscious of what was going on about her, from first to last. My wife sat up twice with her. She came out of it, and I think is now living. This goes to show that our mental organs are a distinct feature of our organism, the same as heart, lungs and others. All of these various conditions point toward the vital force.

The mites, not the mountains, make the world. So in our physiological life, the cells make the man, the organs the form; as some, especially the old school men, make the microbe, not the man the disease. There are elements in the atmosphere we breathe that have to do with our condition in living that we know not of, a life principle that assist the vital spark to hold out against hunger a length of time that years ago would have been held as witchcraft; but in our enlightened knowledge to-day we ascribe it to other causes; still, of what we know of it to-day is so meagre that it is not taken into account, but the time is coming when my question I have often asked will receive a satisfactory answer.

Charleston, S. C.

Read before Southern Homœopathic Association.

HOW TO TEACH MATERIA MEDICA.

By Thomas C. Duncan, M. D., Professor of Medicine,
Chicago.

Reading the last number of the RECORDER aroused the old editorial desire to push on a good work. The article on teaching the Materia Medica seems to me, however, slightly misleading.

In the first place the medical course is now divided into four years, with an additional clinical or hospital year recommended. How many years shall Materia Medica be taught? The most enthusiastic would say in all of them. Then how should it be

divided and taught? Should Nash's *Leaders in Therapeutics* be the first text-book? Should students who know nothing of disease, its course and consequences, be first taught treatment? I must confess a little surprise that the writer confuses drug study with drug action—disease treatment. Still, the same view has come down the ages to confuse and cripple the student of *Materia Medica* proper. How should *Materia Medica* be taught to beginners in medicine? How made a graded study? That is a problem hard to solve, and perhaps harder to carry out. Possibly the Committee on Medical Curriculum will tell us at the next meeting of the American Institute, whether it meets in Cleveland or Washington. A little preliminary canvass may, however, be of interest.

I. What should be the foundation of drug study? Provings would be the answer, and the proper one. Some would say begin where Hahnemann began with poisonings. That could be made dramatic and interesting. Dogs, cats, rats, mice, rabbits could be experimented on. The dissecting of these would teach two branches at once, and preliminary, *i. e.*, Comparative Anatomy and Toxicology—Drug Pathology. It would give students a respect for drugs and a caution about their after use. Now where in the field of *Materia Medica* can there be found a work with toxicological outlines of twenty or thirty of our chief medicines? The regular text-book on toxicology might be used and notes and reports on experiments could be added by the teacher. This study should include such drugs as *Wolf's bane*, *Arsenious acids*, *Alcohol*, *Camphor*, *Nux strychnos*, the acids, snake poisons, *Corrosive sublimate*, the *Alkalies*, *Phosphorus*, *Opium*, *Lead*, *Copper*, *Hemlock*, *Tarter emetic*, etc. Taylor's *Medical Jurisprudence* describes the effects of forty-five poisons.

There would be a large enough field left still for one or more courses on *Jurisprudence*.

II. The second year should dip deeper into this interesting field. During the vacation students could be encouraged to make provings with certain drugs in certain doses at various times all supervised by the next professor of *Materia Medica*. Now the study should be *how* drugs disturb the physiological functions to bring about the pathology they became familiar with last year. These latter were developed by large doses, while the functions can be disturbed with smaller doses. In

this class would be those of all the temperaments, and the comparison of the effects made by those voluntary provers with those on hand, say, in the *Pathogenic Cyclopædia*, would lead the sophomore student into a most interesting field of original research. The professor could explain the order of disturbances of the various organs, and emphasize what is known as Physiological Materia Medica and at the same time many of the recorded symptoms under the various anatomical divisions as wisely selected by Hahnemann.

III. The greatest difficulty will be, perhaps, to select the Materia Medica studies for the third year. If the student has during the past two years fairly mastered the severe effects of 40 or 50 drugs then it would seem that he should add to the list say, 20 more. It would seem that he should now take some abbreviated or condensed Materia Medica, Hering's or Allen's, and become familiar with the subdivisions in the text book and able to reconstruct an outline of the drug action from the recorded symptoms. He should know how to study and condense drug effects as given either briefly or elaborately in our standard works on Materia Medica. If he has two hours a week on this branch for, say, 30 weeks that would add 25 or 30 remedies to his knowledge of drugs. During this course he would have also a comparison with the drug effects already studied and experimented with. The student should be encouraged to test the drugs upon himself or healthy friends, not to get full provings but a few salient effects. There is too much fear of testing drugs. Three points should now be kept in mind: (1) The *course* of action of the drug among the organs; (2) the conditions that affect that action, and (3) the *kind* of action.

IV. The fourth year study of Materia Medica should add to the list 20 or 25 more drugs, and would be practically a continuation of the third year course. The finer shades of the drugs already studied could also be brought out. One lecture a week could be devoted to Materia Medica diagnosis. The hour before the therapeutic clinic could be set aside for physical diagnosis in the third year and Materia Medica diagnosis in the fourth. In the former, disease diagnosis should be taught as a fine art and in the latter drug diagnosis also. The chief study in this clinic would be to see what remedy the symptoms belong to, in the order of their appearance, severity, etc. This would instruct the coming physician to analyze the symptoms. There

would be no objections to referring to the text to verify the presence of such a group of symptoms under one or another drug suggested. The order of the appearance of the symptoms would have to be pointed out by the expert *Materia Medica* teacher. The student would, or should, have become familiar with the various works on *Materia Medica* and how to use them. Their relative value would be demonstrated. The young doctor should learn how to use his books, which are his tools. The cause of many a poor diagnostician (of remedy or disease) is due to this cause. Homœopathic students should be familiar with homœopathic works, especially on *Materia Medica*.

How to Teach Therapeutics.

Therapeutics is as different from drug study as the manual of arms is from a gun factory and "proving grounds." I am sorry to say that in our literature they are sadly mixed. Hahnemann himself mixed them, and Hempel's addition of Noack & Trinks' lists of diseases, the various drugs might cure made a bad mess of—guess work that has confused and will confuse.

I. Therapeutics is drug application. It is the field of battle. The history of medicine is largely the rise and fall of various systems of treatment—therapeutics. The student of the first year should know medical history as given in several works, and especially in the first part of the *Organon*. The *Organon* is an elementary text book on therapeutics, and would, perhaps, be best divided into 3 or 4 parts to correspond to the years.

Some might consider that the history of medicine and perhaps some pharmacology would be sufficient for the first year with one lecture a week.

II. The second year in therapeutics would see the student with a fair knowledge of anatomy and physiology, chemistry and one of general pathology according to a schedule.

Now he would be in a condition to appreciate the effects of climates, seasons, foods, etc., etc., upon the constitutional development of man. He would appreciate the fact that certain drug effects also must be antidoted. In fact, this year would be taken up largely with studying the antidotes—the action of drugs in revolutionizing alcoholics. tobacco, tea, coffee, vinegar, salt, condiment uses, as well as antidoting the results of the opium habit and calcareous silicious alumina constitutions, etc., etc. The power of small doses like *Rhus*, high as an anti-

dote to *Rhus* poisoning, would bring to the front similia, isopathy and contrary, and outline the widely acting antidotes like coffee, camphor, vinegar, which was formerly regarded as a universal antidote. (Vide Hahnemann's *Lesser Writing*.)

III. The third year in therapeutics would take up (1) the effects of large and small doses with all the drugs and, (2) the selection of the guiding symptoms in each drug. These latter are found incorporated in such works as Nash's *Leaders in Therapeutics*, which is a fine, practical work. It is really an elaboration of Hering's Symptom Cards. More of these secondary symptoms are found in H. C. Allen's *Keynotes*. In the clinic his attention would be centered upon the number of these symptoms present in a *Belladonna* case, for example.

IV. The fourth year in therapeutics would be devoted to the therapeutic history of the case. The effect of drugs formerly taken, and what bearing they may have had on the development of the case. Is it a pure case or mixed case? Must we first use an antidotal drug? What drug symptoms are similar in order, severity and modality to the case? What dose shall be given and how often repeated? These and many other drug application questions would fill the time of the senior one or more hours a week for his last collegiate term.

Scope of Clinical Medicine.

Some may contend that these latter, called therapeutics, is clinical medicine. It may be, and may also be called *Materia Medica*, but to avoid confusion therapeutics should be taught as a separate and distinct branch especially, in a comprehensive strictly homœopathic medical college. Having studied this subject of medical courses in all of its bearings, I feel that the proper division of these studies is of the utmost importance.

I. The principles of medicine (disease) should also occupy the student the first year. Having studied preliminary to medicine comparative anatomy and physiology, he should be able to take up the study critically of the difference in races, temperaments, constitutions, divisions as well as nationalities.

II. The second year in medicine (disease) he should study constitutional diseases and pathological products—general pathology.

III. The third year would lead to a special pathology and diagnosis—physical, clinical and symptomatic.

IV. The fourth year would be clinical medicine proper, in-

cluding the specialties. 'Before this is illustrated there is a most important department that should be mastered, and that is *Etiology*. In the second year (pathogenic) bacteriology is now studied. This is most important, whether we believe or not in the germ theory. Hahnemann was a believer in the microbic theory of the etiology of disease.

The third year (second year) in etiology should take up *causes* of constitutional derivation and diseases, including psora, sycosis, syphilis, etc. The year before the student had gone over general pathology and constitutional disease, and now he gets at the many causes thereof—soil, climate, occupations, foods, heredity, etc., as well as the drug-diseased influences.

The last year he masters the special exciting causes of disease.

Now let us sum up what the student will have gone over during the years of his pupilage:

	<i>Materia Medica.</i>	<i>Therapeutics.</i>	<i>Etiology.</i>	<i>Clinical Medicine.</i>
1st Year, . .	Toxic Drugs,	Historical,	Cell Changes,	Principal Nationals.
2d Year, . .	Physiologic Drugs,	Antidotal,	Bacteriology,	Constitutional Diseases.
3d Year, . .	Drug Outlines,	Key-notes,	Constitutionals,	Diagnostics.
4th Year, . .	" Comparisons,	Similitudes,	Exciting Causes,	Applied Medicine.

Clinical medicine, the last year, takes the case: Age, temperament, nationality, constitutional bias, disease record, treatments, physical signs and symptoms, diagnoses—disease and remedy—therapeutic selection and dose. At the second visit comes the review and revision and continued history. Again comes the remedy, analyses and selection. Clinical medicine reviews the whole field of medicine, and groups knowledge along four lines. It is a fine art. Only the seniors should be permitted to suggest a remedy and trace the similar history of development. The juniors could analyze the etiological and pathological points from the signs and symptoms. The whole attention of the last year should be to drill the students to make a careful similar drug selection to the cases, for therapeutic triumphs according to similia drug knowledge (*Materia Medica* study) must precede this ability.

TRANSACTIONS OF THE FIFTY-FIFTH SESSION
OF THE AMERICAN INSTITUTE OF
HOMŒOPATHY.

The transactions make a goodly volume of 941 pages, well printed, but on paper that is not the best color in the world.

Here are a few bits picked here and there :

Clipped From President Bailey's Address.

"I fear that the members of our profession are much like mankind in general, inclined to be extremists in one or the other direction, either to doubt everything, not with the desire to seek for the truth, believing all things, but like the one who, willing to be convinced, would like to see the one who could convince him ; or else the other extreme that seizes upon every new thing until, without study, their whole life and practice is but a continued course of superficial experiment. Let us rather take conservatism as our rule, remembering that our law of similia is one of the great laws of nature, one of the ultimate facts, but with Emerson we may know that 'every ultimate fact is only the first of a new series.' Every general law only a particular fact of some more general law presently to disclose itself. There is no outside, no enclosing circle, no circumference to us."

"Curentur or Curantur?"

Dr. J. H. McClelland's paper was so titled, and the following from it is very interesting :

"It is known and admitted by every one that Hahnemann's knowledge of the languages, and especially of the classics, was something extraordinary, that in so important a matter he would take pains to express himself in terms absolutely correct. We quote from the fourth Leipsic edition (1829) of the 'Organon' the following translated words in the introduction: 'By observation, reflection and experience I found that, on the contrary, the true, right and best way of healing to be found is in the formula Similia Similibus Curentur.' This terminology is uniform with the great master, and was in keeping with all similar forms used by scientific men. If our information is correct, it was the *British Journal of Homœopathy* that made the change to the indicative form, which it did without authority, and, as the

story goes, much to the indignation of Hahnemann himself. It is said he exclaimed: 'Do they think I do not know what I wish to say?' or words to this effect."

And also this:

"I take pleasure in closing this imperfect presentation of the case by quoting from a letter received from our distinguished English colleague, Dr. R. E. Dudgeon, of London, under date of April 17, 1898. In answer to some inquiries made by myself, Dr. Dudgeon writes: 'I have no knowledge of the reason for the alteration of Hahnemann's S. S. Curentur, into Curantur. The Rev. T. Everest, a great and intimate friend of Hahnemann's, used to say that Hahnemann was very much annoyed that his adherents would give his formula as Curantur, and imply that it meant 'Likes cures likes,' when he meant it to be a therapeutic rule 'Let likes be treated by likes.'"

"The Porcelain Painter's Son."

Here is a good clipping from Dr. James C. Wood's paper on "The Relation of Homœopathy to Allied Systems of Therapeutics:"

"It was a long way from venesection to *Aconite*; but to the Sage of Meissen we are indebted for the abandonment of a practice which killed more people than all the wars of the Old World. It was a long way from Alexander's Golden Antidote, containing seventy-seven ingredients, to the single remedy, but the 'Porcelain Painter's Son' traversed it with one stride, inaugurating a practice the advantages of which are acknowledged in one of the latest Old School works on therapeutics in the following words: 'The scientific physician usually prefers to administer remedies separately, in order to more accurately observe their effects, as well as to discontinue, or change, the dose of any one which may be necessary.' It was a long way from the cruelties which characterized the treatment of the insane one hundred years ago to the present non-restraint system; but it was he who was driven from town to town by jealous apothecaries, who first wrote, 'the treatment of madness should be conducted with a view to the absolute avoidance of corporal punishment' It was a long way from salivating doses of blue mass to fractional doses of mercury; from blisters, setons, issues, caustics and cauteries to soothing dry and moist heat; from powerful purgatives to pleasant laxatives; but the German lad

whose father early gave him lessons in 'thinking' inaugurated a new system of practice, and so directed his shafts of sarcasm at the horrible and disgusting methods then extant that no modern physician of any school would dare to revive them. Men like Fletcher, Mott, Forbes, Liston, Trousseau, and Bristowe of the older school have had the moral courage publicly to acknowledge the genius of Hahnemann and the good he wrought in the way of therapeutic and hygienic reform."

Homœopathy in Army and Navy.

This is clipped from the paper of Dr. T. E. Robers:

"Some members of the homœopathic fraternity have been particularly zealous in criticising fellow members who were fortunate enough to be commissioned as surgeons and assistant surgeons, even going so far as to stigmatize as cowards and traitors those who were willing to forsake home and all that was dearest in its ties that country might be served. And why? Because these surgeons did the best they could with the implements at hand. Because, forsooth, they gave big pills when little pills were not at hand. Because they used the medicines furnished by the government when requisitions for others would not have been honored. Because, forsooth, these 'homœopathic' surgeons gave quinine when it *was* indicated, and that, homœopathically, in larger doses than some of the privates thought they should take, and would not take; even though the plasmodium malariae were running riot through their systems, laying the foundation for chronic malaria, from which the victims were doomed never to recover."

Also this:

"The writer had charge of the Third or Provisional Division Hospital, there coming in contact with the very sick of several regiments. Even here, under conditions which at times were very trying, the death rate for about a thousand cases was only between three and four per cent. In conclusion, then, Homœopathy bears the same relation to the army as the 'regular' school. No man should be admitted simply because he is a homœopath. Each surgeon should go into the service on his merits, prepared to use one weapon as well as another. Armed thus liberally, the honest scientific believer in the law of similars can do eminent service for his country and his school."

Has not this Institute in no uncertain tone voiced the feeling

of the rank and file of its members concerning the relation of Homœopathy to general medicine? The government should know that we are for all that is truly best in scientific medicine. The government should know that the believers in Homœopathy do *not* clog the wheels of medical progress; on the contrary, that we are the pioneers in modern therapeutics and stand ever ready to add our help in accelerating the advancement of medicine in general and in particular. When we have unquestionably demonstrated that such is our position we shall be above criticism by even the government.

Homœopathy and Surgery.

Dr. W. S. Briggs concludes his paper on Surgery as follows:

“If homœopathic medication, or surgery—as applied to the knife—were to be divorced, and I compelled to choose the one to the exclusion of the other, I would say: ‘Give me homœopathic remedies; because I can do more good, to more people, surgically afflicted.’ But fortunately, homœopathic surgeons have both.”

“Why is it, when a homœopathic staff is admitted into a public institution, in coöperation with the allopathic staff, where surgery constitutes a large proportion of the work, that the one paramount condition, imposed, is that no comparative statistics shall be made? Who is it asks this? Not the homœopaths.”

Consumption Curable.

Dr. Charles Gatchell asserts fully eighty per cent. of all cases of incipient pulmonary tuberculosis are curable. This can be stated of no other chronic disease. Bright’s disease, diabetes, asthma, rheumatic arthritis, tabes spinalis, essential anæmia—no other chronic affection presents such favorable prognosis as is offered by pulmonary tuberculosis.

Homœopathic Surgeons in the Late War With Spain.

Dr. Charles E. Adams pictured the position of our surgeons in the late war as being no sinecure. He said, among other things:

“The homœopaths who did serve in the Hispano-American War have occupied an unenviable position. They have been made the subjects of criticism by both sides, accused of ‘deserting their colors’ by the regulars because they gave the drugs required by regulation, and by their own school for not using

remedies with which they were not supplied and which they could not obtain. Had they been appointed as representatives of the school to demonstrate homœopathic therapeutics in the field such criticism would be warranted, but under the circumstances it is unwarranted and, to say the least, unkind."

"Serum."

Discussing a paper by Dr. Rice favoring this new comer, Dr. G. G. Shelton said:

"Are we ready to day to abandon Homœopathy for the serum treatment? That is the question at issue. I am not prepared to take that stand. Granting all that antitoxin has done, how superior it may be to the method of treatment gone before, the question is as to the result—Is it a specific? Is it better than any other treatment? Is it a safe adjunct to homœopathic treatment? I am not prepared to say, but if the evidence is piled up against it with the rapidity in the next four years that it has in the last four I think it will be a dead issue in that time. Statistics are often misleading. Observation in Germany shows that under the antitoxin treatment the death-rate has gone up from thirteen to twenty per cent. Winters stated not later than the week before last—and you will find it in the *Medical Record* of May 27—that it had been demonstrated in the Willard Parker Hospital an absolute failure."

GLEANINGS FROM THE NEW YORK TRANSACTIONS.

The "Transactions of the Homœopathic Medical Society of the State of New York" for the year 1899 have been out for some time, a volume of 285 pages. Here are a few pickings from it:

The Attitude of the Allopaths Unchanged.

President Dr. A. B. Norton doesn't think the two schools are coming together. He said, of the past:

"The attitude of the medical profession at this time toward Hahnemann, the Martin Luther of Homœopathy, can be no better exemplified than by the fact that from the time of his graduation as doctor of medicine to his death. Hahnemann was forced to live in twenty-eight different places. Poor and

persecuted, driven from town to town, trial, sorrow, privation, malevolence, falsehood, all followed him like shadows until his death in 1843. In this manner was Homœopathy received by the medical fraternity of Europe."

Of the present:

"The statement that is so generally made 'that the two schools of medicine are every day coming nearer together' I do not believe to be true. I will admit that on the surface this may apparently be so, but with the exception of the acts of a few I can find no evidence pointing in this direction, while on the contrary the evidence seems to point to the same spirit of antagonism as ever existing beneath the surface."

A New Hospital for the Insane.

The Legislative Committee reported:

"Our chiefest triumph has been in the establishment of the Collins State Homœopathic Hospital for the Insane in Erie county, which now has property valued at from between three and four hundred thousand dollars and 110 patients under treatment.

Six Remedies for Mental States.

Dr. S. H. Talcott, of the Middletown Asylum, gave the following indications for some of our remedies:

"Above all, we may offer to those who need most efficacious help blessed potencies of Homœopathy. If Dr. Gallavardin, of Lyons, France, can cure, with homœopathic remedies, those evil propensities and unwise passions which fill the hearts of men at times with bitterness, and provoke them to gluttony and crime, why may we not cure the griefs of humanity by the administration of

"Many simples operative, whose power
Will close the eye of anguish?"

We have been able to test some homœopathic remedies in this direction, and we find that when properly applied these medicines, whose use was disclosed by the immortal Hahnemann, are as effective in relieving mental distress as in curing physical disease.

We present the characteristic indications of six remedies for the cure or amelioration of human griefs. They are as follows:

Arsenicum. *Arsenicum* is a remedy which is useful in cases of grief after business reverses or mental over-exertion. The

Arsenicum patient fears that some great calamity is about to overtake himself or his family. He is restless and anxious; despairs of life, and often becomes suicidal, trying to kill himself, or to mutilate his body. The grief of the *Arsenicum* case is evident to all, as his mental perturbation and restless anguish do not allow him a moment of tranquil quiet. The *Arsenicum* patient is driven from place to place in search of relief, and on account of the restlessness and anguish he quickly emaciates and becomes a living skeleton.

Ignatia. The *Ignatia* patient is full of suppressed grief due, perhaps, to some imaginary crime, to some slight reprimand, or to disappointment in love; the loss of dear friends or beloved objects. This grief is nourished in solitude, feeding upon itself, and any effort to draw out the patient finds her taciturn and moody. Women are more subject to *Ignatia* moods than men. The *Ignatia* patient does not want to talk, but wants to be alone, and desires to brood in some quiet corner; she is averse to amusement in any form.

The *Natrum mur.* patient is sad and gloomy and depressed without apparent cause. Such a case seems to revel in its grief, and tries to recall all the disagreeable occurrences of the past for the purpose of indulging in melancholy meditation. Consolation aggravates the condition, either recalling to the mind past sorrows, or arousing concern for the future. Despair deprives the *Natrum mur.* patient of all mental power. He is taciturn, easily offended, avoids society, and thinks he is pitied by every one because of his misfortunes. Above all, the *Natrum mur.* patient weeps profusely and vigorously.

Pulsatilla. The grief of *Pulsatilla* is a changeable grief. The patient (usually a woman) is apt to have alternate moods of crying and laughing. The *Pulsatilla* patient, in her mental state, resembles an April day, when sunshine alternates with rain at frequent intervals. The *Pulsatilla* patient is at times melancholy, and inclined to shed tears; and again, she becomes cheerful, and indulges in outbursts of laughter. The depression of *Pulsatilla* is generally greater in the morning, and the mind recurs at such a time to business or domestic affairs. The *Pulsatilla* patient is gentle and affectionate in her disposition; is mild, and yields easily to persuasion. Consolation is acceptable to such a patient, and, in fact, the *Pulsatilla* case enjoys lively company and good advice.

Stramonium. The *Stramonium* patient is filled with sadness, and apprehends evil consequences from trifling things. He walks about, shedding tears, and uttering loud lamentations. He is inconsolable, and has pangs of conscience because he thinks he is not honest. From a condition of noisy excitement, where he is inclined to become pugilistic, he passes into another state where he is overborne with cowardly fears which arise from frightful imaginings. He sees strange animals on every hand that seem about to tear him to pieces. Hence, in the midst of profound grief for short comings, he is beset with abject and horrible fears of personal injury. He tries to escape from the horrible Gorgons by which he is surrounded, and cries out piteously for help.

Veratrum album. The *Veratrum alb.* patient has depression of spirits, grief, anxiety and apprehensiveness as if she had committed some great crime. The *Veratrum alb.* patient talks a great deal upon religious subjects, despairs of salvation; also thinks that her position in society is jeopardized on account of some evil action in the past. The *Veratrum alb.* patient has sometimes a suicidal tendency from religious despair. She thinks that she has violated her vows to God, and that, consequently, her soul will be eternally damned."

Ready-Made Doctoring.

Said Dr. Mark S. Purdy of what the young man of to-day may see if he looks:

"The allopath has sweetened and modified his dose; he has control of the largest hospitals and medical schools. His practice has become simplified, so that when he wishes to prescribe all he has to do is to open his case and choose a tablet triturate which some pharmaceutical house supplies him all ready compounded and labeled. He needs only to read the labels and there he has before him: heart tablet, neuralgia pill, diarrhœa tablet, etc., as the case may be. The plan is simplicity itself. You touch the button and the pharmaceutical chemist does the rest."

Sydenham's Chorea.

Dr. W. M. Butler gave the following indications for *Tarentula Hispania*:

In the worst forms of Sydenham's chorea there is no remedy to compare with *Tarentula Hispania*. The more general the involvement of the muscles, the more marked the incoördination

and the greater the helplessness and apparent hopelessness of the victim, the more effective is this drug. In many of these formidable cases have we produced speedy and permanent cures with this drug alone. The potencies which we have found most efficacious have been the 12th, 30th and 200th.

Mullein Oil.

The following discussion on our old friend *Mullein oil* is not without interest:

J. T. O'CONNOR: I would like to correct what I think is an error in the paper in regard to the method of production of *Mullein oil*. *Mullein oil*—as I remember Dr. Cushing's letter about it, and that letter was repeated some years later—is made by putting the crushed stalk and leaves into a large bottle without *Olive oil*, letting it hang up in the sun, when there is distilled an oily liquid. I do not think that there would come out anything from the leaves and stalks steeped in *Olive oil*. The oil is an entirely different preparation from the tincture of *Verbascum thapsus* and from the tincture are made our potencies. I must confess that the range of action of that drug is better known to me since I read this paper than before, for I remember reading in very black type in Lilienthal's "Therapeutics" that it is the remedy where the neuralgia has that peculiar sense of crushing as with tongs, and that is all that I knew of it. I have prescribed it in one or two bad cases of neuralgia and I don't think I got any result. Possibly I waited until I got a case in which that special symptom was present and possibly it was a case otherwise not fitted for the drug. I did not know it had been used to any extent in our school outside of that line. I had forgotten Dr. Cushing's statement that he used it for enuresis nocturna; that is a valuable point. In regard to asthma, as the paper spoke of getting relief from paroxysms of asthma by smoking it in a pipe, I used to have asthma, and if it is like *Stramonium* I would rather have the asthma, for *Stramonium* smoke is so hot; but in speaking of smoking, incidentally I will give a little bit of experience. Asthma is a horrible disease to suffer from; anything that will give relief will be welcomed. I remember a Dr. Bridges who was at one time assistant to Dr. A. R. Thomas, of Philadelphia. I was suffering a great deal then, in fact it was from the effect of homœopathic remedies on me in curing my asthma that I became a homœopath. Dr.

Bridges told me to get a pipe and half fill it with tobacco, and to get some white *Arsenic*—the real stuff—and to add as much of it as would lie on the point of a pen knife blade—about a quarter of a grain—then fill up with tobacco and light. When the fire got down to the *Arsenic* of course the garlic smell was quite apparent. Many a time—perhaps twenty or thirty times—I have gotten great relief inside of fifteen minutes from that. But as I grew older and began to study medicine, I thought it was rather dangerous, so did not try it very often. Another thing in regard to asthma is the peculiarity that a drug at one time will give great relief and at other times will be useless. There is J. Whitcomb's asthma remedy which once relieved me inside of fifteen minutes, and I thought I had a sure cure for asthma. The next time I had an attack of asthma I took that remedy and it made me worse. Those are important points. There are others in regard to neuralgia. The doctor sets it down with several symptoms, not only that peculiar crushing pain, but the presence of coryza I think, and that is a point to bear in mind.

PRESIDENT SHELDON: For over a year and a half I suffered with constant tinnitus in my right ear, with slight deafness; the noise was like the singing of insects. Not only had I prescribed to the best of my ability, but three specialists treated me without any very great benefit. I dropped two or three drops of *Mullein oil* into my ear every other night for a few weeks then at intervals for four or five months, and now the annoying noise has ceased. I have prescribed diluted *Mullein oil* internally for enuresis nocturna with great relief.

(*Mullein oil* is prepared by filling a bottle with the plucked blossoms, corking in tight, and exposing it for two or three weeks to the sun, after which time a dark, aromatic liquid is found in the bottle, which is *Mullein oil*.—Editor of HOMŒOPATHIC RECORDER.)

DR. E. G. H. M. REITERATES THAT "CURANTUR" IS RIGHT.

To the Editor of the HOMŒOPATHIC RECORDER.

In your issue of February, under the caption, "*Curentur Correct*," you publish an answer to my communication published in the issue of January. For some unknown reason the February number was received very late, which may explain the rather long delay of an answer to my worthy critic. Had there been any reasonable excuse for taking the word "*curenter*" for a misprint, the result of the ignorance of a printer, I should not have said a word as to the lack of a thorough knowledge of the

Latin language with some of our otherwise able physicians; and what I did say in that respect, was intended for a good purpose. Never should foreign words or phrases be used, unless he, who wants to make use of them, is perfectly sure of their being correct. We should bear in mind that our medical journals are more or less subscribed for and read in the old country, and it is a well known fact that physicians in the old country, as a rule, are well posted in the Latin and other ancient languages. Now, if any of our foreign colleagues in reading our journals should find such misquotations of Latin words or phrases, would it not throw a dark shadow upon the author of such a paper, however good it might be otherwise? As regards the verb, selected by Hahnemann for the motto of his new discovery in the art of healing, my critic seems to lay great stress upon the primary and secondary signification of the verb *curare*, as if on account of its signifying "to cure" only secondarily and not primarily it were not the best fitting word for that famous motto. He is correct in saying that the verb *curare* signifies primarily "to treat, to care for;" then secondarily, to do so successfully, *i. e.*, "to cure." Hahnemann might have selected some other word in place of *curare*, such as "*sanare*," which primarily signify—to heal—to make sound, to cure. But he, being a linguist of great renown, must have had some good reason for giving the verb *curare* preference to any other verb. He probably looked at it in that light, that if a physician wants to *cure* a patient he must necessarily also *care* for him. And is it not the physician's duty to care for his patient the best he can, to watch him carefully during his sickness? And does not the patient throw himself into the *tender care* of his physician? Does not the whole family find comfort and relief in knowing that a sick member of their household is under the good and *tender care* of his or her medical adviser? And where is a physician who has not from sad experience some knowledge of the great *anxiety* and *care* a dangerously sick patient may sometimes cause him, even disturbing him in his night's rest? Bearing this in mind, must we not say that the verb *curare* is the most fitting word for that purpose and that Hahnemann made a splendid choice in adopting it for his motto?

But my critic has another reason for laying great stress upon the fact that the verb *curo* signify to cure—not *primarily*, but *secondarily* only. The following are his words: "The verb

curo signifies primarily *to treat*, to *care* for, then secondarily *to cure*.” Then he goes on saying: “It is important to bear this in mind in considering which form of the word should be adopted for any particular purpose.” Now what the primary or secondary signification of the verb has to do with the choice of the form in which the verb should be rendered is beyond my comprehension. Whether the verb in a given sentence should be rendered in the indicative or conjunctive mood does not in the least depend upon the fact whether the verb to be used is signifying primarily or secondarily what some one may wish it to signify. The choice of the proper mood depends altogether upon what you wish to express by it, whether you wish to make a direct assertion or to have your sentence depend upon some other word or sentence. In the first instance it requires the indicative, in the second the conjunctive mood. Hahnemann surely wanted to make a direct assertion—he wanted to show to his opponents and to the world at large his great discovery in the art of healing—that “*similars are cured by similars*,” just the opposite of the hitherto known rule of the allopathic school: “*Contraria contrariis curantur*.” Of the several languages Hahnemann was capable of conversing in, he selected the latin language as that in which he could express his idea—that newly discovered truth in the art of healing—in the shortest possible form, which he did in those three words: “*Similia similibus curantur*,”* the full mean-

*An analysis and lengthy explanation of the motto, “*Similia similibus curantur*,” may be in place here:

Similia, being the subject of our sentence, appears in the nominative case, is of the plural number and of the neutral gender, derived from the adjective *simile* (*similis*, e.). *Similibus* is derived from the same adjective; stands in the ablative case. According to the Latin grammar, with words of neutral gender, in the plural number, some other words may be understood, though not expressed in writing. Words to be understood with the above words may be such as diseases, symptoms of diseases, medicines or remedies. The verb *curantur*, being the predicate of our sentence, stands in the third person, is of the indicative mood, of the passive voice, derived from the verb *curare* (to treat, to care for and to cure). Now as to the proper interpretation of the three words in our motto we are allowed to add such words as we may find to be understood. By making use of the words, diseases and remedies, our motto might be rendered into the English: “Similar diseases are cured by similar remedies.” Or, with other words: Similar diseases, produced in the healthy, by a certain remedy, taken in the crude form and in large doses, are cured in the sick by the self-same remedy homœopathically attenuated and administered in small doses. Or,

ing of which could not have been expressed in any other language, ancient or modern, in so few words.

That the above form of the great and famous motto (the verb rendered in the indicative mood) has been original with Hahnemann, can be proven in different ways and by many instances. Let me first refer you to one of Hahnemann's books, “*The Organon of the Art of Healing*,” which was written in the early part of the now declining century, and which had its fifth edition in 1833. In the same we find that motto several times and always in the hitherto known form: “*Similia similibus curantur.*”

Let us see what the translator of the organon, the worthy Dr. C. Wesselhœft, has to say in his preface to the fifth edition of that work. On page xi. he makes the following remark: “. . . as for the rule, ‘*Similia similibus curantur,*’ physicians agree that it is the most practical guide to aid us in the selection of most, perhaps of all, medicines. We accept it as an empirical fact, not as a theory or hypothesis, as our opponents quite erroneously term it. The explanation of its workings are as numerous and varied as they are unsatisfactory, from Hahnemann to the latest expounder. Yet the rule is a good and safe one, and though imperfectly explained we may continue to apply it in practice till at some future time we may enjoy the privilege, not only of contemplating what we have cured, but, also, how it was done.”

Hahnemann himself, on page 42 of the Organon, after having bitterly criticised the old school treatment as dangerous and destructive to health, gives utterance to the following: “It was high time that the all-wise Creator and Benefactor of mankind commanded these horrors to cease, set a limit to these tortures,

as Hahnemann himself explains it in his preface to the fifth edition of the Organon, where he says: . . . “According to the principles of Homœopathy a medicine is selected which possesses the power (drug-disease) of extinguishing a natural disease by means of the similitude of its alterative qualities (*similia similibus*).” And what he expressed in these words, Hahnemann was so sure of, that he had no hesitation in contending, that no cure was effected unless by the homœopathically-indicated remedy. Of this we find on page 43 of the Organon the following assertion: “In all ages those sufferers *who were really cured* rapidly, permanently, and visibly *through medicines*, were cured alone (though without the knowledge of the physician) by a (homœopathic) remedy possessing the power of producing by itself a similar morbid condition.”

and called into existence a healing art which, as the opposite of the former, should save the strength of the patient as much as possible and restore his health directly, quickly and permanently by means of mild and few remedies which should have been previously well considered and thoroughly proved, according to their effect, and administered in the finest doses, according to the only natural law of cure, *Similia similibus curantur*, without wasting the vital force and substance by emetics, protracted sweeping out of the bowels, warm baths, sudorifics, or salivation.”

We also find an instance in the *Organon* where Hahnemann criticised the wilful alteration of the motto introduced by himself. In criticising a certain pamphlet, the title of which was “*Isopathy of Contagions*,” etc., he says: “. . . particularly Dr. Gross, who proclaims this isopathy (*æqualia æqualibus*) as the only true principle, while he considers *similia similibus* merely makeshift. This is truly ungrateful, since he is indebted to *similia similibus* for reputation and fortune.” Let us pause here for a moment to think what Hahnemann, that great reformer of the art of healing, “though dead yet speaks,” would say to that uncalled for alteration of the old famous motto as contemplated in our days!

There is still another loudly speaking proof thereof that the motto in question has been original with Hahnemann in the hitherto known form, that upon all monuments erected in his honor and on all busts cast in remembrance of him we find the motto engraved upon them in that well known form only. Now would it be reasonable to suppose, that Hahnemann’s friends and adherers would have disgraced their famous leader so shamefully as to make use of a form of his motto which had not been original with him and to which he had been antagonistic in his life? Indeed not!

As to the difference between the indicative and conjunctive (subjunctive) moods I will briefly say: the indicative is the mood of direct assertion; the conjunctive (subjunctive) mood in general expresses the verbal idea with some modification, such as is expressed in English by auxiliaries. Now of these auxiliaries there are quite many in the English language on account of its insufficiency for the purpose of translating from foreign languages, especially from the Latin language, and the word: “may and might be” is one of them. Why, according to my

critic's dictum, the word "curentur" (it being the conjunctive mood of the passive voice) could not by any possibility be correctly rendered into the English by "*may be cured*" is a puzzle to me and I shall leave it to any well-posted Latin scholar to decide. In conclusion, let me repeat what I have said on some other occasion—that by changing the verb "curantur" into "curentur," the indicative into the conjunctive mood, "Hahnemann's certainty and reliability of the efficacy of his remedies, applied in accordance with his motto, is undermined and given up and turned into an uncertain possibility.

Yours with much respect,

DR. E. G. H. M.

A LETTER FROM DR. NASH.

April 2d, 1900.

Editor HOMŒOPATHIC RECORDER.

The enclosed letter is one of many that I have received from Maine to California, and from city and country physicians. I have not time to answer them all and wish to do so through your pages.

It is an old adage that "words are cheap," but it is equally true that *such* words are very gratifying to an author who has written with a view to help his brethren and to advance the cause so near the heart of every homœopath. I thank you, my colleagues, for your *cheering words*.

Fraternally,

DR. E. B. NASH.

28 Clinton Avenue, Cortland, N. Y.

HERMOSA, March 29th, 1900.

E. B. NASH, M. D., Courtland, N. Y.

Dear Sir.—I have been spending the last few hours in reading your "Leaders in Typhoid," and can not resist the temptation to say to you, "God bless you" for writing it.

I do not believe you half realize what a help such books are (where remedies are *differentiated*), especially to the young physician.

You have a most delightful way of expressing yourself, and makes one feel always as if they had had a good *visit* after reading out of either one of your charming little books.

I do wish, and I am sure others also, that you would give the profession more of these monographs. We need them.

Cordially,

M. V. MAXSON.

A BOOK TO SUIT ALL TASTES.

By T. C. Duncan, M. D.

This book (*New Old and Forgotten Remedies*) is a rich mine of therapeutic hints. It certainly is a continuation of Hale's *New Remedies*—for many new remedies are old, so old as to be forgotten. The work of the editor was no sinecure. In 1866 I assisted Dr. Hale to collect material for his *New Remedies* and was secretary of the N. W. Provers' Association that proved and attempted to prove several drugs that helped to swell his book. This was exciting work, something like the semi-annual hunt for roots and herbs (ducks and birds) with our old family physician of botanic proclivities (vide 202). His knowledge of indigenous remedies was only matched by his skill as a hunter. To discover new drugs and new effects leads into a new world. This book of Anshutz's lacks the many clinical surmises of Hale's work. It is a collection of a mass of short stories interesting as any novel and far more profitable to the physician. One thing about the articles in this book, each drug usually cures only one disease or condition and will suit men with short memories. We suggest that the physician take his fountain pen and add the name of the disease that it cures to that of the drug at the top of the page. This book would have delighted the soul of Hale. Hering would have soon had it all marked up for his amanuensis to copy out the marked symptoms. Then he would, with a coterie of genial souls some evenings, bring out the slips of symptoms and tell of their value and what drug they would compare with. This game of cards he made interesting and profitable. Hahnemann would have went into ecstasies over the many illustrations of similia to be found in these words of 90 promising remedies. Lippe would have devoured this book with a growl (that it was not more complete), but would have marked many symptoms, and his patients would have soon verified or disproved the facts claimed. Analytical Guernsey would have picked out the key-notes at the

first sitting. Logical Raue would have soon made out the mental peculiarities. Scientific men from a bone may evolve the animal. The true student of similia welcomes new or old drugs that have a therapeutic promise. I turned at once to find some new heart remedies, missed *Strophanthus*, but found one (*Latrodectus*) analyzed by that prince of writers, skilled alike in Materia Medica and pathology, Prof. S. A. Jones. The seeker after novel articles will find them in plenty. Some from the pen of Dewey—our victorious Dewey. It is said that the Indians in the Saskatchewan country make a poison that works all winter and kills only with spring. Is this not foreshadowed in *Helderma horridus* (p. 150)? But that is not the only promising drug from the wild and wonderful West (*vide Loco weed*, etc.). The collection comes from all parts of the world for your special benefit. In a few years we hope to see another volume of such good things. Thanks for Anshutz; thanks B. & T.

HOMŒOPATHY IN THE TRANSVAAL.

By A. Kalt-Reuleaux, Johannesburg, Transvaal.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Zeitschrift f. Hom.*, Jan. 1900.

In discussing the military situation in South Africa, the state of the sanitary establishment of the Boers is frequently mooted. Even the cultivated society of Europe, which is usually so well informed as to countries and peoples, has only very inaccurate information as to the actual sanitary state obtaining either in the Dutch republics or in the adjacent British possessions. The functions of physicians and pharmacutists in newly opened and sparsely-settled districts must of necessity receive new forms, differing in many ways from our established practice. Large cities and even populous mining towns and country towns are but few in number. Rural, widely extended farm districts and ranches, where every large or small proprietor is "monarch of all he surveys," predominate and the different farms are often twenty to thirty miles apart. In the large cities, such as Pretoria, Johannesburg, Bloemfontein and the more considerable of the towns and cities of the Cape Colony and of Natal, there are physicians graduated from the universities; a number of the German physicians have even had experience as assistant sur-

geons in the large hospitals of Germany, and there are also pharmacies with all the modern improvements and conducted with skill and conscientiousness. But only the more wealthy classes and the members of beneficent societies, such as the Odd Fellows, Druids, Foresters, etc., can enjoy the advantages of such sanitary assistance. The *misera plebs*, to which mechanics and the colored races belong, can only call in their aid in the most urgent necessity. The visit of a physician in the built-up portion of the city costs four dollars, a consultation in his office two dollars and a half, and surgical operations soar beyond any ordinary purse. The price of medicines in the pharmacies, which are always allopathic, move within similar bounds. Even in the land of gold the words of Mirza Shaffy are realized:

A worse misfortune than the death
Of even well-beloved friends
Is dread Necessity.

In the country towns, also, where we find physicians and pharmacies, we find a similar state of affairs, to which is added the further trouble that physicians and allopathic pharmacutists join hand in endeavoring to squeeze people's purses. There are, of course, also splendid exceptions to this rule among physicians and apothecaries, but exceptions only prove the rule. To ease their work and to be able to dispense with the services of experienced clerks, skilled in filling prescriptions, the use of English and American allopathic patent medicines is continually on the increase, and these are smilingly prescribed in large doses by the disciples of *Æsculapius* to their credulous patients.

The question then arises, What is the refuge of the large part of the population of towns, and of the Boers who are occupied as ranchers and farmers in case of their falling ill? and even the strongest and most hardened constitutions are subject to disease. Homœopathy here appears as a dispenser of blessings, as it shows the greatest successes in curing both acute and chronic diseases, cel brating a continually increasing series of victories over allopaths also in the large cities. Dr. Mangold, of Munich, a conscientious homœopath, who, I am sorry to say, fell at Elandslaage, had opened a sanatorium in Johannesburg which was devoted exclusively to the homœopathic and cold water treatment of patients. This establishment was especially sought by patients suffering from climatic fever, and they seldom failed to find relief; while allopathic doctors by dosing them with

Quinine give them what is called the black-water fever. Old settlers shun *Quinine* as they would shun poison, and most of them take their refuge in Homœopathy, which shows also remarkable successes in affections of the liver and the heart, so frequent in the tropics.

The Boers, who live scattered over the high plateau of the republics, as also the foreign farmers, are almost without exception faithful and obedient adherents of the Hahnemannian curative method. On every farm the Boer keeps in readiness a larger or smaller collection of homœopathic domestic remedies as a refuge in cases of disease in his family. *Arnica* and preparations of *Eucalyptus* occupy a leading place in their medicine-boxes. They are seldom without a *Vade mecum* of Homœopathic Practice for men and animals, written in Dutch. The general stores in the leading centres of the various districts of both the republics have of late taken to keeping homœopathic family medicine chests on hand, with 60–150 remedies in a polished wooden case, fluctuating in price from 50 to 75 dollars. These are largely of British or American make, but the quality of these preparations does not always agree with their noisy advertisements seen in all railroad depots in excellently executed posters. The makers of these medicines save in the preparation of their remedies the large sums they waste for advertisements. The more intelligent people, therefore, buy in preference medicine boxes of responsible pharmacists.

The preachers of the Dutch Reformed churches always have on hand such medicine chests and also separate medicines. So, when the Boers of the district gather together to celebrate the holy communion or for other festivals, frequently coming 60 miles or more on horseback or in their well-known wagons drawn by 18 oxen, they never fail to replete their collection of homœopathic medicines. The medicines most sought after are remedies for snake-bites and for the cure of rheumatism. The leaves of *Eucalyptus globulus* are pressed out to secure their oil, which is considered infallible in its antiseptic effects in wounds; while a powerful specific is prepared from the fat of the *Iguana*, a gigantic lizard; this is used, *e. g.*, in rubbing the hips of parturient women.

The monastery of the Trappists, situated at Mariaun hill, has also lent itself to the dissemination of homœopathic remedies the Jesuit fathers in Johannesburg, as also the Morists in

Rustenburg, possess extensive homœopathic medicine-chests, which they dispense also to the citizens of these towns. P. Claruz, S. J., is considered one of the most learned and experienced homœopaths, although his special department is that of chemist and physicist. He has also used the fat of the iguana for years in sprains and in the fractures of limbs after the removal of the bandages. Of late he is also said to have successfully used one of the euphorbiaceæ from Columbia in cases of leprosy.*

The commandos of the Boers in the present campaign are also using as lazareths litters placed on mules, and carry homœopathic medicine boxes with a full supply of bandages. Their application is put into the hands of the preachers, who devote themselves to nursing the sick and wounded as soon as the Boers are commandeered. This latter measure, of course, turns out as it will, sometimes well and sometimes ill.

PILES.

Translated for the HOMŒOPATHIC RECORDER from the *Leipzig. Pop. Z. f. Hom.*, March, 1900.

Mrs. J. G., 41 years old, has been married for 16 years in a childless marriage. Even before this, in difficult stools, she had suffered from protusion of the intestine, but it was inconsiderable, and it was quickly relieved by bathing and rubbing with *Mullein oil*. Since for a year past the patient was inclined to diarrhœa; she supposed that such a slight attack had again set in, when in the first days of January, 1899, she again noticed such protusion. But soon severe pains and a violent burning appeared. The midwife, who was first called on for help, found a protruding hard knot as large as a cherry. A compress with *Mullein oil*, a daily sit-bath, and abluent tea caused this knot to disappear in a week; but soon another knot, not quite so hard and so large, appeared. This knot has now resisted for eight days the treatment above described, increasing and decreasing by turns, very painful, hindering the patient in her domestic occupations, as the pain is aggravated at every motion and is almost unbearable even while lying down. It was, perhaps,

* This is presumably *Jatropha gossipifolia* which was recommended for leprosy in No. 21-22 of 1899, which belongs to the *Euphorbiaceæ*, and comes from Columbia.

peculiar that the first knot had appeared simultaneously with her period, which otherwise was quite normal; there was no bleeding. It was, therefore, a case of blind piles. The patient also especially complained of frequent ineffective urging to stool.

The inclination to diarrhœa, the extraordinarily severe burning and the intolerable nature of the pains, as well as the aggravation at every movement, while the pains continued even while lying down, as well as the frequent, ineffective urging to stool, caused me to select *Arsenicum album* and *Causticum*, the latter remedy being but rarely used in piles. On the 10th of January, 1899, the patient, therefore, received *Arsen. alb.* and *Causticum* in the 6 D. trituration, three doses a day, as large as a pea, taken dry and allowed to dissolve on the tongue. On February 4 the patient reported that she had taken the medicine as prescribed, the result being an improvement in every direction, the knot having gone back. When the next period set in, another small knot appeared, but not so painful. This knot soon disappeared and a larger one appeared, less painful than before, but still with lancinations. When the menstruation ceased on February 30, everything disappeared, only small folds of mucous membrane still project and cause slight inconvenience. I prescribed again *Arsen. alb.* 6 trit. and *Causticum* 6 trit., but only 2 doses a day. I did not hear from the patient as to the result. Had there been a complete cure? or had an aggravation set in, and the patient gone elsewhere for help? On the 12th of January, 1900, I heard from her again, and she sent me my prescription accompanied with the following words: "Please send me the medicines on this prescription. I used them a year ago on your kind prescription and have been, so far, free from my ailment, but I would like to have the medicine in case of a relapse."

E. K. Z.

CURE OF SCIATICA.

By Dr. Goullon.

Translated for the HOMŒOPATHIC RECORDER from the *Leipzig. Pop. Z. f. Hom.*, March, 1900.

Sciatica, when it has once established itself, is a most stubborn ailment. The pains are very exhausting; they especially disturb nightly rest, causing the patients to grow weaker rapidly. The palliative of injections of morphine, which I of course never

use, is merely a palliative. Relapses are sure to come, especially when this ischiadic neuralgia or gout, which has its seat in the broad, extensive ischiadic nerve, attacks persons who cannot take the necessary rest, or whose body has in general become paralytic and unable to offer resistance.

Homœopathy is well able to treat this disease even to a full cure; the advantage that it can do without external remedies, which are often merely harmful, must not be undervalued.

On the 15th May of last year Rev. H. requested my assistance for a patient who was too far off to be visited.

“Mrs. R. (whose occupation as mid-wife must surely have frequently exposed her to all kinds of weather and also to colds and sleepless nights) had been suffering for three months from sciatica, especially in the bend of the knee, though it extends over the whole leg; she laments day and night over violent pains, which compel her to continually lie down, as she cannot stand. She is receiving no medicine, but is endeavoring continually to cure herself by forced perspiration. She has also been in the clinic of Dr. D., in P., where she was in vain treated with instruments and baths.” Thus there had been a complete failure of allopathy. “Her last and only hope is in homœopathic medicines!”

And this did not disappoint her.

On the 23d of May came this report: “As to the state of Mrs. R., I can to-day already report a decided improvement. The pains have so much diminished, that the patient could be up all day yesterday, while before she had to stay abed all day; the formication in the sole of the feet has also diminished, the appetite is better; she is especially rejoiced over the fact that for the first time in eighteen weeks she could sleep the whole night through.” She now hopes “to be soon restored entirely or *almost* entirely.”

My treatment in such cases begins with the use of *Bryonia* and *Rhus*, which beautifully complement one another in their cure of rheumatism; I give them in alternation, without regard to the question whether amelioration sets in at once or not, though it never fails to appear; or I combine these remedies with the antipsorics *Calcarea carb.* and *Silicea*. Thus I gave the patient a dose of *Bryonia*, after two hours *Calcar. carb.* and again *Bryonia* and so on. Later on, say, in two days, I give in the same way *Rhus* and *Silicea*. *Colcynthis* is unreliable, *Kali carb.* is

sometimes indicated in *lancinating* pains with inability to turn the hip-joint; *Tartarus stibiatus* more in general acute gout.

Clotar Mueller says of *Tartarus stib.*: "In severe rheumatism of the *joints*, manifesting itself, now here, now there, through pain, swelling and redness, also attacking sometimes several parts at the same time, *Tartarus stibiatus* generally brings speedy relief."

Rhus and *Bryonia* are also specific in neuralgia proper. They their of themselves complete the cure, or they are the avant-couriers of more drastic leading remedies. Such aids were formerly called "adjuvants."

On the 24th of May I repeated *Rhus*, *Bryonia*, *Calcar. carb.* and *Silicea*, and I had the great satisfaction of receiving the following concluding lines from the reverend gentleman: "The woman has been completely cured by you of sciatica, and is happy in finding herself restored. I am very glad myself to see this triumph of Homœopathy."

Of course, other remedies may also be occasionally required, as *e. g.*, *Arsenicum*, where the pains occur chiefly in the night, and where there is great weakness and exhaustion.

Schuessler's *Magnesia phosph.* alternating in a similar manner with *Kalium chloratum*, just as our remedies mentioned above were given, correspond to indications of pains and probable exudations in the sheath of the sciatic nerve.

In case of need, applications of hot sand bags or rubbing with cognac and sea salt are recommended. In a desperate case (not under my charge) rubbing with ice relieved the pains. But even the pain-expeller now coming into use again, or rubbing with lotions containing 5 to 10 per cent. of oil of chloroform, cannot compare with the homœopathic medicines indicated, among which we may lastly number *Hamamelis*, taken internally and externally.

SOME HINTS FROM FOREIGN JOURNALS.

AFTER INTERNAL HÆMORRHAGE the *consumption of liquids* is, for a time, *to be limited*. Patients who have lost much blood are usually thirsty. When the bleeding vessels have been safely closed drinking is useful, because it contributes to replace the blood lost. But so long as, in internal hæmorrhage, there is only a loose clot which prevents a farther hæmorrhage, a greater

supply of liquid may, by increasing the pressure on the walls of the blood vessels, easily loosen this clot. Experience seems to prove that copious drinking may cause the renewal of a hæmorrhage which has only just been stilled, while abstinence from liquids favors the consolidation of the thrombus. We take care that patients who have had an internal hemorrhage do not receive during the first two or three days more than a quart of liquids within 24 hours. If they are tormented with thirst this may be relieved by rinsing the mouth with cooling beverages or ice. (*"Therapie der Gegenwart,"* 1900.'1.)

In APOPLECTIC COMA patients are to be laid on their side, so long as they lie unconscious owing to the apoplectic stroke. With those suffering from apoplexy, as with those suffering from narcosis, the muscular tissue of the fauces is paralyzed; when laid on the back, the back part of the tongue sinks back into the fauces, and the danger of suffocation is the more imminent, as the saliva gathering in the mouth may flow back into the larynx. An apoplectic patient ought to be laid on *the side affected*; this removes the danger of blocking up the entrance to the bronchi by the base of the tongue, and the liquid gathering in the mouth can then flow off unobstructed outward. (*"Therapie der Gegenwart,"* 1900.'1.)

The HYPNOTIC THERAPY OF SUGGESTION is thus spoken of by Kussmaul in his *"Jugenderinnerungen"* (p. 268): This therapy contravenes one of the supreme principles in the treatment of neurotic patients, which is: to avoid everything which may further weaken the debilitated ego, and to omit nothing which may strengthen it, and especially that which may add strength to the debilitated will. The patient too easily becomes an instrument without energy in the hands of the hypnotizer, and thus a pitiable moral weakling. This questionable remedy should be used by physicians only in the most extreme necessity.

CEANOTHUS.

By J. C. Fahnestock, A. M., M. D., Piqua, Ohio.

I wish to call the attention of the readers of the *Medical Century* to a very valuable remedy; a remedy very little used by most physicians and possibly never by many—*Ceanothus*.

This oversight is not strange, as it has only been used empirically and no proving has ever been made of it so far as I

know. Its principal and almost sole use has been in splenitis, where it has accomplished much good.

During last summer and this winter I made several provings of *Ceanothus*. To my surprise the first symptom noticed was a sticking pain in the spleen, and after the continued use of the remedy there was quite an enlargement of that organ, worse by motion, but at the same time unable to lie on the left side; following this there was pain in the liver, a congestion and enlargement, with sticking pains worse by motion or touch.

Pain in lumbar region with a desire to urinate.

The prover for several days and nights was unable to get any rest, owing to these aggravating pains in the sides; when lying on left side the pain in the spleen was so great I could not lie still and upon turning over I experienced the same difficulty on opposite side. At this time the urine had a green color, bile being found in the urine, urine frothy, traces of sugar with an alkaline reaction, sp. gr. 1030.

Pain and weak sensation in umbilical region. A generally weak sensation. Pain and soreness in muscles on exterior part of thighs noticed in every prover.

Tongue coated in the centre with a dirty white coating. Loss of appetite. Loss of flesh was noted in one prover, with general weakness, and paleness of face.

Stools become clay-colored, showing an action on the liver.

One prover who had malaria several years ago developed a beautiful case after a somewhat prolonged use of the drug.

Every physician using *Ceanothus* in splenitis following malarial fever knows full well its wonderful action. Where the spleen is affected from any cause, with enlargement, deep sticking pains, worse by motion, but at the same time unable to lie on left side, the case will generally yield quickly to *Ceanothus*.

I have at the present time a case of pernicious anemia, accompanied by spleen pains, rapidly improving from the use of *Ceanothus*.

I would suggest the remedy in question for leukemia; pseudo-leukemia; splenic anemia, and Hodgkin's disease. Also, for the so-called bilious attacks, the patient having a dirty white coating on tongue, pain in liver and spleen, with or without clay-colored stools, possibly with pains in umbilical region and with it all a general tired feeling.

When this drug becomes thoroughly known it no doubt will be a great remedy for malaria and its effects.—*Medical Century*.

PERIODICAL HEADACHES AND CHINA, AND
ISCHIAS AND CEDRON.

By Dr. Berlin in Guben.

Translated for the HOMŒOPATHIC RECORDER, from *Leipziger Pop. Z. fuer Hom.*, October, 1899.

Among the remedies which cause periodical neurotic pains or, in general, periodical diseases when proved on healthy persons, CHINA and its alkaloid CHININE, and CEDRON occupy the first place. *Trinks* is therefore correct in saying that in ailments manifesting a more or less pronounced periodicity *China* ought to be especially considered.

1. Mrs. Sch., in L., aged 32 years, was afflicted some six years ago, while nursing an infant, with headache, and this has not passed away since, although she was repeatedly treated for it. When at the advice of the physician she weaned the child, the pains, indeed, diminished, and now and then disappeared for several days, sometimes altogether, but they would always return and last then for weeks. In the last two years the pains have much increased in violence, as well as in duration, so that they do not stop for four to five weeks at a time. At present the pains have lasted for six weeks, and two physicians were called in, in vain. She is large and vigorous, and looks anæmic, but had little or nothing to complain of anæmic troubles. The appetite was good, the stool and menses in order. The patient describes the pains as lancinating, boring and pulsating in the forehead, the temples, and the vertex, as if it would burst out at the top. The most painful feature were the lancinations darting right through the head. She is extremely sensitive to noise and music, and complains of violent dizziness coming on in paroxysms, especially when stooping and then raising up her head. The scalp is very painful to the touch, so that it is almost impossible to comb her hair. The headache comes on every day exactly at 9 A. M., and between 10 and 12 it becomes almost unbearable; it begins diminishing about 1 P. M. and is gone by 2 o'clock. Cold feet.

On March 1, 1898, I gave the patient *China*, 1 D., 5 drops, 4 times a day. To warm her cold feet, I ordered in daily alternation a warm foot-bath and a steambath, washing the feet after-

wards in luke-warm water. On the 8th of March the patient came to tell me that for the last five days she had no headache, while she had been afraid that she would never be delivered from it. In June I accidentally met the lady, and heard that she had had no relapse.

2. Mrs. G., in G., about forty years old, looks pale and complains of occasional weariness and tiredness. The appetite is not very good, but not very bad. She perspires much at night. Now and then, dizziness and buzzing of the ears. Her chief trouble, however, is a headache which has now lasted for several weeks. The pains are of an indefinite nature, now pressive, then boring, then again pulsating. It occupies, more or less, the whole of the head, although it is most violent in the anterior parts. While the pains last, there is a chill all over the body. All the part of the head which is covered with hair is very sensitive, and every touch increases the pain, or easily brings it back. A quiet position eases the pain. The headache appears every forenoon at 10 o'clock and lasts till 5 P. M., when it gradually ceases.

Considering the periodical appearance of the pains, I gave her *Chinin. sulphur*, 3 dilution, 5 drops every 2 or 3 hours. I did not see the patient again, but in June when she called me in to see her sick child I heard that the headache had only come back once, and then only to a slight degree.

3. Miss W., in L., aged 21 years, had been suffering for some time from ischias of the right leg. She received all in vain *Rhus tox*, D. 4, *Colocynthis* D. 4, *Guaphalium polyc.* D. 1. As she could not, owing to her position, take care of herself, and had to walk much and also sit up late in the evenings, the improvements, which were slow to appear, never lasted long. On the 26th of November, 1897, she again consulted me, and told me that the pain was this time quite different from what it was before, as she had hardly any pain all day, but as soon as the clock struck 8 in the evening, the pain in her limb began and then lasted for 2-3 hours. I prescribed *Cedron* 2 D., five drops every two hours. On the 4th of December she reported that the attacks soon ceased, and that she had hardly any pains on the evenings preceding. The same prescription. She remained cured until May, 1898, when, after taking a violent cold, the ischias returned.

EFFECTS OF ACIDUM MURIATICUM.

By Dr. Goullon.

Translated for the HOMŒOPATHIC RECORDER from *Leipzig. Pop. Z. f. Hom.*, October, 1899.

Muriatic acid is a favorite remedy of Allopathy. It is given in routine fashion as a stimulant, or, as it was formerly denominated, a stomach-remedy. It is also given as a substitute for pepsin-wine. More scientific physicians first determine whether the stomach contains too little or too much acid, *Acetic acid* and *Lactic acid* being considered as well as *Muriatic acid*. If there is already an excess of acid, additional acid in the form of *Muriatic acid* could only be given according to homœopathic principles and only in correspondingly minute doses. Now we may dispute as to what a minute dose in this case might be. The essence of Homœopathy *per se* is not, as we know, tied to the minuteness of the dose; on the other hand, *Acidum muriaticum*, as well as the other mineral acids, is already in an active state; *i. e.*, needs not to be diluted, and can nevertheless claim to be homœopathic.

In this case, no allopath would think of giving the remedy in the form that we hold best, and which experience, the highest court of appeals in such disputed questions, has decreed.

Where there is an actual deficit in acids, a lack of the same in the digestive fluids (the gastric juice) which ought to be supplied, in other words, where chemistry is the leading factor, these only allopathic doses can avail.

A physician of extended practice, Dr. J., in N. (now deceased), owed a good part of his renown to a skillful use of *Muriatic acid* in comparatively large doses, by which the lacking appetite was restored and the digestive faculty measurably increased.

To give some direction as to the use of *Acid muriat.* from our point of view, I will state the dose which proved useful with one of my patients. He himself said: "By thinking upon it, my choice fell on diluted *Muriatic acid*, which may be bought in any drug store, and which had been so much praised of late. I poured 5 drops into 50 grammes of water and sipped it while eating dinner and supper, and it always benefited me, and I am no more troubled so much in the evening with distension of the abdomen. My sleep is good, my appetite improved and my stool comparatively good."

Of course *Acid mur.* 1 or 2 dec. will do the same service.

BOOK NOTICES.

Indigestion: Its Causes and Cure. By John H. Clarke, M. D., Consulting Physician to the London Homœopathic Hospital, etc. American Edition, Revised and Enlarged from the Fifth English Edition. 147 pages. Cloth, 75 cents; by mail, 80 cents. Philadelphia: Boericke & Tafel. 1900.

“Considering the enormous influence the human stomach has exercised on the history of the world and of individuals, it is astonishing that people are so little careful how they treat it and what they put into it” is the way Dr. Clarke opens. The book is well-known, but better in England, where it is in its fifth edition, than in the United States, but its sterling qualities will soon make friends for it here. It is a useful little book.

Saunders' Question Compend No. 17. Essentials of Diagnosis Arranged in the form of Questions and Answers. Prepared especially for Students of Medicines By Solomon Solis-Cohen, M. D., Professor of Clinical Medicine and Therapeutics in the Philadelphia Polyclinic, etc., and Augustus A. Eshner, M. D. Illustrated. Second Edition, Revised and Enlarged. 417 pages. Cloth, \$1.00. Philadelphia: W. B. Saunders. 1900.

Another edition of the famous “Question Compend” Series, this one the excellent No. 17, on Diagnosis.

A Hand-Book for Nurses. By J. K. Watson, M. D., Edinburgh. Late House Surgeon, Essex and Colchester Hospital, etc. American Edition under the supervision of A. A. Stevens, A. M., M. D., Prof. of Pathology in the Woman's Medical College of Pennsylvania; Lecturer on Physiological Diagnosis in the University of Pennsylvania, etc. 413 pages. Cloth, \$1.50. Philadelphia: W. B. Saunders. 1900.

Dr. Stevens says that this book “has so many excellent qualities that no apology is needed for introducing it to those who are engaged in the study of nursing.” And the fact that

a publisher of Mr. Saunders' experience has consented to risk an American edition is a further guarantee of its excellence. Throughout the book runs a marginal index that greatly adds to its excellence.

The Anatomy of the Brain. A Text-Book for Medical Students. By Richard H. Whitehead, M. D. Professor of Anatomy in the University of North Carolina. Illustrated with Forty-one Engravings. $6\frac{1}{4} \times 9\frac{1}{2}$ inches. Pages, v-96. Extra Vellum Cloth, \$1.00, net. The F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia, Pa.

Medical students, and others, who want to study the anatomy of the brain will find Dr. Whitehead's able work of great assistance.

Injuries to the Eye in Their Medico-Legal Aspect. By S. Baudry, M. D. Professor in the Faculty of Medicine, University of Lille, France, etc. Translated from the original by Alfred James Ostheimer, Jr., M. D., of Philadelphia, Pa. Revised and edited by Charles A. Oliver, A. M., M. D. Attending Surgeon to the Wills Eye Hospital; Ophthalmic Surgeon to the Philadelphia Hospital; Member of the American and French Ophthalmological Societies, etc. With an adaptation of the Medico-Legal Chapter to the Courts of the United States of America, by Charles Sinkler, Esq., Member of the Philadelphia Bar. $5\frac{5}{8} \times 7\frac{7}{8}$ inches. Pages. x-161. Extra cloth, \$1.00, net. The F. A. Davis Co., publishers, 1914-16 Cherry St., Philadelphia, Pa.

This work attracted a great deal of notice in France, where it is now in its second edition. Some idea of the labor of the author may be had when it is known that his bibliographical references number 164. Any one liable to be called upon to give an opinion as an expert in eye injuries will find it invaluable.

British, Colonial and Continental Homœopathic Medical Directory, 1900. Edited by a Member of the British Homœopathic Society and Dr. Alexander Villers. 120 pages. London: Homœopathic Publishing Company, 12 Warwick Lane, Paternoster Row, E. C.

This directory has come to stay, apparently, and each year becomes more complete. It takes in all the homœopathic physicians in the world save those in America, and will be a valuable little work for any one visiting Europe this summer.

“Homœopathy, What It Is and Why It Is,” is the title of a 30 page pamphlet by Dr. D. H. Roberts, Owatonna, Minn. It was written for intelligent, thinking people, and is designed to interest and instruct them in Homœopathy. It is published by the author, and the price is 5 cents per copy.

Messrs. Boericke & Tafel have printed a slip containing a few corrections, and additions, that Dr. A. R. Morgan has made to his *Repertory of the Urinary Organs*, and will mail it to any one possessing a copy of that valuable work requesting it. Address any of their pharmacies.

CLEVELAND, April 5, 1900.

BOERICKE & TAFEL, Philadelphia.

Gentlemen: The complimentary copy of Nash's "Leaders in Homœopathic Therapeutics" at hand. It has given me great pleasure to recommend this excellent work to my class in *Materia Medica*. The book is bristling with good things and is just the thing to clinch the remedy in the minds of the students. Accept my thanks.

Vesry respectfully,

T. W. SOMERS,
1509 Lorain St.

PHILADELPHIA, April 12th, 1900.

MESSRS. BOERICKE & TAFEL.

Gentlemen: Kindly accept my thanks for the complimentary copy Douglass's "Skin Diseases." I have looked it over carefully and consider it a very satisfactory work and shall recommend it to the students as a text-book in the coming announcement of the Hahnemann Medical College. It is a great advance over all works on skin diseases heretofore published by members of our school.

Truly yours,

EDWARD M. GRAMM.

Homœopathic Recorder.

PUBLISHED MONTHLY AT LANCASTER, PA.,

By BOERICKE & TAFEL.

SUBSCRIPTION, \$1.00, TO FOREIGN COUNTRIES \$1.24 PER ANNUM

Address communications, books for review, exchanges, etc., for the editor, to

E. P. ANSHUTZ, P. O. Box 921, Philadelphia, Pa.

Dr. "E. G. H. M." is not yet satisfied on the "*Curantur*," "*Curentur*," question, and in this number of the RECORDER we publish another communication from him on the subject; also, that the argument of the other side may be compared, we print in abstract of A. I. H. Trans., the gist of the reasons for making the change. Hahnemann is claimed as supporting both sides, and when, if ever, this point is definitely settled, that ought to decide, for surely if Hahnemann positively affirms either spelling that ought to settle the matter beyond cavil. From Dr. McClelland's paper it looks as though Hahnemann used *Curentur*.

INSTRUCTIONS FOR OBTAINING A LICENSE TO PRACTICE MEDICINE IN PENNSYLVANIA.

There are two examinations held yearly, in June and December respectively.

Application should be made to Hon. James W. Latta, Secretary Medical Council, Harrisburg, Pa., at least two weeks before the date of an examination, enclosing a check for \$25, drawn to the order of "THE MEDICAL COUNCIL OF PENNSYLVANIA." The necessary blank forms, together with a copy of the "Rules of the Medical Council of Pennsylvania," will be promptly sent in return.

The blank "Certificate of Medical Education" should be filled by the Dean or Registrar of the Medical College from which the applicant was graduated, and forwarded to Secretary Latta, who will then send a "card" permitting an examination by the Medical Board of the applicant's choice.

By unanimous vote of the Examining Board at annual meeting, April 3, 1900, this official notice is hereby sent you.

JOSEPH C. GUERNSEY, M. D.,
Secretary.

AMERICAN INSTITUTE OF HOMŒOPATHY WILL MEET AT WASHINGTON.

The following letter is of general interest; do not forget to send Dr. McClelland your contribution *at once*:

NEW YORK CITY, April 24, 1900.

E. P. ANSHUTZ, M. D.,
Editor of the HOMŒOPATHIC RECORDER,
Philadelphia, Pa.

Dear Doctor:—At a joint meeting of the Executive and Monument Committees, held at Washington some weeks since, it was thought possible that the monument might be dedicated on the 5th of June. Later developments have finally convinced the Monument Committee that it will be impossible for them to have the monument ready for dedication on that date. On the 20th of April, after a conference between representatives of the Executive and Monument Committees, it was decided that the Institute should meet in Washington on June 19th, 1900. The Monument Committee expect by that time to have everything in readiness for the dedication of the Monument.

I am very glad to be able to state that the present outlook is for a very large and enthusiastic meeting. Aside from the fact that Washington itself has many and notable attractions for the sight-seer, the dedication of the monument, which will be a most notable and impressive ceremony, will suffice to largely increase the attendance of the Institute meeting.

The sectional programs are nearly completed. Papers of great practical value and interest will be read by some of our best thinkers and writers, and will be discussed by those especially fitted for such debate. The various committees have their work well in hand, and some well prepared and well digested business will be brought before the Institute for its consideration.

Very much has been written about the need of money to complete the monument, but it may not be amiss to add a word or two to what has been already said. Money is still needed to complete the final payments. It is the plain duty of the profession to meet its honorable obligations, and this sentiment is growing fast. The monument is a veritable creation of genius, a most magnificent work of art. Its erection will not only honor the founder of the school, but all those who have a part in the work. We are under bonds before the world to complete and dedicate this monument next June.

Send what you may be able at once to the Chairman of the Monument Committee, Dr. James H. McClelland, corner Fifth and Wilkins avenues, Pittsburgh, Pa. While the Institute meets on the 19th of June, it is the present intention to have the monument dedicated on the 21st.

A full programme of meeting, with all its details, will be found in an annual circular, which will be issued the latter part of May.

I am,

Fraternally yours,

E. H. PORTER.

PERSONALS.

Dr. Arkhangel'sky is dead, and has left his fortune to assist young physicians in that too often tough first year.

• When an idea escapes one it is as hard to catch again as a hen in the garden.

Yes, John, money talks and so do women, but what of it? Think you've got hold of a point, lad?

The point of a witticism is easily blunted by too frequent use.

Dr. Franklin C. Woodruff has removed from Roseville avenue to 351 Bellville avenue, Newark, N. J.

Brain work is the most wearing sort of work—for some.

The Board of Health of Gouverneur, N. Y., has reappointed B. W. Severance, M. D., as the health officer. This speaks well for the doctor, as there was strong opposition.

At a recent meeting of preachers it was voted by the majority that dancing is to "continue to be a sin."

"The Cleveland Homœopathic Reporter" is the latest born. Dr. J. Richey Horner, editor.

An accommodating homœopathic pharmacist advertises: "Tinctures are made here from fresh plants, unless otherwise called for."

The next meeting of American Institute of Homœopathy will be at Washington, June 19th.

Dr. J. T. Kent has removed from Philadelphia to 1334 Hinman avenue, Evanston, Ill.

A missionary once asked a Far West gentleman what was his "denomination," and after a moment's hesitation came the answer: "44 Smith and Wesson."

Yes, John, you are right; the redeeming feature of false teeth is that when they begin to chatter you can take them out.

Dr. Stuart Close has removed to 209 Hancock street, Brooklyn, N. Y.

American Edition of Clarke's *Indigestion* is just out.

Don't forget to send your contribution to monument fund.

From all over the land comes the anxious question: "What's the score?"

Only one dollar a year for the HOMŒOPATHIC RECORDER. Send in your subscription.

Dr. Edwin N. Coon, De Ruyter, N. Y., would like to correspond with a young physician who may desire to build up a practice in central New York.

THE
HOMŒOPATHIC RECORDER.

VOL. XV.

LANCASTER, PA., JUNE, 1900.

No. 6

“AN EQUATION OF RESPONSIBILITY.”

“An Equation of Responsibility” is the title of a twelve-page pamphlet by Dr. Edwin W. Pyle, of New Jersey, designed to gently obliterate Homœopathy. After saying that “it served a noble mission” in curbing allopathic drugging, Dr. Pyle continues—italics his: “All this we gratefully admit; *but the title invented for its doctrines has to a large measure outlived the practical application of its teachings.*”

After dwelling on the days when “potencies” were believed in, when “the strongest element in Homœopathy was in the application of the law of similars,” he intimates that now it consists chiefly “in the dispensing of goods received from ——— or some similar manufacturer and, in short, it simply follows the practices of modern scientific medicine.”

Also, that Homœopathy “has not developed one new principle in present medicine; has not given one new method to modern surgical operation, and scarcely one line to the general knowledge of the medical world.”

Again, of the shortcomings of Homœopathy:

“For the various toxæmias it offers nothing of practical value as compared with the salines; for the neuralgias of vaso-motor disturbances, nothing that will afford relief like the coal-tar derivatives; for the blood dyscrasia of syphilis, it has no potassium iodide; absolutely nothing for iritis; nothing for the dangers of post-partum hemorrhage; nothing for convulsions of the puerperal state; not an evacuant; not a topical application; not a reliable analgesic; not a trusty hypnotic; not a drug that possesses diagnostic value; not a reference to the pathology of disease, or to bacteriological products. Weakest in emergent conditions, strongest when nothing is needed.”

Again as to the triumphs of the "regular:"

"It should be remembered that the 'regular' profession has given all the later elaborations in which the glories of medicine are being won. It has given us the discoveries with reference to the causes and prevention of infectious diseases; the new methods for clinical diagnosis and surgical evolutions; the remedies upon which all must rely in times of greatest therapeutic need, and that it has filled our libraries with the choicest books of authority, to which the world must turn for all that is definite in medical knowledge. From such a record no student of to-day can afford to be divorced."

The foregoing is a fair abstract of this pamphlet, and the whole is a strong appeal for the homœopath to drop his distinctive practice and is tantamount to asking him, as a physician, to surrender without conditions to the modern "regular" who has done so much that is wonderful of late.

The assertion that the word "homœopath" has "outlived the practical application of its teaching" is no valid reason against the truth of the law. It is as true to-day as ever, and wherever practiced as it should be the results are superior to the very best that the "modern scientific school" can show at its best. That some homœopaths have been led astray by the blare and tinsel of the "modern" is no argument against the truth. Ten years from now the most vaunted procedures of this "modern" school will be damned by the "modern" men of ten years hence even as the modern man of the hour pooh! poohs! the treatment of the "scientific" man who laughed Homœopathy to scorn ten years back. Constant shifting is no sign of progress.

The homœopath of to-day prescribes his drugs on the same line as his forebears of half a century ago, and his results are far and away better than the best the modern school can show at its best. To proclaim this fixity on the solid rock of truth an evidence of lack of progress is peculiar to the "science" of medicine alone. In other sciences they have certain bed-rock truths, and the proving any of these to be erroneous is not regarded as an evidence of progress, but a confession of error. When the school of which Dr. Pyle is a member will hit upon a therapeutic truth, one that will be accepted for all time to come, it will have made its first real advance. Remember, that Homœopathy is not surgery or any ology, but is simply the "science of therapeutics."

As for Homœopathy being chiefly engaged in the dispensing of the nostrums of manufacturing chemist, that is a question of fact. Some of them are taken in by the fakir pharmacists of both schools, but as a whole they stick to the grand old Law as the one means of a permanent *cure* for their patients.

As for surgeons the homœopaths have a powerful aid in the indicated remedy that places them far in advance of their rivals, even when the skill in other respects is equal.

The next charge, that homœopaths have no “salines,” “coal-tar derivatives,” and so on only demonstrates a rather scant knowledge on the part of Dr. Pyle of his subject; if he thinks that temporarily stopping nature’s alarm bell, pain, is the same as removing the cause of the alarm he is in error. Furthermore, the homœopathic remedy does relieve the pain, but does so by removing the cause. Has Dr. Pyle not heard the warning voice of men in his own school of the danger that lurks wherever these coal-tar things are freely used? “Heart failure” is very much on the increase.

As to the last quotation, we would like to know what are the “glories of medicine” that the “regulars” have won?

Whenever there is an epidemic of a serious nature, like yellow fever, cholera, true influenza, cerebro-spinal meningitis, or any other, the mortuary records always show that the men who practice Homœopathy are far ahead of the men with the “glories;” so far, indeed, that even the secular press at times comments on it. The man who pays the doctor bills is guided by a law formulated at the beginning of the Christian era—that of judging men by their fruits—and he acts on it, and will continue to do so, and though every M. D. in the world were to cry out that Homœopathy is a “delusion” it would not alter his mind, for he has seen the fruits of both and judges by them.

When the self styled “scientific” school is willing to honestly incorporate homœopathic therapeutics in its practice then there will no longer be need of a distinction, but until that is done the welfare of humanity demands that the flag of *Similia* be kept on high.

The bedrock distinction between the physicians of Dr. Pyle’s way of thinking and homœopathic physicians is that the former follow leaders who are ever changing, while the latter are guided by a law that does not vary.

URTICA URENS.*

Tincture of the Nettle.

By J. L. Nottingham, M. D., Bay City, Mich.

The *Urtica crenulata* of India, and *Urtica giegas*, the stinging tree of North Australia, belong to this class of nettles. The aggravations found in the provings (accidental, involuntary or otherwise) of each of these species of the nettle are the same, to wit. Annual attacks, from applications of water, or exposure to a cool moist atmosphere. So also are the other symptoms, of which the most prominent are given as follows: When the lower extremities are stung, the skin of the face, arms, shoulders and chest are affected with extremely distressing burning heat, with formications, numbness and violent itching. A woman who had had no children for three years and a half, and had nursed none of her children, had at first excessive swelling of the breasts, which discharged at first serum, afterward perfect milk. A very copious secretion lasted for eight days.

The following symptoms are good guides for the use of *Urtica urens*: Loss of appetite, itching of the nose, intense itching of the anus, scrotum, and vulva, with stinging and burning as if seared with a hot iron, after scratching or rubbing; suppression of the urine (without apparent inconvenience); insufficient or entire want of secretion of milk, (milk blue, acrid) and babe cries with colic while nursing; avoided by drawing out first milk; arrests the flow of milk after weaning; hæmoptysis from violent exertion of the lungs; continuous pain in the right deltoid; stinging, burning sensation in any part; nettle rash; itching and burning of the skin as if scorched; raised, red blotches; fine stinging points; centre of raised points pale and require rubbing; burns involving only the skin; intense burning; itching. Consequences of suppressed urticaria.

Apis is similar to *Arsenicum*, which also produces hives, and to *Urtica urens*. The hives of *Urtica* are not in so large welts as *Apis*. The itching and burning are intolerable. *Urtica urens* is especially indicated when the disease has been induced by eating shell fish, says Farrington.

Medusa, or jelly-fish, has effects which are nearly identical

*Read before Mich. State Hom. Med. Society, May, 1900.

with those of *Urtica urens*. It produces a nettle-rash, also has some slight action on the kidneys.

Ricinus communis has the effect of increasing the quantity of milk in nursing women. It is here similar to *Urtica urens*, which is an excellent remedy for absence of milk after confinement (and will restore flaccid breasts, when premature, after sexual errors have been removed).

I think, says Farrington, that *Urtica urens* is the best remedy for the non-appearance of the milk without any other symptoms, there being no apparent reason for the agalactia. *Ricinus com.*, *Agnus cast.*, *Puls.*

1890. Mrs. W., a tall, slender woman, auburn hair, nervous and refined, aged thirty-eight years, married, two children, youngest nine years old. (Husband had sycotic warts about the glans penis.) Examination made in 1884 revealed a sinus from right ovary emptying into uterus. In 1897 an eczema made its appearance at vulva by violent itching and burning, with swelling and thickening of the labia, with a smooth, pale, dry appearance of the mucous surface, a dry, scaly and fissured appearance of the labia majora and cuticular surface. Various medicines, internally and locally, were used with palliative effects only. In September, 1899, gave her *Urtica urens* 1x, since which time she has not had any other treatment and has improved continually; proportionately losing the sexual excitement induced by the itching, and uncontrollable desire to rub the vulva.

Mr. A. N., a young man 21 years old, complained of a swelling, stinging, burning of face, hands and feet, with redness. Rubbing the surface with the finger ends would leave a white line, which would remain some time. While out in the cold moisture (snowy weather), hands and feet and face would become a purple red, puffed, and stinging cold; when going into a warm room, would have increased swelling, stinging, itching all over, but especially of face and hands. *Urtica* relieved in twenty-four hours; in four days returned home (Chicago) feeling so much better than he had been for several years that he considered himself well. Said he would write me if improvement ceased. I have not received a letter yet, now six months since prescription was given.

Mrs. M. Applied to me January 15th, 1897, for opinion of a lump in left mammary gland, which I informed her was

scrofulous, or possibly malignant. She wished me to prescribe for her. Because of a desponding disposition, aching in cervical region, sometimes extending to cerebrum, tenderness of right ovary, aching in sacral region extending down into thighs, worse at menstrual periods. "Seemed as if a dark cloud hung over me which could not be removed, or I could not get through." *Cimicifuga r.* was given.

On February 6th much brighter mentally, with relief from all the symptoms except the lump in the gland, which showed no sign of improvement, but rather more sensitive. She "fretted only about the lump." "*I am dizzy if I move my head quickly toward one side, either lying down or when walking, and things look unnatural—red-like sometimes.*" *Conium m.* was given.

She permitted a woman to apply some kind of a caustic to the lump, and I did not see her again until February 13th, 1900, about six weeks after a childbirth, when she complained of stinging pains in that breast, an entire absence of milk, stinging pains in right lower extremity its entire length, with general soreness and stinging pains accompanying movements involving the muscles of the left side of head, cervical vertebræ, sacrum and upper extremities, across chest involving both mammary glands, the left one (with the lump) most painful. The former symptoms of despondency, etc., prevailing, gave her *Cimicifuga r.* again, and this was followed by great relief from the despondency and phlegmasia-alba-dolens of which she was suffering most, but after one week improvement ceased. She was then given *Conium mac.*, which was followed in one week by much improvement of the difficulty in moving the head; the left breast was more painful, yet relaxed, or quite flabby; burning, stinging pains. All pains were burning, stinging, biting, itching. Gave *Urtica urens.*

Three days after *Urtica*, the breasts filled with milk, and all the pains were relieved, and she could now move herself about in the bed without severe suffering. Breasts were not so tender, and a bandage was applied to prevent weight (full of milk), which seemed to cause a soreness of a different kind. The breasts were drawn until milk was relieved, which lasted two weeks, and during this time the swelling and tenderness of the right lower extremity became almost natural. At this time, through some carelessness, patient took a severe cold, nephritis

occurred, and the phlegmasia began in the left lower extremity, all of which yielded to *Rhus tox.* in one week, and patient began getting up, and has superintended her household affairs, though quite weak. Indiscretions caused some variations in the treatment, as colds, the mania to take a physic, neglect of the nurse, and some peculiarities of the nurse, but recovery is going on without further interest. Ptyalism was one of the many legacies left by former medicaments.

A FEW MINUTES WITH AN OLD AUTHOR.

Hufeland in his once famous work, *Enchiridion Medicum*, or his "fifty years' experience," says, of the treatment of gonorrhœa: "Injections are not necessary, they do more injury than good. They are apt to leave strictures and callosities in the urethra, the present frequent occurrence of which must be attributed to the abuse of injections."

Of phthisis pulmonalis he says: "The germ of this disease lies in the organization itself, and the whole life is a continual endeavor to develop it; all others, even the slightest diseases, tend towards it. In the female it may last a long time without danger to life, as long as menstruation endures; as soon as this ceases, the patient is lost."

Of the consumptives, character he mentions the "great carelessness they show in regard to health, the little attention they pay to sickness (in this respect contrasting with the hypochondriasis), and their inclination to seek for the seat of the disease not in the chest, but in the abdomen, also their cheerful hope, which increases as danger approaches."

"A flat thorax, narrow towards the side and back, shoulder-blades protruding wing-like, long neck, slender body and very white teeth" mark the one destined for the disease; furthermore: "In no malady is the transmission of disposition so great as in this." "There are whole families, in which this disease is inbred." Again this observation: "All tall and slender bodies are more liable to consumption than short, stout ones."

Going on down through many wise and shrewd comments on this disease, we come to the following, which seems to show that the modern theory is not so modern as the modern man would have us believe. Saith Hufeland: "Finally, *contagium phthisicum* must be mentioned. It cannot be denied, that a high

degree of *phthisis ulceroso* generates an infective matter which may communicate the disease, but only to persons predisposed to it; it may infect even beds and clothing, which phthysical persons have used for a long time."

He also asserts that "*phthisis constitutionalis*," "innate in the organism by structure, hereditariness and corporeal disposition," is incurable, while "*phthisis accidentalis*" "may be cured."

Of "the metastatic. The most frequent is the catarrhal and rheumatic; and here *Dulcamara* alone is a true specific in a phlogistic disposition." A reference to Hahnemann's *Materia Medica Pura* shows how homœopathic this drug is to some of the symptoms of "*phthisis accidentalis*;" *i. e.*, "short hacking cough, that seems to be produced by deep inspiration." "Hæmoptysis." "A very acute undulatory pain, almost like tearing pressure, darts through the left side of the chest in fits," this last in black letter.

Here, also, is another wise bit from this contemporary, and friend, of Hahnemann: "In undertaking the treatment of phthisis, we must not, as is usually done, doubt the possibility of a cure * * * Never give up courage, but call to your assistance all that can tend to attain that end;" for, he says, he has seen some rather wonderful recoveries.

Another bit of advice that sounds home-like to the homœopathic physician is to not always treat the disease; but "in a psoric diathesis, *Sulphur*, and artificial ulcers; in a syphilitic one, *Mercury*; in a scrofulous one, *Cicuta*, *Baryta mur.*"

In the matter of itch, Hufeland comes very near the position taken by Hahnemann in the famous, and much disputed, *Chronic Diseases*. He says: "Genuine itch is always caused by a peculiar contagion which is of a fixed nature, and infectious by immediate touch either of person or of things infested by him," yet there are some to whom the touch, or even inoculation, "is incapable of producing it." "But itch may appear also as a product and symptom of internal diseases." Hence the external remedy, *Sulphur*, must be used with caution—used in recent cases of otherwise healthy individuals—else "we may suppress the morbid cutaneous action" and thereby "generate pulmonary consumption, dropsy, spasm of the stomach, epilepsy, and all kinds of nervous diseases." This same warning, of the danger of suppressing skin diseases, runs more or less through the chapters on such diseases.

One little hint, probably forgotten in this day, is of especial interest just now, in view of the prevalence of "the plague." Of treatment he gives but little, and that vague, excepting the following: "In the highest degree of putrid state, rubbing with ice has sometimes worked wonders; persons already apparently dead have thereby been restored to life." Why, in absence of a better, may not this be a good treatment, or accessory, in all cases?

He closes his chapter on "Practice" with these words:

"To him, to whom medicine becomes not a religion, it is the most disconsolate, troublesome and ungrateful art on earth; yea, it must become with him the greatest frivolity and sin, for only that which is done in God is holy and beautifying. How is it now-a-days with many? Nothing but mere speculation, a means to make a fortune, to win money; notoriety; even with the better sort of practitioners, the pursuit of the healing art reaches no higher than an investigation of Nature."

SERUM THERAPEUTICS.

Read Before The Westchester County Homœopathic
Medical Society January 31, 1900.

By Dr. Joseph Hasbrouck.

In that most exact of all sciences, mathematics, there are certain facts which are so manifestly true that no amount of logical demonstration can make them more comprehensible than merely to state them. They are called axioms. The whole is equal to the sum of all its parts. A part cannot be equal to the whole.

If, therefore, any proposition is logically followed to its conclusion, and the result contradicts one of these axioms we know that the premises are false. We call this course of reasoning *Reductio ad absurdum*.

Now I wish to start out with these axioms:

1st. Health can only exist and be maintained when all the elements and the functions of the human body are in harmonious action and relation.

2d. It cannot be maintained when any heterogeneous or incongruous element is introduced, which the body cannot get rid of.

The merest tyro in physiology has learned that the development, growth and nourishment of the animal depends on cell proliferation; and that these cells differ in kind in the different species; and that human cells differ from all others.

Serum therapy violates the basis of health, in that it implants the cells and products of cells of the inferior into the human animal and thereby introduces a heterogeneous and discordant element into the human body. It has proved as disastrous in practice as it is unreasonable in principle.

It is wrong in principle, because if carried to its conclusion it violates an axiom of health.

We know that cancers, tumors, and in fact many of the ills of the human body depend on heterogeneous and conglomerated cells, and hence it is no stretch of the imagination to account for the tremendous increase of cancer and consumption in vaccinated countries during the last half century.

In England four and one-half times as many died of cancer as did fifty years ago, and consumption has become a veritable nightmare.

In that concise story of the creation in the first chapter of Genesis we learn that God, in regular order, created every living thing, and He looked upon His work and said that it was good, and commanded them to be fruitful and fill the earth, but *each after its kind*.

Then God made man after His own image, male and female, created He them, and God blessed them and said: "Be fruitful and multiply and replenish the earth and subdue it."

In order to prevent discord in cell life, He endowed the lower animals with instinct, which is an unfailing guide. The elephant does not mate with the mare, nor the lion with the ass, but they follow the Divine command, "each after its kind." The same contention holds good in plant life. The tree does not mate with the melon nor the pumpkin with the strawberry. But to man was given a mind, endowed with the privilege of choice, which allows him all kind of liberty—to go to the devil, if he wishes—morally and physically, but for all violations of the Divine command he must pay the penalty.

I repeat that Serum Therapeutics introduces heterogeneous cells into the human body, and that these cells have the quality of endless proliferation, and hence cannot but be disastrous; producing discord directly, and incidentally introducing the

diseases of the inferior into the human animal. I would remark here, in parenthesis, that I regard the humanized virus for vaccination as less dangerous than the animal. But does not the former implant syphilis and consumption? Yes, and the latter conveys rinderpest and bovine tuberculosis. You only avoid Scylla to rush into the embrace of Charybdis and stay in hell in either event. But, it may be answered that the serum as prepared contains no living cells. Then is it the debris of dead ones, and has the same effect when introduced into the circulation as is produced by a dissection wound. Either horn of the dilemma is hardly a good position for those who would conserve the health of humanity.

Do these serums immunize?

The 10th Regiment of United States troops have been immunized nine times in a few months, and have had repeated outbreaks of smallpox during that time. The children of a home near Dayton were all vaccinated, and within three months had thirty cases of smallpox. I could give instances enough to take the whole time of this meeting of where vaccination did *not* immunize. In fact, in most epidemics vaccinated persons take the disease first. I attended three cases in one family about twenty years ago and every one of them had been immunized within three months.

Would the most rabid vaccinationist be willing to risk exposure because of the much vaunted protection? It would be laughable, if it were not so serious, to note the arguments for the humbug, but anything is grist for the Jenner mill.

A few months ago several of the daily papers had the following item: "Not a case of smallpox or yellow fever in Porto Rico since the U. S. government enforced general vaccination!"

Let us consider it for a few moments. Yellow fever is peculiarly a tropical disease, smallpox is accidental. Both are the results of bad sanitary conditions, yet both have been wiped out by the glycerinated lymph! No credit is given to sanitation. Great is the lymph!

The man of the yellow fever serum has certainly lost the opportunity of his life. He should, by hook or crook, have got his antidote landed at the same time. It would have been a most suitable arrangement. Immunized for smallpox on the arm and yellow fever on the buttock! Each Porto Rican would have lived a monument to Jenner and Sanarella! And the

latter would have been in line for honor with Jenner and Koch, and doubtless, at some future time, a grateful people would have claimed his bones to fill the crypt lately vacated by those of the great Christopher Columbo!

Diphtheritic Antitoxine.

This latter development of Microbiotic Crankology has no more claim for merit than its predecessor. It fails by the same tests, experience and common sense.

I do not say that the substance called antitoxine has not been used with benefit; but of the serum part there is not one scintilla of evidence. It has always been used mixed with carbolic acid, and the serum only adds an element of danger to a useful remedy.

Thirty years ago Dr. Davidson used the acid with the best results in an epidemic, of which the remedy corresponded to the *genus epidemica*. Another physician used *Ignatia* 200 with like success. This fact explains why antitoxine benefits more in some epidemics than in others. Carbolic acid is, then, the genus remedy.

Diphtheria does not differ from other diseases in this respect. Some epidemics of scarlet fever have the genus in *Bell.*, some in *Apis*, some in *Baptisia*. This is not new doctrine to homœopaths. I believe in it so thoroughly that when I have a case of either disease in a family I give, as a prophylactic, the remedy which is indicated for the sick one.

An Italian physician experimented with about the third dilution of carbolic acid, and claims to have produced immunity in a large number of cases and successful treatment of the disease itself without causing the "accidents" of the serum preparation.

It is now at least five years since the administration of antitoxine for diphtheria became general, and yet the death rate in that disease in New York and Philadelphia during the last two years has been about 28 per cent., which, when we take into consideration that cases which were formerly classed as follicular sore throat or tonsilitis help to swell the total, is enormous, and was barely equalled when the profession called the disease putrid sore throat and burned the deposits away with caustic or nitrate of silver.

Great stress has been laid upon using the serum early in the

disease, yet in the report of the Board of Health of Pittsburg we have the following data:

Treated before the 4th day, 27; fatalities, 10.

Treated on or after the 4th day, 35; fatalities, 10.

The result slightly in favor of late treatment.

Bacteriology a Fad.

I have never believed that bacteriology added to the armamentarium of the physician in the treatment of his patients, but until lately I have thought it might be useful in diagnosis and prognosis. In that it has promoted cleanliness, it has been of benefit. In that it has encouraged the use of dangerous germicides, it has been evil.

As it is the basis of serum therapy the two stand or fall together.

Dr. H. Gibbes, who occupied the chair of bacteriology at Ann Arbor for ten years, denies bacteria as a causative factor in disease. He has inoculated himself again and again without the slightest effect. He denies that these micro-organisms are always present in disease. He has conducted hundreds of autopsies on consumptives without finding a trace of the bacilla tuberculosis. His personal investigations have convinced him that the whole germ theory of disease is a fad.

I shall now give the result of my personal experience and investigation of the matter in an epidemic of diphtheria at Dobb's Ferry two years ago.

During the holiday vacation of '97 and '98 at Westminster School a child of the principal was taken ill of diphtheria, of a malignant type. The glands were greatly involved, but within a week he was much improved, had taken nourishment well throughout, and all the functions were normal. The glandular swelling had subsided and the membrane was being thrown off. At that time a medical friend of the family, who was thoroughly imbued with the antitoxine treatment, called. He wished to administer it and I consented because the mother wished it. Within twenty-four hours there was complete suppression of the urine, irregularity of the pulse, vomiting and disgust for food. I merely observed the case after the dose of serum. The child died about the tenth or twelfth day in convulsions.

The case called for and was getting *Baptisia* till he got anti-toxine. Carbolic acid plus Old Horse does not make an equation with *Baptisia tinctora*.

The school opened in about two weeks, after a thorough fumigation and washing out with germicides, and there were a few sore throats, but none that lasted more than three days, each patient being isolated, however, until February 13th a lady teacher was taken ill with true diphtheria (clinical). I treated her homœopathically without serum, and she went to her home in central New York on the 25th well. I was not willing to risk her taking charge of the small boys, as the bacteriological test still showed the Klebs-Loeffler bacillus. No one contracted the disease from her, however.

On March 5th I was called to see four boys, all ill with sore throats. I believed them to be diphtheria and advised the principal to send for an old school physician to take charge of two of them, as their parents desired that treatment. I treated the two others homœopathically, without serum or any local application except diluted peroxide of hydrogen, and sent my patients to their homes on the 15th of March, they having been out for exercise for a few days previous.

The microbe test still showed the bacilli in full force, and I was not willing for them to associate with the other pupils. One of them went home to a large family of children and mingled with them, but did not convey the disease. The two other boys got a big dose of antitoxine at once, had two nurses for about three weeks, and were doused with germicides and antiseptics, inside and outside, but did live to crawl out in about four weeks after passing through the usual scares of heart failure, etc. I had cultures taken the second day, but strange to say that the examination in the two cases longest ill showed *absence of Klebs-Loeffler bacilli*.

Microbe Hunt.

Then commenced a veritable *microbe hunt*. Cultures were taken from every throat in the establishment, from principal to ash man, the sojourner within and without the gates. Of fifty-eight cultures taken from persons who were perfectly well and remained so, thirty-seven showed true diphtheria bacilli, and if any of them had chanced to have an attack of indigestion at that time he would have had the serum introduced by any true believer, with the result of a cure, if he had not been killed by the serum.

No pupil was readmitted to the school without passing the

culture test. One mother, a hopeless skeptic, took the culture for her son from the water tap, and it came back labelled *Klebs-Loeffler Bacilli*. It may be said the critters were in the water and that was the cause of the epidemic. Well, the water and milk for the school were tested at \$25 a test and pronounced all right. One high standing crank in New York said it should be done every day, because if all right to-day it might not be to-morrow! Well, this particular tap furnished drinking and bathing water for a family of ten without any harm coming to them.

A further analysis of these thirty-seven cultures showed that several who had sojourned in the bosoms of their families for two weeks had attended church, Sabbath School and social functions, with no attempt at isolation, and yet not one case of diphtheria. Do you wonder that I pronounce the Klebs-Loeffler bacilli as a causative factor in diphtheria a farce and a humbug, misleading and not worthy of the consideration of intelligent men? And yet we are asked to accept such *trick* for diagnosis and the basis of medical treatment.

Tetanus Bacillus.

A few words now in reference to the Tetanus Bacillus which by many is regarded as the cause of this disease. The microbe is accredited with getting into the system through some broken surface of the skin. I remember one case that I treated thirty years ago, before the refinements of diagnosis had reached so high a degree of perfection, in which the skin had not been even irritated.

A young man had his arm squeezed in the cogs of a thresher. Within ten days he had lockjaw. He got well even in those benighted days. The microbe did not crawl through any hole in his hide, and must have got in some other hole. The use of serum has not been generally successful, and I am inclined to think that where it has been introduced into the substance of the brain and the patient has pulled through the result has been due to the mechanical effect on the nervous centre *produced by the injection* and *not* to the substance used. Water or Pond's Extract would have done just as well.

You will never have tetanus unless a nerve has been injured or irritated. You may have it in horses from indigestion or from the ingestion of indigestible substances. I had a case in a cow once, and the autopsy showed about a quart of wrought nails of

the old hand-made, 1776 kind, upon which she had regaled herself in an old barn. How do they compare with the deadly microbe? And yet tetanus is curable in a fair proportion of cases. I have cured several cases in horses with *Passiflora*, *Physostigma*, *Nux*, *Ignatia*, and would consider *Hypericum*, *Ledum* and many other remedies as might be indicated.

I might continue for an hour discussing these pathogenic microbes, bacillus typhosis, hydrophobic, the coma bacillus of cholera, of which Pettenhoffer and his friends drank by the tumblerful without effect. The staphylococcus pyogenes aureus, which is claimed to be the cause of suppuration, and which Dr. Stoker found in two hundred and fifty cases of ulcers that healed rapidly or slowly in proportion to the number of microbes present. No microbee, no healee! They all fail by the tests of experience and common sense.

Gentlemen, the most hopeless quack is the scientific quack. You can't cure him. Solomon said centuries ago: "Though you bray a fool in a mortar among wheat with a pestal, yet will not his foolishness depart from him."

Even at the risk of being tedious I must quote from an address by an eminent teacher: "Bacteriology teaches the disease producing characteristics of an infinite number of micro-organisms. It has shown that different bacilli produce different diseases, etc. It has proved the doctrine of immunity from certain diseases, of those treated with the same poison, etc.

It has demonstrated that these powerful organisms are so infinitesimal that they require the microscope for their detection. It has shown that in certain of the invisible cells there exists the power of attracting others and of devouring and digesting them, etc. (Chemotaxis).

When what I may term the science of immunity is complete; when pestilent epidemics cannot only be arrested, but prevented, as has been the terrible scourge smallpox; when diphtheria, tetanus, etc., shall be deprived of their terror; when it shall be acknowledged that medicine administered on the principle of similars shall have the power of establishing Chemotaxis in the human body, and thus destroying the army of bacteria, then will Homœopathy be universally acknowledged."

All which is too optimistic for practicality. I must, however, give some attention to the newly-announced force, Chemotaxis. It means, neither more nor less, than the mutual annihilation of

two belligerent microbes without leaving any residuum, and I have attempted a picture magnified a million diameters, speaking in microscopic lore:

On a pathway lone
 Met two irate snakes,
 Nor each would give
 The other space.
 With eyes aglare,
 And jaws agape,
 In mortal combat
 Engaged those snakes.
 Of the conflict dire
 There was left no trace,
 For each had gobbled
 The other snake !
 'Tis thus made plain, with snakes as factors,
 The modus op. of Chemotaxis.

But perhaps the microphobists are right and I am wrong; and that *Reductio ad absurdum* is not legitimate argument in matters bacteriological.

And then, when we all shall have been immunized against smallpox and chicken-pox, measles and scarlet fever, typhoid and diphtheria, yellow fever and the plague, influenza and toothache, gonorrhœa, syphilis and delirium tremens, we shall throw medicine and sanitation to the winds, hurl defiance at microbes, and have a care only for the trolley, earthquakes and runaway horses.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF OHIO.

The volume of the thirty-fifth session covers 320 pages, and from these we clip the following, which lend themselves to scissor work easily:

“Adaptation.”

Dr. C. D. Cameron, of Chagrin Falls, in his paper under the heading “Adaptation” said:

“The criminal is born and educated to be one; in other words, his organism is adapted to the conditions which wrought it. The excessive and incessant nerve action incident to our school

system, with the partial or total neglect in the matter of developing a proper physical body, is a universal tragedy. The roads of Rome were her pride, but it was over them that the northern barbarian marched to her destruction; so we gloat over the glory of our school system while it becomes a menace to our health."

Be your own Bacteriologist.

In his paper on "Laboratory Study Necessary," Dr. J. H. Cook, of New Castle, affirms that "The sending of culture tubes to bacteriologists or health boards to determine whether a case is true diphtheria or follicular tonsilitis is a loss of time, money and prestige. Each practitioner should be capable and do this work himself."

Little that is new.

Dr. E. H. Beebe, in a discussion, got off a sentiment that shows that he agrees with "the preacher" that there is nothing new under the sun. Here it is:

"They are papers that have something substantial about them; they have a scientific basis; and it is not the proper thing for such papers to go by without discussion. There is nothing especially new in either of them, neither is there anything very new, or, but little new, in any of our papers. It is simply an agitation along lines of thought that should be more looked after."

Ante-Natal Influence.

Dr. A. L. McCormick, of Cincinnati, had a paper on this subject that was rather interesting. Here is one case illustrating the point:

"CASE VII. Family of nine children, all bright at school, etc., but a regular Kilkenny cat family at home. The father tells me that they were every one of them *unwelcome* children, but he guesses he likes them as well as any father does after they are here. There is something lacking in that family, and I don't care to comment further."

And further on he asks:

"Can't we prevent the expectant mother from revolting against her fate, and reproach her gently but firmly for approaching us with murder in her heart. Explain that she owes better things to her unborn babe, and that it may be the victim of its environments, and that it is her duty to surround herself with

pleasure and not sorrow. Give the old man a good dose, too; he may be to blame and a curtain lecture be profitable to him."

The physician who can do that is greater than he who discovers a new microbe.

Mitchella Repens.

Dr. Catherine Kurt, in a discussion, gave the following pointer:

"I have had some experience, possibly not enough to prove anything. But I have in several cases, especially in primipara, given the tincture of *Mitchella repens*, some six weeks to two months before the expected parturition. And I feel confident that in several cases I have expedited and eased up the confinement. I have found every time that the labor was a good deal shorter in time and less severe and no difficulty with the placenta afterwards. I am, therefore, disposed to believe that it is good to use it in such cases. I have never seen any ill effects arising from it afterwards."

Nux Vomica.

Dr. Frank Kraft, chairman of the Bureau of Materia Medica, turned his whole corps loose on *Nux vomica*—eighteen papers, many of them by noted specialists. It is a fine collection but not easy quotable. The following, however, from the paper on "*Nux vomica* in Gynæcological Relations," by Dr. H. F. Biggar, is too good to skip:

"Some of us are too inclined to seek relief in surgery when our Materia Medica would serve us much better. 'We have left undone those things which we ought to have done: And we have done those things which we ought not to have done.' But lo, O Lord, there is help for us."

"Professor S. A. Jones, in 'The Porcelain Painter's Son,' truthfully says: 'Strange as it may seem, breeding bacteria is a costly time for even a philosopher; naming them affords harmless occupation for bookmakers, and such breeding and christening is called science. Now there is both the science and the art of medicine; let philosophers have their fill of science, but in God's name let the sick have the art.' Prof. Jones' statement appeals to every physician."

"To become a thoroughly well-read and successful physician is more arduous than it is to attain to 'the peerage' of an accomplished surgeon. There is certainly more honor in the

former and a much wider range for usefulness. Though my attainments in the knowledge of homœopathic *Materia Medica* would not be satisfactory to a Kraft or a Dewey, or others of their scholarly ability, yet I would not part with the knowledge I do possess. Every day I can testify to the efficacy of the attenuated and properly selected remedy. I rejoice with thousands of others that Hahnemann was the careful and painstaking investigator, the brilliant scholar and the profound medical philosopher. Through his earnest and honest researches humanity has been blessed with the development of a truth in medicine which has proved of incalculable worth to the suffering."

Look to the Teeth.

Dr. Howard B. Hills, of Youngstown, gave the following hint anent eye diseases:

Mrs. B. W. called at my office for relief from an exceedingly troublesome eye. There was pain, lachrymation, photophobia and congestion. After the examination I directed her to her dentist, who extracted a wisdom tooth in the right side of her jaw. Within a week she returned to tell me her eye had not troubled her after the tooth was out.

Mr. D. J. was directed to my office by one of our local physicians, because of an intense photophobia and lachrymation of both eyes. I sent him, in turn, to his dentist, who extracted all his imperfect teeth, and within ten days his eyes were free from pain, and as clear and bright as they had ever been. These cases will, I think, answer the purpose I had in writing this brief paper. I have in my case book the history of a case where the filling of a molar tooth promptly stopped an earache. In conclusion I will add that while we know all these things, our business and interests demand that we should not forget them.

MULLEIN OIL.—PHASEOLUS NANA.

MESSRS. BOERICKE & TAFEL.

Sometime since I was attending a funeral in another city, and a venerable gentleman came to me and said: "Dr. Cushing, I am Dr. ———. I have never met you before and may never again, so take this opportunity to thank you for introducing *Mullein oil* to the profession."

That took away some of the solemnity of the occasion. Now I

have another solemnity worse than the funeral of a stranger. In the May number of the RECORDER I find the remarks of Dr. J. T. O'Connor on *Mullein oil*. Some thirty years ago when I introduced it to the profession I told how to make it, by putting the *blossoms* into a bottle and hanging or laying it in the sun. Many years ago you wrote me you "had genuine olive oil and nice mullein leaves. Will that make it?" I answered no, and gave you directions how to make it, and since then I presume you have made many gallons and I do not know but barrels of the genuine article. Sometime after you began to sell it I learned that parties were making it from the leaves and oil and selling it as the genuine article. Then I wrote a letter saying that *was not* the way to make it, and presume that is the letter to which Dr. O'Connor referred to; but he did not see the word *not*, or had forgotten it.

As the doctor spoke of nocturnal enuresis, I will say I have made wonderful cures with the 3x. A remedy that is worthy of discussion by a large medical body should be given to the profession in its purity. Discuss it, use it and it will surprise you, but your surprise will be mild compared with what it will be when you learn the wonderful effects of *Phaseolus nana* (made from the common white bean) in diseases of the heart and other organs. One case of other organs. A young man suffering from a long severe illness would have one or two nocturnal emissions of semen each week with such depressing effects that I could tell on entering the room what had happened, and the family could see he was worse. One dose of *Phaseolus nana* 15x occasionally, sometimes once a day, would carry him two or three months, and a case that appeared hopeless made a good recovery.

Springfield, Mass.

A. M. CUSHING.

CARDUUS MARIANUS.

By G. W. Harvey, M. D., Salt Lake City, Utah.

Carduus is a homœopathic remedy that physicians should know more about. It comes as nearly being a specific for varicose veins as one could wish. It goes right after them in a purely business manner, and goes at once. It will do no good in the capillary sort of twisted veins seen in the surface of the skin on the limbs of both sexes so often, but in the true varicose veins of

the knotted and twisted sort it will work like magic. The most marvelous cure that I ever witnessed with medicine is reported in the following:

Mr. T., miner, æt. 52, came to me in February, 1899; a very cadaverous looking subject, with a color much like the old-fashioned oak-tanned leather. He was unable to turn his head without the whole body following, and he said that it was often that way for six weeks at a time before it went into some other joint. It also shifted to the hip, knees, sacro-lumbar, shoulders, wrists and finger joints for a few days or weeks, as the case might be. There was a constant gastralgia, with distended stomach and gas-filled intestines, while the heart kept up a more or less constant palpitation. Nothing that he could get to eat agreed with him, and he was slowly starving to death, because he vomited everything he ate before it digested. Added to these were constipation, scant urine and engorged liver. From the symptoms presented it seemed that he had every disease under the sun except "*chronic digestion.*"

He had been treated by the best talent to be had, and after running the gauntlet of pills, tonics, cholagogues, stomachics, kidney and heart remedies of some dozen or more doctors, and no end of patent medicines, he gave up in despair, but not until after the M. D.'s had pronounced him incurable. He came to me a thoroughly discouraged wreck, doomed to suffer without hope, and simply awaiting his turn with the sexton.

In looking the case over, I noticed that there were very many and very large varicose veins upon the calves and thighs. Some of them were as large as your thumb and as hard as a twisted manilla rope. You could easily feel them through the thickest clothing. He accounted for them by saying that they must have been caused by the terrible cramps which he had almost every night of his life, especially if he walked or worked during the day enough to cause the least fatigue.

It was this condition of varicosity that caused me to select *Carduus*. I gave him but very little hope, but the selection proved to be a most happy one, for improvement was marked from the first week.

The stomach, heart and rheumatism seemed alike to yield to its influence, and within a week he was eating better, his heart was troubling him much less and the rheumatism was letting up nicely. The gastralgia disappeared slowly; his color began

to fade out into a Caucasian look, and the cramps in the limbs ceased entirely after some two or three weeks' medication, but later on returned in force.

In three months he went to work, after being an invalid for upwards of fifteen years, and is still at it. The most remarkable thing about this case is that the immense varicose veins have entirely disappeared, and the legs, instead of looking like a tangled and knotted piece of cordage, are as smooth, soft and healthy in appearance as though there never had been a varicose deformity.

He began with a five-drop dose three times a day and gradually increased to fifteen drops. The severe cramps in the calves and thighs at night, which seemed cured at first but finally returned were cured completely, so far as appearances at present go, with tr. copper—ten drops in four ounces of water and a teaspoonful four times a day. I believe them to be cured from the fact that he can work all day and walk fourteen or fifteen miles easily without the slightest manifestation of one in all the night following. He has several times worked in the dripping mine until completely saturated from head to foot, so far as clothing goes, but has had no signs of rheumatism or cramps down to the time of the present writing.—*California Medical Journal*.

DR. M. DILLS, of Carlisle, Ky., who was graduated from a "regular" college in 1871, writes Dr. Porter dissenting from his definition of a homœopathic physician. Among other things he says:

"A man graduates old school; he studies homœopathic therapeutics; he reads the *Organon*; he does not believe its teachings; he follows his idea, the old school. What is he—a homœopathist? It seems to me your definition fails to prove what a homœopathic physician is. In all things a man is judged by his ideal. He follows what he believes to be true. He is in medicine a disciple of Hahnemann or he is a disciple of the guessing tribe (there are so many, I will not mention any)."

"To be a homœopath, to be scientific, to be accurate, he must follow a law and not a rule. If our illustrious *ideal* formulated a law as to prescribing for the sick (and time and experience have proven that), then we must follow the teachings of our

ideal and add knowledge to what he has already given us on the same line, adding to our faith knowledge, etc.”

“Now, Doctor, if you will come to Kentucky and get the definition of a Democrat and add to your knowledge all that is yours by right and inheritance and attempt to express an objection to the Goebel construction, you will probably get a real idea of a broad opinion, and will, I am sure, confide your definitions to narrow limits. ‘By their fruits ye shall know them.’ You do not gather figs from thorn bushes; you do not gather homœopathic physicians by a knowledge of old school therapeutics. A homœopathic physician, to my mind, is one who practices according to the ideal teachings of Hahnemann; who prescribes according to the law of ‘*similia similibus curantur.*’ He may have as much knowledge as the editor of the *North American Journal*, and I bow to his talent, and he may add all that he can pertaining to medicine; but if he does not use his knowledge in giving the sick the advantage of the best and truest, what does it avail him, and how do you class him as a homœopathic physician?”

“I love your journal, I respect its editor, I am loyal to my country, but I believe in the teachings of old Samuel, the founder of the doctrine that has brought order out of chaos. Let’s keep the ideal before us, let’s be disciples of our Master, and the world will yet become weak before us, and mankind will forever call us blessed.”

IN December, 1894, I had an opportunity to use *Arnica* in an entirely different field. A gentleman of 60 years, widower, in a business that kept him out-of-doors and on his feet, presented himself, with the following symptoms: “Complains of a feeling of soreness in the testicles at times. Pain runs up inguinal region and up back. Has noticed end of penis to be wet at times in the morning. Noticed it to-day in walking about a little. Has had these symptoms off and on for about four weeks.” I gave him *Arnica* tincture on pellets, a dose every two hours. The patient was at once relieved. This was subsequently reported as a verification to this society. Dr. Bukk G. Carleton said that I had treated a case of chronic prostatitis. Since then he has had an opportunity to verify the drug in this condition many times.

In August, 1895, I was called to see one of my patients, a tall, stout woman, who was greatly alarmed about her condition. Her body and extremities were covered with ecchymoses that resembled ordinary black and blue spots. These spots varied in size from quarter of an inch to five inches in diameter. She was a victim of that rare disease known as *purpura*, a disease presenting an alarming appearance if one is acquainted with it, but extremely easy of diagnosis if one has once seen a case. I have said "rare disease" advisedly. There was but one case treated at the Metropolitan Hospital during the ten years 1888-1898 in a total of 57,242 patients. Of the few cases I had seen up to this time—August, 1895—this was the worst so far as the number and size of the purpuric spots went. I gave *Arnica* tincture on pellets, a dose every hour at first, and in eight days the patient's skin presented its normal appearance. The spots appeared suddenly, and I believe were of rheumatic origin, as there was some pain and swelling in the joints at the time. The ecchymoses in the integument were painless.—*Walter Sands Mills, M. D., in No. Am. Jour. of Hom., May, 1900.*

THIS is the way Mr. James W. Knox put it to the American Pharmacal Association at the Detroit meeting:

"Why not educate the people in the opposite direction instead of teaching them to buy cheap goods? Why not teach them the gospel of good, fair-priced goods? If you expect to get a good thing you are willing to pay for it—why not teach your customers the same thing? You do not expect to get a good suit of clothes for \$5.00, a good hat for \$1.00, or a pair of shoes for \$2.49; but you know very well that in buying a suit of clothes, if you only pay \$5.00 you are less apt to get \$5.00 worth than you are to get \$25.00 worth if you pay \$25.00. Why not educate your customers that good drugs are worth paying for, just as truly as good food and good clothing?"

"I'd rather be a fifty-cent pharmacist than a "dime druggist" any day. I would hate for people to think that I was running a ten-cent counter. If I was going to run a ten-cent store, I would get into the business of selling tin pans, wash boards, flower pots and cream pitchers. But if I were going into the drug business, I would sell good goods that would pay for the trouble of making the sales, or I would try some other business.

The same thing applies to all other kinds of goods, drug sundries, fluid extracts, and what not. If you get a good thing you have to pay for it, and you ought to be willing to do so. Most druggists know that, and in fact more people know it than most of us think; that is the reason why it is impossible to show them that it does not pay to fool with cheap drugs, any more that it does to buy shoddy clothing, split-leather shoes or cheap hats."

"*Viburnum* relieves. I do not believe there is any functional disease which possesses such a specific for the pain, but in the majority of cases I do not think it is curative for the conditions which cause the pain. Every one of my cases had had *Viburnum*. It is strange that the pain of menstruation has its specific in *Viburnum*, but the actual conditions I believe to be rarely removed by the medicine."—*Dr. Wesselhæft in New England Medical Gazette.*

VOLUNTARY SUSPENDED ANIMATION.

The reviewer of the translation of Max Verworn's *General Physiology* by Dr. Frederick S. Lee, of Columbia University, in the *Scottish Medical and Surgical Journal* for September, says:

"The distinction between living and lifeless organisms is dealt with in an interesting and suggestive manner. He refers to the belief which seems to have existed for a long time in India, that many men, especially fakirs, have the remarkable power of voluntarily putting a complete stop to their lives for a time, and later resuming them undisturbed and unchanged. He quotes a remarkable case recorded by James Braid, surgeon, whose observations on mesmerism are well known. At the Palace of Runjeet Singh—a square building which had in the centre a closed room—a fakir who had voluntarily put himself into a lifeless condition was afterward sewed up in a sack and walled in, the single door of the room having been sealed with the private seal of Runjeet. In order to exclude all fraud, Runjeet, who was not himself a believer in the wonderful powers of the fakir, had established a cordon of his own bodyguard round the building; and in front of the latter four sentinels were stationed who were relieved every two hours, and were continually watched. Under these conditions the fakir remained in

his grave for six weeks, when the building was opened in the presence of Runjeet Singh, and the seal and all the walls were found uninjured. In the dark room, which was examined with a light, the sack containing the fakir lay in a locked box which was provided with a seal, also uninjured. The sack, which presented a mildewed appearance, was opened, and the crouching form of the fakir taken out. The body was perfectly stiff. A physician who was present found that nowhere on the body was a trace of a pulse-beat evident. In the meantime, the servant of the fakir poured warm water over the head and laid a hot cake on the top of his head, removed the wax with which the ears and nostrils had been stopped, forcibly opened the teeth with a knife, drew forward the tongue, which was bent backward and repeatedly sprang back again into its position, and rubbed the closed eyes with butter. Soon the fakir began to open his eyes, the body began to twitch convulsively, the nostrils were dilated, the skin, heretofore stiff and wrinkled, assumed gradually its normal fullness, and in a few minutes later the fakir opened his lips, and in a feeble voice asked Runjeet Singh, 'Do you now believe me?'

"An analogous case is reported from Dublin, where Dr. Cheyne, a physician well-known in scientific circles, narrates of a Colonel Townsend 'that he could die or expire when he pleased, and yet by an effort or somehow come to life again.'

"While tales of Indian fakirs are calculated to excite distrust, and impostors trade on the credulous for purposes of gain, the fact remains attested by well-authenticated cases that certain men can voluntarily put themselves into a state in which no vital phenomena are demonstrable by more or less careful examinations, and can awake later to normal life. In this connection the hibernation of animals must be mentioned, and also the observation of Leeuwenhoek that in the dust of houses and towns animalcules exist which are capable of drying up completely, without losing the power of awaking to active life upon being moistened with rain water.

"These rather remarkable observations may throw a side light on those melancholy cases which hospital physicians are occasionally called upon to treat, where the patient has made up his mind to die after the lapse of a certain period; and though, by careful examination, no cause can be discovered for such a prognosis, death actually does follow as predicted."—*N. Y. Medical Journal.*

PHOSPHORUS IN SCIATICA.

Dr. Mau, of Itzehoe.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Zeitschr. Hom.*, Feb., 1900.

Phosphorus is not very frequently indicated in sciatica. But a lady somewhat advanced in years came under my treatment some time ago, who showed the following symptoms: Since eight weeks there had been a continual burning pain running along the course of ischiadic nerve, and this compelled her to spend almost the whole day in bed. She could not lie on the left side, as the pain was thereby much aggravated. Movement also increased the pain. She had to be continually covered very warm, as the limb cannot bear cold air. She felt worse in the evenings; the whole limb felt very weak, she could hardly walk. The totality of symptoms might be, therefore, summed up as follows: 1. *Localization*: In the posterior side of the thigh and leg. 2. *Sensation*: Burning; feebleness. 3. *Alleviation and Aggravation*: Worse when lying on the left side, the side affected; from motion, from becoming cold, from walking, and in the evening. Alleviation from lying on the right side, the side free from pain or on the back; from rest, and from warmth. All these symptoms are found in *Phosphorus*. I gave it in the 6th decimal potency, a dose every two hours. When I, a week later, visited the patient, I heard that she had been worse the first three days (primary aggravation), but after that it improved. The patient had already risen and was again attending to her domestic duties. But she was not yet fully restored. I now gave her *Phosphorus* 30, every evening a powder. In a week after she was perfectly restored.

 THE CINCINNATI LANCET CLINIC'S IDEA OF THE BUSY DOCTOR.

“The men who work the most and accomplish great results always have time at their command, and always boss their business. They are rarely crowded, and seldom in a hurry. Visitors are received, made to feel a welcome that is not an intrusion, that time is easy, no fret or fidget; work is either going on or

there is a timely rest. Such men take and read from ten to twenty or more journals. They don't pretend to read every article, but read carefully those in which they are interested, and scan more or less closely the advertising pages. In the latter many useful hints are found; here they find reference to the tools of latest pattern, hence do not pretend to pass them by."

"The known men in the profession are the very ones who can be most easily and successfully approached for any given purpose, whether it be to write an article or deliver a lecture, go on a journey or engage in a new enterprise. Their engagements are rarely pressing, and are always so dove-tailed in time as to leave ample margins, and at the same time fit in the right place."

"The man who hasn't time to read half of the one or two journals he is taking is either fussing about a call he has to make or fretting because another doctor was called where he expected to officiate as chief factotum. In either instance his hours are so jagged that he has little or no time to read, and that which he does read is not remembered."

"Two things are never realized by the man who hasn't time: One is that there are even and exactly sixty minutes in every hour, and the other is like it, which he fails to understand in its true bearings, that there are neither more nor less than one hundred cents in every dollar."

"The busiest men in the medical profession always attend the National, State and local medical societies. They are the ones who read papers, take part in the discussions and attend all the social functions. Not once are they disconcerted about pressing business engagements, a reason for which is found in the fact that just at that time affairs are so arranged that a pressure does not come."

"The men who can't get off to attend such meetings are worried and perplexed for fear some rival will profit by their absence, instead of swapping time and business with such rivals, through which both would prosper and be better thought of. The world is wide, and there are other pebbles on the beach."

CURE OF A SEVERE CASE OF SCROFULA.

By Dr. Chr. von Hartungen.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Zeitschrift f. Hom.*, March 1900.

Count Z. O., a boy of eight years, of a scrofulous habit of body, has been for years suffering from swollen glands of the neck, and abscesses of the glands, which despite of repeated incisions would not heal up. Simultaneously there were swellings and ulcerations of certain bones of the ankles, with fistulous passages, a swelling of the left elbow-joint with a fistulous canal opening outwardly, a large ichorous abscess on the left leg, and a smaller abscess over the zygomatic process of the right cheek. There were also ulcers of the nose. In spite of repeated operations on the bones under narcosis, and the use of iodoform bandages, and repeated and prolonged use of the Iodine Springs at Halle, as also of sea-bathing at Abazzia, no cure could be effected. In spite of select animal food and the use of the best old wines, the boy continued to grow more and more emaciated, becoming more irritable and debilitated. He can hardly walk, has an anæmic complexion, headache, spasms of the face, trembling and involuntary twitching of the upper extremities, occasional diarrhœa, cough with stitches in the side and fever.

In this state the young count came under homœopathic treatment and was taken from Vienna to Riva on the Garda Lake in the summer of 1889. The patient was at once relieved of his eight iodoform bandages, was almost daily exposed to a sun-bath, followed by a luke-warm douche. He is in the open air, day and night, sleeping with an open window. He is strictly tied down to a diet of milk and vegetables. The patient receives daily two doses of *Calcarea carbonica* 30. Within two months all the fistulous passages were healed up, the swelling of the glands and of the bones disappeared. In two weeks the temperature of the body had become normal; the cough and the stitches in the side disappeared after some doses of *Bryonia alb.* 6. The peripheral states of irritation disappeared after *Silicea* 30 and *Belladonna* 15. After six months the boy appeared to be perfectly healed, but he is to remain for the sake of complete bodily

restoration for another year in the sub-tropical climate of Riva on the Garda Lake, under medical supervision; his diet during this time will be normal, *i. e.*, a mixed diet. In the fall of 1890 he returned cured to the house of his parents in Vienna and has been in good health from that time till now.

DIET AS A FACTOR IN TREATMENT.*

By James Searson, M. D. Brux., L. R. C. P., L. R. C. S. I.

It is, I think, impossible to over-rate the value of diagnostic skill; the absence of such skill has in days, I trust, gone by, reflected discredit on practitioners of medicine, and not unfortunately alone on them, but also on the system which they have been taken to represent.

It is hard today to frame an excuse for the medical man who is unable from physical examination of the chest to differentially diagnose between pneumonia and, say, endocarditis, or whose earliest recognition of empyema dates from a copious and persistent expectoration of pus, or to whom headache, vomiting, and blindness fail to suggest the uræmic state in an old-standing case of renal disease.

The power to diagnose the seat and nature of the disease should not, however, be the only, nor, indeed, the leading, attribute of the practitioner. His chief aim should, I take it, be successful *treatment* and, if possible, cure.

To this end one must get into close touch with the "ego" of the patient, and, in the phraseology of another continent, "grip" the case. The symptoms, family history, habits of life, peculiarities, mannerisms, all require to be grasped. This may imply rather more time than the proverbial consulting-room quarter of an hour, but the time, however long it will be, will be well spent.

Having arrived at an understanding of the case, the question of physic is *not* next in order. Drugs, in my opinion, should come last, not first. This I say, though my faith in drugs increases yearly—a faith which received a material impetus from experience in the system of medication which we practice.

The *first* step in treatment, I take it, is the correction of what

*Presented to the Section of *Materia Medica* and Therapeutics, December 7th, 1899.

may be called the unhygienic habits and surroundings of the patient—fresh instead of foul air, sufficient rest and exercise, suitable food.

These first require attention and rectification before the proper drug can play its part. Amongst such errors of life those connected with diet are in my experience an easy first. Feeding is not merely a necessity, but also, perhaps unfortunately, a pleasure of life; and so we not infrequently find that many, especially amongst what are called “the leisured classes,” live to eat. It should be for us to inculcate the sounder and purer aim—*eat to live*. If this be our duty, it will often be found a thankless one, and unless performed with infinite tact it may lead patients to “browse on other pastures,” which were a consummation not to be devoutly wished.

We have no doubt occasionally to deal with cases where *insufficient* food is taken. Anyone who has practiced to any extent among the poor must often have realized the sadness of dealing with people who truly know what the pangs of hunger are. Sometimes, too, one meets with cases where even people of means have deprived themselves of sufficient nourishment, either from pressure of business or a mistaken sense of religious duty; but such cases as these, I think it will readily be admitted, do not constitute the majority of the errors of diet which we are called upon to treat.

The fact is, we in England tend to over-eat, a proposition the proof of which may be found:

(1) By a comparison of the quantity eaten with that which has been experimentally found to answer the body requirements.

(2) By the tendency of adult life to obesity; and

(3) By the frequent revolt of the digestive system against overwork, which revolt we considerably name “indigestion.” Take for example the daily diet of many of the leisured classes. At, say, 7:30 they have their cup of tea and toast, at nine a substantial British breakfast, at 11 a sandwich and a glass of milk—for the sinking feeling—and at 1 o’clock for *lunch* they have what many a *hard* working man would consider himself lucky to have for dinner on state occasions. At 4 tea, bread and butter or cake, at 7:30 dinner, and not seldom at bedtime a helping of bread and milk, or the familiar Benger. With a daily diet on these lines it is little wonder that so many suffer from want of appetite, nor can we wonder at the frequent revolt of the stomach.

What in such cases is the doctor's duty? Obviously to frankly inform the patient that the system of dieting is wrong. Most people are amenable to reason, and the hypothetical unreasonableness of introducing a meal before the preceding one is even half-digested cannot, I think, be questioned. Some minds, however, do not readily respond to reason; "we have," people say, "our feelings." Feelings are very real things—to the feelers; but there can be no doubt that they are sometimes utterly untrustworthy. If, for example, half an hour after a solid meal, a feeling of wanting food is experienced, it obviously cannot be that the stomach or the body really needs more food. In such cases food should undoubtedly be withheld, and some simple expedient on the lines of those suggested by Keith in his "Plea for a Simpler Life" adopted. That, by the way, is a little book which one would name as being well worth perusal.

Another most readable volume on similar lines, which many of my audience have no doubt read, is Dewey's. Dewey's book is, so far as I know, absolutely original. He goes on the assumption that many people eat too much, that the organs of digestion are overworked, and a quantity of waste material in excess is introduced, which unduly increases body bulk and which poisons the vital channels with superfluous excretion. His remedy is a bold one; it is that two meals daily should suffice for even hard workers, and that the meal to forego is breakfast. His motive in suggesting no breakfast is that most people eat a substantial evening meal, after which no active expenditure either of energy or tissue takes place until the following day; that therefore an early morning meal is unnecessary until the preceding day's evening meal has been utilised; that if the breakfast meal be unnecessary, the stomach, where breakfast is taken, is transformed into a luncheon basket, and the body is incommoded by having to carry about the undesirable weight of unnecessary food.

In reply to the criticism that people who go breakfastless have not sufficient *vim* for the morning's work, he points out that a breakfast taken at, say, 9, cannot be digested and available for the repair of waste until, at the earliest, 11 o'clock; that therefore the power for doing the work in the early part of the day is derived, not, as is so fondly imagined, from the current day's breakfast, but from the food of the preceding day.

The suggestion of going breakfastless struck me, when it was

first mentioned, as wild and ludicrous; it was so opposed to one's early teaching and life long habits; that a doctor, of all men, exposed as he is to infection, should court disease by starting work on an empty stomach seemed idiotic and mirth-provoking. I read the book, however, and I now commend it to those of you who may not have seen it; the contentions of the writer seemed reasonable, and I resolved to give the plan a trial.

My position at the time was that of an adult weighing 13 st. 4 lbs. My weight, according to the rules of relative weight, height, and age, should have been 12 st. 10 lbs. At the end of the first breakfastless week I had lost 4 lbs., at the end of the second 6 lbs. My weight was then 12 st. 12 lbs., and at that weight I remained. For one month I went without a morning meal, no food or drink of any kind passed my lips until midday. I was at the time engaged, as some here know, in a very busy practice, and it sometimes occurred that I was unable to get to my first meal before 3 in the afternoon. For the first three days of the experiment I suffered from a sensation of being empty in the region of the epigastrium, and experienced considerable sinking; but at the end of the period named these unpleasant experiences passed away, and never returned; the remaining meals of the day were much relished.

I enjoyed unusual mental and physical vigor and buoyancy, the skin was exceptionally clear, and the body girth was conveniently reduced.

I do not insist that an exactly similar system is universally applicable, but I do contend that the occasional omission of a meal can hurt no one, and where there is any undue increase of body weight or tendency to obesity, or when one realises the possession of a liver, the positive advantages of going without a meal will soon be apparent, both to doctor and patient.

In short, the quantity of food taken should depend on power to digest, work done, body weight.

There can be no greater mistake than to fancy that the more food one can cram into a patient the better; it is not the quantity, but the quantity absorbed, which tells, for as has been well stated by Yeo, "It is the popular mania for feeding which induces us to give food when it simply passes as an irritating, decomposing substance along the intestinal tube. Remember, that it is useless and injurious to give foods that cannot be absorbed."

In many cases the continental system would, I think, be

found a great improvement on the English, namely, coffee and roll in morning, *déjeuner à la fourchette* at mid-day, dinner in the evening.

One final point, bread, the so-called "staff of life," I have found a fruitful cause of indigestion in cases of flatulent dyspepsia and gastric catarrh. Abstention from bread has in my experience proved more serviceable than the curtailment of any other article of food.

I have refrained in this short paper from defining or classifying foods, nor have I alluded to the specific diets called for in the various diseased conditions, as these are points familiar to us all. I fear, indeed, that I have but imperfectly touched the fringe of a most important and wide subject; but I have been happy in making this my first contribution to the discussions of this society from which in past years I have derived so much profit.—*Journal of the British Homœopathic Society, April, 1900.*

FIRST REMEDY IN ACUTE AND CHRONIC SUPPURATIVE OTITIS MEDIA.

There is no one remedy which can be exclusively used in such cases, but oftener by far than any other I have come to rely, in my experience, upon *Belladonna*. In these earliest stages it is not necessary to differentiate between an acute catarrhal or acute suppurative inflammation before choosing this remedy. In fact, when our first prescription is made such differentiation would probably be an impossibility. Of the indications for *Belladonna* little need be said, because they are so familiar to all homœopathists. The local appearance furnishes no very characteristic indication; it is simply an acutely inflamed drum-head in any of its stages. But in the attendant symptoms of the throat, head, eyes and pulse, we find the characteristics of the remedy most apparent. In addition to this we have, on the clinical side, the well-attested power of *Belladonna* to retard the suppurative process. In its administration it is my custom to prescribe it internally in one of the three lowest attenuations, according to the age and susceptibility of the patient. The ears are simply covered and kept warm in the simplest cases, but should the attack be severe in its onset I lay great stress upon the early local use of the remedy, in addition to its internal administration. This I do by dropping two or three drops of the

mother tincture of *Belladonna* upon a loose bit of absorbent cotton, pushing it gently just within the external meatus, applying over this a hot salt bag, not more than four inches square, and over all a warm, dry flannel. This procedure may be repeated every hour, if necessary, and rarely fails, in my experience, to be of marked benefit if applied sufficiently early. The use of the rubber hot water bag for this purpose is much less satisfactory, because the surface heated is too large. The heat must be more localized. The pouring of hot oils into the ear in this, or any other, stage I consider most reprehensible, especially if it be the ordinary sweet oil which is used. The relief obtained is doubtless due, in most cases, to the heat alone, while the pasty mass which is often formed with accumulated ear-wax is most undesirable in an inflamed ear, covering the drum-head and shutting it from view. It is sometimes so greasy and resistant to water that its removal becomes a difficult and painful process, while the ear rapidly becomes foul if it is not removed. Furthermore, should the pain and inflammation be due to the presence of the aspergillus, the fungus parasite which not infrequently invades the ear, the addition of oil would promote its growth, and the trouble resulting from it, as nothing else could do.

As another internal remedy which seems to arrest, in its earlier stages, middle ear inflammation *Aconite* has a claim in a small percentage of cases, but I rarely use it. The only other remedy which I find really vying in importance with *Belladonna* is *Ferrum phosphoricum*. This is sometimes of the greatest service, and the predominant symptom which calls it to my mind is a strongly marked, localized pulsation within the ear—a pounding or hammering which is synchronous with the pulse. One little patient, who was greatly helped by this remedy, remarked to me that her ear seemed like “a little machine.”—*Howard P. Bellows, M. D., Boston, in A. I. H. Trans., 1899.*

THUJA.

E. Mather, M. D., Birmingham, Mich.

In the practice of medicines we have many remedies for each disease; but, after years, we have one remedy for many diseases.

Here is one remedy found most useful for many diseases—*Thuja*. It is not a new remedy, for the record of its use extends over two hundred years. And to the homœopathic brethren we are indebted for much we know of its virtue.

Their experiments have proven it to be slightly anodyne stimulant antiseptic, alterative astringent, also tannic, having its principal action on the skin mucous membranes and generative organs.

Therefore you will see from the above that *Thuja* will be useful in many cutaneous affections, particularly in eczema—more especially in the dry variety. Now in pruritis, whether anal or vulvar, when accompanied by fissures of the skin, it will be found very useful and curative. And you will not be disappointed by its use in epithelioma of the face, and on warts, tumors and excrescences. For chapped and rough hands, so troublesome in the fall and spring of the year. It will be found very valuable in all mucous patches or ulcerations of the throat, whether syphilitic or diphtheritic. *Thuja* will be found useful in nasal, vaginal, rectal, urethral or bladder irritations; in trachoma and conjunctivitis it will remove the granulations and subdue the inflammations.

You may at some time have a patient present himself with balanitis or abrasions or excoriations on the head of the penis, or around the corona glandis. Make a few applications of *Thuja*; it will greatly relieve him and please you. You will find in soft chancres a mass or ointment of *Thuja* will be sufficient. Now in catarrhal ulcerations of the uterine neck a teaspoon of *Thuja* and a little glycerine will rapidly cure.

Thuja, if given internally in proper doses, arrests passive hæmorrhages, and it will cure enuresis of children and check the dribbling of the aged when not of parietic origin. It's the remedy in vesical irritation; especially in aged women in amenorrhœa from pelvic atony it must not be forgotten. In anal fissures and prolapsed rectum of children, either applied locally or used with the hypodermic syringe, a cure may be anticipated.

Thuja can be relied on in all diseases of bad blood, with warty excrescences or ulcerations showing promises of papella, either of cutaneous or mucous surfaces. *Thuja* has been used in malaria, rheumatism and worms.

Thuja should be thought of in leucorrhœa and gonorrhœa and all discharges of the mucous surfaces.

To obtain the full benefits in its use much depends on the mode of its administration. It should be given in small doses, frequently repeated, and its effects of course closely watched.

As a local application it can be used diluted one to four parts, or one to two, or equal parts. I frequently use it in full strength.—*Medical Counselor.*

BOOK NOTICES.

A Repertory to the Cyclopædia of Drug Pathogenesis. Compiled by Richard Hughes, M. D. Part iv. Respiratory Organs (continued)—Circulatory System—Spine and Extremities — Skin — Generalities. Corregenda et Addenda. Index London. E. Gould & Son. New York. Boericke & Tafel. 1900.

This, the concluding volume of the Repertory, covers pages 289 to 426 inclusive. In the preface, after a few explanatory periods, the author says: "I now terminate a work which, with the 'Cyclopædia,' to which it refers, has occupied me with little intermission for the last sixteen years." Well is it for humanity that there are men willing to devote their lives to such work, with no thought of reward, doing what they do for love of the cause. The profession is debtor to Dr. Hughes.

Martin and Rockwell's Chemistry and Physics. A Pocket Text-Book of Chemistry and Physics. By Walton Martin, M. D., and William H. Rockwell, Jr., A. B., M. D., of the College of Physicians and Surgeons, New York. In one 12mo. volume of 366 pages, with 137 illustrations. Just ready. Cloth, \$1.50 net. Flexible red leather, \$2.00 net. Lea Brothers & Co., Philadelphia and New York.

This very compendious volume contains everything in chemistry and physics necessary for the medical student, and therefore more than covers the requirements of the practitioner who may wish to look up forgotten points without the labor of searching through larger works. It is all meat, unencumbered with matters not germane to medical purposes. Not only has a wise judgment been exercised as to the subjects admitted, but also as to the extent to which they are treated. specially full consideration is accorded to those compounds which are of medical interest either therapeutically or physiologically. The volume is amply illustrated and is issued at an exceptionally low price characteristic of the Series of Pocket Text-Books, in which it is the eighth already published of the sixteen which are to cover medical science.

The Treatment of Fractures. By Charles Locke Scudder, M. D., Surgeon to the Massachusetts General Hospital, etc. Assisted by Frederick J. Cotton, M. D. 585 Illustrations. 433 pages. Cloth, \$4.50. Philadelphia: W. B. Saunders. 1900.

This beautifully printed, and illustrated, book covers the surgical field of fractures about as effectually as it is possible for a book to do—fractures of every sort imaginable. If the reader is in search of such a work he need seek no further.

The Annual of Eclectic Medicine and Surgery. Edited by John V. Stevens, M. D. Vol. 8, embracing the papers and proceedings of the various State Eclectic Medical Societies for the years 1897 and 1898. 8vo., 538 pp. Cloth. Price, \$2.00. The Scudder Brothers Company, publishers, Cincinnati, Ohio. 1900.

This, to one who likes to get off the beaten path, is a very interesting book—not all of it, but in many spots. For example, after skimming it the reviewer took up pen and the book fell open at *Geranium maculatum*, a one paper by a Dr. J. N. Watts. After a little display of book learning the doctor comes down to what haunTERS of the medical by-ways like, *i. e.*, “I believe—based on some experience—that it,” that is, *Geranium mac.*, “will most effectually clean out any old foul ulcer, and place it in such a condition that the work of repair can go on, and that under its continued use the ulcer will be kept clean, and the work of repair can go on and the ulcer heal. It will not destroy sound normal tissue.” There, gentlemen, is a bit which, if true, is worth considerable. It is better to know how to treat the every-day ills than to be learned in some disease that not one doctor in a hundred ever meets in practice.

BEE LINE THERAPIA AND REPERTORY.

Boericke & Tafel, Philadelphia, have recently published the second edition of the “Bee Line Therapia and Repertory,” by Stacy Jones, M. D., author of “The Medical Genius.” The “Bee Line Repertory” belongs in the same class as Johnson’s “Therapeutic Guide,” Clarke’s “Prescriber,” Nelson’s “Clinical Assistant,” and other vade mecums that could be mentioned, but is the most modern, condensed, and easily available

of the class, and withal the most beautiful as a specimen of the art preservative. In its 325 pages, between flexible morocco covers, are crowded in alphabetical array the most approved treatment for all diseases and the indications for the remedies to be employed. Indeed, it is surprising how much of positive necessity and value has been crowded into this pocket edition of medical science, giving evidence that its author is a master of the difficult art of condensation. In fact, this is just such a book as a benevolent old woman or philanthropically inclined clergyman could, in ante-bugteriological times, have taken into their narrow fields of labor and proved ministering angels with, and accomplished better therapeutic results than three-fourths of their "regularly" accredited compeers could achieve. The book is sure to find its way into the trunk library of every medical student, and deserves the daily inspection of every physician no matter how long his term of service.

W. B. CLARKE, M. D.

Messrs. Boericke & Tafel, Philadelphia, Pa.

Gentlemen: Please accept my thanks for "Douglass on the Skin."

I am delighted with it. It is unique, comprehensive, up to date in every particular.

I shall take the greatest pleasure in bringing it to the attention of our students with my commendation.

Very Respectfully,

B. H. LAWSON, M. D.

New, Old and Forgotten Remedies. Mr. Anshutz sets forth in his preface that, in his capacity as manager to the publishing department of Messrs. Boericke & Tafel, he has so constantly been asked for references concerning various out-of-the-way drugs that finally he became "convinced that there might be a niche in the great world's already overcrowded library for a book containing, in part, at least, the information desired." The present handsome volume is the result. The nature of its compilation is such, and the title is so frankly comprehensive that no man is justified in complaining if he finds, here and there, information concerning a drug which he himself deems

“forgotten” for the best of reasons; or, if seeking knowledge on some other of the less known remedies, he finds a hiatus which he deplors. But there will be few, we think, whose knowledge is so cyclopædic that this volume presents them nothing new and worth remembering.

Some of the drugs mentioned are among the curiosities of homœopathic therapeutics. We have heard of a prescription of *Calcarea renalis præparata*, though we imagine that there are many chemists who do not “stock” it. It is none the less interesting to see a reprint of Dr. Bredenoll’s article from the *Homœopathic Examiner* for 1846. In the same spirit we read of *Malaria officinalis*. This drug is prepared in three degrees of strength. “No. I. is the water that stood on decomposed vegetable matter for one week at a temperature of 90° F.,” while Nos. II. and III. had been treated similarly for a fortnight and three weeks respectively. “In the summer of 1862,” writes Dr. Bowen,* “vegetable matter of different forms was decomposed in my office in glass jars, and malaria was freely generated. Persons were hired to inhale the gas evolved in its different stages of decomposition. . . . After ten days or two weeks the expense of securing inhalers was more than doubled, even for one moment of time.” A proving was made from decoctions at each stage of decomposition. “Its discontinuance,” Dr. Bowen says, “was rendered rather necessary by my enthusiasm that led too far in a few cases, but the antidotal effects of certain remedies amply compensated me for my financial and reputational loss.” We are not told whether the nature of the decomposing vegetable is of importance. The function of the harmful and superfluous mosquito as the necessary vehicle of “malaria” had not been recognized in 1862. But it is more profitable to turn from these freaks of therapeutics to a consideration of the more useful contents of Mr. Anshutz’s book.

Among many less known drugs there are several interesting studies. *Latrodictus mactans* (a spider—species undefined) has caused symptoms strongly suggestive of its use in angina pectoris. Of five persons bitten, præcordial pain was well marked in four cases, in two of whom it extended to the left axilla and down the arm to the finger tips. Apnœa occurred in three, and the same sufferers complained of a sense of impending death. It is interesting to note that the blood coagulability

* “Transactions of the Indiana Institute of Homœopathy,” 1895.

was profoundly depressed, the blood drawn from one patient being thin and florid, failing altogether to coagulate in a basin. This property is common, so far as we are aware, to all the injection venoms and depends upon a chemical interference with the fibrinogen. Dr. Semple apparently leans (erroneously as we think) to the view that this blood condition is a pathological result of stasis in the peripheral vessels. One patient had hæmatemesis and melæna as evidence of this property. *Latrodectus mactans* appears to have a special selective affinity for the cardiac vaso-motor nerves. It is a drug which deserves study and consideration.

Phaseolus nana (the dwarf bean) is another drug which should repay study in the case of cardiac troubles, though here the indications are not nearly so satisfactorily stated as in the scholarly article upon *Latrodectus*.

We are glad to see that an attempt is to be made to obtain a systematic proving of *Primula obconica*, a drug from which much may be expected. Its severe action upon the myxœdematous promises some help in a direction where physiological medicines at present occupy the whole field.

There is an interesting article on *Viscum album* embodying Dr. Black's recent provings.

Altogether this is a volume which we have read with pleasure and profit, and we shall be glad if it meets with such success as to encourage Mr. Anshutz to embark upon a further venture in the same direction. Discursive reading in old magazines soon reveals that they contain (among much which is of ephemeral interest) a great deal of matter which is worthy of a better fate than to collect dust on an upper shelf of the book case.—*Monthly Homœopathic Review*.

IN a physical sense, this is a small book. In every other sense, it is a very large one. It treats about the most important of all medical subjects, and does it in the most practical and common-sense manner possible. There are no dizzy scallops about it; no brain-stretching subtleties; no learned theorizing—nothing but straight, every-day gumption. It is all of it clearly and cleanly intelligible to any ordinary mortal. Its constitution and get-up is such as makes it universally adaptable. It is one of the snuggest little medical works that has happened in many a decade. Everybody needs it. C.—*Medical Gleaner*.

Homœopathic Recorder.

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Address communications, books for review, exchanges, etc., for the editor, to

E. P. ANSHUTZ, P. O. Box 921, Philadelphia, Pa.

THE Austin Flint Medical Society met at Waverly, Ia., on April 12th. From a short report of the meeting published in the *Iowa Medical Journal* we clip the following:

A little sensation occurred to make variety to the business part of the program on account of the effort of Dr. Nims, of Cedar Falls, to secure admission to the Austin Flint Medical Society; but whose application was rejected almost unanimously on account of his disposition to consult with and make surgical operations for homœopaths.

No doubt it would be very nice for the "regular" and the homœopath to unite in one common brotherhood (though what benefit it would be to the homœopath is not apparent), but, you see, the other side objects. The kopje that commands the field is strong and distinctive *homœopathic* societies, colleges, hospitals and all that sort of thing. Don't try to get away from the word Homœopathy, but make it as prominent as possible; the word stands as the symbol of therapeutic truth. When it is abandoned the homœopath merits what the "regular" gives him.

A CONTRIBUTOR to one of our esteemed eclectic exchanges, enthusiastically endorsing antitoxin, incidentally lets fall the following information anent the germs of measles, whooping, mumps, scarlet fever and diphtheria. He says, "Were it not for the suicide of these germs there would be no limit to the run of any of these disease," for "otherwise these diseases would continue until the death of the patient in every instance." The manner of the suicide is so: When "the microbe becomes full fledged, then it throws off a toxine which kills itself," and "it is this toxine that kills the patient." All which is modern medical science right up to date. What we would

like to have elucidated a wee bit further is this, namely, if the introduction of antitoxin into the conflict saves the patient does it not, also, save the microbe, who thus becomes self-perpetuating like a king or czar ?

JUSTIN D. LISLE, M. D., attaché à L'Institute Pasteur, Paris, contributes a paper on "The Genesis of Antitoxines" to the New York Medical Journal for May 19th. Here is the demonstration of how antitoxines are produced ; in its lucidity it reminds one of Jack Bunsby :

If a cell, when properly stimulated, will produce an antitoxine, the question naturally arises, How or what is the process? A cell receives a stimulus ; now, what does the cell do? According to the theory of Ehrlich, the protoplasm of each living cell is divided into a number of groups, and each group is susceptible to a different stimulus. Among these groups there is one or more which, when stimulated by a toxine, begins an internal molecular change that results in the production of the antitoxine. If the impression of the stimulus upon the cell is only slight, the effect is only molecular rearrangement and nothing is excreted ; this is called vaccination, and accounts for cellular resistance ; but if the stimulus is increased or is caused by another class of toxines, the process of molecular change goes on, and an antitoxine is poured into the circulation as fast as it is made. Ehrlich has given to these groups of hypothetical elements the name of "side chain," a term borrowed from modern organic chemistry, and which contributes nothing toward solving the mystery of the function of the cell in its production of the antitoxine.

That reads like a bit of profound "science," but read it again and ask yourself is it aught else than a mere meaningless splashing of words !

"In my very extensive research along these lines I have discovered a new bacillus, which I have named Popycoccus. I need not give you a description of this microbe, further than to say that he gets in his most deadly work on the doctors. He even attacks some homœopaths, not genuine Hahnemann homœopaths, but those antipyrine, antifebrine, antitoxine, anti-Hahnemann homœopaths who practice Homœopathy with the law of similars left out. I charge you to beware of the Popycoccus." — *W. E. Alumbaugh, M. D., in Medical Visitor for April.*

The following letter comes to hand as JUNE RECORDER closes, announcing the birth of another homœopathic journal. Like everything else it will receive what it merits. The copy has not come to hand yet.

To the Editor of the HOMŒOPATHIC RECORDER.

India has not been able to do much to forward the cause of Homœopathy. Want of training colleges and institutions, and any practical homœopathic journal, are the chief causes of this backwardness. With an imperfect knowledge derived chiefly from books on domestic or family medicines Homœopathy is no doubt very largely handled. To speak the truth, such knowledge is an abuse of Homœopathy when its law and principles, the philosophy of Homœopathy, is not at all learnt. This is not a good sign.

To impart proper training in the law and principles, and to increase the practical knowledge of those in practice, the *Indian Homœopathician*, a monthly practical journal, has been started. Your help, as pioneers of Homœopathy, and your suggestions to increase the usefulness of the journal, will be highly appreciated.

Copies of *Indian Homœopathician* are mailed to your address for favor of review and exchange. Hope you will not grudge this indulgence to advance the cause of Homœopathy in India.

Yours ever truly,

C. C. GHOSH.

DR. T. G. COMSTOCK got off a rather neat yarn in the discussion of Dr. Bartlett's paper on "Disorders of Emissions and Erections," *Am. Inst. Trans.*, 1899. A patient came to the clinic of Dr. Yandell while Comstock was his assistant. Patient was impotent and wanted something to cure him, and suggested *Damiana*. Then spoke Dr. Yandell: "We have used it a great deal, and tried it a good deal, but, gentlemen, good-bye, *Damiana*; if all that has been said about you is true, there is not soil enough in the world to raise the quantity that would be required!"

THE following is from an esteemed exchange:

"J. S. Billings (*New York Medical Journal*, Feb. 17, 1900), says that the increased number of cases of diphtheria in New York City in 1899 was probably due in part to neglect of a most

important prophylactic measure against the disease—*i. e.*, immunization by antitoxin. Immunization, says the writer, furnishes one of the most potent means of preventing the spread of diphtheria and lessening the number of deaths from this disease. It is possible that in some cases the immunizing dose of antitoxin hitherto recommended (150 units) is insufficient, and that at least 300 units should be used in children and 500 in adults. Owing to the improvement in the mode of preparation and the increased concentration of the antitoxic serums now in use, no ill effects are to be apprehended.”

The increase in diphtheria is not due to the increase of “Klebs-Lœfflu bacilli” (or to bad sanitation, in the older nomenclature), but to the fact that the public is not using enough of X. Y. Z. & Co.’s antitoxin, which you will find advertised in medical journals quite extensively—and if you doubt you are no end of bad things from “back number,” blanked —.

THERE are fashions in drugs and methods as in clothes, and woe betide the unlucky wight who is not in at the correct time and the orthodox way. All this indicates that we are seeking continually strange gods, and standing with our hand on the door-knob to welcome the next new stranger who comes, with a blare of trumpets and the shouts of a far too often unmerited triumph.—*J. S. Mitchell, Chicago A. I. H. Trans., 1899.*

“IT is a fact, that many of the fluid extracts cannot be recognized, even by a good expert, one from another. What we want is tinctures that can be readily recognized by their special aroma, as we believe the special ‘spirit’ of the remedy is used by the vital energy in giving ready results.” So says Dr. A. B. Woodward, in *Medical Summary*, and very wisely. Fluid extracts are “cheaper” and that is their sole merit, and a very small one.

THAT medical philosopher, Arndt, who runs the *Pacific Coast Journal of Homœopathy*, after stating, “The future only can tell which is the worst definitions, curentur, or the homœopathsians,” gets off the following, which is generally written the other way:

"The writer, for many, many years past, has in his own innocence talked about attendance upon State meetings as a duty the practitioner owes to himself and to the profession. He was wrong here, as in many other things he has worked and fought for all his life. The truth of the matter is that nobody is called upon to attend a State meeting unless he wants to go on his own account and for the fun of it. The fellow who wants to stay at home should stay at home, and with the assurance that he need not be distressed for fear that somebody will miss him and mourn for him."

It is even so. Few men are missed in this world unless they owe money.

CHANGE IN A PUBLISHING FIRM.

Mr. W. B. Saunders, the well-known medical publisher of Philadelphia, wishes to announce the final accomplishment of a step that he has long had in mind. Feeling that the growth of the business to its present large proportions has been due, not alone to his own exertions, but quite as much to the efficient coöperation of a number of his employes, he has decided to give recognition to such service by associating with himself in business, under the firm name of W. B. Saunders & Company, Mr. F. L. Hopkins, manager of the subscription department, and Mr. T. F. Dagney, manager of the publication department. These gentlemen have been connected with the establishment almost from its inception, and to their capable management of their respective departments Mr. Saunders attributes much of the success that has attended his efforts.

Mr. Saunders believes that this action will strengthen the position of the house in the eyes of the medical profession, as it will secure a permanence of organization that will ensure the perpetuation of the business. Besides this, it will obviate the disadvantages incident to a large business that rests entirely upon the shoulders of one person, by permanently attaching to the house those whose ability and experience have contributed in bringing the business to its present state of prosperity.

The subscription and publication departments will be conducted as heretofore. The trade book department will be under the management of Mr. W. D. Watson, whose connection with the house has extended over the past eight years, and who has demonstrated his ability to manage that department with efficiency and success.

PERSONALS.

The RECORDER's pages are open to all.

Frank, free speech without rancour or personality is best.

Did you ever stop to think why Satan should want souls?

Carnegie says that the only Americans who need fear the trusts are the stockholders.

There are twenty homœopathic colleges in the United States, and twenty-nine homœopathic journals.

A *Life* kid wants to know the difference between "ripe" and "green old age."

If doctors would only have their names and P. O. stamped, or printed, on letter heads what a world of comfort it would to those who have to decipher the, sometime, hieroglyphics!

Dr. E. A. Hulst has been appointed Health Officer of Perth Amboy, N. J., by Governor Vorhees.

FOR SALE. A full set of "Encyclopædia of Pure Materia Medica." Allen. Good as new. Half Morocco Binding. Cost \$70.00. Inquire of Dr. W., 155 West 12th Street, New York City.

Mrs. C. N. Whitman, of Denver, will build a Memorial Woman's Hospital in that city with our friend, Dr. S. S. Smythe, at its head.

A Covington, Ky., city father presented an ordinance making it a felony, with fine and imprisonment, for a physician to vaccinate any one.

"The worst feature about old age," remarked a sufferer the other day, "is that it never gets any better."

The money there is in a "serum," backed by an "authority," would make a patent-medicine man turn green with envy.

Every war has its "last ditch" and "last drop of blood," but, fortunately, they are never reached—being too poetic for practice.

Why is it that the picture of a man looking through a microscope is supposed to typify great profundity?

"That which builds up the tissues of a bird is adapted to build up the same tissues in other animals."—*Ex.* Worms, bugs?

Yea, John, if you will make a specialty of chronic whistlers you will be the pioneer in a great, new field, and men will mention your name with respect, if you can cure these unfortunates.

Announcements of the State University of Iowa, Homœopathic Department, for 1900-'1 are out.

Dr. Clarke has coined "the Jenneration of disease."

"If I can get one good point out of a new book I am repaid its cost," remarked a successful physician the other day.

The surest way of becoming a member in excellent standing in a Don'-Worry Club is to have a pocket full of money.

THE
HOMŒOPATHIC RECORDER.

VOL. XV.

LANCASTER, PA., JULY, 1900.

No. 7

THE ACTION OF IMPONDERABLES DEMONSTRATED BY THE LIVING PLANT,
DROSERA ROTUNDIFOLIA.*

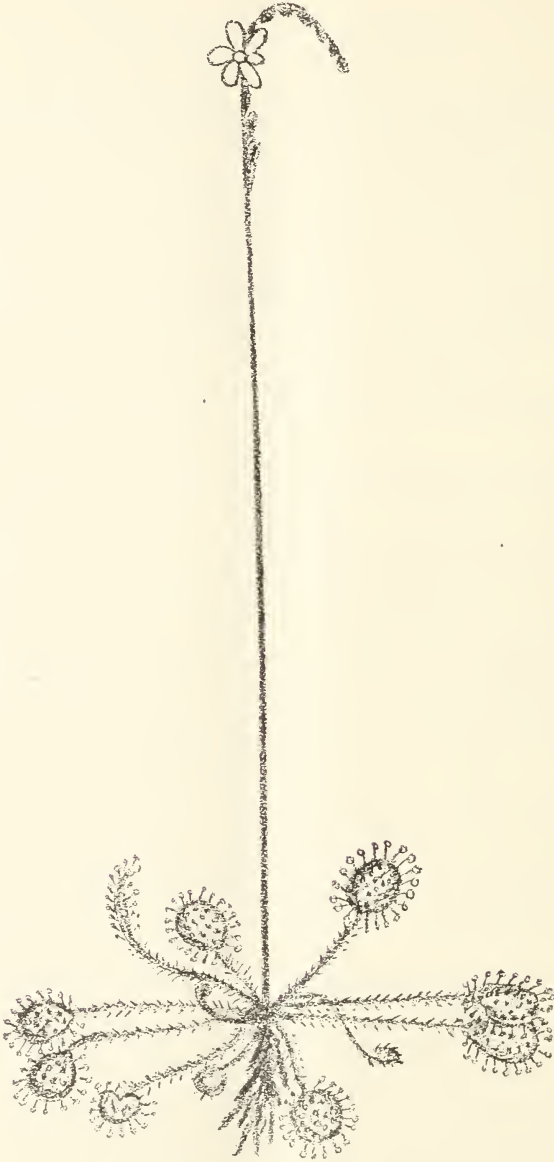
Horace P. Holmes, M. D., Omaha, Neb.

Few experiments have been made which demonstrate the action of imponderables, or infinitesimal doses, in such a way that the proof is irrefutable. Chemistry or the microscope may prove the existence of a drug in minute quantity, but neither may convince a person that this infinitesimal quantity may act on living tissue. Therefore, ocular proof in this line, tests of action which may be *seen*, are of immense value to the physicians of our school as demonstrations of the action of potentiated medicines. A unique series of experiments was made in this line by that eminent scientist, Charles Darwin, though not for purposes of homœopathic demonstration, which have not to my knowledge been brought forward by anyone in support of our belief in the action of small doses. This series of experiments was made upon *Drosera rotundifolia*, and it is my purpose in this paper to give a brief review of the essential features of that work as applying to the action of imponderables.

Drosera rotundifolia, as a medicine, is so well known and of such wonderful efficacy as to at once entitle it to a place among our polychrests. It was first proven by Hahnemann, who speaks of it in one of his papers published in 1796, and the full proving was first published by him in 1827. He especially lauded its virtues in whooping cough, and years of experience since then have shown its value in this and other bronchial difficulties. But

*Read by title at the Missouri Institute of Homœopathy, and read before the Nebraska State Homœopathic Medical Society.

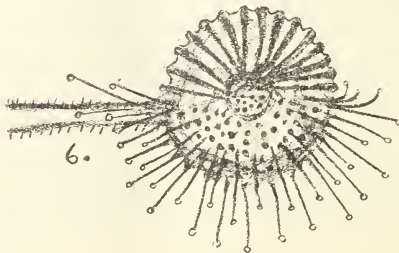
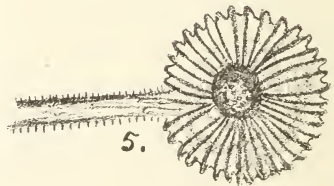
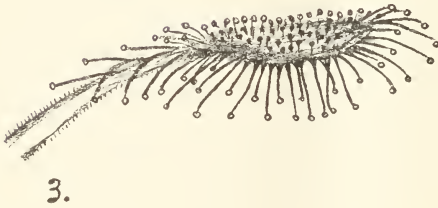
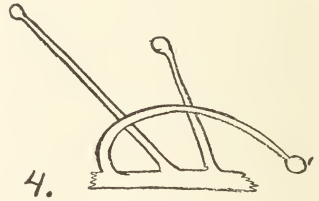
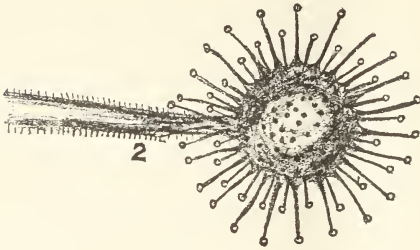
it is to the living plant and its curious action that this article has to deal.



Drosera rotundifolia is a little plant, a very little plant, which has a few leaves lying mostly flat on the ground and a stem, uncoiling as it rises, from two to eight inches in height. Cut No. 1 is from a drawing the writer made from the very pretty illustration of this plant by C. F. Millspaugh, M. D., and shows the whole plant. The inflorescence is a terminal raceme with five to ten tiny, white, diurnal flowers, which open only in the sunshine. The leaves of this plant are round, hardly the diameter of a silver dime, and the upper surface is thickly studded with red, glandular, bristly hairs, each bearing at its apex, like a pin's head, a clear globule of glutinous fluid. This little hair, or tentacle, is the particular feature introduced in this paper, and was of enough interest to hold the attention of as great a scientist as Mr. Darwin for a period of fifteen years. In a letter to Sir J. D. Hooker, Nov. 21, 1860, he said: "I have been working like a madman on *Drosera*." And again, in a letter to that great botanist, Asa Gray, written Oct. 22, 1872: "I have worked pretty hard for four or five weeks on *Drosera*, and then broke down; so that we took a house near Sevenoaks for three weeks (where I now am) to get complete rest." The clear, glutinous gland appearing at the end of each tentacle gives to the plant a glistening appearance, and this gave rise to the popular name of Sundew. This secretion is of acid taste and reaction and was found to contain a strong digestive property. Many small insects, such as gnats, flies and even small butterflies, have been caught by these entangling tentacles and it was thought the plant possessed carnivorous properties, though this was disputed by some apparently good authorities. Even Charles F. Millspaugh, M. D., our well-known botanist, says: " * * the results are far from proving it carnivorous *per se*." But years before our botanist wrote these words Charles Darwin had absolutely settled the fact that *Drosera* was a carnivorous plant.

During the summer of 1860, Mr. Darwin had his attention called to the fly-catching property of the common sundew and began to make his investigations into the whys and wherefores. He gathered several leaves and found many insects caught upon them. On one leaf he counted the remains of thirteen distinct insects, and was assured by a minister of the gospel that he had seen a large living dragon fly firmly held by two leaves. Experiments showed the glands of the leaves to be extraordinarily sensitive, and this led him to see how far and to what ex-

tent this sensitiveness could be acted upon by different experiments. I will here refer you to drawings I have copied from



Darwin's work on Insectivorous Plants, showing these leaves greatly magnified for the purpose of illustrating this paper. No. 2 shows the leaf viewed from above and illustrates the appearance and arrangement of the tentacles. The upper surface of the leaf appears thickly studded with them to the number of 130 to 260, the average observed by Mr. Darwin being 192. In the middle of the leaf the tentacles stand upright, while at the margin they are in the same plane with leaf. Drawing No. 3 gives a lateral view of the leaf. When an object is placed upon the gland of one of these tentacles, or within its field of action near the middle of the leaf, the tentacle is flexed towards the center of the leaf. This action is illustrated in drawing No. 4, where a single tentacle has a piece of meat placed upon its gland. No. 5 shows a leaf with all tentacles strongly flexed by being placed in a solution of *Ammonia phosphate*, one part to 87,500 of water. Drawing No. 6 shows a leaf with the tentacles on one side inflected over a piece of meat placed on the disc.

Observations showed that when an insect alighted upon any portion of the leaf it became entangled in the viscid secretion on the glands; the irritation caused by the presence of this foreign body, by reflex action, causes all the tentacles influenced by that portion of the leaf to inflect over the insect, and the glands pour forth an increased amount of secretion, which was found to not only have digestive power but also to possess a decidedly anti-septic property. Where control experiments were made by depositing bits of meat on moss and on the leaves of *Drosera*, the meat placed on the moss soon swarmed with infusoria while that on the *Drosera* was free. When the inflected tentacles have held the insect a sufficient length of time they re-expand, the secretion ceases and the leaf becomes dry, so that the remains of the insect may blow away, leaving the leaf clean. Immediately afterwards the leaf and tentacles seem sluggish, and are slow to act upon irritation of any kind. After a sufficient rest the same act of feeding may be repeated.

Various tests were made to show that inflection could be caused by touchings, as with a camel's hair brush, bits of paper, pricking with needles, etc., and yet, by some inherent power which seems like intelligence, a heavy rain falling upon the plants for hours at a time produced not the slightest inflection of the tentacles.

Numerous experiments were made to test the sensitiveness of nerve action in the tentacles, by the application of weight alone,

with substances which could have no nourishing property. Tiny bits of blotting paper, glass, chalk, marble and every conceivable substance were placed upon the leaves in astoundingly small weight, until it was found that a piece of human hair 8-1000ths of an inch in length and weighing only 1-78740ths of a grain would produce inflection of a tenacle.

Leaving the substances which we might term imponderables, which apparently influenced the plant by weight alone, Darwin passed on to nitrogenous and non-nitrogenous substances, and made a great many experiments. He tested the digestive power of the secretion of the glands and found it would thoroughly decalcify bone, enamel and dentine. Various salts and acids were called into the investigation; alkaloidal poisons, essential oils and other drugs, probably in all to the number of over 200 different substances, were used by this experimenter in his investigations with this wonderful little plant. Some agents caused inflection and others did not so affect the tentacles. The plant showed a wonderful affinity for the phosphates for which there seemed a decided craving. Numerous phosphates were tried, but the highest degree of dilution was reached with the phosphate of ammonia, when decided inflection of the tentacles was produced with a solution in which it was estimated a gland received but the 1-30,000,000th of a grain of the drug. This is not in reality an imponderable, but an infinitesimal, according to our homœopathic understanding of potencies.

Let us say a few words on the extreme minuteness of this dose. Few people comprehend what a 1-30,000,000th of anything is. It is one grain to over 513 gallons of water. It is as a shingle nail to four carloads of nails. It is an inch picked out of over 473 miles. Were these the words of Hahnemann, he would be termed a fool and a fanatic; but we assume that no one will question the fifteen years' work which the great scientist, Charles Darwin, faithfully devoted to our favorite *Drosera rotundifolia* in interest of science.

Cactus Grandiflorus is, perhaps, the best remedy known for "tobacco heart," although it is possible that the new remedy, *Cratægus oxyacantha* may rival, or surpass it. *Cratægus* is a grand heart remedy that should be better known.

APOCYNUM CANNABINUM; A CASE.

W. B. Hinsdale, M. D.

Was called about two and a-half years ago to see a lady seventy years of age, plethoric and of what appeared to have been a vigorous constitution. She was suffering from an annoying itching and burning of the feet, ankles and legs to the knees; also complained of some gastric discomfort. A sample of urine was examined. The specific gravity was 1032. Considerable sugar, by Fehling's test, was detected. The patient was put upon a rigid diet, the ordinary bill of fare for diabetics being prescribed. The heart showed irregularity and valvular insufficiency.

The patient adhered to the diet conscientiously, though she had been a hearty eater, and, as she said, "liked good victuals." The case ran an uneventful course for nearly two years. Several times the Fehling's test was made with comforting results.

Early last autumn new symptoms developed. Cardiac disturbances had become severe, and evidences of dilatation of the heart were found. Albumin, as well as sugar, was present in the urine. Granular casts were detected by the microscope. Not to dwell upon several interesting features of the case, I will consider only the suppression of urine and the dropsical conditions that, at times, became distressingly prominent. So far as the immediate danger was concerned, the suppression of urine was the most serious symptom. It was accompanied by distressed breathing, anxiety, anguish, restlessness and inability to lie down. General sweating, and inhalations of oxygen gas, for a time, relieved these, but, eventually it became impracticable to sweat the patient every other day, as it depleted her strength very rapidly.

The asthmatic symptoms have at no time failed to yield to *Antimonium tartaricum*, which is given in the third or sixth trituration whenever the breathing becomes seriously embarrassed. To relieve the other serious indications of uræmia, among which great drowsiness was prominent, and the extensive œdema, which at times appeared as ascites, *Apocynum* was prescribed, a dram of the tincture in two-thirds glass of water. After eighteen hours the patient was urinating so copiously and so frequently that she flooded her bed. The stupidity ceased, appetite returned and, in forty-eight hours from taking the first teaspoonful, she was able to be about the house with a clear

mind, a body unloaded of dropsical effusion and the kidneys excreting urine freely.

At intervals of about two weeks ever since the patient has had recurrent attacks, the attacks being the same as described above. One or two of the attacks were so severe that it did not seem possible for the lady to survive longer than twenty-four hours. *Digitalis*, in dilution, the tincture and infusion, were used at times with some results. The tincture of *Apocynum* was found to be more effective in unloading the retained urinary products and relieving their poisonous effects than the other remedy mentioned; however, the fluid extract of the *Apocynum*, thirty drops in a half glass of water, has been much more effective than the tincture. It has been given in teaspoonful doses every one or two hours until the urinary flow starts, or until nausea has been induced, as has happened once or twice. To relieve the nausea a little hot water and lemon juice has been sufficient. Of course, if nausea occur, the medicine is more highly diluted.

Experience in this and many other cases leads one to regard *Apocynum* a most valuable remedy in renal and cardiac dropsies, notwithstanding failures with it have occurred. There is no doubt but that the ordinary tinctures of the plant are unreliable and many of them worthless. An infusion of tea of the fresh roots has been found to be the best possible form for the relief of urinary suppression and œdema. As it is impossible to gather the roots at all seasons of the year, it is unfortunate that no very good method of preparing them has been devised so that we may employ the drug with confidence all the year round.

The prognosis in the case cited is not favorable, of course, so far as recovery is concerned. The patient must eventually succumb to her serious and complicated disease; however, the medication may, with fairness, be credited with lengthening her months and affording comfort so long as they may last.

Ann Arbor, Mich.

GOUT: "MALARIA" AS A REMEDY.

G. W. Bowen, M. D.

Having used this remedy extensively in rheumatic troubles in every phase and form, and even for many cases of a supposed malarial origin, with the most marked beneficial results, I ventured to give it for a very bad case of gout. It seemed to me

reasonable to suppose (partly from the character of the pains) that gout, rheumatism and arthritis were kindred diseases, or, at least, distant relatives of the same family. True, gout has always been attributed to a radically different cause than the others.

I had a patient, a lady nearly sixty years old, that had accumulated weight rapidly for the last two years, until she was near two hundred. She became afflicted with the gout, and all my care for her for two weeks had not made more than twenty-five per cent. of improvement.

The pains in her feet were very distressing, and she could only be moved in her chair, or, if necessary, be held up for a few moments by two persons. I decided to give her *Malaria off.* at least for one day, and see if she could not be made more comfortable. She took *Malaria*, second cent., No. 30 pills, ten every two hours, for twelve hours, and then I saw her again. She was helped to her feet, and with only a cane for assistance walked through two or three rooms. She was delighted and I was surprised, and could hardly hide tears at the radical change, and her freedom from pain.

Would the improvement last, time only could decide. That night she slept better, and went to the dining-room alone the next morning.

In forty-eight hours she walked through the yard with only a cane as a help. The *Malaria* was continued for a week, with the doses at further intervals, and no pains came back to make her life miserable; but it made her languid, dull and much more sleepy than ever before. It did not interfere with the digestion, kidneys, or the bowels in any way.

Its prompt and speedy action has led me to believe that it will prove of as much value in the treatment of gout as it has in that of rheumatism and arthritis. The *Malaria* used was some that was made for me some years ago by Boericke & Tafel, and it has not deteriorated in any respect by the lapse of time.

Fort Wayne, Ind., June 1, 1900.

Malaria off. is a vegetable counterpart of *Pyrogenium*. It is prepared from swamp vegetation that is allowed to decompose in water in a high temperature. You can get a first-class attack of malaria by inhaling it when being prepared.

GERANIUM MACULATUM.

By H. M. Warren, M. D.

As a remedial agent, the range of action of *Geranium maculatum* is quite limited; yet within its narrow bounds a curative power is exerted that classes it as a most important drug, its sphere of action being confined more especially to such cases as require astringent drug effects, since upon its rich supply of tannin does its value depend.

Unlike its analogous, this medicine has a permanent effect on the tissues. It is within my experience that the diarrhœa, as well as hæmorrhages from the different outlets of the body, are not only held in check, but cured.

As the results obtained are undoubtedly due to the large per cent. of tannin in the cranesbill, I have long been curious to ascertain the cause for this exceptional and desirable action. No provings to my knowledge being available I have had recourse to others for information, and from Dr. D. W. Chapman, president and chemist of the well known firm, The Chapman Mfg. Co., comes a letter in which he very kindly throws some light on the varying action of the tannin group, as the following extract from his letter will show:

“On going thoroughly over the composition of *Geranium mac.* I find nothing further than is embodied in the various medical works, and I give it as follows, remarking that the bodies called tannins are very interesting in the chemical way and the knowledge concerning their reactions and therapeutical effects quite limited. There is, in fact, no general precipitant of these bodies, hence they must differ in chemical constitution.

“Respecting the tannin of *Geranium*, Dr. Staples found—1820—gallic acid in large quantities; tannic acid not reddening vegetable blues; mucilage; aniline; red coloring matter and a crystalline vegetable substance? Bigelow—1833—and Bowman—1869—found practically the same bodies. The latter investigator estimated the proportion of tannin at 13 per cent., but did not study its reactions.

“Drayendorff has a chapter on tannins, yet does not mention that of *Geranium*, and, in fact, is not able to throw much light on these bodies. That there is an essential difference concerning the tannins of the vegetable kingdom is most evident, but

there is not much light, either chemical or therapeutical, on the subject.”

Although it has been little used by homœopathic physicians there is a good deal of clinical experience to prove its worth both as an internal and topical remedy.

As it imparts its virtues quite as readily to water as alcohol, it makes a most desirable unirritating and soothing injection in vaginal and urethral diseases, even when specific in character. The mucilage it contains adds largely to its bland and pleasing action. In the former disease a favorable way of using it is in the form of suppositories.

As it is neither harsh nor disagreeable to the taste, it may readily be given to children in decoction with milk or other excipient.

The powder can be dusted on raw or bleeding surfaces. I wonder it has not formed the principal part in antiseptic dressing powders, as it should prove an ideal one. Possessing such properties in itself, the remedy has for many years been recommended and prescribed for apthous sore mouths of infants, ophthalmia, sore nipples, intertrigo and irritations of the face from close shaving.

In passive discharges due to a relaxed condition of the mucous membranes it is especially effective. This drug is not indicated during the inflammatory stage, and should not be employed until that condition subsides.

Diarrhœas are often met with that are composed almost entirely of mucus which are due either to nerve impairment or irritations of the intestinal glands from various causes, for which the *Geranium* is nearly specific. The appearance of the movements may be quite light in color or a dirty gray; albuminous; rusty, as though mixed with blood, and having the characteristics of matter from a discharging sore. Restlessness, with much mental distress (*Aconite*), is an additional indication for its use.

Last fall I was treating a young lady for bronchitis, the sequel of la grippe, when she commenced raising blood in quantity amounting to two ounces in forty-eight hours. It proved to be a case of vicarious menstruation. After the fourth monthly recurrence it was checked and the flow normally established by giving two drop doses every other hour of the tincture of cranesbill.

While writing this paper a woman called for me to check an active hæmorrhage from the posterior nares. She had lost about

twenty-four ounces in eighty minutes, and was beginning to feel exhausted from the efforts to free the throat of the large clots, as well as from the loss of blood itself. The usual means having failed to check the flow, I thought this a good time and case for testing the vaunted virtues of the *Geranium*. And we were not disappointed, as a tampon of cotton saturated with a watery solution quickly stopped it.

Physicians willing to employ astringent remedies in cases calling for such treatment will find *Geranium* the most reliable and satisfactory of all vegetable medicines of the group.

Jonesville, Mich.

RHODODENDRON CHRYSANTHEMUM

In Chronic Facial Neuralgia.

By H. S. Budd, M. D.

Mrs. —, of Kansas City, Mo., 44 years of age, married 10 years, has had three children. Has suffered from uterine anteversion since childhood. Anæmic; spare, nervous temperament. For three years past has suffered from neuralgia. Attacks occur usually on Friday or Saturday and last till Monday or Tuesday; but are brought on at any time by high winds, damp weather or an approaching storm. Nothing would relieve the pain during an attack; even 15 grs. of *Ammonol* and 7½ of *Phenacetin*, or 20 grains of *Antikamnia*, failed to alleviate. *Passiflora inc.* sometimes allowed her to sleep, but not always.

She wrote to me on May 11th, saying: "The pain is worse—after hard work; during a high wind; after more than one day's rain; in very cold weather; from hot applications; during any movement. *Passiflora* alone relieves the intense soreness extending all over the right half of the head. Cannot rest on the pillow nor endure even the lightest hairpins when the pain and soreness is worst. Always suffer worse at night. *Intensely* nervous and hysterical at being *touched*, even by accident. During the pain there is greatly increased activity of the kidneys and stops when the pain goes. Pain greatest in right lower jaw. Sometimes relieved for an hour or so by chewing gum or eating." The lady is also particularly afraid of thunder, which—together with the above—led me to think of *Rhododendron*. She also "omits entire words

when writing." On the whole, it seemed a pretty fair picture of *Rhod.*, so I sent a powder of the 15x potency to be dissolved in $\bar{3}$ iv of water and a teaspoonful taken every hour until decided aggravation or amelioration was noticed.

May 21st she wrote that she took four doses the preceding evening and stopped, as *each dose* aggravated at once. The next morning the pain stopped suddenly and did not return. Some days later she wrote that it was "like being out of prison," for she was "so free from pain she forgot she had ever suffered." I then sent one dose of *Rhod.* 1m., to be taken if there should be a return of the symptoms. June 7th there was a premonitory twinge or so, and she took the powder, and is now apparently immune.

Los Angeles, Cal.

THE TREATMENT OF MALNUTRITION WITH CLINICAL REPORTS.

By Eugene C. Underwood, M. D., Surgeon B. and O. S. W.
Railway, Louisville, Ky.

I am persuaded, from a large experience with the profession in general, that the condition which we generally term *Malnutrition* is not all the time well understood, or, in any event, it is not every time treated properly.

In general terms malnutrition may be defined as a systemic state in which the tissues are inadequately nourished. This systemic condition may result from a multiplicity of causative factors—acute disease, chronic disease, dyspepsia or any cause which tends to produce an excess of tissue waste over tissue repair.

The importance of treating malnutrition will all the more forcibly address itself to the physician when he bears in mind that the patient who is not adequately nourished is open to attacks of any other disease—in other words, the power of resistance is so greatly diminished as to make the patient a prey to any disease which may be in his way.

The treatment of malnutrition in my hands has been followed by a considerable degree of success. I conduct the treatment on such lines as will overcome the anæmia and give tone to the system. Relief of the anæmia is one of the greatest steps toward success in the management of these troubles.

I have depended for some time upon *Physiological Tonicum* (Hensel) to serve my purpose. This remedy more quickly overcomes the anæmia than any remedy I have employed in these cases, and at the same time shortly after its administration is begun the patient has a normal appetite. It is often surprising how quickly after this remedy is begun before the patient will call for certain of his favorite foods, and his appetite thus being brought back his tissues can be normally repaired. The repair of the tissues and its logical sequence the gain of flesh is in some cases most rapid.

Some writers will be found who will dismiss the therapeutic indications in these cases by saying that cod liver oil will fulfill all the demands. While there is little doubt that cod liver oil will occasionally act happily, still it cannot be denied that this agent is not the weapon with which we can successfully combat this trouble.

Cod liver oil is repulsive to the palate, and it cannot be taken through the summer months. Again cod liver oil burdens the organs of digestion, and it is impossible for these weakened patients to assimilate the oil. Very often, indeed, it will be found impossible to get any good results from cod liver oil—and I have for a long time quitted the employment of cod liver oil in these cases. I now, as already stated, find *Physiological Tonicum* (Hensel) the best remedy, and its action is more suited to this condition than any remedy I have yet employed. *Physiological Tonicum* is to be continued in these cases until the patient is no longer anæmic, has a good appetite and is speedily assuming a well-nourished condition.

In treating these cases it is of great importance for the physician to see that the patient's diet is nutritious and consists of such articles as are easy of digestion.

This matter of proper feeding is very important, and it must not be relaxed in until the patient is well. The following cases from my notes will illustrate the results of my treatment :

Mr. W., aged 31. This patient had been ill of typhoid fever, and it had left him decidedly anæmic and most nervous and melancholy. He had no appetite, and when he did eat he suffered considerably with dyspepsia. He suffered also with more or less constipation. To overcome this he took *Aloin*, *Bellad.* and *Strych.* pills—two every night at bed-time.

He began taking *Physiological Tonicum* (Hensel) regularly.

His improvement was manifest in a week, for at the end of

this time he had appetite and felt better. He began from this time to improve in all respects and in three weeks longer I was able to discharge him cured.

His gain in flesh and his general condition were so greatly improved that he declared he had never felt better.

Mrs. H., aged 37. This lady had a miscarriage six months before I was called to see her.

She had suffered an extensive hæmorrhage and had never gotten her "health back," as she put it. She was emaciated and anæmic, and presented a typical case of malnutrition. Her diet was restricted to articles which are easy of digestion, and which are nutritious. She took as the only medicine *Physiological Tonicum* (Hensel). On this she began to make decided improvement in a short time, and in four weeks she had no evidence of anæmia, had gained flesh greatly and felt well and was in good spirits.

Mrs. P. This lady had suffered from malnutrition dependent upon anæmia, which had its origin in an attack of la grippe which had left her weak and without appetite. As soon as this patient applied for treatment she was put on *Physiological Tonicum*.

It had the effect of giving her an appetite, and she did not suffer any from nervousness after the first week, and from that time on her condition was one of gradual improvement.

I could give other clinical histories, but I think these are sufficient to illustrate my idea.

ON THE ACTIONS OF AND INDICATIONS FOR DIGITALIS.*

Discussion by T. C. Duncan, M. D., Chicago.

Theories are sometimes straws, and sometimes they guide correctly. Facts must decide. I am invited to get out my Claymore and enter the fight over the question whether the primary or the secondary symptoms should guide the practitioner. In science, and especially in this great body, we should aim to advance the art of better prescribing.

In the outset of the study of the action of this great cardiac

* On the paper of Dr. Price read before the American Institute of Homœopathy at Washington, D. C., June, 1900.

drug a few points should be remembered. The heart is controlled by two sets of nerves: accelerators and inhibitors. In cardiac physiology action is followed by reaction. The heart rests two-fifths of the time, and the pauses may or may not be prolonged. Irregular heart action occurs many times and under various conditions. Its rhythm is disturbed by food, mental and bodily action. Now, if its oscillations are carried too far either way, disorder and finally disease results. For example, a long lasting tachycardia, by fits and starts even, may in years go on to hypertrophy, dilatation and failing compensation (dropsy and death). Inactivity, depressing emotions, etc., may, on the other hand, produce cardiac weakness.

Most drugs emphasize cardiac action. *Digitalis* effects, as first recorded, were graphic and frightful. Boerhaave winds up a picture of *Digitalis* effects with "slowness of the pulse, even down to 30 beats in the minute; and, in some cases, even death." (Murray Apparatus Medic., vol. 1, p. 493.) In 1746 this drug was struck from the London Pharmacopœia as dangerous, and it was not restored until 1788—the days of Cullen. "*Digitalis*," says Merat & Delens (Dict. Univ. de Mat. Med., vol. 11, p. 690), "causes nausea, vertigo, malaise, *sadness*, a flow of saliva, vomiting, looseness of the bowels, *acceleration of the pulse*, etc. After these phenomena, another more remarkable phenomenon shows itself, which Cullen has been the first to point out, and which consists in a *slowness of the pulse*." Here we see the dual action of *Digitalis* pointed out. As Teste says: "Cullen was the first who pointed out the slowness and irregularity of the pulse caused by *Digitalis*, which he termed, very improperly, the *opium of the heart*."

"What Cullen did not notice, and what was afterwards proven by Sanders, Joerg and Maclean, was this, that the slowness of the pulse is generally a secondary effect of the drug, and that, at the commencement of its action, *Digitalis* produces almost constantly an opposite phenomenon, namely, a marked *increase of the frequency* and intensity of the beats of the heart." * * * Sanders gave *Digitalis* in small doses, and this is the reason why the pulse rose from the first, which is, in reality, contrary to Saunders' opinion, a *secondary* effect of *Digitalis*. Indeed, as soon as these small doses had been multiplied sufficiently to intoxicate the organism, the *primary* effect, that is to say, the slowness of the pulse, speedily became manifest. If given in high doses *Digitalis* almost always produces a quick pulse from

the commencement." (Teste Materia Medica, 1853.) From this view of the effect of this drug Hahnemann was right in his interpretation of its action. That *Digitalis* will cause weak pulse we have a fine illustration in Allen's Materia Medica. In the above explanation we may have a new interpretation of the dual action, and especially as to which is primary and which is secondary. If the toxic dose effects are primary that should settle the question.

Reference has been made to the active principles of this drug, and they may help us to understand it better. They are: "(1) *Digitoxin*, a glucoside, crystallizable, the most active principle very poisonous, cumulative. (2) *Digitalin*, a crystalline glucoside insoluble in water. (3) *Digitalein*, soluble in water. These three glucosides are said to represent the cardiac stimulating action of the drug. (4) *Digitonin* is a cardia depressant, and is, therefore, antagonistic of the other three glucosides." We are also told that this latter glucoside "forms most of the soluble part of the commercial *Digitaline*." A fine illustration of the effect of *Digitoxin* on the heart is found in *Arch. f. Exp. Path. und Pharm.*, 3, 275. (Allen.) A normal pulse at 80 was brought down to 40, and intermitted every second beat and weak. (Dose, 2 milligrammes.) It is reasonable to suppose that the plant gathered at a certain age, in certain seasons and sections, will vary in its chemistry and in its effects. It is believed that the tincture, made as it is with alcohol, increases the cumulative effect of *Digitalis*, and many prefer the infusion, believing that this watery extract will not dissolve so much of the depressant glucoside *Digitonin*. The drug, as a whole, in the toxic dose must be recognized as a depressant leading to death. In a smaller dose the stimulation is followed by a tonic or strong cardiac action. This can become so weak as to intermit. My sketch of the effect of this drug a year ago is correct, as to the small repeated dose. (Trans. Am. Inst., 1899.)

It is time that the basis for ascertaining the primary and subsequent action of a drug should be settled. If each man is to set his own standard he can interpret drug action to suit himself. Accepting Hahnemann's view of the primary and secondary action of this drug as correct, as to the big dose, we have a standard for comparison. Many students of this drug agree with him. Black, in his monograph on *Digitalis* (*Mat. Med. Physiol. and Applied*, Vol. 1), gives the views of 45 sources. "It is ad-

mitted by all that large doses produce cardiac paralysis." We might make a formula like this:

Large doses: Paralysis and death.

Medium doses: Depression to be followed by stimulation.

Small doses: Stimulation, and continued depression.

It is easy to understand that the records of 95 provers would give a great variety of symptoms. Black records 32 cardiac symptoms and Allen (*Mat. Med. Purâ.*) records 110 heart symptoms. Both give primary and secondary symptoms, as they should show the full action of the drug. But the time has come when these symptoms should be separated. The essayist's collection of the stimulation symptoms are valuable. But one does not get from the cardiac symptoms the clue to the grand value of *Digitalis* in cardiac diseases.

But if we take the history, clinical, of many a case of heart disease we get a tachycardia, hypertrophy, dilatation and irregular action from failing compensation; now the remedy to be similar must correspond from start to finish. *Digitalis* in the small dose has a similar history. Many drugs have the palpitation but few have the venous stasis and dropsy. (The secondary of the small dose and the primary of the large dose.) Experience has demonstrated its value here.

This discussion seems to demonstrate the necessity of grouping the symptoms of this and other strong drugs into two groups, and that is (1) the symptoms produced by large or toxic doses, and (2) those produced by small doses. That would enable us to study the action of the drug better and to apply it more accurately, as well as scientifically.

Time will not permit me to present the heart symptoms of *Digitalis* in a sequential order, nor to call the attention of the institute to the fact that many of the authors show that the allopathic profession have modified their views of indications for this drug. They now no longer use *Digitalis* to "bring down the pulse," not its depressing, but its stimulating and so-called tonic action. At this point I might quote Black: "A careful perusal of these experiments (20) conveys the impression that the physiological action of *Digitalis* in small doses (medicinal) does not present the ordinary signs of a cardiac tonic." Balfour (*The Senile Heart*) styles it a cardiac tonic and also a stimulant. The same might be said of *Nux* or *Strychnia*.

The battleground of the future will be just here, when the allopaths condescend to join issue with the believer in the sim-

ilarly selected medicine. Then must be settled, if not before, the vital question that all *Materia Medica* men must face.

1. Which are primary and which are subsequent symptoms?

2. Which symptoms should guide in his selection of the drug? If, as Hahnemann taught, the last symptoms of the disease are to disappear first, then which symptoms should receive the attention according to *similia*?

These are vital and practical questions. Possibly no drug can be better selected for this study than *Digitalis*. Must we accept Hahnemann's interpretation of its symptoms as to which is primary, or that of the essayist, who attempts to prove that our authors have been following antipathy. That is a serious charge.

It is to be regretted that time will not allow a more full discussion. No more serious question can engage the attention of the members of the American Institute of Homœopathy this monumental year.

CONTRARIA CONTRARIIS. "CURANTUR OR CURENTUR."

To the Editor of the HOMŒOPATHIC RECORDER.

I have been somewhat perplexed over the discussion *Curentur* vs. *Curantur*, chiefly, perhaps, owing to the fact that Latin is not my strong point. Recently, while reading the translation of Hippocrates' writings, by Francis Adams, LL. D. (Wood & Company), I ran across the following, which seems to have some bearing on the question. This is what Hippocrates writes :

Diseases which arise from repletion are cured by depletion; and those that arise from depletion are cured by repletion; and in general, diseases are cured by their contraries.

To this the translator adds a note, from which the following is taken :

That diseases are cured by their contraries—or, as it is expressed in Latin, "*contraria contrariis curantur*," is a general rule frequently announced in the Hippocratic works, as in the treatise, *De Locis in Homine*.

From the foregoing it will be seen that the older body in medicine uses "*curantur*" in its motto, which, being simply the reverse of the homœopathic motto in its first two words, causes one to think that the final word should be spelled the same in each. Who is in error, the "regulars" or the "curentur" men?

DRYASDUST.

ACONITE IN CHOLERA EPIDEMIC.

By H. L. Saha, Hom. Practitioner.

In cases of cholera *Aconite* holds a very prominent place, especially in the collapse stage. It is not only thought advisable to administer it in the first stage of the disease if it is caused by being subject to a sudden cold, but it is also an infallible remedy when the disease is aggravated by an intense fear. So far as my experience goes from the treatment of the disease for a considerable number of years, I may assert in connection with the last mentioned fact that when the disease takes an epidemic turn the mind of the people is naturally prone to intense fear. In such a state the disease might be successfully met by a timely administration of a few doses of *Aconite*.

This fact was corroborated by me about three years ago, when a severe cholera epidemic broke out at Dogachi and adjacent villages. The high rate of mortality and the sudden panic, caused by the epidemic, were so very great that people fled to different quarters. I was called in to try some of these cases, most of which rallied under my treatment.

The secret of my success consists in, so far as my opinion goes, my invariably administering a few doses of *Aconite*—even when there were no decisive indications for it—in alternation with the remedy indicated by the symptoms.

Pabena, Bengal, India.

SOME HOMŒOPATHIC CURES FROM INDIA.

By Dr. Ram. Gopal Pundit.

Puerperal Fever: A milkmaid, about 22, mother of two children, suffering since last four months. I examined her on the evening of the 25th November last, and found violent fever with delirious talk, swollen and cracked lips, taste bitter, aversion to food, constipation, abdomen very sensitive to touch, excessive flow of milk. *Bryonia* 100d cured her in five days.

Goitre: A beggar woman, native of an up-country mountainous district of Kumaun, about 30 years old, happened to come to my door for begging on the morning of 20th February last, when I saw a *tumor* about the size of a goose egg just on

the forepart of her neck. On examining it I found it to be an enlargement on the left thyroid gland. She called it *Gurgonda* (Wen), from which she had been suffering for the last four months. She came here only last two weeks. A poor widow, mother of three children as she is, she had to live both here and at her home in a very damp, ill-ventilated small hut, and had been subject to cold and cough. I took her under my treatment and gave her *Spongia* 12d and *Iodium* 1x for external application twice daily, and in a week I discharged her cured.

Toothache: A Hindu lady, 22 years old, has been suffering from toothache for two weeks, and was under the homœopathic treatment of her husband, came under my treatment. The most noticeable symptoms were, violent and unbearable pains, mental fatigue, nervous excitability and slumbering. Only two doses of *Coffea* 30d completed her cure.

Colic pains: A gentleman, clerk of Messrs. King, Hamilton & Co., over 40 years old, had occasional rheumatic pains and constipation. Since last three months he has been suffering from colic pains all over the abdomen, which commenced as shooting and tearing pains, but became violent and unbearable in an hour's time. The attack was very frequent and daily, but the patient relieved on pressure on the afflicted part. After many treatments to no effect I was last consulted. I gave him *Nux vomica* 12d, and in a day the remedy did immense good, and next day completed the cure.

Dysmenorrhœa: A young lady 20 years old has never menstruated at all after her menstrual flux has once been established at her 14th year. No treatment did her any good. I was called on the afternoon of 15th December last. She was of a nervous temperament, with her pallid countenance; but in every month she used to feel heaviness, pains in the back and loins with depraved appetite and costiveness, and after a day or two a flow of thick blood discharges which continued for eight or ten days. From these general symptoms I first followed Dr. Massy, Collis and Williams' principle in treating the case, and tried *Xanthoxylum frax.* 2x; and so continued it for three days. I then gave *Sulph.* 200d and *Nux vomica* 200d, one dose in the morning and at bedtime, respectively, twice a week, which gave her a little relief. On the 9th of January I tried *Puls.* 200d twice a day for two days and then gave her *Sepia* 200d. Next morning I heard her discharging blood like watery flow with much ease. On again using *Puls.* 200d the discharges became

profuse and continued for five days. Next month this mode of treatment was followed, and since then she has been going on regularly without the least uneasiness.

Boils and Pemphigus : My boy, about a year old, has both the eruptions just after he caught cold with fever. *Aconite* 3d checked the fever. The boils appeared one after another in the hands and on the back and the pemphigus on the arm-pits and on the belly in good many numbers. The boy, with occasional cries, expressed the agony of their pains and burning sensation, with much restlessness in the day-time. *Sulphur, Ars., Rhus,* etc., to no effect and the eruptions continued increasing, but brought no fever. On consulting with a friend of mine I tried *Antimonium tart.* 3d, which also failed. At last a few doses of *Dulcamara* 6d did much effect and cured him in three days.

Dry Coughing : A washerwoman after getting cold has had very violent dry coughing for months; so much so was the attack that she could not sleep well at night. *Mentha piperita* 30d cured her in two days.

Malarious Fever : My office Dufty's boy, about 13 years old, has been since last nine months suffering from malarious fever. No treatment to any effect and he was brought down here from his native land. On examining, I found him very weak, color pale, loose bowels, fever daily attacks at noon to 2 A. M. next morning, with much shivering, heaviness and pains on the forehead, vomiting, fainting and occasional heart-burning; scanty, reddish, frequent urine, with much burning in drops, great restlessness, bitter taste, has a slight enlargement of liver and spleen. I tried *Bry., Gel., Nux and China,* etc., to no effect and at last gave *Polyporus offi.* 100d. In four days this remedy subsided all the symptoms with much relief to the patient, except a slight rise of temperature a very few minutes every noon. A few doses of *China* 200d completed his cure in three days.

Calcutta, April 28, 1900.

FROM December 29, 1899 to May 4, 1900, there were reported from forty-one states of the U. S. 8,677 cases of small-pox with 498 deaths. Louisiana heads the list in the number of cases with Kansas, Tennessee, North Carolina and Minnesota following in order named. Delaware, Maryland, Maine and California show fewest cases.

PROCEEDINGS OF THE MASSACHUSETTS' HOMŒOPATHIC MEDICAL SOCIETY FOR 1899.

A volume of 259 pages, from which we pick the following of more or less general interest:

The New Rutland Hospital.

President H. C. Clapp in his address dwelt at some length on this new State hospital for consumptives, in which the homœopaths and the old school have equal footing. Among other things he said: "We like to consider our hospital not merely a Sanatorium, but also a great *Normal School*, whose graduates having there learned how to live will become teachers in the communities in which they may settle, teachers of the laws of hygiene and healthy living, demonstrators of the importance of the destruction of tuberculous sputum, and apostles of the gospel of pure, fresh air especially to consumptives and more especially still to those of consumptive tendency, for it is far easier and far better to prevent than to cure."

Arsenicum iod. vs. Tuberculosis.

Dr. Carl Crisand, of Worcester, Mass., read a paper on this subject, he having made a study of the remedy for many years.

The following quotation will be of general interest:

"Let me say just a word about my mode of administering the *Iodide of arsenic*. We all know that patients become tolerant of almost any drug, and, acting upon this knowledge, I have begun with the fourth potency, giving from five to ten grains, three to five times daily, and gradually worked up to the second potency; the frequency and size of the dose remaining the same. I would lay great stress upon the necessity of increasing the strength of the remedy as the system becomes accustomed to it, and then, after all signs of the disease have passed away, to decrease both the strength and frequency of the remedy and dose.

"It is very interesting to notice how quickly some of my patients have responded to this remedy, even those in whom the disease was too far advanced to offer any possible hope of cure. This leads me to believe that in the early stages of tuberculosis, even though there is an afternoon rise of temperature, *Ars. iod.* is very effective. All my patients who recovered gained

rapidly in weight and are now heavier than ever before in their lives.

A Point on Diabetes.

This is from a paper by Dr. Jas. Krause, Boston:

“We have been told until we have come to believe it as one of the fixed rules of therapeutics, that by proper diet and hygiene the life of diabetic patients may be prolonged for fifteen, twenty and thirty years. Yet this statement applies only to a certain class of cases. Those that are corpulent and retain their corpulency may, indeed, live; but those that are deficient in flesh usually die a speedy death.

“This explains, to my mind, why diabetes is so much more dangerous in the young than in those who have already stepped into middle age. I have never known a patient who became subject to diabetes in his youth live beyond his twenty-fifth year.”

A Calcarea Case.

The following case is from a paper by Dr. Frederick A. Warner, of Lowell:

“Mrs. B., aged 42, had been suffering more or less from gastric disturbances during two or three years. The results of treatment by skillful prescribers were unsatisfactory. While taking the case I learned that she menstruated every three weeks; and that flowing was profuse. Believing as I do that a woman who menstrates every twenty-one days is almost sure to be ill two-thirds of the time from the pelvic disturbances, and that the stomach is very likely to become involved, I ignored the gastric symptoms and sought for a remedy that would be likely to extend the menstrual period to its normal time.”

“Guided by the general symptoms of the case, my choice was directed to *Calcarea ostrearum*, 500, and under its deep acting and subtle influence during the following three months the time of menstruation was extended to twenty-seven or eight days with normal flowing. The stomach meanwhile came to be an organ that the patient was utterly unconscious of.”

Iodine in Pneumonia.

This was the subject treated by Dr. F. B. Percy, of Brookline. The following cases are from this paper:

“Case 1. Mrs. T., age 25, admitted to hospital January 2, mother died of consumption.

Father always well, as also brothers and sisters.

Has had ordinary children's diseases, and four years ago had typhoid fever. Since then, as before, has always been well and strong.

Present illness began December 27, with chills, severe cough, headache, dimness of sight, excessive weakness, severe pain in right lung.

On admission right lung was found consolidated throughout. Temperature, 105.1° ; pulse, 120; respiration, 40.

Iodine 1x, drop doses hourly, was prescribed.

January 3, patient more comfortable, expectoration almost clear blood; temperature, 105° .

January 4, temperature, 104.4° ; pulse, 120.

January 5, crisis came after night of delirium.

Temperature, 98.3° ; pulse, 90.

Convalescence was rapid and uneventful, and patient was discharged on January 25.

Case 2. Miss K. was admitted January 26 as convalescent for right sided pneumonia, and when first seen was found to have considerable dullness in lower lobe.

Iodine hastened resolution.

Case 3. Mr. B., student, age 18.

Was taken with severe chill Tuesday night, three days previous. This was followed by severe pain in left lung and severe cough with scanty expectoration. He was treated for some days by his family physician and *Bryonia* and *Phosphorus* had been given. Physical examination showed consolidation of lower left lobe. Expectoration bloody. Severe pains in left side. Temperature, $103\frac{1}{2}^{\circ}$; pulse, 114; respiration, 38. *Iodine* was prescribed and on the 4th day temperature was normal and convalescence uneventful.”

Iodine, Dr. Percy contends, controls “the pneumonic process in its later stage,” and carries “the cases through to a successful issue.”

Epiphegus Virginia in Nervous Headache.

Dr. Nelson M. Wood, of Charlestown, after detailing some provings of *Epiphegus* made by him, gave the following cases illustrating the use of the remedy :

Mrs. L.—, age 35, American, had had headache every two to

four weeks for several years. She has grieved a great deal over the loss of her husband, who died six years ago. After any nervous strain or overwork, she has a general headache of the type previously described, beginning usually in the right side, at the back of the head, and then becoming general, with a tired fulness and feeling, as if her head was in a tight case. These lasted from one to three days with the old remedies, including Bromo-Seltzer, Phenacetin and all the other remedies in common use. Since taking *Epiphegus*, which is about one year, she has had but one headache that could not be relieved by it, and that time it had been aching several hours before using it. Complete relief is usually obtained in from one to three hours in this case.

The method of administration of the remedy employed in most of my cases is to put from 20 to 30 drops of the tincture in a half glass of water and give two teaspoonfuls every 15 to 60 minutes, according to the severity of the case. In order to get the most pleasing results it should be used as soon as the headache is known to be coming on.

Many patients that are subject to very frequent headaches of functional character are greatly benefited by taking five drops of the tincture in water, three times a day. It lessens the frequency and severity of the attacks to a very marked degree.

In regular sick headaches that are not controlled by *Iris versicolor*, *Sanguinaria* or *Melilotus*, *Epiphegus* may many times be used to alternate them with very beneficial results. This I believe to be particularly true with *Iris versicolor*. Both need to be used *low* and *frequently*.

Another interesting case was Mrs. K——, 62 years, had suffered with nervous headaches, which usually lasted about 24 hours, as often as every three weeks, at least, for forty years. She did not believe in homœopathic medicine at all, but one day, while visiting another patient of mine, she was induced to take a few doses of *Epiphegus*, and, greatly to her surprise, in less than two hours she was entirely relieved. Many times since she has been relieved just as quickly, and now will not be without the remedy, and is a believer in Homœopathy.

One more case I wish to mention. Mrs. J. ——, American, 27 years of age, fairly healthy, but of nervous temperament, had general diffuse nervous headaches about every week, or after any little excitement. *Epiphegus* always gave relief, and after taking it for a few months it has apparently broken up the habit, and she has not had any headache for several months.

A great many cases could be given where it has proved equally efficacious, but these suffice to prove that it has some merit worthy of trial by those who have not used it, if there are any who have not.

Materia Medica as a Specialty.

Dr. John J. Shaw's (Plymouth) paper on this topic presents a number of quotable points Here are two:

“Homœopathy's present proud position (and this, mark you, is what I have been driving at all the time,) is due to the fact that its founders, the fathers of Homœopathy, were all specialists, therapeutic specialists. They were laughed about, or ignored, or defamed, but in spite of all opposition they held grandly on their way, confident and invincible, with nature for their patron.”

“Homœopathy has done and is doing many wonderful cures, not because the doctor uses the shot-gun compound tablets of the old school, or their quick-acting, death-dealing coal tar derivatives, but because there are a few sensible people in the world, who would rather be cured at the expense of a little time, than to be relieved at once, at the expense of their subsequent health or even life, and because there are a few doctors who persist in sticking to good old-fashioned Homœopathy.”

Knife vs. Medicine in Appendicitis.

Dr. Elmer H. Copeland, Northampton, read a paper on “Non-intervention With the Knife in Appendicitis,” from which we clip the following:

“Operations for appendicitis have become so common in our section of Massachusetts that in a neighboring town of less than ten thousand inhabitants one would-be-surgeon, but general practitioner, has performed one hundred operations for appendicitis in one year.”

“In our immediate locality, the operations have invariably been so successful, and the patients have so uniformly died in about three days after, that the public is demanding of the doctor, ‘What is a successful operation?’”

Also:

“This paper has been written, not with the hope of imparting any information to any of our skilled and efficient surgeons or physicians, but with the hope of acquiring some information about this important disease. It is a matter of lives with us and

not of opinions. In very truth, appendicitis, as it has come under my observation, either in my own practice or in that of my colleagues, as far as I have known, has been more successful under medical treatment apparently than under surgical.”

SOME CLINICAL CASES FROM BENGAL.

By N. C. Neitru, Hom. Practitioner.

Delay to First Menstruation.

Case I. A girl, aged 17 years, had not menstruated, although the girls of India generally menstruate between the ages of 12 and 14. Her constitution was robust. Her husband concluded it to be the cause of some internal disorders; he came to me for consultation. When questioned, he gave me the following symptoms: Colic-like pains in the bowels, great weakness of the lower extremities, langor and lassitude, precarious appetite, and generally nausea. I at once prescribed *Cocculus indicus*, 6d, every six hours or twice daily. On the third day she menstruated profusely, and on the following month she had natural mense.

Infantile Leucorrhœa.

Case II. My friend complained to me that his daughter of 8 years old had catarrhal inflammation of the vulva, much swelling of the vagina and noticed yellowish discharge; burning sensation, when urinating, was also present. This was the eighth day, although she was treated by an allopathic doctor, but the symptoms did not abate. When the discharge was first noticed, my friend said that she complained of nausea and itching sensation in the intestines. She evacuated twice, and brought forth thread worms. I gave her *Mercurious sol.*, 3x, alternated with *Teucrium*, 3x, morning and evening, and injection of *Hydrastis*, one in one tablespoonful of water. On the second day she could urinate easily, scalding sensation was much reduced, and the ulcerated parts nearly came round. On the third day she was only given *Teucrium* and the *Hydrastis* injection. The discharge from the vagina appeared very scanty, although it was not quite gone. I stopped injection and continued *Teucrium* for a week. The patient got quite well, and up to the present time no relapse has taken place.

Enteric, or Infantile, Remittent.

Case III. A boy, aged 5 years old, was attacked with diarrhoea, with high temperature, varying from 101 to 104. There was a tenderness on the right side, below the level of the navel, and gurgling feeling was produced on pressure.

Face. Bathed in cold perspiration, pale as that of a corpse; eyes sunk in their sockets.

Skin. Soft, flabby and sallow.

Eyes. Smarting and drawing pain. Pain in the eyeballs and temples.

Mouth. Offensive odor and profuse salivation.

Digestive system. Lost appetite with nausea and vomiting.

I prescribed *Podophyllum*, 6d, morning and evening. The symptoms abated in course of three days, and the patient got cured in a week. No other medicine he had had recourse to in the intervening period.

Dysmenorrhœa, or Difficult Menstruation.

Case IV. A girl, aged 17 years, had been suffering from dysmenorrhœa for three years. She was allopathically treated, but no marked improvement was brought about. Finally, in the month of January, 1900, she came to me for treatment. She complained of bearing down pain, headache, restlessness, excessive tingling, abdomen distended; the least touch tormented her; menses partly fluid and partly dark; discharge of large clots was the prominent feature of the menses. I gave her *Platinum*, 6d, every six hours, and in a week the pain abated, the distension of the stomach was quite gone, and she assumed a healthy aspect. On the following month she menstruated; she had no pain, no distension; the discharge of clots was invisible and the mense was quite natural.

Intermittent Fever, Resembling Dengue.

Case V.—A woman, aged 23 years, had an attack of intermittent ague for nearly a week and finally the disease assumed the aspect of simple tertian. No allopathic medicine could cure her and at last she was placed under my treatment. She complained of bone-pain; the pain in the spinal column was very severe. Nausea and vomiting were present.

Brain and nervous system. Headache, with soreness internally; sense of weight at the back of the head; the hands have to be put beneath to lift it.

Eyes. Intolerance of light; redness of the lids.

Face. Sickly, sallow, flushed face.

Urinary organs. Urine scanty and high-colored.

I gave her *Eupatorium perfoliatum*, 6d, every six hours. She had no attack, no uneasiness. Next day one dose of the medicine was given. On the third day powder of sugar of milk and no more. She is faring well up to the present date.

Sahebgunge, Bengal, 19th May, 1900.

ON THE SALICYLATE TREATMENT OF ACUTE RHEUMATISM.

It is the melancholy history of old-school therapeutics that, in absence of a definite guiding law for the selection of the drug, which homœopaths possess, a new drug is every now and then introduced for a given disease, and that thereupon there is a "boom" in the drug—a mad rush to give it right and left in all cases of the disease in question. It becomes so fashionable to prescribe it, and the members of the profession follow their leaders blindly like a flock of sheep, that, for a more or less lengthened period of time, anyone who ventures to express sceptical opinions as to its value, or refrains from using it, is not only looked upon as behind the age, but is considered to be culpably negligent to his patients. Then comes the reaction. It is found not to be the universal specific it was said to be. Cases are frequently met with where the drug is a failure; suspicions of doubt are tentatively expressed as to its value, and many cases are recorded where positive injury was produced by the much-vaunted drug. By experiments in the "*corpus vile*" of the patient, the cases where it is useful begin to be noticed, and those where it is useless, till, warned by the frequent ill-effects of the drug, the use of it becomes more limited, and those who venture to doubt its specific virtue are no longer relegated to a "back seat." Such is very much the history of the treatment of acute rheumatism by the salicylates. In the early days of its use, the late Dr. Greenhow, physician to the Middlesex Hospital, published a valuable paper, with cases, showing that the salicylates were often failures, that heart complications were more frequent under its use, and that the patient was so reduced in strength that convalescence was unusually slow, while relapses were more frequent than usual.

This valuable contribution to therapeutics fell nearly still-born as the testimony to its unfailing specific powers kept pouring in from the majority, and gained the day. Soon after Dr. Greenhow's paper was published, a distinguished student at the Middlesex Hospital, who is now in high position in the Army Medical Department, wrote a paper for the Students' Society, in which he compared the results at his hospital, under the salicylic treatment, with that at the London Homœopathic Hospital, showing the great advantage in results obtained at the latter institution. This paper was never published, but we had the privilege of reading it in MS., and the comparison was of a very instructive nature. From that time till now the salicylic treatment has had a steady "run," and hardly anyone has ventured to say a word of the treatment otherwise than laudatory, while no one in the old school seemed to venture to treat acute rheumatism in any other way, since old-school practitioners knew nothing of Homœopathy. Those who did were not enamoured of the salicylic treatment. We recall an amusing story illustrating this which occurred in our own experience. Some years ago we were treating a case of acute rheumatism in a well-known politician. This gentleman had a brother-in-law in the old-school ranks who knew all about Homœopathy, and was, in fact, a homœopath at heart; he also had a sister-in-law, a lady doctor, who knew nothing of Homœopathy, and consequently abhorred it. One morning, by the same post, arrived two letters, one from the brother-in-law and the other from the sister-in-law. The latter said, "I hope your doctor is giving salicylate of soda," while the former said, "I hope your doctor is *not* giving the salicylate of soda." Of course the drug was not being given, and the patient made a rapid and beautiful recovery, without any cardiac complication.

We take up this subject now to refer to an interesting address on the treatment of acute rheumatism, as introductory to a debate on the subject at the Chelsea Clinical Society (an abstract of which is published in the *British Medical Journal*, March 17th), by Dr. William Ewart, senior physician to St. George's Hospital. The only part of the address, an interesting one, which we have time to notice is that relating to the value of the salicylates. Dr. Ewart first suggests his doubts in a very gentle and tentative form. It is reported as follows:

"*Prophylaxis by drugs. Is Salicylate indicated?*—Too much stress cannot be laid upon the importance of management and

regulation of the alimentary functions in this form of delicacy. With special reference to the iodides and to cod-liver oil, are the indications analogous to those approved in the scrofulous predisposition? But we need further guidance as to the prophylactic use of anti-rheumatic remedies at all stages of the liability. Belief in the specific virtues of these salicylates would almost imply as a duty their systematic administration in all threatened individuals; but happily that belief is shaken by some exceptions. But periodical courses of salicylates may be of advantage for the sake of their hepatic action. The responsible question still remains, Can their continuous administration be detrimental, particularly in the young?"

Dr. Ewart then divides the cases of acute rheumatism into four types, and he thus speaks of "Acute symmetrical rheumatism":—

Acute Symmetrical Rheumatism.—The acuteness of the arthritis in these cases is usually not of the first order, but its tendency either to stay or to return is marked. In the sub-varieties (*f*) and (*g*) it closely resembles, but for its systematic distribution, the ordinary acute polyarthritis; whilst in sub-variety (*d*) its persistence or steady relapses, and the eventual deformity, identify it as "rheumatoid," in spite of its originally "rheumatic" appearances and of the heart lesions frequently present—and, indeed, the most striking feature of the whole group is the frequent implication of the heart. It would be important to determine whether the cardiac lesions are, as I think, verucose rather than vegetative.

"The difficulty of separating the rheumatoid sub-variety (*d*) from the rheumatic sub-variety (*e*) is great. Some acute or sub-acute attacks are confined to, or settle quite early in, a pair of joints, and remain in possession in spite of salicylates, or may relapse for weeks. They suggest the rheumatoid type, except in two particulars: the joints get quite well, but the valves are commonly affected. The 'juvenile type,' where the swelling, the stiffness, or the pain are bilateral, is analogous to this merely in respect of the great prevalence of the valvulitis, and of the relative mildness of the arthritis. The local persistence of the arthritic process (often limited to one pair of joints), and the *frequent absence of response to salicylates*, suggest that some forms hitherto considered rheumatic are rheumatoid arthritis in a truly acute form, with a tendency to affect the heart.

“In the symmetrical cases there has been more of the ‘rheumatic’ cutaneous rashes, with less of the profuse sweating. It is significant that not only the rheumatic exanthemata but the eruptions of subcutaneous nodules are almost invariably bilateral, and would fall within this group.

“The common failure of the salicylates supports the view that they control the hyperæmic and more ephemeral arthritis rather than that associated with fibroid nodules and with warty valvulitis.”

The italics are Dr. Ewart's. This clause and the last are specially to be noticed, as important to the question at issue. Dr. Ewart continues: “If this is to be regarded as a specific treatment, why does it sometimes fail to relieve the arthritis and the fever? Why does it *usually* [italics are ours] fail to cure or to prevent the cardiac complication? Idiosyncrasy and individual divergence in bio-chemical processes are possible factors, as well as differences between forms of disease. Similarly, the failure to protect the heart may be due to purely cardiac reasons, in spite of an anti-rheumatic action. Meanwhile the main question is still whether the remedy strikes at the cause, or merely at some of the symptoms.” He then gives three theories of its mode of action, and in speaking of the excretion of salicylates he says, “In addition to the salicyluric acid a large quantity of salicylic acid is generally held to be excreted unchanged, and must be carried as such by the blood; hence the danger of an administration of the drug in renal impermeability. . . . The lividity peculiar to subjects over-dosed with salicylate, and other symptoms pointing to increased venosity of the blood, might be due partly to the carbonic and partly to the carbolic acid, and the major toxæmic events to a dangerous increase in their amount in circulation. The beneficial effects might conceivably be due to them, for they are both general as well as local anæsthetics, their small production explaining why such large quantities of the drug, most of which passes out unutilized, should have to be put into circulation before a specific effect can be obtained.” These are noteworthy statements: (1) That in order to obtain a specific effect “large quantities” have to be employed; (2) That “most of this passes out unutilized;” (3) That, in so administering the drug, serious symptoms, as lividity, may develop, especially if the kidneys are not sound. Surely there is something wrong in such treatment, and it is difficult to understand

why a "specific" drug should be required to be given "in large quantities," so that most of it is excreted unchanged, and yet giving rise to serious complications. And it is no wonder that Dr. Ewart says that "the main question is still whether the remedy strikes at the cause or merely at some of the symptoms," more especially when, in spite of the large doses which are supposed to be required, "it usually fails to cure or to prevent the cardiac complications." These statements constitute a very grave indictment of the salicylate treatment of acute rheumatism, and well may Dr. Ewart proceed to say, "unreserved criticism of a method *which has now become a routine* [italics ours] is perhaps opportune. First, can the drug do any harm? The question is how far it may disagree in individual degrees of renal inadequacy or idiosyncrasy. A more usual risk is that we should be misled into over-estimating its anti-rheumatic powers, and relax too early both treatment and diet. On the other hand, may the drug be withheld without any detriment? If *powerless against heart complications* [italics ours], it need not be our rigid duty to administer it forthwith; but it would be our stringent duty to use any other drug capable of controlling them." Exactly so. After such an indictment, it is the "rigid duty" of no practitioner to use such a mode of treatment, but rather his duty to avoid it, while we homœopaths fulfil our "stringent duty" in using other drugs capable of controlling heart complications, which we know by experience do so, which run no risk of injuring our patient in the slightest, and of which we can safely say, from our small doses, that they do not pass away in urinary excretion unutilized. It is very necessary that homœopaths should well ponder Dr. Ewart's statements. They are human beings and anxious to do the very best for their patients, and, not unnaturally, they ask themselves whether, in withholding the salicylate treatment from their patients, they are doing right. When Dr. Ewart says that it has "now become a routine" treatment, and when he admits that it is such a failure that it is a question whether it touches the real cause of the illness, or merely "strikes at some of the symptoms," our colleagues may keep their consciences easy, and adhere to pure homœopathy which has been used successfully for a century, and which our friend, the army surgeon, showed by comparative figures, as already stated, to be much more successful. Dr. Ewart says nothing of Dr. Greenhow's indictment that convalescence is slower and relapses more frequent under the salicylate treatment;

but these are the facts, and it will be well that they should not be forgotten. We conclude this article by one more quotation from Dr. Ewart on "the relative frequency of heart lesion under salicylate treatment."

"In recent literature we meet with the ominous statement that, since its introduction, cardiac complications have shown increasing frequency. If this result were due to the drug (Jaccoud), the remedy would be worse than the disease; it might, however, have occurred in spite of the drug. Pribram suggests that a similar increase has occurred in connection with other infective affections, and may be due to increasing care and facilities in clinical work. The plea for its almost exclusive use, that some protection is afforded to the heart by the lessened duration of the rheumatic attack, begs the question in assuming that the cause is relieved as well as the symptoms."

And in speaking of the treatment of "acute monarthrititis," he says, "Mild salines are wanted, but salicylates and strong alkalis are worse than useless."

Further comment is superfluous.—*Editorial in Monthly Homœopathic Review, June, 1900.*

PRACTICAL HINTS.

From *Leipziger Pop. Zeitschr. f. Hom.*, Jan., 1900.

Natrum Phosphoricum in Gastric Ailments.

A homœopath often encounters cases in which the choice of a remedy is very difficult, because the patients cannot make an exact statement and communicate only few symptoms. We are then often compelled to depend on some one symptom which is particularly striking, and we sometimes succeed even in such cases in hitting on the right remedy. It may have been so in the following case:

A patient had been suffering for several years from a disagreeable state of the stomach, as she put it. She had a tape-worm, and thought she had gotten rid of it by one of the usual remedies. Since then she has felt better. But she is afraid that it is not yet all right. Generally after rising she has nausea, followed by vomiting, always watery. Then the patient feels a pressure resembling flatulence, which becomes almost intolerable during eating. Laxatives, rhubarb, epsom salts, all prove ineffectual. Only red wine or cognac give a temporary relief. The whole of

the organism seems otherwise in good health ; only she is nervous. These were not many indications, for a homœopath ; but sometimes it is inexpedient to inquire too much. Not infrequently patients become puzzled and doubt the ability and the knowledge of the homœopath. So I gave the patient Schuessler's *Natrum phosphor.* 6d. three times a day, dry on the tongue, about as much as a coffee bean. This remedy has proved itself useful in a number of cases which were not strongly marked. *Nux vomica* or *Natrum mur.* might also have been considered, especially if there had also been constipation. The fact that red wine gave relief was also considered in the choice of the remedy. So the patient received this prescription. I did not hear from her for quite a while. Finally in the beginning of September she wrote again, saying : Your former prescription, which I enclose, cured me after using half of the medicine, now today I would like to call on you for assistance in another matter. This showed that the selection of *Natrum phosphoricum* had been a success and had cured the patient in a few days. I hope that the patient will not be disappointed in her new won confidence in Homœopathy, and that I may be able to do as well in her new ailment (depression of mind and neurasthenic states after violent mental excitement).

DIPHTHERIA, ANTHRAX, FOOT AND MOUTH DISEASE.

Translated for HOMŒOPATHIC RECORDER from *Leipzig Pop. Z. f. Hom.*,
January, 1900.

We give the following communication which we receive from a very trustworthy source:

“ Finally I would communicate to you for your use the fact that I have used in my amateur practice in our district *Acidum carbol.* 2d to 3d potency with great success in diphtheria; it was given internally. In cases where *Mercur. cyan.*, *Bromine* and *Phosphorus* gave no effect, *Acidum carbol.* has proved most useful in this dreadful disease, when given in alternation with *Aconite* 3d, every quarter of an hour, and after improvement set in, every two hours for three to four days; and after that for several days in the morning on rising and in the evening before going to bed. Every child treated in this manner recovered.”

“ *Acidum carbolicum* 1c. has also proved itself efficient as a

specific, as well as a prophylactic, in anthrax of horses and of ruminant animals. In such cases I gave five drops—with cattle and horses ten drops—of *Carbolic acid* in a quart bottle full of water well shaken; I gave the diseased animals $\frac{1}{8}$ of a quart every quarter of an hour in alternation with *Aconite* 2. The effect was unexpectedly good. The animals recovered their full health in a short time, and since I have treated the cattle in this village in this way we have had no more losses from this pest, though we have a low lying and malarial pasture. I would here add that *Kreasotum* 2 and *Arsenicum* 3 were not found of any avail in anthrax.”

V. M. Greek, Catholic Priest in Karow, Galicia, another adherent of Homœopathy, writes to me:

“In the stable of a friend the mouth and foot disease had broken out in a terrifying manner, as, indeed, it raged in our whole district more violently than usual. One of the animals would have surely died without your excellent remedies. In spite of the violence of the distemper, it soon passed away; their claws did not rot off, only one effect remained for a long time, because we did not notice it at first; but this consequence was one which was common to all cattle that did not die: a quick respiration with salivation of the mouth, total cessation of perspiration and roughness of the hair. When I heard of this, I read up about it in my books and found in Dr. Hirschel’s Manual in the appendix concerning *Thuja*: Slow growth of hair, perspiration, but only in the parts on which the animal lies.” I concluded that the roughness of the hair came from the fact that the old hair had not changed as yet. This delay, as well as the cessation of the perspiration in an animal which had formerly sweated more copiously than the other animals, was evidently caused by a diseased state of the skin. Washing and rubbing had no effect. So I prescribed *Thuja* 3d every evening, and for the salivation *Mercur. subl.* 5 D. every morning. And the result? In a week the cow, which was worth seventy-five dollars, was well again, and has remained so, now after fourteen days.

B. TEACHER.

In EPILEPSY it is said that *Verbena hastata* is one of the best remedies.—*Clinique*.

IN INFLUENZA Dr. Bodman distinguishes four forms (according to the Monthly Homœopathic Review): A catarrhal, a gastric, a nervous and a rheumatic form.

In the catarrhal form he considers *Gelseminum*, *Arsen.*, *Pulsat.*, as the leading remedies; where there is *follicular inflammation* of the throat, *Mercur. bijodat.* or *Cyanat.*; where there is *pneumonia*, *Veratrum vir.* then *Bryonia*, *Phosphor.*, *Arsem. jodat.*, *Tart. emet.*, *Sanguinaria*; with *cough*: *Rumex*, *Sticta*, *Hyoscyamus* or *Codein.*

In the *gastric* forms: *Veratrum alb.*, *Iris versic.*, *Baptisia*, *Arsenic.*, *Merc. corr.*; when there is *Colic*: *Colocynthis* or *Dioscor.*

In the *nervous* forms: *Gelsem.*, *Veratr. viride*, *Actea* and *Acid salicyl.*; with *headache*: *Glonoïn*, *Veratrum vir.* or *Belladonna.*

As a general tonic: *Strychnin. nitr.* in the proportion of 1 to 200. (I. B. d'H. No. 4, 1899.)

IN HÆMORRHOIDS which are VERY PAINFUL, Dr. P. Jousset recommends the following ointment: 4 grammes *Pæonia* 1 D. in trituration mixed with 20 grammes Vaseline. Dr. Farrington recommends *Pæonia* in his *Materia Medica* in fissures of the anus with much secretion, making the anus continually moist and causing disagreeable sensations, accompanied with much soreness and itching. A salve prepared with *Graphites* is also much to be recommended, and especially *Hamamelis* ointment which has made so many cures.

Dr. P. Jousset also cured *hypertrophied cirrhosis of the liver* in a man suffering from alcoholism (after his dyspepsia had been alleviated by *Nux vomica*) through a lengthened use of the following prescription: *Calomel trit.* 1 D., 50 centigrammes in 200 grammes of water, every day two tablespoonfuls. The usual doses of *Calomel* in cirrhosis is according to him a dose of 5 to 10 centigrammes of the first trituration a day. (*L'Art. Méd.*, 1890. No. 10.)

THIS five-hundred page volume (*Raue's Diseases of Children*) from the pen of a worthy son of a most worthy sire, is certainly of great value and a distinct addition to our literature. The subject matter is clearly and concisely written, the press work well done, and the volume of a convenient size. While the author is up-to-date in his descriptions of the pathology of disease, he is not an extremist.—*Minneapolis Homœopathic Magazine.*

HONOR TO KALI CARBONICUM.

By Dr. Goullon.

Translated for the HOMŒOPATHIC RECORDER from *Leipzig Pop. Z. f. Hom.*, November, 1899.

A few days ago I saw with one of my patients a Homœopathic medicine case with more than fifty remedies, a real pattern of elegance and tasty appearance. The quality of the contents also (in pellets) may have been above reproach, but—aye, *but* one medicine had been overlooked which seems to me quite indispensable in homœopathic practice. This was *Kali carbonicum*.

It is easy to show the specific nature and the many-sidedness of this remedy. Its frequent use in the treatment of women at once proclaims the absolute necessity for the presence of *Kali carb.* In this domain it is the equal of *Sepia*, although the indications for it are quite different, yea, frequently the opposite. For example, menstruation too protracted and recurring too frequently would call for *Kali carb.* and not for *Sepia*. *Kali* reminds us in this connection of *Acidum nitri* with its facility for stopping hemorrhages (in so-called acute hyperæmia). *Acid. nitri* and *Kali carb.* are, in fact, very useful complements. One example in which its use comes in is the troublesome chronic leucorrhœa. Many girls and women have severe pains and troubles before the menses set in. In such cases *Kali carb.* should be given, supposing it to be otherwise suitable, eight days before the expected period. This will often remove the trouble; while in other cases *Sepia* may be more useful. The same may be said of the flushes of heat with women in their climacteric years. Also in this case, the patient will be relieved by either *Kali* or *Sepia*. These flushes of heat frequently are coincident with disturbances in the cardiac activity, and in such cases *Kali carb.* has its place with indications that may not only be felt but, as we may say, may even be heard. I mean the violent palpitations, not from inflammation, but the nervous palpitations. These are severe enough at times to even raise the bed clothes, so we are told. Such palpitations also disturb the sleep, and this very symptom brings us to speak of one of the most valuable therapeutic characteristics of this remedy which is so inexplicably underrated and neglected. Where *Kali carb.* is otherwise indicated, it is at the same time an ex-

cellent soporific, probably because it quiets the heart. But it has always to be kept in mind, that certain individuals, under the same circumstances, are more susceptible to *Sepia*.

Kali is also particularly indicated by *lancinating* pains, and with respect to cardiac symptoms, by an *intermitting pulse*. Thus, as in innumerable other remedies the seasons for the choice are becoming ever more distinct. To this may be added, as already indicated, the particular specific adaptation or affinity to certain organs or anatomic systems. We have already pointed to the uterus and to the heart. To these may be added the respiratory mucous membrane; not only the lungs, but especially also the bronchia and the larynx. In catarrh of the tip of the lungs, I give by preference and with good success, *Kali carb.* in alternation with *Phosphorus*. If the pleura should at the same time be affected (pleurisy with its ever present *lancinating* pains), this would be only an additional reason for giving *Kali*.

Chronic laryngeal catarrh, which has defied the most complicated and ingenious external and internal plans of treatment devised by allopaths, will be at once and quite unexpectedly cured by *Kali carb.* (and *Sepia*).

And yet this remarkable remedy is omitted in quite a number of otherwise well furnished homœopathic medicine chests! I cannot understand it.

Less generally known than the imposing series of indications for *Kali*, which has been already adduced, is its use in chronic affections of the knee-joint, also in this case attended with *lancinating* pains. I can only think of *Bryonia* and *Silicea* which could at all compare with *Kali* as a knee remedy. The curative effects of *Kali* and of *Silicea* in such cases are more easily understood when we consider their affinity to the serous membranes, while *Kali carb.* has a still more marked affinity with the fibrous membranes, which really constitute the knee-joint. *Silicea* corresponds more to the affections of the bones, to the suppurations of the knee, though it will also cure hygroma (dropsy of the knee or effusion of the knee-joint), which is found with servants, owing to their kneeling down to scrub.

The proper use of *Kali* is also made more easy, when we compare it with *Rhus tox.*, which has also a specific relation to the joints and their anatomic constituents, to the sinews and muscles, and which is in consequence found so useful in sprains, in over-reaching and other over-exertions. A frequent complaint of

this kind with female patients is the relation of the uterine ligaments. In such cases *Kali carb.* ought to be kept in mind by the side of *Rhus*.

Although our article is a mere sketch, we think we have shown that it would not be wise to omit *Kali carb.* from a medicine chest. It is a polychrest, and any practitioner would be at a great disadvantage if he should not endeavor to fully make use of the splendid curative effects of *Kali carb.* A great help in doing this properly is afforded by the study of the remedies which are a kin to *Kali*. These include besides *Acid. nitr.*, *Sepia*, *Bryonia* and *Rhus*, also *Calcarea carb.*, *Causticum*, *Arnica*, *Apis* and *Hamamelis*. The latter reminds us yet of the importance of *Kali carb.* in the painful ailment of hæmorrhoids, especially in the female sex.

SOMETHING ABOUT THE TAPE-WORM.

Translated for the HOMŒOPATHIC RECORDER from the *Leipziger Pop. Z. f. Hom.*, November 1899.

One of my patients lately told me incidentally, that he had been suffering for twenty years from tape-worms, but that it really did not inconvenience him very much. He notices, however, from the occasional discharge of segments of the worm he finds that the parasite is feasting at his expense. The question thence arises: Why is it that some patients suffer so much from subjective symptoms, while others hardly suffer at all?

The tape-worm in this case had been removed twenty years ago, but as the head had remained, the treatment had been of no effect.

A remarkable fact is, that the son of this patient is also troubled with tape-worms, but in his case all the customary troublesome symptoms, that with others attend this ailment are fully developed.—From this it might appear, that tape-worms may be inherited. This is, indeed, generally known. We frequently hear, in fact, of different members of the same family being troubled with tape-worms, even where these members are living in various localities. This might point to a *generatio æquivoca*, if it would not be more natural to suppose, that the common cause for the reception of germs of tape-worms operated at a time when these members of the family were still living together.

Finally we would mention that the most troublesome symptoms

of the younger patient mentioned were usually abated on giving him *Apis*, without any removal of the cause of the disease itself.

This involves a principle, which Homœopathy employs even in so called organic and incurable diseases.

G.

CARIOUS TEETH AND THEIR CAUSE.

Translated for the HOMŒOPATHIC RECORDER from the *Leipziger Pop. Z. f. Hom.*, November, 1899.

According to a lecture delivered by Dr. *Roehmer*, before the Medical Society of Lower Alsatia (reported in *Muencher. Med. Wochenschrift*) caries of the teeth is the most general of all diseases, increasing with the advance of culture and the refinement of the culinary art. The first stage of the disease is to be found in chemical action, which causes the enamel of the teeth to loose lime, especially through the operation of lactic acid, which is formed copiously from starch and sugar in the buccal cavity. The material for this acid is furnished by pastry and glutinous foods, such as potatoes, soft bread, cake, chocolate, marcipan, etc., because considerable portions of such food remains in the interstices of the teeth. In the second stage of the disease the same acid is again active after depriving the enamel of its lime; to this is then added the action of bacilli. They migrate from the buccal cavity which is their permanent abode, into the tissue deprived of its lime; they destroy it deep within and penetrate even into the substance forming the foundation of the teeth after this also has lost its lime. This disease quickly undermines large extents of the enamel, so that occasionally the thin crust of the enamel breaks during mastication; when a larger cavity occurs in which we can microscopically discover innumerable bacilli.

It has frequently been observed, that men vary in their ability to resist these causes of disease (lactic acid and micro-organisms), and it is supposed that bluish-white or white teeth are less capable of resisting such assaults, than yellowish-white or yellow teeth. The fundamental cause of this disease is first of all a morbid diathesis of the teeth, then also general diseases, such as diabetes mellitus, then also infectious diseases, such as typhoid fever, tuberculosis, so also the developing period of young persons, etc. As prophylactic measures he recommend regularity in cleaning the teeth, the most important time being in the evening before going to bed; then an occasional examination of the teeth by a dentist, and finally as much limitation as practicable in the use of food and medicines, which according to experience are hurtful to the teeth.

BOOK NOTICES.

Fractures. By Carl Beck, M. D., Visiting Surgeon to St. Mark's Hospital and to the New York Poliklinik, etc., with an appendix on the practical use of the Röntgen Rays. 178 illustrations. 335 pages. Cloth. \$3.50 net. Philadelphia, W. B. Saunders, 1900.

The illustrations in this book are largely from the Röntgen rays, thereby in this respect placing it ahead of older works where the illustrations of fracture were taken from the cadaver; these, if we may so write, represent the living fracture, with which the surgeon has to deal. Anyone interested in fractures will find this a useful book.

Atlas and Epitome of Surgical Pathologic Histology. By Docent Dr. Herman Dürck, Assistant in the Pathologic Institute; Prosector to the Municipal Hospital, L. I., in Munich. Authorized Translation from the German. Edited by Ludvig Hektoen, M. D., Professor of Pathology in Rush Medical College, Chicago. *Circulatory Organs; Respiratory Organs; Gastro Intestinal Tract.* With 62 colored plates. 158 pages. \$3.00 net. Philadelphia: W. B. Saunders. 1900.

"Since Virchow showed that what we call 'disease' depends on disturbance of cell-life, our conception of the nature of pathologic processes has come to rest on the knowledge of the changes that occur in the elementary constituents of the organism," so writes the author in his preface and it is on this line that the text and illustrations run. It is full of pathologic lore and the sixty-two colored plates are exceedingly fine.

In his paper on "Mouth Breathing," read at the Thirty-fifth Annual Session of the Homœopathic Medical Society of Ohio, Dr. Thomas M. Stewart paid the following well merited compliment to Dr. Quay's book on nose and throat:

"The correction or the cure of mouth breathing would be a

topic that would form a basis for a paper in and of itself. In some cases several abnormalities exist, hence the rule, every abnormality must be rectified, or good results will not follow. As a guide "what to do" let me recommend to the general physician a book by an honored member of this Society, viz.: 'The Nose and Throat,' by Dr. George H. Quay."

Key Notes and Characteristics of Some of the Leading Remedies of the Materia Medica. By H. C. Allen, M. D. 300 pp. Price, \$2.00; by mail, \$2.10.

In the revision of this now well-known work, Prof. Allen has put into the hands of the profession a handy reference book of characteristics. The leading features of each remedy are given, and the value of these is enhanced by many comparisons so that individualization can be carried out. In this way the baneful tendency to keynote prescribing is to some extent overcome. The temptation to prescribe on one or more keynotes becomes stronger in these days of rush, and the taking of the case and totality prescribing needs to be daily impressed. Dr. Allen's book has its best use in familiarizing us with the salient points of our many remedies, and should be used as a means of leading into the further study of the pathogenesis. Among the 188 leading remedies will be found the principal nosodes.—*Journal of Homœopathics.*

NEW, OLD AND FORGOTTEN REMEDIES.

This book is unique. It bears the same relation to other works on medicine that the HOMŒOPATHIC RECORDER bears to other medical journals. In it is given all that is known concerning some ninety remedies which will all come under the head of "new, old or forgotten."

Many of these certainly should not be forgotten in our practice. Of these we would make especial mention of *Blatta Orientalis*, first brought to the attention of the profession by Dr. D. N. Ray, in 1890.

Immediately upon reading the doctor's account of the work of this drug as given in the HOMŒOPATHIC RECORDER of November, 1890, the writer obtained from Calcutta one of the first, if not the first supply of the drug ever sent to this country, and

used it with complete success upon a case of "dry" asthma. In a very short time the drug could be obtained in any potency of Boericke & Tafel. Of course the claim cannot be made that this is one of the new remedies, but as we see so little in medical literature concerning it, we may say that it has been almost forgotten.

Others might be mentioned without number, such as *Avena sativa*, which Dr. Moffatt, (E. V.) used to extol until each member of the class in the N. Y. H. M. C. & H. thought that they needed at least a quart to carry on a successful examination; our old friends Mullein Oil and *Passiflora* are given a place; and a full proving of *Echinacea* occupies fourteen pages.

As the author states the task assigned him has been that of an editor rather than an author, and the work shows no originality, nor does it make such claim, but it is a most valuable compilation of scores of provings and indications regarding remedies given little or no space in works of *Materia Medica*. Many of these drugs should receive a more thorough proving, as they are undoubtedly of value.

A carefully arranged therapeutic index adds greatly to the value of the book. The work of the publishers has been exceedingly well done.—*Syracuse Clinic*.

"Skin Diseases." Their Description, Etiology, Diagnosis and Treatment, According to the Law of Similars. By M. E. Douglas, M. D.

If ever there was a book which filled "a long-felt want" this is one. Homœopathic literature on Dermatology is meagre, and this book, treating of the subject in a systematic way with homœopathic treatment as its main guidance for cure, should be welcomed by every homœopath in the land.

Local treatment wherever essential is not neglected, and many excellent plates representing typical lesions, embellish the volume for a better understanding of the subject. The classification and sequence of the various diseases is very happily arranged, and the remedies with their homœopathic indications are given in detail with frequent citation of successfully treated cases. Dr. Douglas is to be congratulated on his excellent work, which is deserving of most abundant success.—*The Chironian*.

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THE MOSQUITO—MALARIAL THEORY EXPLAINED.

In the last issue of *The Quarterly Medical Journal* of Yorkshire, England, we find the following explanation of the origin of Malaria, or "fever and ager." Dr. John Robertson says:

"Some of the gametocytes, when they enter the stomach cavity of a suitable host, give off their motile filaments or *microgametes*—bodies of the nature of spermatozoa—other gametocytes contain the *macrogametes*, or ovum cells. The microgametes wander about in the stomach cavity until they meet the macrogamete, when they perform their proper sexual functions and produce what is called the *zygote*, or fertilized macrogamete.

If this fertilisation has taken place in the stomach cavity of a suitable host (and great importance is attached to this point), the zygote pierces the stomach wall and enters the body cavity of the insect, where it usually affixes itself to the outer wall of the stomach. Here an important series of changes commences. The zygote grows in size and its substance becomes divided into 8-12 *meres*. These in turn becomes *blastophores*, each 'bearing a large number of filamentous *blasts* affixed to its surface by one extremity.' As growth advances the blastophores disappear, leaving the capsule of the zygote filled with thousands of *blasts*. Finally the capsule ruptures and liberates the blasts into the body cavity of the insect. Each blast is a minute filamentous body about 12 to 16 μ in length, and of great delicacy. It is spindle shape with tapering extremities. By some process these 'blasts' are carried in the juices of the insect into the head, thorax, legs, and glands. Of special importance is the fact that they find their way in large numbers into the cells of the so-

called salivary glands of the insect, which are directly connected with the middle stylet or lancet of its proboscis. The function of these glands is to secrete a fluid which is injected when the proboscis punctures the skin. By this means the blasts are conveyed to the new host and the same cycle of asexual and sexual reproduction may begin over again."

If, after reading the foregoing any one remains in the dark as to malaria he has only himself to blame.

Several other points worthy of attention are brought out in Dr. Robertson's paper. For instance, and here is a fine field for health officers. he says: "A person suffering from malaria is a source of danger to others if he be in a district where the proper variety of mosquito exist; without such cases of human malaria the mosquito is harmless." It takes two, it seems, to make a malarial bargain. "It is therefore all important to isolate malarial patients in mosquito free districts, such as Sanatoria in elevated situations." All which, and more, is up to date.

How it goes with the fact that when new ground is broken, or extensive works, like canals, dug, malaria always follows, is another matter. Furthermore, Dr. Bowen will undertake to give you a first class case of malaria by driving a proving of his *malaria off.* to the end, and guarantee that a mosquito has no hand in it. However, in the future the mosquito "officially" is the *cause* of malaria—and that settles it.

MANGANUM ACETICUM. The acetate of manganese is in its effects almost identical with the carbonate of manganese. It is of great use in catarrhal affections of the mucous membrane of the throat and larynx; it should be given in the 4 or 5d trituration, when it will essentially relieve these torturing ailments in a short time. When an acute catarrh of the fauces threatens to extend to the larynx, and, if in consequence, there appears hoarseness of the throat with dull, hoarse speech, then the above named salt shows an almost specific effect. In other morbid affections of the respiratory organs, as also in laryngeal and in pulmonary tuberculosis little can be predicated of *Manganum aceticum*, and this remedy is, therefore, little used in such ailments.

COLIC OF CHILDREN. A towel dipped in boiling water, quickly wrung out, folded to a corresponding size, laid on the abdomen and covered with a dry flannel, acts like magic (From "Frauenarzt, No. 6. 1899").

PERSONALS.

President Norton! Success to you.

Dr. Oscar L. Gumbrecht has removed from Mt. Holly to Atlantic City, N. J., where he becomes resident physician of the Galen Hall.

Chandra Pal, a Hindoo, after visiting Chicago, said he was glad he was not a Christian. Whether that is a reflection on Chicago, or a compliment, is a question for debating societies.

The rank and file of the delegates at a political convention are not there to think but to "hollar."

Pediatrics, from cover to cover, for June, is occupied exclusively with report of a birthday dinner.

If some one would only fasten the guilt of causing a disease on *Musca domestica*, otherwise that "— fly," and cause his suppression, what a relief it would be!

Curious, but a man may be fortunate even where he is not successful.

Intuition beats deduction when one is in a tight place.

There is an opening in Key West, Fla., for a homœopathic physician. Refer to Dr. B. Kaffenberger, of that place.

Carbolic acid is the business end of antitoxin, the rest being pow wow work, so the knowing ones say.

Virchow contends that state legislation against quacks is useless, only education can take away that whereon they live. A big job for the school-master.

Apocynum cannabinum decoction is the most satisfactory form in which this great remedy can be administered.

For collapsed old soaks *Apoc. can.* in 20 drop doses beats *Nux.*

"Even people born in Southern California die when their time comes."—*Pacific Coast Jour. of Hom.*

When you strike an interesting case, or action of a remedy, write it up and send it to the RECORDER, even if only a dozen lines.

Allen's "Keynotes and Characteristics of the Leading Remedies" is having a fine sale. Good *Materia Medica* in it.

There is a good opening in Spartanberg, S. C., for a young physician. Dr. J. Nott Moore, of that place, can give particulars.

If you find the heat too much try a "Physiological Tonicum lemonade"—ice, sugar, water and about twenty drops of the Tonicum stirred in. A great thing to revive the over-worked and run down system.

The RECORDER'S abstracts of the proceedings of State and National bodies meet with much favor.

No premiums are needed to sell good goods.

Send us your papers.

As a rule, the self-made man shows amateur workmanship.

THE HOMŒOPATHIC RECORDER.

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LANCASTER, PA., AUGUST, 1900.

No. 8

*THE STRONTIUM SALTS.

By C. M. Boger, M. D.

The following case serves to bring out the point of this paper:
Miss L. D., æt. 18, brunette type.

Dull pain over eyes, aggravated by sunlight and motion; loss of sleep, sewing or reading; better after stool; along with headache there was swelling of upper eyelids, worse in the morning.

Sometimes a bad taste in the mouth. Menses irregular, profuse, dark; feels tired and weak; is addicted to eating cloves.

In hot weather sweats profusely and easily about the head and chest, staining yellow; is very susceptible to cold.

Cough provoked by oppression of breathing and talking.

Formerly had catarrh, now has right-sided deafness; had typhoid fever two years ago, during which she was allowed unlimited quantities of ice; preceding the fever had a post-auricular eczema suppressed by salves, now is anæmic and bloated.

Urinary analysis showed the following condition: Small round and spindle form epithelium present, pavement form in quantity, chlorides 18%, calcium oxalate a quantity; traces of albumin.

The first two prescriptions were flat failures, then *Glonoin* helped for about a week, when this also refused to act; it however hinted at the direction from which aid would be obtained, which I reasoned out thus; here was some relief from a nitrate, a vaso-motor remedy; the kidneys show albumin, probably due to the clove habit in part; the excess of chlorides with calcium oxalate point to a faulty digestion; now if I am able to select a

*Read at International Hahnemannian Association, Detroit, June 27, 1900.

remedy which effects the vaso-motor system, the kidneys and digestive tract conjointly a cure will be assured:

Strontium irritates the kidneys and the mucous membranes of the intestines; its nitrate adds vaso-motor effects; hence we gave *Strontium nitrate* 6x, prepared by myself; in a few days the headache vanished, and at the end of a month the post auricular eruption had reappeared, thus showing its deep antipsoric action; in five months there has been no return of the palpebral œdema or headache; the craving for cloves is gone, and, by the way, *Nit. ac.* has all sorts of cravings for odd things and entered into the prescription in the form of a nitrate; the patient has taken on good flesh and color, although the eruption is not yet all gone, nor will it be for some time.

Bœnninghausen mentions *Strontium* as an antipsoric, and there is a proving in the Symptomen Codex, copied from Hartlaub and Trink's *Materia Medica*, but few cures have thus far been recorded in our literature; lately the allopaths have used it in various combinations in Bright's Disease, indigestion, rheumatism, nervous conditions and locomotor ataxia, but through it all the fact shines transparent as daylight that they seem to regard the *Strontium* as a base with which to combine other drugs like *Iodine*, etc., endeavoring thereby to get a better and milder or less irritating effect from the latter; many of these applications really rest on a crude homœopathic basis and when combined gastro-intestinal and nephritic symptom groups are present they obtain striking results; the drug will stand out, I predict, in the future as a very prominent remedy for these states.

The purpose of this paper is two-fold, first to point out the necessity of proving the various Strontium salts in order that the most active one may speedily come into use, for we have been very neglectful of this truly noble drug; the magnesium salts formerly found a very limited usefulness until the phosphate was brought forward by the Schüsslerites; now almost every one prescribes it at one time or another; in a like manner I predict a brilliant future for *Strontium*, just as soon as good provings are available.

Since treating the above case, I have successfully relieved a case of passive congestion of the kidneys with the nitrate; this patient incidentally said that although she always had homœopathic treatment for the children, personally she had never

derived the least benefit from it; she now obtained complete relief and her menstrual flow, which is usually exceedingly scant, became very profuse; as she is now in her climacteric the relief was correspondingly great.

A sciatica with œdema of the left ankle, after refusing to yield to several remedies, was completely cured by the carbonate; this œdema of the ankle is a symptom in the original pathogenesis; however, it is clinical there I believe; it has been a frequent observation in practice that sciaticas also exhibit concomitant kidney disturbances and remedies directed to the combined conditions have been the most successful.

Whenever we can detect the combination of organs primarily affected by a given drug, and then define its modalities by means of provings, we will hold in our hands the key to that ponderous symptomatology of which we now hear so much complaint.

In a given case the question is not what organ is affected, but what phase of the disease is exhibited by the combined affected organs; all authors recognize these varying types of each disease, and it is our special business to detect the remedies which have in their pathogenesis a corresponding combination of affected organs, after which there remains the modality which once determined the longest steps have been taken towards the final choice.

Bœnninghausen emphasizes the following *Strontium* symptoms, which moreover only confirms what I have already pointed out; they also show it to be a congestive remedy:

Vertigo, with headache and nausea. Distensive pressure in entire head; in left side of head.

Heat, heaviness, drawing and stitching in head.

Head symptoms are worse in forehead, occiput and *right side*.

Aggravated in the evening and during vertigo.

Burning, drawing and redness in eyes.

Quiver and twitching in eyebrows, sparks before vision.

Aggravation in the dark.

Itching of nose.

Redness, burning, heat and itching of face, itching of cheeks and chin, twitching of face and lips, tearing in face.

Aggravation in afternoon and evening.

Stitching, drawing, griping and tearing in teeth.

Swelling gums.

Aggravation in evening.

Dryness, heat, numbness and bad odor from mouth; dry palate.
Rawness, inflammation, sticking, dryness and pain on swallowing in pharynx.

Increased saliva.

Tongue dry, sensitive, sore sensation on, slimy coating.

Aggravation on swallowing and in the *morning*.

Loss of appetite, aversion to meat, *craves bread, beer*.

Tastelessness of food.

Agg. morning.

Nausea, sticking, cutting, contraction and pressure in stomach.

Aggravation afternoon, inspiration walking; amel., eructations after eating.

Abdomen, inflated, motions in, burning, pressure, squeezing, clucking, *pinching*, cutting, twinges, fulness, itching on.

Sticking in abdominal rings.

Rumbling and discharge of putrid flatus.

Agg. touch, stooping, afternoon, rising from sitting, pressure, inspiration, *after eating, during* menses, stooling; amel., external warmth.

Diarrhœa; *burning in anus during and after stool, tenesmus*.

Burning in anus and rectum.

Urine pale, ammoniacal, *diminished* or increased, *nightly urination*.

Menstrual blood watery with clots.

Cough, hacking, dry, short with expectoration; agg. at *night*.

Sticking in chest, with cough.

Contractive sensation in chest.

Itching in external neck.

Palpitation in the evening.

Bruised pain in lumbar region.

Drawing in lumbar region.

Agg. *forenoon and evening*.

Tearing pains in shoulders, elbows and wrists.

Drawing in fingers.

Agg. *evening and night*.

Grasping in lower extremities.

Tearing pains in lower limbs; agg. by lying.

Twitching during sleep.

Parkersburg, West Virginia.

A PROVING OF KALI MURIATICUM.

By J. DeW. C.

For a week or ten days past I have been taking *Kali mur.*, 6x trituration, sometimes once a day, sometimes twice; a two ounce vial thereof, prepared by B. & T., stood on a table convenient to my reading chair, and it was no trouble at all to reach for a dose (about one-half as much as would cover a dime) when I felt like it—the occasion and the desire for taking it arose from perusal of the article *Kali mur.*, in Boericke and Dewey's third edition of Schüssler, and because I thought I saw in said article certain symptoms which I thought related to a slight derangement in myself. Well—as I write these lines, and for at least two days past, I have the worst case of sore throat I ever knew anything about—it is such a painful thing to swallow, even a drink of water, that I just shut down on swallowing anything, going hungry and thirsty until compelled to "take something." When I reduce a fragment of soft bread to the finest pulp, I recoil from the effort of swallowing, and can only get it down by an accommodative twist of the neck, devised and superintended by nature! The hand mirror shows me inflamed tonsils, of a huge, throat-filling character; stringy, tough mucus; puffiness of the ankle joints, with sundry other exhibits, and all this before I *knew* what was the matter. Usually I am in excellent health, as the doctors might say, "disgustingly healthy;" and until last night on retiring I could not account satisfactorily for the outbreaks; the sore throat feature was and is so persistent that I looked into the matter somewhat closely, and now am convinced that it is clearly a case of involuntary proving of *Kali mur.* 6x trit.; and I am rather disappointed that the authors hereinbefore quoted have ignored, in the work in question, the subject of antidotes, very much needed just at this moment!

Richmond, Va.

J. DEW. C.

A CURIOUS REMEDY.

By A. B. Hall, M. D.

The ²RECORDER is fond of publishing out-of-the-way remedies, so here are two used in the interior of Brazil for which I can vouch.

Rupture, descent of. I was at a party where dancing was going on. Suddenly a young man had to leave the dance, in great pain, because of a descent or protusion of hernia. He was taken in charge by my allopath confreres; so I kept aside. In about one-half hour I saw the same young man come into the room apparently all right. How was the cure brought about? Not by my confreres; but by one of the nigger servants going out and obtaining a cloth steeped in the monthly flux and applying it to the hernia, which was resolved in five minutes. On questioning the nigger—a woman—she assured me that the effect was equally sure and effective from a moist or dried cloth of menses.

Sore mouth, cracks in the commissures of lips, etc., is cured in a few days by giving the cooked liver of the land tortoise as food.

I'll send you a sprig of a creeping plant, the milk from which will extract any foreign body lodged in the eye. I expect to be able to do so shortly. Natural medicine is something wonderful.

Maranham, Brazil.

DYSENTERY IN LOWER BENGAL.

By N. H. Mukerjee, Hom. Prac.

Since the publication of article headed "Dysentery in India," in your issue of February, 1899, I, a villager of India, have been watching more carefully the cases of dysentery and the action of our new school remedies on them. Your contributor, being a practioner of the great Indian metropolis, has little knowledge of dysentery met with in swamps of Lower Bengal in an epidemic form. As a rule, after the cessation of rains this terrible disease breaks out in virulent type. When the cause of the disease is distinctly traced to "bad drinking water," I derive excellent results from *Alstonia c.*, assisted by an occasional dose or

two of *Colocynth*. In all these cases I allowed the patient to drink water previously boiled.

A friend of mine, one of the ex-pupils of Prof. Bose, had the good fortune to cure a patient given up by the old school doctors. He prescribed *Aloes* 200, a dose on the first day, succeeded by another of *Sulphur* 200 on the next. This routine was kept up for a week. In a fortnight the patient so far recovered as to walk to my friend's office to thank him personally for his cure. I tried *Hamamelis* rx successfully only in those cases where the bleeding was more profuse than the actual tenesmus.

In all the cases I found excellent results by prescribing a soup of an indigenous plant called Candhal (*Pacdoria Factiva*) as diet. *Behala, Bengal.*

A COUNTRY DOCTOR ON THE MOSQUITO-MALARIAL THEORY

Dr. F. E. Parsons says, anent "the latest," i. e., the Mosquito-Malarial theory, in *Medical Gleaner* for July:

There are no more malarial diseases in lower Louisiana after a mosquito plague has lasted some weeks than before its appearance; and along the Alabama river, the hills not 300 feet high are more malarious than the valleys where mosquitoes congregate. But these hills are frequently enveloped in fogs which rise from the river and ponds. The persons whose skin becomes inflamed from mosquito bites are no more liable to malarial infection in Louisiana or Alabama than the visitors, who, if bitten at all, have felt no pain nor discomfort. The power to distinguish a healthy from a jaundiced person shows that the life mission of a mosquito is to fill itself with blood. When filled, it goes off satisfied into quiet retirement for the remainder of the two weeks of its allotted life.

* * * *

In the hot month of August, 1888, I helped to survey a line across a wet prairie, about 30 miles below Houma, Louisiana, where the oldest living mosquito had never before drawn blood from a white man, yet during that week, bitten almost every minute of the day by mosquitos, and sleeping two nights on a raft in the cypress swamp, I gained in strength and ten pounds in weight.

* * * *

During some seasons along the Alabama river, malarial diseases prevail to an alarming extent, except in the cities of Mobile, Selma, and Montgomery and *wherever else artesian water is the only kind drank.*

But Koch has spoken, and the "anophele" theory "made in Germany" is the correct thing, without regards to the experi-

ence of the plain country doctor who has seen a thousand cases of "fever and ager" to the possible one of the theorist.

In the absence of demonstrable *facts* concerning life, disease and death, man, it seems, must have theories on which to subsist and this latest has the tremendous advantage over some others of not being dangerous to the public welfare. So, All Hail, Anopheles!

TYPHOID INOCULATION.

According to various papers published in the *Homœopathic World*, June, another inoculation has come to grief, namely, that for typhoid fever. The *Medical Press and Circular* is quoted to the effect that "the results of the anti-typhoid inoculations of soldiers going to the front has been a disappointment. Indeed, the inoculated officers seem to have suffered in a somewhat larger proportion than the non inoculated, and to have exhibited a higher case of mortality." And among the men, those inoculated, when they did contract the disease, suffered far more than the fortunate ones who escaped this last serum fad.

In the *British Medical Journal*, a Dr. Washbourne is quoted to the effect that so far as he could judge the inoculations had no marked effect in mitigating the disease.

But the most interesting thing on this point is a letter, or diary, from one of the soldiers, who saw the thing from the patients' point of view. Here are some of the comments from this very unscientific person. He sailed on January 13. On the 23d occurs the following:

Tuesday 23—1. Reveillé, 6 A. M. Parade, 6:45 and 10. 11:30 Harness parts—sports—our section inoculated. Gibbons died 6 P. M. Turned in early—pain in side and headache—fair night. Ship's run, 383. Orderly—Room Sergeant Potter went off his head after inoculation. Fell out of bunk, and ran away; found in morning in second-class smoking room.

On the 23d he tells us the men were so bad that "section did not parade today owing to inoculation."

The men in this company who escaped the "serum" kept well and hearty, while those who received it were all bowled over, one "went off his head" and it looks as though another died from it. And the result of this "scientific" procedure was that the "protected" soldiers suffered more from the fever than did the unprotected ones.

But "serum" and inoculation is the fashion just now, and "perish all in Valladolid" before we be unfashionable.

And in the meantime simple, old-fashioned Homœopathy could do *so* much for the poor chaps who have to face bullets and experimenting doctors—so much, so much!

PYROGENIUM IN TYPHOID.

By C. G. S. Austin, M. D.

We seldom have any typhoid on our Island; but a single drain contaminated a cistern from which a little three-year-old boy drank excessively, and made a case for me. When the fever was 105 in the morning I began the use of *Pyrogenium*, and that brought the fever down so that in a week he was feverless and no bowel complications. Afterwards I had a case of metastatic orchitis, with a steady rise of fever, and when it got to 102, with badly swollen testicle in boy of 16, I used *Pyrogenium* and extinguished the fever quickly, and the boy made a complete recovery with one week's attendance only. Great is *Pyrogen!* Of course I used other helps, but the fever would not budge an atom until the *Pyrogen* got in its work in both cases. All parties are delighted.

Nantucket, Mass.

ANENT WORMS.—ADVICE WANTED.

Editor of HOMŒOPATHIC RECORDER.

I request advice on the subject of thread-worms and round worms. This is the case: A man, resident of Bikaniar, in Marouear, has been a sufferer from thread worms for the past five or six years. One comes out every year, but now one has made its passage under the left ankle. At first there appeared a blister, which, in about twenty days, burst and a bad sore followed in which was the worm; another blister is forming under the right ankle, in which a worm can be perceived as it was under the left ankle. These thread worms grow on persons residing on the shores of the Persian Gulf and the Caspian Sea. I have been practicing for twenty-seven years and have never seen such worms elsewhere. My grand-son, aged five years, is suffering from round worms; have tried many remedies, such as

Cina, Nux vomica, Valerian, Felix mas., Kamala, Calc. carb., Zincum, Merc. cor., Spigelia, and many others, but with no success. I solicit your kind advice.

Mozuffrpore, Tirhoot.

I. M. BAUERJI, M. D.

There must be some local conditions that cause these worms, and we fear the remedy cannot be given by any one in the western hemisphere. However some of the Recorder's cosmopolitan readers may be able to give some enlightenment on the subject.—
Editor HOMŒOPATHIC RECORDER.

THE VALUE OF A PHYSIOLOGICAL TONIC IN ETIOLATED, DEBILITATED PERSONS AND CONVALESCENTS.

By William Hooker Vail, M. D.

A tonic that furnishes food to the tissues is a necessary requisite to the foundation of life, for the assimilation of food is the condition of existence, as health and recovery from disease depend upon both assimilation and nutrition. Mal-assimilation of food, or the impaired condition of the nutritive powers, is the state the physician is called upon to alleviate and correct.

The most essential period in illness has oftentimes been neglected by the physicians, who have given too little cognizance to this all important stage. Frequently, the patient imagines that he is well, and often declares and refuses to take any more medication, and in nine cases out of ten he or she has a relapse, or fails to gain in flesh and strength, or some other disease attacks him, and then he and his physician realize the value of a physiological tonic of meritorious worth, and that such a production should have been employed for several weeks after the characteristic stages have subsided instead of entirely neglecting the use of a reliable tonic or employing those of no value or puissancy in restoring nervous energy in convalescence. I am proud to state that in all my cases I have never had a relapse, even in the most severe cases of typhoid, typhoid pneumonia, scarlet fever, etc., and I attribute my remarkable success in this regard to the fact that I have always employed this very essential production, *Physiological Tonicum*, opportunely in these periods, and I also see that they use it for a sufficiently pro-

tracted time, usually about three weeks, depending somewhat upon the severity of the case, commencing about the time they are allowed to sit up in bed. There are two important principles in the method of its use first, to overcome the atony by restoring normal functional potency to the various viscera of the somatic, and replace the anæmia and etiolation with red blood corpuscles; second, the employment of it for a protracted period maintains the strength of the patient and allows the nervous system to store up energy sufficient to draw upon in cases of emergency, such as exposure, shock, fatigue, etc. To meet these requirements, and always receive the most satisfactory results, I have by experience learned to rely upon *Physiological Tonicum* (Hensel's). It is very easy to note the remarkable change in the face and lips of the severely etiolated convalescent, especially in such diseases as typhoid, diphtheria, pneumonia, malaria, typhoid-pneumonia, scarlet fever, meningitis, etc. I usually note the change in the color of the facial features on the first or second day after the patient has commenced imbibing this tonic. I have also carefully noted that the digestion is more complete, that is, disintegration and metabolism are performed without the least disturbance and with perfect regularity. This point above all is paramount, as perfect assimilation is the most essential of all, and is the most effective requisite in all convalescence that we desire to attain.

There are other features that I have noted while employing this tonic, such as the sleep that the patient enjoys, which is perfect and not attended with any of the untoward results that follow the use of drugs usually employed as narcotics which tend to stimate the secretory emunctories, and when insomnia is present in these convalescent cases it is evident that there is more or less disturbance and derangement of the gastro-enteric tract and the employment of an inefficient or worthless tonic is usually the factor at fault. This is my experience from a period extending over several years. The non-occurrence of this state of sleeplessness in my cases I attribute to the perfect results obtained from the judicious selection of my tonic, and that the marked improvement of the patient's general health, due to the use of this preparation, entirely removes this morbid state, insomnia, and the restorative sleep produced is not from any narcotic influences of the *Tonicum*.

I have employed this preparation with most perfect and satis-

factory results to both patient and physician in cases of worried business men, brain-workers, mothers loaded with incessant care, neurasthenics, deficiency in physiological and mental vigor, general nervous derangements, debility or low states from whatever cause, spinal irritation, hysteria, nervous debility and all severe nervous maladies.

In chlorosis, a disease of young girls, especially in a city like St. Louis, a remedy of this nature and efficacy is of paramount importance. I have been placed in a position where I could observe the effects of a tonic on these young women in these large department stores, being associated with them as I am, where predisposing factors are hereditary influences. In addition to this, overwork, poor nutrition, atmospheric environments, especially in these large department houses, also at their residences, are likewise factors to be carefully considered. It is impossible for this class of patients to secure proper atmospheric and telluric influences, which are requisite to good health and preventive of a general toxic state; therefore, it is necessary for these people to have recourse to a tonic of this character and potency in order to have good health. I find in diseases of the people employed in these houses that the white corpuscles and specific gravity remain about the same, while the red cells are diminished and hæmoglobin more than one-half, and thus we have various impoverished states of the blood existing among this class of people more than elsewhere, and in this connection I have employed this preparation most successfully in leucæmia, pernicious anæmia, nephritis, carcinoma, syphilis, chronic enteritis, acute infectious diseases, erysipelas, tuberculosis, chronic gastritis, pneumonia, osteomyelitis. A person in a state of health depends upon digestion and assimilation for the maintenance of same, and debilitated individuals, either acute or chronic, also depend upon digestion and assimilation; hence the essential value of the employment of a production possessing the requisite qualities, like *Physiological Tonicum* to lend power and energy to the entire bodily economy.

The position I hold has introduced me to many young women suffering with amenorrhœa and dysmenorrhœa, and must say that this tonic has met with great favor among this class of patients, and its pleasant appearance and taste is a feature that is very acceptable and commendable among these fastidious young women. It is very important to state that the protracted

use of this reliable preparation will not affect the glands of the stomach or in any way derange the normal functions of the various viscera. Immediately upon finding its way into the alimentary canal, it changes the appearance of the blood and shows at once its restorative influences. It is the most assimilative preparation of its kind known. *Physiological Tonicum* enables one to overcome disease and gives life and longevity by aiding vitality and storing energy. In this tonic we have all the methods combined. First, stimulating the action of the digestive powers; second, supplying the digestive powers that are deficient; third, producing food that is pre-digested; fourth, furnishing life and existence and storing up nervous energy for reserve. Sometime ago this preparation first came to my notice, and I did not hesitate to try it. Since that time I have prescribed it frequently, and have been perfectly satisfied with the results, having employed it in cases where other hæmatic productions were not successful. I append the citation of several cases in which I employed it with profound gratification:

Case 1. A man of medium build dropped into my office with a peculiar abject appearance about his face. He stated he had been suffering for about a year, and had been consulting physicians most of the time, numbering in all about ten, and stated that he was tired of the treatment he had received at the clinic of one of the best colleges of this city which he had patronized because of the superior skill he anticipated receiving at the hands of professors. But he failed here as elsewhere, and naturally looked for relief from other hands. He told me that he was suffering from stricture of the œsophagus. I examined the man and satisfied myself that there was no such condition present. He complained that he could not, with ease, swallow any substance even in small quantities, as milk, tea, mashed potatoes, etc. There was some tympanitis of the stomach and bowels, great disturbance in the stomach when any food was forced into it. I had had several cases that had complained to me of similar character and had turned out to be nothing but a disorder of digestion, only they were not so severe, by any means, as this case seemed to be; but as I had relieved the others with *Physiological Tonicum* I decided to give it a trial, and prescribed the same, and told him to return in two days, which he did with the report that he had done somewhat better; I then told him to continue for a week and report, which he did, and

reported that he was so much better that he only suffered moderately in all particulars. I instructed him to continue till he was entirely well, which was accomplished in less than a month. I see him now and then, and he looks in good health and has no recurrence of the former trouble. I mention this case to show how misleading these cases of dyspepsia sometimes are.

Case 2. A book-keeper, aged 35, suffered with chronic gastritis, was taken down with typhoid fever. He had no trouble in recovering from the fever, but convalescence was very retarded and protracted. I was called to the case and prescribed *Physiological Tonicum*. Soon his anæmic condition changed for the better and henceforth he made a most favorable recovery.

Case 3. A floor-walker, about 40 years of age. Was taken with a severe case of La Grippe, complicated with acute bronchitis; his recovery was very slow; loss of appetite; digestion very poor; his feces contained particles of undigested food; greatly troubled with insomnia; urine scanty and highly colored. Had taken cod liver oil preparation and a number of tonics containing Iron with no benefit in the least; in fact, he said he was getting worse daily, when he consulted me. I prescribed *Physiological Tonicum*, as it was certainly indicated in my judgment in this case. In a week he was much improved and in three weeks he considered that he was as well as he ever was.

Case 4. Miss C. W., aged 22, who was employed in a department store, called on me for treatment for marked paleness and cardiac palpitation. I noticed that her lips and eyes were unusually white; a rapid respiration; she complained to me of amenorrhœa, cephalalgia, boulimia, clammy hands and feet, with a miserable taste in her mouth in the morning. She had suffered with these attacks several times before. It was evident that I was dealing with a case of chlorosis, and *Physiological Tonicum* was prescribed. There has been steady improvement in this case, which is much elated with the simple medication she is following this time.

Case 5. A young girl, about 15, employed in a department house; very anæmic; complaining of headache in the morning; no appetite; very lethargic during the day; much irregularity of the bowels; stated that she had at times pain in the limbs, with a sensation of heaviness and fatigue all the time. I gave in this case two compound cathartic pills, as her bowels had not moved for four days, and on the following day I put her on the

exclusive treatment of *Physiological Tonicum*. I saw the patient every day after, and found a most healthy color in her lips and face, the appetite was wonderfully renewed, cephalalgia, costiveness had all disappeared, and she rapidly returned to normal health.

Case 6. A child seven years old; had suffered all the conditions attending diphtheria and pneumonia at one pull. I had much trouble to get her through the trouble, and when she was ready to convalesce, she could not. I prescribed *Physiological Tonicum* but she still was gaining very little, and I thought she certainly was taking a tonic that was not doing her much good, so I prescribed another, and the way things turned for the worse was most remarkable, and in three days, I believe, she had lost most of what she had gained since her convalescence. I lost no time in returning to the tonic that had served all my cases so faithfully, and the change was very apparent. She was in my office not long since and looks very healthful and happy.

I have frequently prescribed *Physiological Tonicum* for weak, anæmic children recovering from febrile conditions, and found it of inestimable value.

St. Louis, Mo.

SOME SINGLE REMEDY CURES.

By Dr. A. W. K. Choudhury.

(CONTINUED.)

Gelsemium in a Case of Costiveness.

A relation of mine, aged about 59, came under treatment Nov. 17, 1899, with the following history and symptoms:

Daily one or two soft, insufficient stools, with *difficult expulsion*, passing out in the shape of a narrow, flattened tape; no threadworms passed; occasional pricking at anus, but more so after evening, with itching of the tip of the nose the following day; occasional nausea; waterbrash; quantity of urine and times of micturition less when urine becomes red; color of stool yellow.

Had before the commencement of the present illness an attack of slight feverishness afternoon; now he gets occasionally feverishness at about 4 P. M., with only eyes burning, heat from soles of feet and palms of hands and from vertex(?).

Tongue clean, with cracks as if aphthous, patient complaining

of pungent, hot taste of vegetables prepared with chillis and peppers.

Drowsiness well marked.

Vertigo, with dim vision or loss of sight.

Treatment: *Gelsemium* 1x, one dose daily.

Diet as usual.

Bathing allowed.

The next day he reported his case: "One good stool with urging after the dose of medicine taken; one stool with urging this morning" (he had no such urging to stool for about a month past, with one or two days excepted).

Remark. No further information was received, hence we cannot put down here the final result of the treatment. However, the result produced by the first dose administered is almost magical. We learn from the report of the next day that our patient got rid of his illness. But was this magical result of the dose a permanent one, or only for the time being?

What induced me to select *Gels.* here for the case?

1. Soft stool, with difficult expulsion.
2. Yellow color of the stool.
3. Drowsiness.

Millefolium in Hæmoptysis.

The patient, an old Mahommedan of about 75 years, came to my dispensary for treatment of the illness Nov. 1, 1899. He had been under my medical treatment for an attack of intermittent fever and subsequently increased urination. He had been gaining health gradually and satisfactorily, when he engaged himself to cooking for a duration of about five hours, he being well versed in that art. This was about a day before the commencement of the bleeding. It began at 3 A. M., previous to his attending the dispensary, the next day at about 9:40 A. M. The blood was scarlet red, and coagulating immediately after expectoration.

He felt chilly after the cooking, and got increase of urination, even involuntary discharge of urine. Had no anxiety.

Treatment: *Mill.* 1x, two doses given for the 24 hours.

Next day, the 2nd inst.: "No more bleeding after the last dose; one good stool this morning; appetite good; sleep good last night."

Repeated one dose.

He was given one dose every day, the 3rd and 4th inst, and placebo on the 5th inst. Relapse of the bleeding was reported on the 7th inst. and one dose more was given him. He attended the dispensary till the 11th inst., getting placebo.

Result. Recovery.

Remark. I have seen the Yarrow doing good service on rare occasions in checking bleeding. I remember I once recorded a case of hæmatura corrected or cured by the plant. This, our present patient, an old opium-eater Mahommedan, had once more hæmoptysis and was treated by me. I don't remember what remedy was given and he recovered with. However, this time he received only five doses of the *Millefolium* and required no more.

Hæmoptysis with deep red blood and no anxiety led me to select *Mill.*

Baryta carb. in a Case of Intermittent Fever.

A Mahommedan named Sâder Gâzi, aged about 40 years, came to my dispensary the 13th Oct., 1899.

The case runs as follows:

Type—Quotidian.

Time—4 P. M.

Prodrome—*Eyes burn.*

Chill—Slight, *'no thirst, goose flesh,* of short duration, aching of lower limbs, and joints; no sleep; body hot; hands and feet cold.

Heat—Severe, *no thirst,* longer than chill.

Sweat—Slight, on forehead, neck, etc., *no thirst,* no sleep.

Apyrexia—Incomplete; sleep in the first portion of apyrexia.

Bowels open daily once or twice, some days no stool; griping pain before stool; alternate diarrhœa and constipation; have not seen threadworm pass with stool; one or two stools if there be diarrhœa; increased salivation; urine red and passes with burning; gets up once or twice or thrice per night to make water; face pale; spleen enlarged; liver enlarged; pain under percussion on liver, on epigastrium and right hypochondrium; pale conjunctivæ; tongue clean with slight yellowish coating on the middle, with some small transverse cracks.

Heart-sound muffled, second sound on the apex indistinct.

Heat from vertex; eyes burn; œdema of the feet. Pills used for the fever; had itch once; never had ringworm or pityriasis. Inoculated not vaccinated.

Treatment: *Baryta carb.* 30, one dose given.

15-10-1899; 10:35 A. M. Fever paroxysm every day until yesterday; aching, with inflammation of gums of right upper side; bowels opened yesterday once, stool soft and sufficient; urine red, with no burning; one stool day before yesterday; slept last night; appetite good; increased salivation; apyrexia complete now.

Treatment: Placebo.

16th inst. No more fever; one stool day before yesterday; no stool yesterday, no stool this morning; spleen enlarged with only one deep notch; liver enlarged; tongue clean and pale; face pale; appetite good; sleep good; urine red.

Treatment: Placebo.

The patient continued under treatment till the 19th inst. getting only placebo. No more fever, redness of urine gradually disappeared, but œdema of feet continued but in a much reduced state. The stethoscopic examination of the heart did not allow me to discharge the patient.

Result. Recovery.

Remark. I did not, and no one could, expect so wonderful a result from a single and so minute a dose. Readers of the HOMŒOPATHIC RECORDER may well remember how often I had to use this *Baryta carb.* in the treatment of intermittent fevers of various characters through a long period of about two years, and how very satisfactory were the results. But this is a case of intermittent fever well complicated with organic diseases of the heart, liver and spleen, as one can expect in a chronic case of malarious intermittent fever. This was a case of about ten weeks' duration, as the patient expressed. He violated the strict dietary under which he had been put, when advancing towards recovery, and the fever recurred, on violating it, the patient got away from my medical treatment. Death put an end to his worldly troubles and anxieties, as I came to learn thereafter, within about a month.

Sepia in a Case of Costiveness.

Case No. 330 of Case Book XI.

A Mahommedan weaver, named Makim Dalâl, aged about 45 years came to my dispensary Oct. 2, 1899, to be treated for costiveness. This complaint was of a fortnight's duration.

History and Symptoms of the Case:—Had an attack of fever

for three days, then remission, and no more fever. Costive since the commencement of the fever. Daily one stool; stool hard, formed, dry, of large quantity; used no medicine for the fever; no burning of eyes; heat from vertex; occasional dry cough; *bathes; feels heaviness of lower extremities; occasional itch of abdomen and chest; during coughing, feels pain in abdomen and chest.*

Stool formed dry, but slender, of yellow color, with bad smell; bitter taste in mouth; and then the taste becomes sweet; appetite good; sleep good; urine not increased; sometimes colored, with no burning in passing.

Gets fever once annually this time; *cough increases at night when lying on left side, with amelioration on lying on right side; expectoration thick, whitish, of sweetish taste; putrid smell of expectoration.*

Treatment: *Sepia 30.*

4-10-1899:—9:50 A. M. No sleep last two nights; bowels open as before; cough much better.

Treatment: Repeat two doses.

6-10-1899:—10-10 A. M. Pain more on the back; itching as before; stool as before. Almost no cough; pain lower down from chest; heaviness of lower limbs as before; urine not colored; no bad smell of stool; bitter or sweet taste in mouth as before.

Treatment: Repeat for two days.

9-10-99:—9:55 A. M. Going on better; pain much less; itching less; stool sufficient and free; had before no urging to stool; heaviness of the lower extremities less; taste in mouth as before; appetite good; sleep better.

Treatment: Repeat two doses; one dose on alternate days.

Diet as above.

12-10-1899:—10:15 A. M. Pain as in last report. Stool sufficient and free; itching more at night; now feels urging to stool as in health; heaviness of the lower extremities less than that of the last report; taste in mouth as before; appetite good; sleep better; feels better than before; bathed yesterday; cough less.

Repeat *Sepia 30*, two doses, the second dose on the fourth day, taking no medicine for two days.

16-10-99:—10 A. M. Slight pain on two sides of chest remaining; itching, and that only at night; daily two sufficient and free stools; heaviness of the lower extremities less than that of the last report; taste normal; appetite and sleep good; cough much less as that of the last report.

Repeat two doses; to be taken as above.

18-10-99—10:45 A. M. Going on well; itching gradually disappearing; pain as above; heaviness of the lower limbs gradually diminishing; bowels open daily twice, stool free and sufficient; urine normal; appetite and sleep good; taste normal.

Repeat two doses, to be taken, the second after three days, without medicine.

Diet and bathing as above.

21-10-99—9:55 A. M. Going on well; no pain in chest since three days; very slight itching remaining at nights; bowels open daily, twice freely; heaviness of the lower extremities as above; appetite good; sleep good; cough occasional.

Repeat two doses.

Diet and bathing as above.

28-10-99—9:45 A. M. Well; slight heaviness of the lower extremities still remains.

Repeat two doses.

Remark. The patient no more appeared to report his perfect restoration to health, but his gradual improvement to that of the last day of his attendance goes to prove his recovery. He came under treatment on the 2d and stopped attendance after the 28th inst., so he was under treatment for 26 days.

The above *italics* may lead you to select *Sepia*.

Nux Vomica in a Case of Headache.

A Mahomedan day laborer aged about 30 years came to my dispensary Oct. 9, 1899, to be treated for the complaint. The case as found in my Case Book: One-sided (right); a small space near the inner end of the right eyebrow; the site may be covered by the thumb, so small; increases with the advance of day and subsides with the decline of day; there remains no headache at night; bearing down pain of head on stooping, aggravation with coughing and sneezing; amelioration on lying down with closed eyes; cough since about two months; no cough nowadays; headache of throbbing character. Pulse rather quick, volume middle-sized with rather increased tone. Daily two good stools, urine red-colored. Dryness of mouth. The site of the headache is painful under pressure of a finger.

Treatment: *Nux v.* 6, one globule per dose; one dose every two hours. Two doses given.

Diet and bathing as usual.

11-10-1899—10:40 A. M. Better; headache after some hours in the morning. Severity the same.

Treatment: *Nux v.* 30. Four doses in 24 hours. Much improved. Not much headache till now.

Repeat two doses.

Remark. He did not come to dispensary any more; seen when working and found recovered. Was suffering three days when I first saw him.

This is by no means a new thing that a Homœopath finds *Nux vom.* to relieve and cure a case of cephalalgia. But why I gave him *Nux vom.* and not any other headache remedy?

The following symptoms are for *Nux vom.*:

1. Morning aggravation.
2. Situation of pain at about the root of the nose.
3. Situation being a small fixed spot.
4. Character of headache being throbbing.

In treating the case I had to remember a case of a severe headache years past in the childhood of my homœopathic life where I used the same medicine as in our present case. *Nux vom.* acts there a magical part. Some two or three doses of the medicine administered within about two hours, relieved the case astonishingly. For the severity of headache that patient could not sleep or take his food for seven days and nights, together, but two or three such doses composed him very satisfactorily. He was all along in my presence during the hours of his treatment. He left my dispensary with few doses more, but the pain (headache) then was settled at about the inner end of the right eyebrow. The situation of the remnant of the headache as shown above made me to make out a point in our present case enabling me to select *Nux vom.*

Sulphur in a Case of Acidity.

Patient, a Hindoo female adult, came under my medical treatment Sept. 25, 1899.

This is case No. 310 of Case Book XI.

Symptoms and history of the case as found in the Case Book:

Vomiting bilious and acid; nausea; no stool yesterday; no stool today; stool soft; no threadworms; spitting of saliva; acid eructations; pain under pressure on epigastrium and right hypochondrium. Heartburn. Tongue reddish tip and sides, and whitish middle and posterior. Thirst. Burning within; heat

from vertex; burning of soles of feet and of palms of hands. Burning in stomach.

Treatment: *Sulph.* 200, one globule for a dose. One dose given to be taken.

Diet: *Khoi* and milk; unripe cocoanut water to drink.

No remarkable benefit found the next day but I repeated the medicine, gave her one dose more. No change was made in diet.

The following day, the 27th inst., she was somewhat better, her vomiting less and passed a knotty, scanty stool; but she complained of earache, pain in back and of sleeplessness. I repeated the medicine, one dose more.

28th. Heaviness of head, vomiting still continuing; cough and coryza; liver pain continuing; no stool.

Repeated, one dose more.

29th. No more vomiting but retching; no stool; nothing tastes good; heaviness of head and headache; urine less reddish; appetite good; sleep better.

Placebo.

1-10-1899—10:30 A. M. No more vomiting; daily one stool since day before yesterday.

Placebo.

She continued under treatment till the 6th Oct., 1899, getting only placebo and gradually improving.

Result. Recovery.

Remark. *Sulphur* is not the panacea of all human sufferings. I dare say it is the best medicine we have to treat various disorders which man is heir to, from the skin to the bone-marrow; there is not a single structure where *Sulphur* can not produce a very apparent and astonishing result. Diseases which have been maltreated with or caused by quinine and other allopathic drugs, and poison-pills of our native quacks, may be very satisfactorily treated with *Sulphur*, and more so if there be any history of syphilis or psora developing in the case any time during his life, of which there are ample examples in our everyday practice. Cases of chronic acidity I have often seen in my hands to have recovered under *Sulphur*, so much so that scarcely I hesitate to call it a specific (though there is no specific) remedy for the above disease. We can get here many many cases of chronic acidity, so I have tried *Sulphur* in many scores of cases, the result being always enticing.

Four doses in all were required to restore her to health.

I have on another occasion tried *Sulphur* in her case for the same illness, with good and satisfactory results.

Satkhira P. O., Calcutta, India.

LOBELIA AS A LOCAL REMEDY IN STRICTURE.

G. W. Boskowitz, M. D., New York City.

I want to report an experience I had with this old-fashioned drug a few years ago, since which time I have used it constantly for the treatment in both spasmodic and permanent strictures.

Spasmodic stricture it will cure as if by magic, and in permanent stricture where you have found it impossible to pass the smallest kind of a sound you will find after its application the sound will easily pass. I can best illustrate by reporting to you the first case upon which I used it.

Mr. G——, about 40 years of age, had had gonorrhœa twice, the last time about three years ago. This had left him with a slight chronic gleet. For about one year he had had difficulty in urinating, the stream being small and twisted, passing slowly and without pain. The difficulty in this respect had been growing worse every day until the time he called upon me his urine simply dribbled drop at a time. It would take him half an hour to empty his bladder, and there was considerable pain. He had consulted several physicians, and they had attempted to pass sounds without success, and these attempts no doubt accounted for the irritation and the pain which the patient was experiencing while urinating. Learning that those who had attempted to pass the sounds previously had used the cold sound, I warmed mine, anointed it well and made the attempt to pass it but, without success. For two weeks I had the patient call every other day and made the attempt each time to pass the sound. I could not even pass a filiform. The patient was getting discouraged. I cheered him as best I could, telling him as I had several times before that I had no doubt that at the next attempt we would be successful and we were. At his next call before attempting to pass the sound I dropped into the urethra about 15 drops of Lobelia, closing the meatus and held the Lobelia in the urethra for five minutes. It produced a smarting sensation which passed away in a short time. I now prepared my sounds and was

delighted to find that I could pass a No. 10 with little difficulty. I continued this treatment twice a week without producing any urethretis, gradually increasing the size of the sounds until I could with ease pass a 24. The patient can now pass his urine normally, has no gleet discharge and I have not passed the sound for two years. I see him frequently and know he has had no return of the difficulty. Since treating Mr. G—— with the Lobelia I have tried it on quite a number of cases with success in all of them.—*From Transactions New York E. M. A., 1898-'99.*

SOME HIGH POTENCY CASES.

By Alexander Villers, Hom. Physician of Dresden.

Translated for the HOMŒOPATHIC RECORDER from *Willst u Gesund werden?* July 1st, 1900.

The publication by Dr. Burnett concerning the curability of tumors reminds me of a case that would seem deserving of publication.

A man of about 36 years of age came to my office one day, who, on the outer side of the upper part of his lower lip, had a tumor as large as a plum; it had a fanlike appearance, without any sensitiveness, and could not be separated from its base, being thus immovable; on its outer layers there appeared veins considerably enlarged. This tumor had, as the patient averred, been formed within the last three years from an original tear in the lip, originating, as he thought, from a diseased stump of a tooth. He never had any pain in this growth, it became enlarged in quite a normal manner, and only since it interfered with the movability of his lip had he felt concerned about it. His doctors had proposed to him an operation and painting with Iodine. This painting with Iodine he objected to on account of its nauseous taste, and he was afraid of the operation because the physician had suggested that it might be a cancerous growth. There seemed to be no doubt that the growth was a cystoma, and as there were absolutely no symptoms in the case so I made free to prescribe for once according to pathologico— anatomical principles. The medicine first suggesting itself was *Graphites*, and so the patient received *Graphites* 200, one drop on the first of every month. When the patient appeared after two

months the growth had diminished by one-half. He then received *Graphites* 1000, which I gave him myself, directing him to return in two months; to quiet him, I gave him in the meantime sugar of milk. When he returned the growth was of the size of a lentil.

But now there ensued a disagreeable cessation in the progress of the cure. I tried *Graphites* in high potency and in low potency, with two and three months' pause between, but the little knot remained, and I was convinced that if it could not be eradicated the growth would, sometime or other, develop again and would then be more malignant than at first. Finally, I asked my friend, Dr. Fincke, of Brooklyn, for one of his high potencies, and he sent me *Graphites* cm. I gave the patient one dose of this *Graphites* on Jan. 1st, 1898, with the direction that he should return on the 1st of April of the same year. Since the patient, from the success already attained, was full of confidence in Homœopathy, he readily promised to return. When he did return nothing at all was to be seen of the former tumor. Not only was there no elevation on the surface of the lip, but the mucous membrane of the lip had regained its normal color, there were no more enlarged veins to be seen, and if I had not known that there had been a tumor there I would never have discovered it either by sight or touch.

I publish this case for two reasons, first, because it is very difficult in cases showing no symptoms to find the right remedy, and on this account it is useful to have a goodly number of our cases published, so that the proper remedy in such cases may be found through the pathological changes taking place and from analogy with other cases that have been reported. Then, again, since I am not now publishing a journal of my own, I desired to again call attention to the great importance of high potencies, and even of the highest potencies. It is, of course, also practicable to cure with lower potencies, but it is more difficult, and in most cases there is only a palliation and no cure. The simplest course of proceeding would be, if every physician made it a rule, to always select that potency containing the least quantity of the crude drug, which still shows results, according to his experience. This would preserve in his mind a regard for the high potencies even while he is still employing lower potencies.

I may, indeed, understand that a man not well versed in *Materia Medica* has a real fear of high potencies, for if the rem-

edy given in such a potency is not the most similar, the *Simillimum*, it will have no effect at all. I might, indeed, *e. g.*, cure a child having the Pulsatilla-fever with *Pulsatilla* 3, 12, 30 or the 200, but I cannot influence it with *Aconite* 30. Now one of these medical journeymen will come in and give *Aconite* 3 and rejoice that within 12 hours the temperature is lowered and perspiration appears. He might have secured the same effect with simpler means, he need only have given the child chamomile-tea. He would also have secured perspiration, and the fever might perhaps also have been broken by that remedy. But in most cases the child will have a worse fever the following day, because the remedy specifically suited to the case has not been given.

I would not venture to decide whether the American highest potencies are a necessity; but this I do know, that they *act* as is desired, so in this case in which we wished to ascend in the scale of rarefaction (division), because the potencies given before had exhausted their power of action. When some time ago Fincke sent me his first highest potencies, I laid them aside as a memorial of an honored and valued friend, but had no thought of using them. But there came a case which opened my eyes as to the enormous value of these high potencies.

A girl of 22 years had been afflicted ever since she was three years old with eczemas of the most varied form. These were mostly moist eruptions, the chief seat being the region about the pudenda, the armpit, and the fold behind the ear, but really the whole body was defaced. The girl was really pretty, but the only parts which had remained white and normal were, strange to say, the breasts. During the 19 years of disease the girl had, of course, been continually under treatment; the worst effects resulting from those who used external applications in order to dry up the eruption. These applications were followed by a frightful *asthma*, which was only relieved when the corrosive ill-smelling eruption appeared again. She had lastly come under homœopathic treatment, and her physician had rightly considered *Arsenicum jodatum* as the remedy which would prove most useful. But he had used it in the third potency, and there had ensued a condition of which the patient said: "I cannot describe it, but I feel as if I was being killed." My colleague finally sent her to me, because I was—as he put it—more fitted to treat such a curious and rare case. I at first declined to treat the case; for

while chronic eruptions are always difficult to treat, a case that has been spoiled in every conceivable way is almost without any prospect of successful treatment; so I recommended that she should for the next three months simply take a water-cure, in order to develop the normal tendency of the body. This was done, but while the general health was somewhat bettered the cutaneous eruption was not improved.

In this desperate case I thought of my neglected highest potencies, and gave her a few pellets of Sulphur 100,000, directing her to come again when she felt the need of it. Three days later I was called to her in a great hurry late in the evening, and found that she had torn all the clothes off her body, rolling about on the floor of her room, continually endeavoring to rub her back or her legs on the legs of a table or on the edge of the door. Then she jumped up, brought a knife from the kitchen and scraped her whole body; in short, the girl was tormented with an itching, so that she would not answer any question, would eat nothing, and only drink enormous quantities of cold beverages. I allowed this reaction to proceed undisturbed, and only gave her a few drops of ether, to make her think she was receiving medicine, and I continued the case as before. This frightful state which, indeed, almost drove the girl frantic lasted for five days. Then the itching abated and she slept for two full days under the influence of her complete prostration; then there appeared the following changes:

The eruption dried up completely, and scales came off, as after scarlatina, so that when I placed the patient on a dark cloth and she shook herself the scales came down like snow-flakes. The girl had always had very weak menses; the next three menstrual dischargings were increasingly strong and intolerably fetid.

There was a very disagreeable issue from the ears, also a corrosive secretion from the eyelids, and a dreadfully tormenting, burning discharge from the pudenda, strongly exciting to voluptuousness. I did not repeat the dose, and so about 3 months passed, while her condition kept improving. Then the question arose: Shall I now give her the *Arsenicum jodatum* which I also had considered the true similar, or should I keep to the reactionary remedy, *Sulphur*? Finally, I concluded, that if the reaction had been called out in such violence that it lasted for three months, and this by one single dose, I might well afford to give it some time longer. So I gave the girl no other

remedy, and in four months she was a youthfully blooming maiden, in the full flow of all her functions, the skin performing all that was required of it, and without any relapse. To see in how far her skin had recovered its function I made her wear rough wool and made her dip her hands first in hot and then in cold water; I made her rub her body daily for two weeks with pretty coarse sea-salt, and the skin only improved in texture, and when I finally carefully examined her whole body there was nothing remaining of the former monstrosity, but instead of it a healthy, vigorous and attractive woman.

CASES FROM PRACTICE.

By W. Berlin, Hom. Physician in Guben.

Translated for the HOMŒOPATHIC RECORDER from "*Willst du Gesund werden?*" July, 1900.

CASE I. A. N., three months old, has suffered for 4 to 5 weeks with an elastic plump swelling of the size of a small hen-egg of the right testicle, a so-called *hydrocele*, which is not unfrequently found in little children in the first months of their life. Homœopathy has an excellent remedy for this ailment in *Arnica*, which has never failed me in any of my great number of cases. I give as a dose pellets of the 3 D., four times a day five pills. Besides this I apply the homœopathic green Arnica tincture in compresses (70 to 74° Fahrenheit) to the scrotum. I use one teaspoonful to about 100 grammes (a wineglass full) of water. The compresses are applied from two to three hours at a time. At the conclusion of the daily bath cool water (about 74° F.) is poured over the scrotum. These proceedings removed the hydrocele also in the case mentioned in about 14 days.

CASE II. Mrs. K., of this place, consulted me on August 12, 1899, on account of a burning in the region of the bladder, with continual urging to urinate. In every case there were only discharged a few drops, with violent pains in the urethra. After 10 to 15 minutes the urging would return, and this was very disagreeable, especially at night. An internal examination as to the question whether the uterus had an anterior position and pressed upon the bladder showed no such state. The urine was said to be clear. I gave *Belladonna* 3 D., and asked her, next time to bring some of the urine along. She returned on August

22d; the pains had somewhat decreased, but the urging to urinate still kept recurring every $\frac{1}{2}$ hour or at least every hour. At the same time there was some pain in the back. The water looked somewhat dark and turbid. I filtered a part of it, and the examination showed about three per cent. of albumen. This showed that inflammation of the kidneys had been super-added to the ailment of the bladder. I prescribed *Terebinthina* D. 2. five drops every two hours.

An examination on the 28th. of August, as also on Sept. 1, showed no albumen in the urine.

Terebinthina is suitable in acute and sub-acute cases of inflammation of the kidneys, but not in chronic cases. Dr. Farrington says, its chief action is on the kidneys and on the bladder. As leading symptoms he enumerates: dull pain in the region of the kidneys, burning in the kidneys, pains which draw down from the kidneys to the ureters (to the bladder?); burning during micturition; strangury, albuminous urine, the urine dark red and smoky. These symptoms only appear when, besides the inflammation of the kidneys, there is an inflammation of the bladder; in such cases *Terebinthina* will be found of use.

SUCCESSSES FROM DAILY PRACTICE.

By Dr. H. Goullon, of Weimar.

Translated for the HOMŒOPATHIC RECORDER from "*Willst du Gesund werden?*" July, 1900.

Case XIII. GRAPHITES *in scrofulous Inflammation of the Eyes.* A boy not badly nourished, six years of age, who before had suffered from scrofulous inflammation of the knee-joint, and who still limps about with a bulged out, deformed knee, was seized with a severe scrofulous inflammation of the left eye. For weeks he was unable to open his eye; when he attempted it, hot tears would gush out. The region around the eye was beset with little blisters and pustules; there was an eruption around the mouth and nose. Rubbing and crying caused an evident aggravation, and yet the little boy could not otherwise allay the tormenting itching. *Calcarea carbon.*, *Acidum nitric.*, and *Sulphur* gave only a transient alleviation, followed ever and again by relapses. During the acme of one of these relapses I was led by three symptoms to *Graphites* as the sure remedy:

1. The great *photophobia* combined with nocturnal suppuration closing up the eyes.
2. The obstinate *constipation* of which the mother told me.
3. The fissures in the region of the corner of the mouth, are characteristic of *Graphites*. These tears were like rays, one might say that they were in the shape of the sphincter-muscles, or of the opening of anus, as if torn into folds. These tears terminated on the outside in a reddish spot covered with little scales and clearly distinct from the surrounding skin.

The effects of *Graphites* were really surprising. The ailment which had lasted for two months, and had lately shown but little variation, literally disappeared in the time of less than eight days. The dose consisted of so much of the 2d. trituration as would lie on the point of a knife, every morning. All such scrofulous inflammations of the eyes have the tendency to form little blisters on the conjunctiva of the pupil of the eye; so we have in this case, strictly speaking, an illustration of the well-known anti-herpetic (and anti-eczematous and anti-scrofulous) action of plumbago.

Case XIV. Miss L., over 40 years of age, from a scrofulous family, frequently has blisters forming on the mucous membrane of the nose. The first symptom she perceives is, a tormenting itching. Then she may be sure that a short time after, in about 24 hours, in the lower part of the interior of the nostril, there will be formed a number of small pustules, and their further development is accompanied by the formation of crusts. This ailment was particularly painful when accompanied with catarrh. Then the entrance of air into the nostril was obstructed and the nose felt full or closed. Different from this is a disease of the nose, which has its seat in the upper part of the nose and is accompanied with dry coryza, rush of blood to the head and oppressive headache toward the eyes. The remedy for the latter ailment is *Calcarea jodata*, but the ailment on our patient was cured by Sulphur: 4 drops of *Spiritus sulphuris* in a tumbler-full of water, a coffee spoonful morning and evening.

The favorable effect was, as the patient expressed it, surprising. Not only did she after this medicine for a long time remain exempt from a relapse, but when finally a slight reminder of her ailment showed itself she had incomparably less to suffer from it. Thus this deep-seated disease of the mucous membrane, which, having lasted for years, had become chronic, was changed in a most beneficial manner.

HOMOÆPATHIC CURES.

Translated for the HOMŒOPATHIC RECORDER from the *Leipziger Pop. Z. f. Hom.*, November, 1899.

1. The adult daughter of an office-holder was afflicted with a painful *inflammation of the ear*, which degenerated into a polypus, which was removed by an operation. After a while a very disagreeable discharge appeared, which was, however, quickly checked. But as soon as the ear dried up, there appeared occasionally a very violent humming, buzzing and tinkling, which caused trouble in hearing. The noises at times diminished, and sometimes they disappeared altogether; sometimes for whole days, when the hearing appeared to be normal. But every time she caught cold, the trouble returned, as also especially with every *rush of blood* to the head and to the organs effected, no matter what might be the cause.

This latter fact, namely the humming in the ear caused by *local congestions*, determined my selection of the remedy. I prescribed *Belladonna* 6., giving 6-8 drops in half a wineglassful of water, a teaspoonful every three hours. On the evening of the first day, the humming had appreciably diminished, and disappeared entirely next day. A few weeks later, it again appeared, though only slightly. The same remedy sufficed now to cause its final cessation.

We would here remark, that especially in noises heard in the ear it is particularly necessary to individualize. In the above mentioned case, the existence of congestion to the head and the affection of the *Nervus acusticus* served as a guide. The treatment of merely nervous noises in the ear and of the hardness of hearing thence, is much more difficult. These frequently defy all the specific remedies recommended for their cure, such as *Belladonna*, *Conium*, *Mercur. sol.*, *Sulphur*, etc. In such cases it is necessary to individualize most carefully, and to take also other bodily disturbances into consideration. If there is anæmia, *China* and *Calcar. carb.* will be found suitable. If it is attended with vertigo, *Rhus* has been found very efficient, especially with older persons. As to other bodily disturbances, we should provide for the various cases a regular stool, warm feet, and warmer clothing, etc.

2. An old lady was suffering from *neuralgia of the face*, which defied all treatment, as is so often the case in this ailment. Even a considerable operation only brought some alleviation, but no cure. But she was cured by *Gelsemium nitidum sen semper-virens*. This remedy, as is well-known, acts in a paralyzing manner on the motory nerve-centers. But before reaching this final effect, there also appear a great number of irritative symptoms, especially in the domain of the sensory nerves. *Gelsemium* may, therefore, be used with success in various neuralgias, as in the case mentioned above. The "Manual of Homœopathic Practice," by Dr. Puhlmann also emphasizes this remedy in the treatment of the neuralgia of the *Trigeminus*, with an especial reference to the especial indications in the affections of the middle and inferior branch, attended with redness of the skin, twitching of the muscles and even spasms of the masseter muscles.

FR. M.

LAWN TENNIS. This is a game which is a great favorite with young ladies. But this game is much too violent and straining for them; so Dr. Monin says in his article on "Displacement of the Kidneys" in the "Revue hom. Belge." The author of the article had two cases of "displacement of the kidneys" which, according to him, had their origin in this disease. Dr. Th. Kafka in Karlsbad made a translation of this article for the "Allgemeine hom. Z.," vol. 135, Nos. 9 and 10, and subjoined some interesting communications from his own experience as to the treatment of "displacement of the kidneys," which we reproduce here. He says:

"I have often had the opportunity in Karlsbad of observing the displacement of the kidneys." When it was caused by a relaxed abdomen, a good abdominal bandage was sufficient to bring it back to its proper place. In hypertrophy of the liver, the cure at Karlsbad sufficed to cure the displacement of the kidney caused by the enlargement of the liver; for by the diminution of the size of the liver, the kidney was reduced to its normal position and by a suitable bandage with a pelotte it could be kept in its proper place. When attended with pains on the left side, *Chelidonium* 3. taken for a time served to relieve the same. In colicky pains on the right side, caused by the enlargement of the liver and displacement of the kidney (without gall-stones),

China 2. and 3. Card. Mar. 3. and Acid picronitr. were found very effective.

BEVERAGES DURING THE SUMMER-HEAT ON LONG FOOT-TOURS AND MARCHES. We can especially recommend the *Drinking-Water for Marches* by Chief Surgeon Dr. Rohowsky of Leipzig. Anyone can make it for himself by adding to 1000 parts of water, 1-3 parts of common table-salt and $1\frac{1}{2}$ -5 parts of acetic acid. The latter is not absolutely necessary. For this beverage the Surgeon in Chief Dr. Rohowsky received a medal at the Exhibition for the Red Cross in Leipsic 1892. Several commanders of regiments who had experimented with this *Drinking-Water for Marches* in their regiments reported that it was excellent and much to be preferred to pure water, as it quenches the thirst more effectively and kept fresh for a longer time. Cold black coffee or tea might also be prepared in this manner.—*Hensel's Physiological Tonicum*, a preparation of iron and formic acid, containing equal parts of ferrous oxide and ferric oxide, just as it is in hæmoglobin, is perfectly assimilable, and also proves of good service. About one teaspoonful of this tonic is dissolved in a pint of ordinary sugar-water or in $\frac{1}{2}$ pint of weak sugar water. In this way we get a beverage of good flavor, looking like a light white-wine, very invigorating, especially in states of exhaustion; it also invigorates the spirit.—*Leipziger Pop. f. Hom.*

CONCERNING THE CONTAGIOUSNESS OF TUBERCULOSIS.

By Dr. Jbankoff.

The tendency of an inexact science like medicine is to go to extremes in every newly discovered path, and to draw conclusions from a newly discovered law, and to draw conclusions from a newly discovered law that are not warranted by the recorded facts. An example of this kind is the present tendency to inject some sort of serum against everything. Thus, the use of the serum of a calf immunized against smallpox in the treatment of whooping-cough, etc. The present tendency to fear tuberculosis as a contagious disease is very detrimental in many respects to the patients as well as to the general conditions of human society. The tuberculosis patient is so unmercifully persecuted nowadays that it would almost be better to follow the example

of the Spartans and kill all persons affected with tuberculosis. The author has not seen a single case of infection with tuberculosis during eight years and a half of experience in country districts. Most of the cases of tuberculosis in these villages occurred in men who went to Moscow or St. Petersburg for several years and then returned to their homes. He never saw a case of tuberculosis transmitted by these men to their wives, children, or other relatives, although the crowded condition in which these peasants live is well known. Hueepe said: "The presence of Koch's bacilli is not enough to produce tuberculosis," and Vergely expressed the same idea more tersely: "The soil is everything, the microbe nothing."—*New York Medical Journal.*

POISONING BY OIL OF WINTERGREEN.

By B. Pillsbury, M. D., Middletown, N. Y.

I report this case since I find, among such records as I have examined, but one case of poisoning by oil of wintergreen, that one ending in recovery. Gilbert G—, a middle-aged farmer, took by mistake for whiskey two ounces of oil of wintergreen at 4 P. M. He went about his work, but in two hours began to have a copious diarrhœa, which continued constantly until his death. His daughter, with rare good judgment, gave him mustard as an emetic, the whites of a dozen raw eggs, milk, and very little water. It was not till near 9 P. M. that a doctor arrived. He found the patient sweating prodigiously, feeling as if on fire inside; pulse 100, not intermittent; the skin was aflame. On the following day the skin was still intensely red, and the victim was harassed by a terrific itching. In the afternoon the pulse was still non-intermittent, but running as fast as possible. The odor of oil of wintergreen was perceptible in the fecal evacuations. Death occurred from exhaustion forty-one hours after the wintergreen was taken.—*Medical Record.*

A PROVING OF EPIPHEGUS VIRGINIANA.

By N. M. Wood, M. D., Charleston, Mass.

(From Proceedings of Mass. Hom. Med. Society, 1899.)

I have made three provings of this remedy upon myself, with a view to ascertaining if it was a true similitum that we were using. I knew from past experience with drugs that a large

dose would be necessary before I could hope for the best results, hence my first two attempts were not so satisfactory as the third.

The first time I took one-half ounce of the tincture in teaspoonful doses, about half an hour apart. Each dose was diluted with about a tablespoonful of water.

Immediately after the drug was swallowed I felt slightly nauseated, and this was especially noticeable, when the drug was taken without much water. This passed off in a short time, without any desire to vomit. After I had taken the whole half ounce there came over me a decided sense of stimulation, which later became a true sense of nervousness, amounting to an inability to concentrate my mind upon anything without considerable effort, and with a desire to get out of doors. At this time I began to feel a slight pressing pain in the right parietal region, which lasted about an hour and disappeared. My proving had not given me a true headache, and I resolved to try again.

Two days later I took an ounce in divided doses as before, with no further result except that all of the above symptoms were intensified.

The third trial I took one and one-half ounces between 3 and 6:30 P. M. All of the symptoms experienced during my two previous attempts returned, and about 5 o'clock a headache commenced in the right parietal region, pressive in character as if a hand was pressing downward in this region. The area of pain gradually extended, became much more severe in character, until the whole right side of my head was involved, the pain being worst just above the right eye, and extending backward into the head. There was also a particularly painful spot low down in the occiput. The pain soon passed over to the other side of the forehead where I felt occasional shootings from before backwards. There was a constant pressive pain with every now and then, a shoot, always from the forehead, backward. The whole head was involved, but it was decidedly worse on the right side during the whole course of the proving. During all this time I had a strong sense of nervousness and confusion, the latter being especially well marked upon closing the eyes. While the headache was at its height I felt occasional severe twinges of pain, shooting in character, just beneath the right eye, which seemed to involve the supra orbital nerve; there was also pain and tenderness upon pressure here.

The pain continued up to the time I retired at 10 P. M., but

was gone when I awoke at 7. My head now felt somewhat heavy and dull, but otherwise I felt as usual until about 11 A. M. At about this time I was taken with quite severe crampy pains in the abdomen, which continued for about fifteen minutes or so, when I had a large, yellowish diarrhoea movement containing a large quantity of bile, accompanied by a good deal of tenesmus, which soon passed away after it.

It seems to me that we have here a remedy that will prove to be of great benefit to us in the treatment of many of the headaches that occur in nervous women due to nerve tire, or fatigue from whatever cause.

A more extended proving upon many persons with a careful tabulation of the results, may reveal other important spheres of action, among which I think the liver will be found affected to a not inconsiderable degree.

OBSERVATIONS IN APPENDICITIS.

I have treated twenty-eight cases of appendicitis. Twenty-four recovered under medical treatment, four were operated on. Two of those operated on died. Seven cases occurred in young and adult women, eight cases in boys and girls under fourteen years and the balance in young and adult men. The ages ranged from five to thirty-five years.

The list of remedies used is not large. *Belladonna*, *Bryonia*, *Dioscorea*, *Hepar sulph.*, *Mercurius*, and *Phytolacca* comprise the list. Locally turpentine stupes or lard and turpentine, and later in cases where there is slow absorption of the exudate ichthyol twenty per cent. in oil or glycerine has been used to advantage. When the bowels were found impacted rectal enemas of water or water and glycerine carried high into bowels by means of the rectal tube or catheter were used. Oil, either castor oil or olive generally, with a few drops of turpentine, was used in some cases to remove fecal accumulations from the intestinal tract. The opium treatment I have never used, and the statement of eminent surgeons that opium in abdominal diseases were operations are required increases the mortality from two to six times, convinces me that it should never be used except to ease the pains of dissolution. It has been impossible for me to follow all the cases, but to my knowledge seven were recurrent. One young man had four attacks, the first being most severe, and

had finally consented to an operation, but, as the time lengthened bringing no return of the trouble, he changed his mind, and has now gone four years without an attack and considers himself well.

A young lady had a second attack, six months after the primary one. It has now been five years since the second attack. She has since married and has two children, but no return of the trouble. The second attack was a severe one. The temperature ranged from 102° to 104.5° for one week; pulse from 90 to 110; the tumor was large and well defined. There was no abatement of symptoms until after the fifth day.

The remainder of the twenty-four cases not operated on were of all degrees of severity short of that requiring operation, and I am willing to confess that the rules, laid down in most text-books, were not always adhered to. In several instances improvements did not occur until the fourth or fifth day, and in a few later than that. Tumor, considered by most authors and surgeons, an indication for operation, was present in more than half of the cases; and my experience in appendicitis leads me to believe that a tumor in appendicitis is no more an indication for operation than a swollen tonsil is an indication for the use of the lance or the tonsilotome. I recall an instance in our city where the attending physician, basing his opinion on a tumor and possibly a fat pocket-book, pronounced for operation. A surgeon from a neighboring city was called in consultation, confirmed the diagnosis, concurred in the prognosis, and set the following day for operation. In the meantime the patient and nurse concluded to try the virtue of enemas, and when the surgeon returned to operate the tumor had disappeared, and no operation was made. However, it is not meant for you to infer that I regard all tumors in appendicitis of this character.—*Dr. Nathan Starr, in the Clinique, July.*

“PLEASE permit me to say most emphatically that, in my opinion, no one should think of entering a specialty of any kind in medicine or surgery who has not been in general practice for five or ten years, preferably the latter. Again, the term specialist naturally implies authority, and certainly no one can be an authority on any subject surgical who has not given that subject long and careful study, and has had abundant opportunity to profit by clinical instruction.—*Mathews.*”

BOOK NOTICES.

Clinical Examination of the Urine and Urinary Diagnosis.

A Clinical Guide for the Use of Practitioners and Students of Medicine and Surgery. By J. Bergen Ogden, M. D., Instructor in Chemistry, Harvard University Medical School, etc. Illustrated. 416 pages. \$3.00. Philadelphia: W. B. Saunders. 1900.

The Preface opens: "The design of this book is to present in as concise a manner as possible the chemistry of the urine and its relations to physiologic processes; the most approved working methods, both qualitative and quantitative; the diagnosis of disease and disturbance of the kidneys and urinary passages." The design is admirably carried out and when one has mastered the book what he does not know about urinary matters is not worth knowing—saving the *simillimum*, the crowning glory of the physician.

A Manual of Personal Hygiene. Edited by Walter L. Pyle, A. M., M. D. Illustrated. 344 pages. Cloth, \$1.50. Philadelphia: W. B. Saunders. 1900.

In the preparation of this excellent manual Dr. Pyle has had the assistance of six other specialists and the result is a book that can be commended to the public. In the words of the author, the book aims at being an "exposition of proper living upon a physiologic basis."

Atlas and Epitome of Gynecology. By Dr. Oscar Schaeffer, Privatdocent of Obstetrics and Gynecology in the University of Heidelberg. Authorized translation from the second revised and enlarged German edition. Edited by Richard C. Norris, A. M., M. D. With 207 colored illustrations on 90 plates, and 62 illustrations in the text. 271 pages. Cloth, \$3.50. Philadelphia: W. B. Saunders. 1900.

Atlas and Epitome of Diseases Caused by Accidents. By Dr. Ed. Golebiewski, of Berlin. Authorized translation from

the German, with editorial notes and additions, by Pierce Barley, M. D. With 40 colored plates, and 143 illustrations in black. 549 pages. Cloth, \$4.00. Philadelphia: W. B. Saunders. 1900.

These are the two latest additions to Mr. Saunders' famous Atlas Series, famous for their illustrations. The two latest fully keep up the reputation established by their predecessors.

A Dictionary of Medicine and the Allied Sciences. Comprising the pronunciation, derivation and full explanation of medical, pharmaceutical, dental and veterinary terms; together with much collateral descriptive matter, numerous tables, etc. By Alexander Duane, M. D., Assistant Surgeon to the New York Ophthalmic and Aural Institute; reviser of medical terms for Webster's International Dictionary. New third edition. In one large square octavo volume of 656 pages, with 8 full-page colored plates. Cloth, \$3.00, *net*; full flexible leather, \$4.00, *net*. Lea Brothers & Co., Philadelphia and New York.

Dr. Duane's accurate and comprehensive scholarship has brought his "Dictionary of Medicine" to a third edition. The completeness of its revision indicates the immense advances which have taken place in the circle of sciences constituting modern medicine. He has broadened his book so that it now includes pharmacy, dentistry and veterinary science, a most useful combination, since the student or practitioner of each will inevitably have occasion to need information on all the others as well as on his own specialty. The vocabulary is of course selected, and rare judgment has been exhibited in this difficult duty. Obsolete and useless words are ruled out and likewise such terms as are found only in dictionaries. This reduces practical medical terminology to such limits that it can be handled by Dr. Duane's masterly system within convenient space. He deals sufficiently with every word which the student or practitioner is likely to meet, giving its pronunciation by a simple system, its derivation, on account of the broad grasp thus conveyed, and its full definition. This last element is the crucial test of any dictionary, as it requires a master hand. Dr. Duane shows the rare power of explaining a term clearly, with neither too many words nor too few.

“*Christ Among the Cattle*” is the title of a sermon preached in the First Congregational Church, Portland, Oregon, by Frederic Rowland Marvin, covering 41 pages of laid paper, deckle edge, gilt top and cloth binding. The subject is cruelty to animals and incidentally some severe arraignments of the vivisectors.

THE Bœnninghausen Club of Boston have issued a very neat little 29 page, covered pamphlet under the title “Homœopathy; a Pamphlet for the People.” It is well written and if circulated will do much good for the great cause. The summary at the end is especially good.

MESSRS. BOERICKE & TAFEL have in press a work by Dr. Charles Sinclaire Elliott under the title *Electro-Therapeutics and X-Rays*.

It will run somewheres about 350 pages and promises to be the standard work on the subject. It is a well written, clear yet concise work, just what many physicians want. It will be off press in about a month or six weeks.

Another work that is nearly off press is a translation of Bœnninghausen’s *Repertory of the Anti-psorics*, a famous work among the early homœopaths that, we believe, has never before been translated. This book will add another fine old homœopathic classic to the list published by this house. These old books give one a true knowledge of pristine Homœopathy and if there is anything better in medicine it has not yet been discovered. The translation is by Dr. C. M. Boger.

NEW, OLD AND FORGOTTEN REMEDIES par le Dr. Anshutz, 380 p. chez Boericke et Tafel, à Philadelphie.

Un excellent ouvrage destiné à compléter avantageusement la bibliothèque du médecin homœopathe. L’auteur s’est donné la tâche de rassembler une foule d’observations et de documents éparpillés dans les journaux médicaux de toutes les écoles. Il n’étudie pas moins de 90 remèdes nouveaux ou oubliés comme le dit le titre. Nous citons à dessein ceux qui nous sont le mieux connus par les extraits de notre journal: *Blatta or.*, dont on dit merveille dans l’Asthme; *Fagus sylvaticus*, *Origanum majorand*,

si efficace dans l'onanisme; *Salvia officinalis*, *Stigmata maidis*, *Thallium*, *Viscum Album*, etc.

L'ouvrage est complété par deux index alphabétiques pour les médicaments et pour les maladies.—Dr. Lardinois. *Journal Belge d' Homœopathie*.

“AND let it be spoken, printed, and known to all mankind, especially homœopaths: I have made more money, directly and indirectly, out of Jahr's *Forty Years' Practice* than out of the rest of my library taken together.”—A. Biel, M. D., in *Am. Hom.*, July 16.

AT any rate the way for the homœopathic profession to have good text-books is for them to buy those already published. We as a school are still in the minority, and a homœopathic author has little encouragement to write a book if his homœopathic confreres will not buy it. It takes time and money to write and publish a good book on any department of practice. If our text-books are inferior to those of the old school it is because we do not buy what we have. In any department of medicine where therapeutics is at all considered, a homœopathic work is necessary for a homœopathic practitioner. *He cannot do the best work without it!*

Just in proportion, too, that homœopathic publishing houses are patronized, just in that proportion will be their ability to do the best work.

There is another reason why not only homœopathic colleges but the whole homœopathic profession should be very particular to buy and use homœopathic works. We believe *similia* provides the best system of therapeutics. When we follow it we do our best work, the whole profession, also the people in general, seeing our good work at the bedside, come to accept Homœopathy.

There has been a good deal said about the various schools of practice coming together. We are willing, but we want such an union to come in the right way! For the sake of humanity we want all physicians to adopt that system of practice which has the best success at the bedside. We could not desire less and be worthy of our noble calling. And that “best success,” we feel assured, is secured through Homœopathy.—*Dr. W. A. Burr in Critique*.

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E. P. ANSHUTZ, P. O. Box 921, Philadelphia, Pa.

“GETTOUSING” HOMŒOPATHIC NOSODES.

Dr. E. Petrie Hoyle sends us the following clipping from the *Daily Mail*, of London. Dr. J. C. Burnett, of London town, could give these gentlemen a good many excellent pointers on the subject; many of his books are full of them. Here is the clipping:

NEW PLAGUE DISCOVERY.

SWALLOWING INSTEAD OF INJECT-
ING THE PROPHYLACTIC.

(From Our Own Correspondent.)

SYDNEY, Wednesday, July 18.

Sydney has been declared a clean port as far as the plague is concerned.

Dr. Macdonald, of Adelaide, who has had a wide experience in the East of bubonic plague, claims to have made an important discovery.

He states that if the prophylactic against the plague be swallowed the result is as efficacious in preventing the disease as if it had been hypodermically injected, with this additional advantage, that the fever that follows injection does not ensue after swallowing the preventative.

After making several experiments on animals Dr. Macdonald and a colleague swallowed a quantity of the prophylactic, with the result that they put their bodies into such a splendid condition that the plague bacilla had no effect on them.

AMERICAN ETHNOLOGY AND ARCHÆOLOGY.

Editor HOMŒOPATHIC RECORDER.

The Pan-American Exposition has seen fit to entrust the care of the Department of Ethnology and Archæology to a practicing physician. I should be very glad if you would allow me to reach your readers with the following request for assistance:

Many members of the medical profession are interested in the study of American Ethnology and Archæology, and not a few have valuable collections of Indian relics and skeletons from Indian graves. Those not directly interested in this study are so circumstanced as to be aware of the hobbies of their neighbors and could doubtless furnish the address of collectors. I should be greatly obliged for information and for the loan of collections for the use of this department of the Exposition. Exhibits which represent study in some special line of American Ethnology and Archæology will be particularly suitable.

Very truly yours,

A. L. BENEDICT, M. D.,
Supt. of Ethnology and Archæology.

REQUIREMENTS FOR THE PRACTICE OF MEDICINE IN NEW JERSEY.

At a regular meeting of the State Board of Medical Examiners held at Newark, N. J., this day, the following resolution was adopted :

RESOLVED, that this Board will endorse the licenses of any State Board of Medical Examiners in the United States, in lieu of an examination, provided,

First, that the candidate for endorsement shall present satisfactory evidence of having the academic and medical education required by this Board, and

Second, that the license presented for endorsement shall have been issued after a State examination of the same grade and kind as that required by this Board.

E. L. B. GODFREY, M. D.,
Secretary.

It would be well for all Examining Boards to endorse each other's examination, would remove much prejudice against these bodies.

MISSOURI VALLEY HOMŒOPATHIC MEDICAL ASSOCIATION.

The regular annual meeting of the Missouri Valley Homœopathic Medical Association will be held in Kansas City, Mo., October 2d, 3d and 4th.

As the various bureaux are well under way, and many interesting papers are promised by well qualified gentlemen, it is expected this will be a very profitable and agreeable session.

The Missouri Valley Association is an all alive society, and counts among its members men well known in the great interior.

This "End of the Century Meeting" will doubtless rank well with the former very interesting gatherings of the medical men of the middle west. (Dr. H. H. Westover, St. Joseph, Mo., is Secretary.)

OBITUARY.

Dr. Delancey H. Barclay.

Dr. Delancey H. Barclay, 46 years old, died Monday night at Dr. Irving Miller's sanatorium, 1732 St. Paul street, where he had been under treatment for about three weeks. On June 21 he became ill and was operated on by Dr. Miller two days later for stone in the kidney. This operation was successful, but a few days later an embolism of the right femoral artery occurred, which was the indirect cause of his death nine days later.

Born in Baltimore, a son of the later Walter Channing and Grace Douglas Barclay, Dr. Barclay was educated in schools in the North. In 1876 he was graduated from the New York Homœopathic Medical College, after which he commenced practicing in South Baltimore. About four years ago he removed to his late residence, 220 West Monument street, continuing his large practice in all sections of the city. He had been in poor health for the past three years, but continued his practice, which included the position of consulting physician at Dr. Miller's sanatorium and as a specialist in diseases of the stomach.

Dr. Barclay was a member of the Maryland Homœopathic Association and of the Maryland Historical Society. He leaves a widow, who was Miss Sophie Saulsbury, of Baltimore, and two little daughters, Grace Douglas and Louise.

GONORRHŒA.

The seriousness of this disease was dwelt upon by Dr. Orren B. Saunders, Boston. Here is a bit from it:

“It has been considered in the past years that gonorrhœa amounted to but little and could be easily cured, and medical men were loath to devote much time to the study of gonorrhœa or its consequences, almost considered it as being beneath the dignity of their reputation, and if a man did devote any spare thought or attention to this malady, he would be known by the familiar sobriquet ‘Clap Doctor.’ The reason, that a large percentage of women become gonorrhœaic after marriage is because the majority of men become gonorrhœaic usually before marriage, and a large percentage of these remain in an uncured or latent stage for a long time. In addition to this, we consider the importance of this question, as we read the statement that Noggerath thinks 70 per cent., while Sunger conservatively places it at $\frac{1}{8}$ of all the diseases of women which the gynæcologist is called upon to treat are caused by the sequellæ or unsuspected latent gonorrhœa of the man.”—*Mass. Trans.*, 1899.

WROTE Dr. John Mason Good nearly a century ago: “It is one part of science, and not the least important, though the lowest and most elementary, to become duly acquainted with the nature and extent of our ignorance upon whatever subject we propose to investigate; and it is probably for want of a proper attention to this branch of study that we meet with so many crude and confident theories upon questions that the utmost wit or wisdom of man is utterly incapable of elucidating.”—*Book of Nature*, Vol. III.

Canny Dr. Good! Have you realized how poor, indeed, we should find ourselves if we were to diligently pursue that “branch of study?” A little Klebs-Loeffler bacillus on a slide, yet can the man peering through the tube tell whence it cometh or whither it goeth?

LOOKING through an old volume of the *Homœopathic Examiner*, 1847, the other day we came across a translation of a proving of twenty-six persons, of *Thuja*, conducted by Dr. Carl

Mayrhofer. The proving reads like one of our latter-day provings with this exception, namely, the frequency of taking the remedy. On November 12 Dr. Boehm "took five grains" of the *Thuja* preparation. None on 13. Ten grains on the 14th. No more until the 18th, then on the 24th and again on December 1st, and so on. Some of the provers took their dose daily, but the majority seem to have allowed a day or so between doses. Whether this is a better way than to take it every two or three hours is an open question.

"It may be interesting to those who believe in the use of antitoxin as a cure for diphtheria to know that Charles Floyd McClure, of Milwaukee, was taken sick with the disease on Tuesday evening and died the next day (Wednesday), after an injection of serum, in convulsions. Yes, brethren, there are some things we do not understand in this world, and this serum business is one of them."—*Medical Visitor*, June, 1900.

AN OLD-TIME VIEW OF THE PREVENTION OF SMALL-POX.—*Janus* for July 15th cites the following on the authority of the *Centre Medical*: The parish registers of Vic-de-Chassenay contain the following extract about the prophylactic treatment of small-pox: "22 October, 1778: Several doctors have stated that midwives should take the precaution of squeezing the umbilical cord between their fingers before they tie it. This empties it of the blood which would otherwise remain between the ligature and the navel where it would purify and then being returned to the blood vessels carries thither the small-pox germ. They assert that by this means one would always be free from small-pox. I have therefore advised the midwife to adopt this practice and she has promised to do so. Frances Hélot is the first to be submitted to the test, and I have thought it right to note this event in the registers for future reference if it should be necessary. Signed Champagne, Curé."—*New York Medical Journal*.

CORRUPT MEDICINE.

(Editorial in *Medical Brief*, Aug.)

Everything grows by what it feeds on. A corrupt philosophy and a perverted practice are sure to terminate in cruelty and wrong.

The illogical theory of bacterial pathology was followed by a vigorous attempt to introduce animal serums, glandular extracts and similar nasty products as therapeutic agents.

Men can not handle pitch without being defiled, nor dally with false ideas, entertain monstrous conceptions, without being more or less influenced in their daily walk thereby.

The bacterial theory of disease and animal therapy have led, naturally and inevitably, to cruel and inhuman practices. On the continent of Europe, where abnormal development of intellect seems to have crashed out heart and made callous monsters of men, scientific curiosity has come to be the dominating trait in many who profess to be physicians. This curiosity, combined with the degenerate nature of their beliefs, has led to the perpetration of horrors which make one's flesh creep to think of.

Patients are unwittingly injected with disease products. Women, who have just passed through the agonies of childbirth, and whose systems are peculiarly susceptible to blood-poisoning, have germ cultures taken from the blood of erysipelatos patients introduced into their veins. Even new-born babes can not escape the dangers of experimentation with the virus of infectious diseases. The blood serum of syphilitics is injected into healthy children on the plea of immunization.

If fanaticism, and the monstrous conceptions of disease and its treatment emanating from Continental Europe, be allowed full sway, none of us will be safe. It has been gravely proposed, more than once, right here in free America, to make circumcision, and even the removal of the appendix, a compulsory fashion. Our soldiers are to be inoculated with typhoid and yellow fever virus, our children with nasty horse serum. This practice will grow and spread, under the fostering influence of health boards, unless a vigorous professional and public sentiment is arrayed against it.

Health, lives and liberty may be sacrificed to the Juggernaut of perverted science and corrupt medicine.

Now, patients must trust their doctors. Ignorance and dependence are the natural wards of knowledge and ability. The physician is, in honor, bound to do the best he can for those in his hands. To fulfill this trust to the uttermost, he must keep his mind sane, his hands clean, his heart human and his conscience tender. These conditions are impossible to the doctor who believes that germs are causes rather than results of disease; that animal serums, depraved by a process of blood-poisoning, can cure or prevent disease.

Such beliefs are pessimistic, nihilistic, corrupting and degenerative in their influences and methods. They are part and parcel of the gross materialism and superstition of Continental Europe. They ignore entirely the workings of natural law which underlie man's condition and welfare, as well as that of his environment. It is the understanding and utilization of these laws which has made the Anglo-Saxon so much the superior of the Continental European, not only in medicine, but in every other walk of life.

Let the American medical profession retain its enviable superiority by firmly setting its face against the incursion of the monstrous ideas and practices which have corrupted Continental medicine.

PERSONALS.

"Suicide by compulsion" is the polite Chinese way of putting it.

"The last teeth that come," truthfully replied the young medic, "are false teeth."

"The nose," a wise man remarked, "is the scenter of man."

"How to get rich" is always written by one who is not rich. The rich aren't giving away snaps.

"How to preserve the hair" is a favorite topic of those who haven't succeeded in doing so.

"Health hints" come chiefly from dyspeptics.

Warnings against "rum" are from those who never even had a mild jag-on.

How to take care of the baby? Probably had one, possibly none; in a big family baby largely looks out for himself and yells when he wants things.

Legal advice? Here you must come down with the dust.

And now the "band wagon" fellows say that quarantine must be established "against anopheles," *i. e.*, mosquitoes.

When a printer is "out of sorts" he goes to the type-founder.

WANTED. Homœopathic physician to take charge of practice for nine months, beginning 1st or 15th of September. Liberal terms. Address L. W. Dean, M. D., Waterville, N. Y.

The base ball reporter calls rain sky-juice.

If Health Boards will stop the pollution of our rivers all will be forgiven.

The *N. Y. Medical Times* warns us to "beware of the dry microbe."

Evolution of countless generations has failed to impress the fly with the fact that he cannot fly through a pane of glass.

Lord Roberts, the great English commander, is a homœopath.

Don't always tell the truth—for instance, when you think your wife's new bonnet unbecoming. Dodge then.

Yes, dear, when Ivanhoe had the colic he had it in the middle of the knight.

"Men's shirt waists" in other days were known as "in your shirt sleeves;" Mr. Grundy is very much exercised over the question.

"Septicidin" is a "serum," for swine. Now, look out for steep places and a rush!

When it comes to bulletins the China War beats all records.

Woldert says when you can see "the karyokinetic figures of the leucocytes, and the vacuoles" in the red corpuscles, then you can safely diagnose malaria.

Straw hats are beginning to take on an autumnal tinge.

Subscribe for the HOMŒOPATHIC RECORDER, it will be a dollar well spent.

Send us your papers for publication. The journal goes "from Greenland's icy mountains to India's coral strand" and you address a big constituency.

New, Old and Forgotten Remedies has proved to be a very successful book and has made a host of friends.

Keep an eye open for Dewey's new book. Its' coming on.



INTERNATIONAL MONUMENT AT HAHNEMANN'S TOMB.

UNVEILED BY THE INTERNATIONAL HOMOEOPATHIC MEDICAL CONGRESS, JULY 21, 1900, IN
PERE LACHAISE CEMEIERY, PARIS, FRANCE.

THE HOMŒOPATHIC RECORDER.

VOL. XV. LANCASTER, PA., SEPTEMBER, 1900.

No. 9

THE INTERNATIONAL MONUMENT TO HAHNEMANN ERECTED IN PERE LACHAISE CEMETERY, PARIS, FRANCE.

Notes by Dr. Bushrod W. James, the American member of the International Commission appointed at the Congress held in London in 1896.

While we, in America, have placed at Washington a magnificent monument to the founder of Homœopathy, the Homœopathic Societies of the world and individual physicians and friends who desired to contribute to this object have completed the restoration of Hahnemann's tomb after removing his remains a few months ago from Montmartre cemetery, and placing them in the old renowned cemetery of Pere Lachaise, in Paris, France.

The commission originally anticipated raising the sum of fifteen thousand francs, by voluntary contributions, toward the object for which they were appointed, but the funds came in in such abundance that very nearly twenty thousand francs were in their hands and they were thereby enabled to adorn the tomb much more elaborately than had been anticipated in the beginning, the space allotted for a tomb in the cemetery, and especially among the tombs of very distinguished personages, being necessarily limited.

This monument was appropriately dedicated, on July twenty-first, by the International Homœopathic Medical Congress, and the speakers appointed by the 1900 Congress and its committee of arrangements.

The occasion passed off with due ceremony and honor to the great founder of the new school of medicine.

The weather was intensely hot during the entire time of the Congress, so that papers were read and discussions held under the most adverse conditions.

The monument will be an enduring one, being cut out of the finest Scotch red granite with imperishable polish.

I have obtained a photograph of the tomb and herewith tender you a half-tone of the same for insertion in the RECORDER.

CONIUM MACULATUM.

By E. R. McIntyer, B. S., M. D., Professor of Neurology in Dunham Medical College and Hospital, Chicago.

Conium is a drug that has been neglected to some extent by the profession, perhaps from a lack of knowledge of its true action and a misconception of its true symptomatology. In reading the different authorities on *Conium*, nothing is more apparent than the contradictory statements found therein. One says delirium appears in a few minutes, while another says the mind remains clear until very late.

Probably the best picture we have of the action of the drug is in cases of accidental poisoning from which we can eliminate the results of imagination. These would seem to show that the lower end of the motor columns of the spinal cord receive the first shock of the drug, from the motor paralysis of the legs, as expressed in "soon afterwards" (after taking the drug) "there was a loss of power in the lower extremities, but *he apparently suffered no pain.*" (Italics mine.) "In walking he staggered like one drunk; at length his limbs refused to support him and he fell. On being raised his legs dragged after him, or when his arms were lifted, they fell like inert masses, and remained immovable; there was perfect paralysis of the upper and lower extremities within two hours after taking the poison. There was loss of power of deglutition, and partial paralysis of sensation, but no convulsions, only slight occasional motions of the left leg; the pupils were fixed. Three hours after eating the hemlock, respiratory movements had ceased. Death took place in three hours and a quarter. It was evidently caused by gradual asphyxia from paralysis of the muscles of respiration, but *the intellect was perfectly clear until shortly before death.*" (Italics mine.) I wish to direct special attention to the condition of the intellect, because the author, after quoting the case, says: "The patient seems to have died of apoplexy." It has been claimed that this drug acts first on the peripheral nerves, but

this is contra-indicated by the absence of sensory symptoms appearing at the same time and in the same area as the motor paralysis.

It seems to me, from all the records I can get, that the drug is a paralyzer of (1) the motor columns of the lower end of the spinal cord, gradually extending up these columns, from which it next attacks (2) the sensory columns, (3) the digestive organs, (4) the glands and blood-vessels, through the vaso-motors, (5) the brain, and (6) the heart. Thus it destroys the function of one organ after another until the life forces are all destroyed. It is fair to infer from the case quoted that the heart did not cease to beat for a quarter of an hour after respiration ceased, for it reads: "Three hours after eating the hemlock, the respiratory movements had ceased. Death took place in three hours and a quarter." Other cases of poisoning go far to support this theory. So if we have a case in which motor paralysis first appeared in some organ or part supplied by nerves given off from the lower end of the spinal cord, and progresses in the order given above, producing sensory, digestive, glandular, circulatory, cerebral, and cardiac symptoms, we have a pretty fair picture of *Conium*.

It is not always necessary, however, that the feet should be paralyzed, or that the symptoms have extended beyond the part first attacked.

A case from practice will illustrate this point, as well as the importance of pure Homœopathy in the treatment of cases that are incurable by any other means. I relate it in full because I look upon it as a very remarkable case, everything considered.

Mr. J. K. Railroad engineer, aged 78. Followed his occupation for more than fifty years until the last two years. Was a Union soldier during the rebellion, and had chronic diarrhœa for three years afterward. His father died at the age of 109, probably from apoplexy, since he said he ate a hearty meal and lay down and died. Mother died at the age of 85. Had thirteen brothers and sisters, all dead but two. Six died under 40 years of age, one of diarrhœa, one of diphtheria, one of Bright's disease, and the cause of the other's death is not known.

Mr. K. came to the clinic for nervous disease in the Dunham Medical College on October 12, 1899. Was always well until six years ago, when he was attacked with inability to retain the urine. He could force the urine out of the bladder at will, but

could not retain it. There was pain in the lumbar region of the spine. He had been treated by all kinds of doctors, from the best in the allopathic school to the so-called homœopath, steadily growing worse. Somebody operated on his bladder, only to make him worse.

There was constant dribbling of urine, his clothes being wet to his shoes, and a strong urinous odor that was constantly with him. On attempting to pass his urine it would start and stop, start and stop again. A little milky substance escaped on attempting voluntary urination. There was absolutely no other symptom.

R. *Conium* 3x, three times a day for a week. He was referred to the surgical clinic for examination for calculus, which was not found, but a stricture was broken up.

October 19. Improving. Urinalysis shows urine normal. R. *Sac. lac.*

November 9. Still improving. R. *Sac. lac.*

November 16. Improvement. R. *Sac. lac.*

November 23. Getting along remarkably well. R. *Sac. lac.*

December 7. Much better generally, but a little trouble with the bladder occasionally. R. *Conium* 1m, one dose.

December 14. Some dribbling of urine, but feels pretty well. R. *Conium* 3x, three times a day for three days.

December 21. Steady improvement. R. *Sac. lac.*

December 28. Holds urine better; appetite better. R. *Sac. lac.*

January 4, 1900. Steady improvement. R. *Sac. lac.*

January 11. Not feeling well, severe lumbago. R. *Nux vomica* 3x, four doses.

January 18. Pain at root of right sciatic nerve, better from rest, worse from motion, bladder still leaking some. R. *Sac. lac.*

January 25. Bladder about the same; back much wore; sciatica gone. R. *Sac. lac.*

February 1. Back better, but bladder a little troublesome; dribbles some. Made a run on the engine since last seen. R. *Conium* 3x.

February 8. Bladder still troublesome; some backache. R. *Sac. lac.*

February 22. No incontinence for a week. R. *Sac. lac.*

March 1. Been running his engine, making nightly trips to Clinton, Iowa. Has a cold; pain in back, better from rest and continued motion, but worse on beginning to move. R. *Rhus tox.* 30.

March 8. No complaint except weakness. Back and bladder giving no trouble. R. *Sac. lac.*

April 12. Had no trouble with bladder. Had grip, which left him very weak. A cough and tightness across the chest, spits up white mucus, cough aggravated by cold air; hoarseness, cannot speak above a whisper at times. R. *Phos. 6x*, four times a day for three days.

April 19. Feels weak, oppression of chest, but not so bad as last week. R. *Sac. lac.*

May 3. Feels stronger and better, bladder bothers a little, leakage about gone. Has to hurry to pass urine when the desire appears. R. *Sac. lac.*

May 10. Feels stronger; general improvement. R. *Sac. lac.*

Since the last date he has reported steady improvement almost every week, and received placebo. He looks fifteen years younger than when first seen, and walks several miles daily. He is, as he expresses it, "a well man."

I have said that *Conium* acts first on the motor columns of the spinal cord. This case is a fine illustration of this, since the history of the jolting on a locomotive for years could only lead us to look to the lower end of the cord for the irritant, and the sphincters of the bladder are supplied from the sacral plexus, while the body and fundus are supplied by fibres from the hypogastric or pelvic plexus of the sympathetic. This is an important point to know for other reasons than the application of remedies; since I knew of an expert (?) witness for a street car company who made himself quite ridiculous by testifying in court that if the bladder is affected from an injury to the spine the walls will be paralyzed, rendering it impossible for him to pass his urine. Had he known the above bit of anatomy he could not have been led into that blunder, and his testimony would not have lost its power before the jury.

92 State street.

A WORD ON PHYSIOLOGICAL TONICUM.

By Willard H. Morse, M. D.

Anæmia is a symptom of disease that we find in all classes and conditions of the human race, in every clime and nation, in childhood, youth and old age.

To be proper, the name is plural. There are three varieties of anæmia, viz.:

(1.) *Simple anæmia*, where both the hemoglobin and the corpuscles are diminished.

(2.) *Chlorosis*, where the hemoglobin is diminished, and the corpuscles normal.

(3.) *Chlorotic anæmia*, where the hemoglobin is increased, and the number of corpuscles diminished.

The causes of these anæmias are various, and include pathological discharges, hæmorrhages, albuminuria, sexual excesses, diabetes, dyspepsia, fevers, infectious diseases, malaria, etc. The list is long and varied, and made up of whatever interferes with the normal blood supply, whatever poisons the blood, increased expenditure of the unoxylized materials, and whatever depresses the specific gravity.

The specific gravity may fall from 1,059 to as low as 1,030. The mass of blood may diminish on account of inanition. The density may increase because of a slowing of the circulation.

An anæmia is the sneak thief of all diseases. It gradually creeps through the system to weaken and debilitate, leaving vital energy more or less diminished; every organ more or less functionally impaired, and all of the tissues in degeneration.

The post mortem examination is a revelation indeed. Here is the *liver*, enlarged, changed in consistency, and with the cells in a condition of fatty or waxy degeneration. Here is the *heart*, in fatty degeneration. Here are the *kidneys*, always betraying a state of diffuse nephritis.

These organic derangements and functional delinquencies are invariable, whatever the classification. Formerly they were considered as merely incidental, and indeed at the present time that is the inclination of medical science. The disposition has been to "treat the blood" directly. Undoubtedly, and beyond all question, this has proven a successful method in simple anæmia. But where there is chlorosis, or a chlorotic element, the "blood treatment" must combine with that which is distinctly alterative.

There comes up the consideration of nourishing and readily digestible food, of regulated exercise, of internal antisepsis. These are corollary, rather than auxiliary. To these it has been the custom to add the good old therapeusis of iron.

This is good treatment, fair treatment; but modern medical science demands more. It became necessary to adopt a measure

that would *feed the blood*, and at the same time have an *alterative influence*. This therapeutic effect, with no disadvantages, is obtained by HENSEL'S PHYSIOLOGICAL TONICUM, which is altogether unique.

This preparation is, first of all, neutral in action, agreeable to the taste. It passes immediately through the alimentary ducts and is at once taken up by the blood. Thus, it is not a burden to the stomach to disturb digestion on the contrary, in a week's time it has as manifest a restorative influence on the digestion as it has on the circulation. Thus, *it feeds the tissues as it feeds the blood*. The blood feeding is a direct production of red corpuscles, with an infusion of the same elements into the tissues. This occurring, and occurring so readily, the true alterative effect is strikingly manifest. Liver, kidneys and heart act normally, to normal tissues, with normal blood.

The effect is peculiar. Other topics produce an improved condition of the blood more or less directly. This preparation has a like action, but is still more active in accomplishing a similar purpose indirectly, and as a consequence of influence on the organs named. Of necessity it acts on the composition of the vital fluid itself, but the action keeps its pace by reason of the alterative effect.

The clinical proof is abundant. In place of a detailed report of 57 cases had under observation, we present the following average of results, the cases including the three classes of anæmia:

Before the use of the remedy, the blood contained in 1,000 parts, 871.50 of water, 128.50 of solid constituents, the hematin being 1.40.

After the use of the remedy, there were in 1,000 parts, 806.50 of water, and 193.50 of solid constituents, with hematin, 4.598.

This may well be described as "something surprising." The change in the composition of the blood shows that the solid constituents are increased *above fifty per cent.*, and the hematin augmented *nearly to 225 per cent.*

Consider these figures, and it cannot but be that the change in health is manifest. The preparation is rightly named. It is a *physiological tonic*, a tonic of the entire economy, always satisfying, and always satisfactory, no matter what the disorder.

Consequently, the therapeutical application may be summar-

ized in the statement that in EVERY DISEASE in which ANÆMIA is a SYMPTOM, it is promptly beneficial.

This cannot be said of the ordinary remedies for anæmias.

Being said emphatically of PHYSIOLOGICAL TONICUM, it is the height of sincere praise.

DYSENTERIC DIARRHŒA—MAGNESIA PHOS.

By J. DeW. C.

I left Richmond, Va., on night of Tuesday, 31st July, last for Asheville, N. C., a purely business trip. When leaving, I had a disagreeable "touch" of dysentery, but thought it would wear off—it did not; visits to W. C. were frequent and *urgent*, and the "result" by no means commensurate with the urgency. At Asheville I found I had to go to Murphy, N. C., 125 miles farther by rail; Wednesday night, by this time, and the trouble unabated, so much so that in hotel I literally had no time to attempt reaching the "garden house" of the natives, but used the room accommodations, much to my disgust. Next day, Thursday, I had to drive about 15 miles over exceedingly rough mountain roads, and was obliged, more than once, to stop the vehicle, the particular features being urgency, urgency, urgency and watery discharge, and surprisingly slight results of a yellowish green. In this very troublesome way things went on until I reached Richmond again, Saturday A. M., and determined to visit the farm and rest a day or two; but there the trouble did not cease, nor much change character; in fact, the urgency was so great I felt compelled to use my night shirt as a "tampon," but the sphincter was so completely demoralized I had a copious "exhibit" of the consistence of freshly-made mortar; on reaching the earth closet I found myself so hopelessly "entangled" that I was compelled to cut off the entire tail of the night shirt, as I sat in the dark (10 P. M.) on the seat, and cut my thigh in so doing! I reached R. again Monday P. M., and at once set about investigation and "consultation." In some late issue of RECORDER I think I saw mention of *Magnesia phos.*, as used in a similar case, and Boericke & Dewey's Schüssler confirmed the impression, so during that P. M. I took three small doses (as much of 6x B. & T. as would lie on a dime, divided into the aforesaid then)—and up-to-date 20th ——. I may say I have not had the least recurrence of the very annoying experince.

Richmond, Va., 20th August, 1900, 6 a. m.

VOMITING OF PREGNANCY.

By B. B. Chahravarti, Hom. Prac.

On the morning of the 25th April last I was called to attend on a lady, wife of a rich hide merchant of this city, who was greatly suffering from vomiting. It had been the early part of her pregnancy, and the following symptoms were present:

Obstinate vomiting of food, bile or sour substances, giving rise to severe headache, vertigo, with a sensation as if the brain were in motion; loss of appetite; frequent attacks of fainting; drowsiness all the time, worse especially during meals; dull aching and uneasy feeling in the stomach; tongue thickly coated, sour taste; nausea generally in the morning with retching; water brash of sour fluid; burning pain in the mammæ. Constipation with ineffectual desire to pass out stool; flatulent colic at night; palpitation of heart with great nervous exhaustion.

Before my calling the lady had consulted another homœopathic physician and had even taken his medicines to some extent. Understanding full well that the gentleman must at least had given some of our best tried remedies for the complaint, I looked for a new remedy in our vast emporium of drugs and was struck by the notes given by Dr. Dyce Brown*, in which series of cases of distressing vomiting cured promptly with Apomorphia, in the third dilution, are mentioned. So I at once prescribed Apomorphia 3x, one drop a dose, to be taken every 3 hours.

In the evening I again called on the patient and was informed that the vomiting had altogether ceased with the amelioration of the other symptoms. I ordered the medicine to be taken once only during the night and took my leave.

Early on the following morning I was notified by a messenger that the lady was keeping well and my attendance was no longer required.

Calcutta, India, July 19, 1900.

* As also mentioned by Dr. Hughes in page 724, of his Manual of Pharmacodynamics.

AN APIUM VIRUS CASE.

By Dr. Carl Graeb.

I have had some most gratifying results with *Opium virus* in a case of chronic broncho-pneumonia in a three-year-old girl of seven months' standing, and complicated with a bi-daily intermittent fever of overwhelming severity, to which neither quinine or methylene blue, etc., were of any avail. There has been no fever since the 2d or 3d day of Apium Virus, and the child turned to eat and get fat.

I have two more cases on trial. One of consumption (Phthisis; *i. e.*, after pneumomia), and one of children's palsies (cerebral hemorrhages), in both of which I expect a good result.

New York.

CHIPS FROM THE TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA. THIRTY-FIFTH SESSION.

The Transactions make a goodly volume of 476 pages, very well printed with clear, legible type. Here are a few selections, of more or less general interest, picked from the wealth of the book:

Potentized Medicines in Septic and Other Conditions.

Dr. Malcolm Macfarlan, Philadelphia, in his paper under above title, concludes as follows, showing the great advantage the surgeon with a knowledge of Homœopathy possesses over his brethren without that knowledge:

“The homœopath has a very great advantage over the practitioner of the prevailing school, because, in addition to anti-septic precautions, he can treat the patient from within; he can control grave and otherwise fatal systematic conditions by internal remedies. His rival does the best he can—but only from the outside. When he attempts to administer medicines he is largely in the dark, and being without a guiding principle, often gives morphia or a narcotic simply to quiet his patient.”

“The statements as to the superiority of dynamized medicines, like those made of any remedy or procedure, are, after

all, to the student, only assertions until put to the test, and for belief must depend on actual trial with the sick. Fortunately there exists enough testimony to warrant such tests being made by the seeker after truth."

Shock.

Dr. R. C. Pitcairn's (Pittsburg, Pa) paper on the "Treatment of Surgical Shock" called forth considerable discussion. The concluding speaker, Dr. J. H. McClelland, Pittsburgh, summed the matter up well as follows:

"It looks to me, Mr. President, as if everybody was right. To my mind it seems that there is a distinct sphere for each of these methods of treatment. Shock is an exhaustion of the nerve-centres, and there are two ways of remedying that. Will we stimulate that with alcoholic stimulants or with salt water, or will we do as Dr. Hassler says, put them to bed and let the unaided efforts of nature do the rest, or will we give what we know to be an assistance to the organism which has no bad reaction? There is no reason in the world why the homœopathic remedies should not apply here as anywhere. Where there is loss of fluids, supply the fluids. In shock there is seldom that for a cause. As I understand it, surgical shock, as discussed by the paper very carefully, is not caused by loss of fluids. Then, what must you do? You want to restore the organism to its normal activity. Put your patient to bed, and then give what would best assist the organism to recover, which, in my opinion, in a large majority of cases, is the homœopathic remedy. There is no doubt about the sphere of *Camphor*, *Veratrum album* and *Arsenic*—not the slightest. And while I agree with much that my colleague, Dr. Pitcairn, has said (for he has had considerable observation and experience), it is true that we sometimes forget what is the very best means of restoring the effects of shock."

Orificial Surgery.

Dr. W. G. Steele in his paper said of this practice:

"Orificial surgery is not a rival of any system of practice, nor do its followers subject all cases coming under their charge to operative procedures; but in cases that have had good treatment, and, notwithstanding the efforts of their former attendants, do not get well, but seem to be steadily losing ground, so that a life of chronic invalidism or an early death seems to be the

only outlook for them, these are the cases where orificial surgery comes with the helping hand, and by correcting the sources of nerve-waste so improves the condition that the patients bound into health at times almost miraculously, notwithstanding years of former suffering, or are placed in a position where the skillful resources of their attendants meet with responses that were impossible so long as the original irritations continued to sap the vitality of the poor sufferer."

Paralysis of Anus.

Here is Dr. Chandler Weaver's (Philadelphia) paper in full:

Master F. H. W., Jr., a stout, well-nourished lad of eleven; was always soiling his drawers with fæces. His father had punished him, thinking it was carelessness. There had been no loose bowels or any sickness in his case for several years. This condition dated back some six months. At first it happened only occasionally, but finally became a thing of daily occurrence. On examination, when I pulled the buttocks apart, I found what looked like a tube cut-off, being able to see into the rectum. The anus stood open, and the fæces flattened over the buttocks, there being no contraction, voluntary or involuntary. A case of paralysis of anus and lower bowels; no cause could be given. This local condition all to prescribe for; no subjective symptoms could I elicit. (*Phosph.* has paralysis of lower bowels; anus stands open.) *Phosph.* 4th to 30th brought this condition to a close in six weeks, and has not returned so far. Relate this case to show what *even one* defined symptom of a well-proven remedy is capable of doing.

Malaria Curable by Homœopathy.

This is taken from the paper of Dr. Joseph C. Guernsey, Philadelphia:

"I well remember the case of a little boy who had a severe attack of chills and fever. His mother drew my attention to the fact that always, when the chill came on, he would creep into her arms—either from the floor or from the bed or from anywhere he might be—would creep into her arms and make her hug him tight to her breast all through the attack. This symptom, which proved to be a 'keynote,' led to the consideration and administration of *Ignatia*, when a wonderfully prompt and complete cure resulted. I recall another case, that of a young man who had been camping and fishing on the banks of the

Susquehanna. His case proved stubborn, until I learned that he was a 'big feeder' (he ate much and ate often) and had many gastric symptoms. I exhibited *Ipecacuanha* 200, and an immediate cure resulted."

Serum Therapy and Nosodes.

On this topic Dr. Edward Cranch, Erie, concluded his paper as follows:

"The indiscriminate use of all sorts of disease-products as medicines for similar disease-conditions, and for alleged immunization, must sooner or later give way to the only rational, safe and useful course, namely, the potentizing and systematic proving of such poisons, and their employment under the rules of genuine individualizing Homœopathy, just as, to-day, we are using *Psorinum* and *Variolinum*, and are beginning to use *Tuberculinum*, *Pyrogen*, and others. In the language of the Apostle Paul, 'Prove all things, hold fast that which is good.'"

Cyclamen—Pulsatilla.

Dr. Aug. Koerndoerfer's (Philadelphia), paper was on these remedies. The following very useful pointers is clipped from it:

"Another interesting thought to which I must call your attention is, that these two remedies afford a most noteworthy exemplification of the importance of Hahnemann's teachings in regard to the value of the modalities in the selection of the curative agent. A few comparisons of modalities governing each may prove both interesting and instructive. It has already been remarked that Cyclamen is characterized by great thirst, whereas Pulsatilla is thirstless. Cyclamen manifests predominantly 'dread of fresh air,' 'feels better in a room,' and 'when sitting.' Pulsatilla, on the contrary, has 'great desire for fresh air,' 'feels better in the open, cool air,' especially 'when walking slowly.' From these few examples it will be observed that, although the pathogeneses of these two remedies show a remarkable degree of similarity, it is equally true, nevertheless, that the modalities giving type to these symptoms invariably and unmistakably mark a distinction in the therapeutic sphere of each."

Heart Failures.

Dr. S. C. Middleton read a paper on the use of *Aconite* in cases of extremity from which the following is clipped:

"In *Aconite*, therefore, we have often the most satisfactory in-

dications for such a case as we have stated, in its earlier stages, as is shown by the symptoms in the provings; and if the disease progresses, and persists in approaching death, we still have a remedy which, by its more intense action (poisonous provings), is indicated, and still homœopathic.”

“If, now, we compare the action of *Aconite* upon the system in its poisonous effect—an extreme proving—and that of some disease in an extreme case in which heart failure is manifest, we will be confronted with an array of symptoms at once most similar, both pathologically and homœopathically.”

“The numbness and loss of power over a limb or limbs and great muscular debility attest the general tendency to paralysis, which indeed is often present; and dyspnœa, weight about the heart, weak and imperceptible pulse, cold sweat and utterly collapsed condition indicate the gravity of the effect which *Aconite* is capable of producing.”

* * * *

Believing in the indication of the *drug* first, and the preparation next, I have used *Aconite* in dilution and in tincture, and also in a solution of aconitine, ten minims of which were equal to one thirty-sixth of a grain of the alkaloid. This was used in water in intervals as frequently as seemed required by the urgency of the case, and I believe with satisfactory results.

Remedies in Uterine Troubles.

Dr. T. M. Bulick, of Harrisburg, read a paper suggesting a closer study of remedies in uterine diseases, and suggested the following:

Aletris farinosa: This remedy is found useful in women suffering from uterine troubles, with leucorrhœa accompanied by extreme constipation, with great suffering attending evacuation of the bowels, with weak digestion, heavy feeling in the stomach after eating.

Belladonna is indicated in dysmenorrhœa when the following symptoms are present: Congestion, with throbbing spasmodic pains in ovary and uterus, with downward pressure, heat and dryness of vagina and os uteri; spasm of the sphincter muscles, with cerebral excitement, menses too early, and in flooding, the blood is bright-red and hot; suppression of the menses, with rush of blood to the head and throbbing of the temples.

Cimicifuga: In prolapsus uteri with tendency to melancholia,

ovarian neuralgia with shifting pains, rheumatic irritable uterus, dysmenorrhœa when pains are shifting, whenever uterine symptoms are present, with shifting myalgias or neuralgic pains, with or without pain on top and back of the head, think of *Cimicifuga*.

Cal. carb.: Menses too profuse, return too often, excitement causes menses to return, pressing down when standing, profuse leucorrhœa, milk-like with great weakness.

Cal. ostrearum may be used with benefit in delayed menstruation at puberty in girls who are plethoric and suffer from palpitation of the heart, dysmenorrhœa with headache, worse when ascending a hill or going up stairs.

Caulophyllum: In amenorrhœa in nervous hysterical women, continued spasmodic pains of the uterus (here think of *Secale*, which has more continued pain); it may be used in prolapsus uteri, bearing down with great pain (here think of *Viburnum opulus*, which has more continued pain in the back, coming around to the front); it is useful in leucorrhœa in little girls with profuse discharge and very weakening.

Gelsemium: Adapted to hysterical women, in dysmenorrhœa with flow scanty and very painful, vertigo and headache, head feels enlarged with confused feeling in it, sharp pains in the uterus, hips and down the thighs, with bearing-down sensation of the uterus.

Helonias: In amenorrhœa from anemia, with soreness and aching weight in the womb, with tired aching and soreness in the back and legs. All accompanied with general debility.

Hydrastis: In uterine catarrh, endometritis with muco-purulent discharge and great debility, which may be accompanied with weak feeling at the pit of the stomach and palpitation of the heart.

Lachesis acts powerfully upon the uterine organs; it is useful during the climacteric period, with frequent uterine hæmorrhages, hot flushes with burning pains in the vertex and back, fainting spells, hyperæsthesia of the uterine region, with great sensitiveness to pressure, menstruation irregular, scanty, or too profuse, pain with bearing down, relieved by flow of blood; all symptoms relieved by flow; leucorrhœa before menses copious, acrid, and offensive; ovaries tender, especially the left.

Lilium tigrinum: The proverbs of *Lilium* report both prolapsus and retroversion with leucorrhœa, watery, yellowish, and ex-

coriating, with irritation of the vaginal canal, heavy dragging sensation, feels the need of abdominal support much like Sepia, except that in sepia the feeling for support from below the uterus is needed as given when the legs are crossed, irritation of the ovaries with tenderness, pain extending from ilium to ilium.

Sepia: The Sepia patient has mucous congestion of the uterus and ovaries; the uterus is large and displaced, with offensive leucorrhœa, yellowish-green in color, with bearing-down pains in the abdomen and back, a feeling as if everything would be forced out through the vulva; relief from sitting with legs crossed, worse when standing or walking.

I do not pretend to have given all the symptoms in uterine diseases for the use of remedies mentioned, but would ask that a further and closer study be made, likewise of other remedies, as *Kali carb.*, *Lycopod.*, *Nux vom.*, *Pulsatilla*, *Senega*, *Sulphur*, *Viburnum*, etc."

DR. E. G. H. M. AGAIN SAYS "CURANTUR."

Editor of the HOMŒOPATHIC RECORDER.

In vain I have been looking for something (pro. or con.) in the issue of June of your valuable Journal in response to your timely remark on page 238 of the May issue. What you have received for publication of the two contesting parties as regards the proper wording of the motto of the homœopathic school is ably expressed by you in the following: "Hahnemann is claimed as supporting both sides, and when, if ever, this point is definitely settled, that ought to decide; for surely, if Hahnemann positively affirms either spelling, that ought to settle the matter beyond cavil."

While repeating, so to speak, the quintessence of the various papers written in this matter of contest, you certainly do not believe that such is the fact. Hahnemann has never and nowhere supported both sides, for there is a vast difference between the Indicative and the Conjunctive mood, the two moods concerned in the now pending controversy. It is impossible to use either of the two forms indiscriminately for one and the same purpose without transgressing some fixed rule laid down in the Latin grammar. One of the two terminations of the verb connected with our motto can only be the proper one, whilst the other is wrong, and Hahnemann surely was capable of selecting

the right one as he was an expert in languages of extraordinary standing. To say that Hahnemann's knowledge of languages, and especially of the classics, was something extraordinary, and to lay at his door the originality of the motto: *Similia Similibus Curentur*, is a contradiction in itself, as the Conjunctive mood in this case is wrongly applied without any question.

In order to settle this matter of contest conclusively, one must search Hahnemann's writings in the original text, written by himself and in his own language, the German, and not be depending upon the various translations. Wherever *curentur* takes the place of *curantur*, the fault is with the translation. That the various translations of Hahnemann's original works, the American as well as the British, are full of mistakes and shortcomings to the original text may easily be proven by comparison. And let me ask here, what has been the reason that our worthy Dr. C. Wesselhœft undertook the task of making an entire new translation of the fifth edition of Hahnemann's Organon? The only reason was, because the then existing translations, the British as well as the American, were not free from errors and mistakes. Of this Dr. Wesselhœft says in the preface of his new translation, page VIII: "Although the American editions have served their purpose, a careful comparison with the original work soon leads to the conviction that justice was not always done to it."

Dr. McClelland, who first proposed to the A. I. H. the new form of the old famous motto, does not claim to have taken his *curentur* from Hahnemann's original writings, but is quoting only "*from translated words of the fourth edition of the Organon.*" Neither does he claim to have seen that British Journal of Homœopathy with that article in which the change of Hahnemann's motto is said to have been made. He only relates from *hearsay*, and, besides, he seems to have some doubts as to its veracity, as he is adding to his narrative the following words: "If our information is correct." Now, if there is any truth in that story about the alteration of Hahnemann's motto in said journal, it must have been a change—not from *curentur* to *curantur*, but the other way, from Hahnemann's *curantur* to *curentur*; then, and only then, Hahnemann's indignation and his remark: "Do they think I do not know what I wish to say?" would be in place! And let me ask, what should have induced Hahnemann to proclaim that new principle in the heal-

ing art, discovered by himself, in a form or mood which admits doubt, uncertainty, possibility and impossibility and what not? Or is it reasonable to presume, as some would have it, that Hahnemann selected that from a motive of levity towards his opponents, as if he would have said: Dear friends and fellow-practitioners, you have hitherto cleaved to that old motto—*contraria contrariis curantur*, as you inherited it from your ancestors some thousands of years ago, and you must admit that no real good is done by the same to suffering mankind, but rather harm and damage; let us now try it in some other way. "Let similars be treated with similars." Vide, page 77 of the February issue of the HOMŒOPATHIC RECORDER. What would Hahnemann have gained by such a course? Nothing! His learned contemporaries would have scoffed at him. In proclaiming before his adversaries and before the world at large that new and great motto of the healing art, Hahnemann's motives were far different from the above. In the first place, those three Latin words: *Similia similibus curantur*, expressed his professional creed, in which he had full faith and firm confidence, and, as such, it required necessarily the word of direct assertion—the Indicative. In the second place, those three words were chosen to be the motto, *i. e.*, the guiding rule for himself and his followers, according to which remedies should be selected and administered, and as such it required the Indicative mood. In the third place, Hahnemann intended with the three words of his motto to do away with and to toll the funeral bell to the three words *contraria contrariis curantur*, the hitherto known motto of the old school, and for that purpose it required the Indicative mood, the same mood which Hippocrates used in forming his motto more than two thousand years ago.

With this view of the motto of the homœopathic school, let us search Hahnemann's works, and especially the Organon of the art of healing in the original text. Our German colleagues, living in large cities as New York, Philadelphia, Chicago, Boston, etc., where they may have free access to the public libraries, may be apt to find Hahnemann's works in the original text, in the German language, and searching the same carefully they might help much to bring this pending controversy to a satisfactory end by making known to the public the results of their research.

Hahnemann's pupils, such as Hering, of Philadelphia; Lutze,

of Coethen, Germany, and a host of others, are no more among the living; if they were, they would raise their voices mightily against this and any alteration of the old famous, well-tryed and much-disputed motto: *Similar Similibus Curantur*.

Yours truly,
Dr. E. G. H. M.

Columbus, Neb., July 26, 1900.

WORM MEDICINE.

Editor HOMŒOPATHIC RECORDER.

Possibly it may be of use to Dr. Bauerji to give a little experience in the matter of worms. In volume 2 of the Trans. of the New York State Hom. Med. Society may be found a short article by M. M. Gardner, of Holland Patent, N. Y., on the varieties and treatment of worms.

I may say that I have for twenty-five years used his treatment and with excellent results.

Use the following remedies: *Santonine* 1x trit., *Ipecac.* 1x trit., *Veratrum album* 3x trit., *Lycopodium* 12x trit.

Put up three powders of each, numbering them in the order they are named. (*Santonine*, 1, 2, 3; *Ipec.*, 4, 5, 6; *Veratrum*, 7, 8, 9; *Lyc.*, 10, 11, 12.) Give a powder every night and morning in the order numbered.

As Dr. Gardner says, it seems to wake up the system of a child and the worms are done away with, and the general health is better afterwards. For those most outrageous pests, seat-worms, or pin-worms, I use the above prescription, and also keep the parts about the rectum thoroughly anointed with sweet or olive oil, for twelve days, night and day. It gives relief at once and kills the worms that are burrowed in the skin.

T. L. BRADFORD, M. D.

Philadelphia, August 16, 1900.

AN ACALYPHA INDICA CASE.

A Word to the Editor, E. P. Anshutz.

I bought a copy of your compilation, *New, Old and Forgotten Remedies*. At this time I had a case of persistent uterine hæmorrhage on hand in a woman of 27 years, mother of four children, and a history of several miscarriages. I had tried everything I could hear or read, but had only been able to afford temporary relief. I diagnosed an interstitial fibroid tumor.

After receiving your book I found under the first remedy given *Acalypha indica*, in describing cases of pulmonary and rectal hæmorrhages, the symptoms "always worse in the morning," "the hæmorrhage then being a bright red, became dark and clotted in afternoon."

These were the exact symptoms my patient had given me a few days previous.

I sent to B. & T. for an ounce of *Acalypha indica* 6x dil., and upon its arrival put my patient upon this remedy alone in 5 gtt. dose t.s.d.

In three days the hemorrhage ceased and did not return.

She menstruated normally between three and four weeks from time hæmorrhage stopped and has been well since.

I can find no trace now, after four months, of the tumor, and she is as strong and well as ever she was, so far as I can discover.

So, I thank you for bringing out the book.

Yours, very truly,

M. H. CRISWELL, M. D.

QUICK CURE FOR COLIC IN HORSES.

Editor of HOMŒOPATHIC RECORDER.

I earnestly wish to call the attention of country practitioners to the value of Glycerine enemas in horses. Of course I am not a veterinary surgeon, nor profess to be, yet like thousands of other country doctors am occasionally called upon to treat various domestic animals. The most common complaint with horses, of course, is "colic." The books states that there are two distinct kinds, but it is an established fact that the free passage of accumulated gas per rectum is the quickest relief, although in some cases *Opium* or other remedies might be given by mouth. However, I have proved by over twenty trials that the injection of an ounce of pure undiluted glycerine into the rectum of a horse will in the space of five minutes produce as many operations and leave a clear way for the escape of the gases which generally distresses the animal. It is harmless, quick and cheap and well worthy of trial.

THE "COUNTRY DOCTOR."

New Sweden, Me.

THREE CLINICAL OBSERVATIONS.

By Dr. Shiftt, of Leipsic.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*,
Aug., 1900.

Fluoric Acid in Anasarca.

The three clinical observations which I herewith communicate seem to me especially worthy of note, because they present curative effects which are purely homœopathic, and are probably but little known generally, and the experience in two of the cases has been especially verified in subsequent cases.

1. Mr. W., a pensioner, in L., 58 years of age, came to the homœopathic hospital on March 16, 1893, seeking for a cure from general dropsy, which had then lasted three weeks. He wished to be tapped. An investigation of the case showed that the patient three weeks ago had felt relatively well, but then all at once œdema of the lower limbs set in, shortness of breath, loss of appetite, general weariness, changeable pulse, now soft, then hard, irregular. A physician who was called in had explained the matter as a myo-degeneration of the heart, and prescribed *Digitalis*; but without any improvement. So the patient concluded to go to a hospital, and came to us. An examination showed a severe œdema of the lower limbs, the scrotum of the size of a child's head, the face cyanotic, the respiration superficial and much accelerated; the lower lobe of the lungs, both on the right and on the left side, showed congestive catarrh. The dulness of sound of the heart is increased, especially on the right side (dilatation of the right side of the heart); the sounds of the heart beat are clear, the tone of the second aorta essentially increased, the pulse 120, soft and small; the sensorium free, but violent unrest; no fever. Liver and spleen cannot be examined by percussion, owing to the œdema of the abdominal teguments. The urine, which he said had been before that copious and clear, is now sparing, reddish, with a slight sediment. The specific gravity of the same is somewhat augmented. Little albumen, single hyaline cylinders. The diagnosis accordingly was given as "shrivelling of the kidneys, with consequent relative insufficiency of the heart." The patient wanted to be tapped at

once, and when it was presented to him that this would not give him any sudden relief, and was besides impracticable, he demanded to be taken to the Municipal Hospital. It was only after some reasoning and admonitions from the matron, advising him to wait the effect of the remedy prescribed, that he finally concluded to stay. He was given a lukewarm bath with douche, and buttermilk to drink, as I was apprehensive of a uræmic attack. Internally I gave him *Acid. fluoric*. D. 6, six drops in a tumblerful of water, a sip every hour. What proximity led me to think of *Acid. fluor.* was a publication from Dr. Heyberger in the *Allgemeine Hom. Zeit.*, Vol. 126, Nos. 11 and 12, who reported using this remedy in anasarca with striking effect. It was very natural anyway to think first of our well-known tonics for the heart. Heyberger had given *Acid. fluor.* in both his cases, where, according to the description of the case, there was also a subacute, perhaps, also, a chronic, interstitial form of nephritis. In a relatively brief time a high grade œdema had set in; the urine being sparing and deep red, containing small quantities of albumin; in the lungs there was bronchial catarrh. The symptom which had led Heyberger to give *Acid. fluor.* was "swelling of the scrotum to the size of a child's head," which he especially ascribes to *Fluoric acid*.

In endeavoring to describe the action of *Fluoric acid* in our present case, we should first consider its homœopathic indications. We have a detailed image presented by the provings of Dr. Constantine Hering in the "*Neues Archiv fuer die Homœopathische Heilkunde*," 1843, Vol. 2, No. 1. He there collates 725 symptoms obtained by 20 provers. This collection shows that the remedy has a quite peculiar effect on the central nervous organs, on the skin and on the osseous system. We can herein put it on a parallel with the antipsoric remedies, as also with *Silicea*, *Calcarea* and *Phosphorus*. With respect to its effects on special organs we note: *Organs of circulation*, restlessness of the heart, pain in the cardiac region, sensation of heat in the skin, perspiration in the palms, copious, sour perspiration of disagreeable odor. *Organs of respiration*: Catarrh, irritability and pain in the larynx; stitches in the chest. Dyspnœa, not relieved by taking a deep breath, and this especially in the afternoon and evening, as well when sitting as when lying down. *Digestive organs*: Nausea, with general heat and weariness; he is quickly satiated; constant flatulency, tendency to diarrhœa. *Urinary*

organs : Frequent discharge of urine without any increase in the quantity, followed by feeling better. Dull pain in the depth of the abdomen (with the same prover the quantity of urine on the second and third day is decidedly diminished). In general, we may add, that there is improvement on standing, aggravation especially of the nervous symptoms in the latter part of the forenoon, progression of the action of the medicine from the right to the left side. (?)

The remedy as given in our case had the following results: Already the first night was more useful, and this greater restfulness also continued on the following day. The pulse became somewhat slower and stronger, the respiration deeper. On the second day of the treatment the quantity of the urine discharged began to increase, and this, with a constant improvement in the general health, led after eight days to a complete disappearance of the œdema and to a restoration of the general health. The patient was dismissed on the 29th of March. There seems to be no doubt as to the correctness of the clinical diagnosis. It is only a matter of surprise that the *Digitalis*, which allopathically was the correct remedy, and which usually acts excellently, had no effect, while the remedy chosen correctly according to homœopathic principles acted so promptly. I dare not give an opinion as to the *mode* in which the remedy acted. But there would seem to be no doubt that the way in which the remedy was looked for and the principles according to which it was selected were the correct ones. But these principles were clearly homœopathic.

Colocynthis in Catarrh of the Bladder.

2 The assistant postmaster, H., fell sick on October 16th, 1892, with violent gastric symptoms, which the patient ascribed to stale beer consumed the day before. There was violent vomiting with concomitant severe colicky pains in the region of the cæcum and thence to the pit of the stomach. This caused me to think first of colic from biliary gravel or from typhlitis setting in, and I prescribed accordingly. With moderate fever there ensued on the following day thin bilious stools, accompanied by violent pains in the bladder and horrible urging to urinate. While the gastric symptoms passed away, there developed a typical acute catarrh of the bladder. In its general character it did not differ from other cases of cystitis, but the kind

of mucus discharged, which at times was bloody red, then clear, was peculiar, and this was also the reason why the usual bladder remedies given first were of no effect. This was the individual, characteristic peculiarity of the case. The mucus discharged was like the fresh white of the egg, tough and drawing out into long strings, such as I had not seen before. Looking for this symptom, I found aid in Baehr's excellent *Therapy*, where under similar circumstances he recommends *Colocynthis*. He says there (Vol. I., p. 692): *Colocynthis* is much better characterized in its differences from *Cantharis*. Also here there is tenesmus of the bladder, but in a lesser degree, while the pains at urinating are tormenting as they communicate themselves to *the whole of the abdomen*. But the chief difference is found in the nature of the urine, which immediately on being discharged is quite turbid, yielding a sediment which is *very tough and stringy*. This was the case here, and when I compared the whole course of my present case hitherto with the provings the similarity of the cases was most plain. On this account, *Cantharis*, *Phosphorus* and *Mercury* had been without effect. But *Colocynthis* 5 D., three drops every three hours, soon removed the violent, painful symptoms and the peculiar nature of the urine, after which the catarrh of the bladder ran its usual course. I made the same observation later on in a similar case.

A Chimaphila Case.

3. A cabinet maker, S., aged 22 years, came into our hospital to be treated for a gonorrhœa which had already lasted nine weeks, and which during the last week had been accompanied with slight cystic symptoms and constant uræmia. There was no fever and no pain at all. The peculiarity of the case lay in the constant discharge of urine containing bloody mucus. There was evidently no affection of the kidneys. But whether the blood came from the neck of the bladder or from a gonorrhœal sore in the posterior part of the urethra I would not dare to decide. The latter seems to me to be the more probable, as the flow of blood was attended with only slight pains; after the micturition some clear blood was discharged, and there was no tenesmus. The usual remedies, *Cantharis*, *Terebinthina* and *Hamamelis*, did no good, and did not, indeed, properly correspond to the symptoms. But also other symptomatic remedies, such as the application of cold, as also *Ferrum muriat.*, showed

no results. So I finally, on Nov. 15th, 1898, gave *Chimaphila*, which is recommended by Hirschel among the late remedies, for uræmia in gonorrhœa. The remedy was unknown to me. It belongs to the family of the Ericaceæ, and has not, so far as I know, had any thorough proving as yet. Its indications, according to Dewey, are, "a fetid, turbid urine and great difficulty in starting micturition." I gave the remedy in the 2 D. potency, thirty drops in a tumblerful of water, a sip every two hours. The effect in this case, as also in two later analogous cases, was most prompt. The hæmorrhage ceased within 24-48 hours and did not return. The gonorrhœa then ran its normal course. In order to see whether *Chimaphila* acted on mucous membranes and vessels in general, I gave it also in some other cases of hæmorrhage, as in hæmorrhage from the lungs and in hæmorrhages from renal gravel, but without success. The remedy, therefore, seems to have a homœopathic therapeutical specification on the mucous membranes of bladder and urethra which should be established according to our method by exact provings and then applied according to our law of similia similibus. Empirical investigation should be followed by scientific provings.

ARSENICUM IODATUM IN SCROFULOSIS.

A Striking Proof of the Truth of the Law of Similars.

By Dr. Hans Wapler.

Translated from the *Allg. Hom. Zeit.*, Aug., 1900, for the HOMŒOPATHIC RECORDER.

The difficulty in proving that the remedy chosen according to the law of specificity has effected the cure obtained lies especially in the fact that we are not able usually in our practice to supply at once a *parallel* case to the one cured. On this account I took up on March 17th, 1900, with particular zest, the case of three children in one family who were all suffering from a peculiar form of scrofulosis, and who showed so much similarity in their morbid symptoms that they could actually be considered as parallel cases. If one and the same homœopathic remedy should effect a cure or even a manifest improvement in these three cases, the result would amount to an experiment of *demonstrative force*.

The three children belonged to the family of W., in P., and were two boys and one girl. The oldest one, Rudolph, was 11; the second, Otto, was 9, and the girl, Margaret, was 7 years old. All the three children were pale, emaciated, and suffered equally from a severe thirst, while they had but little appetite. With each one of them on the side of the neck could be felt lymphatic nodules, some of them as large as hazelnuts; they snored at night, more or less, and slept with mouth open. With the oldest one there had been removed, by an operation, adenoid excrescences in the posterior nares, but without doing any good. Each one of them had an enlargement of the right tonsil. So also with all three of the children the skin on the back of the hands and on the forearm had a peculiar roughness; they felt like shagreen leather. Beside all these general morbid symptoms, there were of course also some individual differences. The oldest boy suffered from headache, attacks of swooning and twitches; the second boy of distension of the abdomen and was inclined to catarrh of the respiratory passages, while the girl was somewhat hard of hearing on the right ear, owing to catarrh of the middle ear which she had passed through previously.

If ever there was a clear indication for the choice of the remedy in a disease it was in this case. Hardly any homœopathic physician but would have given the children *Arsenicum*. I gave it in the form of *Arsenic. jod.* 6, what would lie on the point of a knife, three times a day.

To describe the action of this remedy, I will here merely copy the entries made in the subsequent consultations in my journal.

April 2d. The children made an impression of greater liveliness, the thirst had diminished with all of them. Continued *Arsenic. jod.* 6 D.

April 23d. *Rudolph's* appetite had visibly increased, the lymphatic nodules on his neck had appreciably diminished in size, his respiration with the mouth closed was freer, the skin on the back of the hands was still rough, that on the forearm had become more smooth. There were no more fits of actual swooning, only faintness.

Otto: Appetite much improved, but he still looks quiet pale; lymphatic nodules on the neck somewhat smaller. Does not snore any more.

Margaret: Appetite also improved, her whole condition improved, hands and forearm smooth.

Prescription: *Arsen. jod.* 5, tablets every evening a tablet; externally *Hamamelis* ointment.

June 18th: *Rudolph.* The appetite very good, looks well; the glands of the neck reduced to the size of beans, the right tonsil decreased, now it only protrudes a little from the niche in the arch of the palate; he snores no more, the back of his hand is smooth, there are no more fits of weakness, the headache has disappeared, he makes better progress in school.

Otto. His improvement is not so striking to the eye; he still looks somewhat pale, but his hands and forearms are smooth. The right tonsil is also smaller, as also the nodules on the neck; has had no return of cough or hoarseness; the distension of his abdomen is less perceptible.

Margaret. Her general health is good, her hands smooth; the right tonsil and the lymphatic glands diminished in size as with her brothers. Her respiration through the nose is free, also at night.

MALIGNANT SCROFULOUS INFLAMMATION OF THE SCLEROTIC COAT.

Also a Lesson in the Importance of Good Medicine.

By Dr. Goullon.

Translated for the HOMŒOPATHIC RECORDER from the *Leipziger Pop. Z. f. Hom.*, Aug., 1900.

On the 10th of December, 1899, a boy of five years was brought to me who was suffering in his eyes, and what suffering? Since the December of the year before, *i. e.*, 1898, he had been suffering from that malignant scrofulous inflammation of the eyes in which the old school has shown itself so impotent. The poor little fellow had been in a public and in a private clinic for the eyes, without having had the least benefit. But the poor boy held in dreadful remembrance the corrosive washes, and the tearing open of the lids, so that the parents could not bear to expose him to any further treatment of this kind, which had been as tormenting as it was useless.

So, also, when he came to me, the little patient squeezed both his eyes together, so that it would have been quite impossible to have gained a look at them without painful violence. But I am opposed to this on principle, because I know well enough

how it looks behind these convulsively closed eyelids. I know that there are many ulcerated spots, which are not cured by looking at them; an inspection at a later day fully confirmed this, for the scarified remnants and layers of exudation could be plainly seen. Obscurations remain for quite a time, even after the danger for the eye had passed. The scientific name of the disease is parenchymatous keratitis, in the whole extent and in the whole of the depth of the tissue of the sclerotic coat. Numerous microscopic and macroscopic blood vessels traverse the surface of the sclerotic coat, but they, as well as the exudation, may be resolved.

God knows how long it is since the poor fellow opened either of his two eyes. It was a wretched sight. Such children become quite brutalized. They are not otherwise diseased, but they are deprived of the light of day as if purblind. If you try to open their eye a grimace is the result, and streams of tears gush out. There are, indeed, also lighter forms of the sclerotic coat, but this case was one of the most severe and intense, in which two distinguished specialists had labored in vain. The mother had almost ceased to hope for a cure.

I will cut short my account, and state that to-day, on the 18th of February, the little A. F. was brought to me in a vastly improved state. Both his eyes were open and even a moderately bright light failed to cause him to shut them. He has lost most of his eyelashes, though the left eye, which, was seized first, is furthest advanced in its restoration; it really presents hardly any morbid apperance, while the right eye shows obscurations, scars of the healed sores and dendritic injections of the vessels, though he can still see with it. The boy often said that he saw as if through holes. Analogous cures which I have had a chance of observing lead me to feel sure that there will be no lasting injury even to the right eye.

Of remedies I considered only *Graphites* and *Æthiops anti-monialis*. The latter I gave first, but made the sorry discovery that a conscienceless drug clerk had substituted simple sugar. The woman told me at her return that the powder was quite white; while the first centesimal trituration which I had ordered is ashy gray. Indignant at this falsification, I prescribed the medicine again and had him send it to me. This time the pharmacist probably wished to make up for his delinquency, for the powder looked much blacker than the preparation when made *lege artis*. Still it contained medicine.

We must not expect too much. The *Æthiops antim.* 1C. that had been prescribed, if made properly, would have required one hour's trituration. Quite a task, if he did not have it on hand and his business was "flourishing." Still to give sugar out of pure laziness is too much and inexcusable in its consequences. Here *e. g.* there had been no improvement while this pretended medicine was given, while after the real trituration of *Æthiops* there was an improvement. Thus some fourteen days were lost.

It is sufficient to state that the result reached to-day was obtained by the continued use of *Æthiops* and *Graphites*; the latter strongly supports the former, yea, it is at times sufficient of itself.

THE CURE OF MORAL DISEASES BY MEANS OF HOMŒOPATHIC MEDICINES.

By H. Moser, M. D., in Karlsruhe, Baden.

Translated for the HOMŒOPATHIC RECORDER from "*Willst du Gesund werden?*" Aug. 1900.

A few years ago an article went through many papers in which the endeavors of a French physician to remove human passions and defects of character by means of the internal application of medicines were handed over to the malediction or ridicule.

This physician was Dr. *Gallavardin*, a homœopathic practitioner of Lyons, who had established a polyclinic, especially for the treatment of morally diseased patients, and who had a considerable practice in this field. Dr. Gallavardin has in the meantime departed this life and his peculiar clinic has come to an end. But were his endeavors really as ridiculous as they were represented in the papers?

Without entering into deep philosophic disquisitions, we may take it for granted, as resting on universal experience, that the soul and the body of man—his material and his spiritual principles—are in a close relation of mutual dependency. We are convinced that a sound mind can only exist in a sound body, and that a diseased mind will gradually lead to a disease of the body. We know *e. g.* that certain diseases of the abdominal organs are followed by ill humor, and we also know that oppression of spirit is followed by disturbance of the digestion. We homœopaths also know that certain medicines in their provings on healthy persons give plain symptoms of a morbid in-

fluence on the mental sphere, so, also, that the understanding and the will are susceptible of morbid alteration through the effect of medicines; we are, therefore, *a priori* obliged to maintain that it must be possible to curatively affect the mind through internal medicaments.

Is it not a knowledge of this mutual interdependence which makes the homœopath in the sequelæ of anger and passion to think of *Chamomilla*, *Nux vomica*, etc.; in those of grief and sorrow of *Ignatia*, *Staphisagria*, etc.; in jealousy of *Hyoscyamus*, *Lachesis*; in melancholy of *Aurum*, *Veratrum*; in cases of anguish and restlessness of *Aconite*; in religious phantasies of *Hyoscyamus*, *Sulphur* and *Veratrum*; in amorous frenzy of *Platina*, *Lachesis*, etc.? Whoever sees fit to laugh about this does not know Homœopathy in its essence and in the sphere of its power, or he ignores what it is that Homœopathy wishes to reach through these means. As a matter of course, the homœopath only wishes to do what it is possible to do. That homœopathic remedies should avail to make a lamb of a lion, or an extreme conservative of an anarchist, or an ascetic of holy living out of an inveterate sybarite and glutton, no rational homœopath would ever seriously affirm. But on the other hand, it is by no means impossible to remove acquired moral weaknesses and ailments, which are not yet so firmly inrooted as to have become "a second nature," through homœopathic medicaments, in connection with a general corporeo-hygienic and moral treatment. By a general hygienic treatment I do not only mean the creation of all those hygienic conditions on which a truly natural and orderly mode of living may be built up, but also the practice of such exercises selected from the physico-therapeutic treasury which are apt to have an invigorating and stimulating effect on the will and the mind. By moral influence I mean earnest admonition, loving serious advice, suggestive influences while awake, and only exceptionally hypnotic suggestions. These later means I would not do without, but still I do not think that of themselves they are potent enough to enable us in all cases to do without homœopathic medicines.

I here have in mind especially two moral weaknesses or diseases in which such a combined treatment will be especially effective.

The first is the tendency to drunkenness. This, I am decidedly of opinion, is in most cases curable. I do not here refer to the

sequelæ in the various organs (as cirrhosis of the liver, etc.), but to the tendency itself. But whoever wishes to make sure of a cure should neither rely on the internal remedies alone, nor content himself in using moral suasion alone with the morbid consumer of liquors, but he must combine these treatments, *i. e.*, he must bring the patient into a morally healthy atmosphere, and at the same time give him physical treatment through general hygienic diatetic measures and corresponding medical treatment. It would be a great mistake, however, to suppose that the homœopathic medical armory in the case of alcohol-patients is exhausted when we have used *Nux vomica* and *Sulphur*. There is a long series of additional remedies such as *Calcarea carb.*, *Lachesis*, *Belladonna*, *Stramonium*, *Opium*, *Petroleum*, *Phosphorus*, etc. The experienced physician will select the suitable remedy.

Another category of moral diseases, which, at least in certain stages, are most certainly within the scope of homœopathic medical treatment is the domain of the sexual sphere. And among these diseases, thus susceptible to medical treatment we find, according to my experience, not only the bodily sequelæ of the sexual passion (morbid sensuality, onany, etc.), but to a certain degree, the sexual passion itself. Also in this case, however, the first thing will be to regulate the whole life hygienically, and to give body and mind a hardening training. Besides these measures, however, the following homœopathic remedies will be found of the greatest efficacy. *Platina*, *Lachesis*, *Causticum*, *Natrum muriaticum*, *Cantharis*, *Conium*, *Origanum* and many others. It is not, indeed, a very simple matter to select the most suitable remedy from this list. It is not, indeed, a simple matter in any case to proceed to treat moral diseases, and one of the difficulties in the way is, that such moral patients frequently have no desire to be cured, and they, therefore, frequently instead of coöperating with the physician, obstruct his endeavors. But it surely is worth our trouble, and worthy of the medical art, not only to treat the bodies of man and beast medically, but also to draw the higher and nobler part into the sphere of our curative efforts. And if the physician will not allow himself to be daunted by opposing difficulties, and understands how to thoroughly apply the treasures of our *Materia Medica*, remembering also that in morbid states which border on the line of demarcation between the material and the immaterial, massive doses are least of all indicated, he will often be surprised by his successes in this domain and will gladly perceive the manifold unexpected blessings he can bestow, and the rare gratefulness that will reward his success.

LYCOPUS.

By Brose S. Horne, M. D.

When we have increased the frequency of the pulse with want of power, and the patient seems to be in an exalted condition. I know of no other drug that equals it, but it should be kept in mind that it is slow in action and lasting in effect. It has action upon the functions of nutrition, increases the appetite and thus causes the patient to take on flesh. For that class of dependants called "old people" it is the ideal sedative. Often we have a complication of symptoms in these aged individuals. Where there is a general irritation of the respiratory tract, some pyrexia, cough and general feebleness, no other agent reaches these cases so well as bugleweed. It is, indeed, the old peoples' sedative.

For phthisis—that name which often covers a multitude of sins—this drug can often be advantageously used when indicated. In the incipient stage is where it seems to be of most worth. To our surprise the night sweats and cough disappear, the pulse becomes normal, the sick one begins to take on flesh and shows marked improvement, so if we have failed to make an examination of the sputum with the microscope we may decide that our diagnosis was not correct, for the patient recovered without us using the latest "fad" for phthisis. Understand me, I do not claim it a cure for a name, a thing so frequently misunderstood in these days of prescribing for a name instead of for the patient, but do positively claim it a drug of merit when indicated.

The individual who is fast losing flesh, has a frequent and feeble pulse, with a high temperature, complains of a burning and soreness in chest, breathes fast, we notice on inspection; in such cases, five to twenty drops of this drug, frequently repeated, will always give relief.

This remedy has other value, but in this limited paper I trust I have pointed out the most prominent. It seems to act upon the sympathetic system of the nerves. This, however, is of little concern if we can tell when to administer, and we obtain results.

When we sift things down some of our best and most reliable knowledge is empirical, no matter how earnestly we strive to be ultra-scientific.—*Medical Summary.*

CRATÆGUS OXYACANTHA IN HEART DISEASE.

By A. H. Gordon, M. D.

I owe an apology to the society for appearing before you for a second time as an advocate of the remedy used in the next case cited. I cannot resist the temptation, however, of recording another brilliant success in the use of this drug, especially as several of the noted physicians of our school in recent papers read before the Chicago Homœopathic Medical Society and the Illinois Homœopathic Medical Association have seemed to give the impression that it was of very little value.

December 3, '99, was called upon to visit Mr. H., of this city, who had been afflicted with heart disease for many years; occupation, traveling salesman; age about thirty-eight years.

He had been attended by the most eminent physicians of the country, in the East as well as the West, his last physician being a prominent old school doctor of Chicago, who had given up the case, informing the family and friends that it was only a question of a few days when the final end must come.

I found the patient confined to bed, cyanotic, his limbs enormously swollen, almost complete suppression of urine, a very rapid, intermittent, irregular, and at times, almost imperceptible pulse. He was not able to raise himself in bed without immediate symptoms of collapse appearing; he spoke with great difficulty, and, in fact, presented a perfect picture of approaching dissolution from heart failure.

An examination of the chest showed an enormously enlarged and dilated heart with leakage, regurgitation of the aortic and mitral valves, dilated hypertrophy following aortic and mitral insufficiency. It is in just such cases as these that I have seen *cratægus oxyacantha* exert its wonderful powers, and I administered it to this dying man, having assured the friends that although the case was seemingly hopeless, I had known it to have restored compensation in many similar cases.

He received *cratægus* in the usual dose every three hours day and night for four days, and no other medicine of any kind. At the expiration of that time he was sitting up in bed, dropsy having entirely disappeared, urinary secretion restored, pulse fairly good, respiration unimpeded, appetite very good, skin nor-

mal in appearance, a complete restoration of compensation and a new lease of life for Mr. H.

I received a letter from him six weeks afterward from a western city asking for another prescription, and a report April 7 of this year to the effect that he was as well as he had been for years and able to attend to his business as usual.

I bring this case to the attention of the members of the society, hoping that when you are confronted by death in the guise of failure of compensation in heart disease, you will not fail to remember that *cratægus oxyacantha* will oftentimes restore the equilibrium of the circulatory apparatus, and thereby prolong a useful life.—*The Clinique, August.*

CASES FROM MY PRACTICE.

By Dr. Berlin, of Guben.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Z. f. Hom.*, August, 1900.

An Antimonium crudum Case.

I. Pastor K. has been suffering for about a year from an abdominal ailment in which diarrhœa and constipation alternate. The diarrhœa usually lasts two or three days and the constipation five to six days, regularly again followed by diarrhœa. The patient can give no information as to the cause of the disease, only he has noticed that mental work seems to aggravate the ailment, *i. e.*, the diarrhœa, causing nine to ten stools a day. The diarrhœa is worst in the morning and the forenoon; he is often obliged by it to rise quite early from his bed. In the days when he is constipated there is no stool, except after laxatives or clysters. The stool itself is light to dark brown, and has no peculiar odor, nor any admixture of mucus. He has endeavored to cure himself by following the directions of a Manuel on Natural Healing, by means of diet and application of water, etc., but without success. Finally he concluded to call in medical aid. On the 27th of November, 1899, I gave the patient *Antimonium crudum*, 3d trit., of which he took what would lie on the point of a pen-knife before breakfast, dinner and supper. He was also directed to avoid sharply seasoned viands, but otherwise to make no change in his mode of living. On the 19th of December, Mr. K. returned to tell me that his ailment was

cured. I gave him *Antimon. crud.* 6., trit., to continue taking it for some time, morning and evening.

A few days ago (at the end of March, 1900) I heard from the patient that his ailment had not returned. This was the first case in my practice of such a regular alternation of *diarrhœa and constipation*, lasting for such a length of time. In the *Materia Medica* of Noack & Trinks we find this symptom under *Arsenicum* ("diarrhœa alternating with constipation"); so we also find under *iodium* ("irregular stool, now constipation, then again diarrhœa"). Under *Antimon. crud.* we look in vain for this or a similar symptom. But in the *Clinical Materia Medica* of Farrington we read under *Antimon. crud.*: "With older persons, and especially with the aged, we find alternately constipation and diarrhœa." My patient was between 50 and 60 years old. v. Bœnninghausen mentions under that symptom first of all *Antimon. crud.*, *Cimicifuga* and *Podophyllum*. We may assume, therefore, that the efficacy of *Antimon. crud.* in such ailments was discovered not by provings on the healthy, but by clinical experience.

A Cough of Year's Duration.

II. Mrs. J., from B., in Silesia, wrote me on the 12th of December, 1899, that her daughter, aged thirteen years, and of vigorous constitution, had been for several years suffering from a cough, which had refused to yield to any remedy used so far. "There is an irresistible irritation, which causes continued coughing even during sleep. There is no expectoration, except a little in the morning; there is no hoarseness nor any pains in the throat." All the physicians who had examined the girl had declared her thoroughly healthy; nothing was found the matter with the lungs; but they had been unable to remove the cough. One of the physicians, several years ago, had pointed out a few nodules as large as lentiles on the mucous membrane of the fauces, and had stated that a catarrh of the throat was the cause of the cough. His treatment, consisting in painting the fauces, removed neither the nodules nor the cough. When the cough grew considerably worse, in the summer of 1899, the mother took the patient to a throat specialist in G., as she had noticed that the nodules in the throat were enlarging and multiplying. This specialist, however, considered the nodules as harmless affairs, but established the existence of a catarrh in the nose and fauces,

and exuberant growths in the mucous membrane of the fauces and nares; and he stated that the mucus thence discharged was the cause of the cough. At his advice these excrescences were removed by an operation; this "caused a very severe loss of blood, from which the daughter only recuperated after several weeks, but also this treatment failed to bring any relief." Although I am opposed on principle to epistolary practice, I nevertheless yield the point in cases where the diagnosis is plain, or a careful examination has been made by a physician, or where everything else has been tried in vain. So I also thought it best in this case to give the homœopathic remedies a trial. Since all the examining physicians had declared the lungs to be perfectly sound, and there could not be any irritation from that cause (for cough, as is well known, is the appointed means for removing foreign bodies, mucus, blood, etc., from the air-passages) the supposition was probable that the cough was of a nervous, hysterical or reflex nature. In the latter the cause is to be found in other organs, as in the stomach, the abdomen, the ear, etc. So I recently read in a medical journal of an ear-cough, which was a tickling cough coming on fitfully. The physician found nothing the matter with the lungs; only one of the ears he found plugged up with ear-wax. As soon as this was removed the cough ceased at once; so the cough must have been caused by the reflex action of this plug. Nervous or hysterical cough is found with delicate persons with irritable nerves. I could not decide which of these causes obtained here. Still these considerations led me to *Ignatia*, the great homœopathic remedy in nervous and hysterical ailments. Besides this in the total image presented by the provings of *Ignatia* we find a series of symptoms pointing to a dry cough due to titillation. And Farrington says: *Ignatia* produces a nervous cough, and the more the patient coughs the more he is troubled by the tickling. Another remedy causing a dry cough due to a tickling sensation is *Hyoscyamus*. Also in this case the cough is caused by an excessive activity of the nervous system. The *Hyoscyamus* cough is also largely to be considered as a nervous cough; it is dry, constant and usually worse while lying down. Since two ropes hold better than one, I gave *Ignatia* 3 and *Hyoscyamus* 3, five drops of each to be taken twice a day. A report on January 15, 1899, stated: I would communicate to you that the homœopathic remedies sent by you on the 17th of December last

were used by my daughter with good effect. In a few days a decrease of the cough could be perceived and gradually it entirely ceased. If you think it best to continue these remedies, etc." Thus this cough which had continued for years was quickly removed by these two remedies. I would add that no water-compresses nor dietetic prescriptions were given, so that the cure can only be ascribed to these two remedies. Our opponents are always ready with suggestions, such as that made by the bright medical Councillor Bettmann in Dresden: "Faith saves and also makes whole!" But why such making whole should always attend Homœopathy is still unaccounted for. Why did this suggestion not make her whole while the physicians who treated her before me had her in charge, when yet they came into actual touch with the patient? If the Councillor had cured the cough with any of his mixtures, would he have thought of ascribing the cure to suggestion?

Gelsemium in Bladder Troubles.

III. On the 19th of January of this year I was consulted by H., a workman in the brickyard, on account of an ailment of the bladder. The man is sixty-one years old and since the last eight weeks he cannot restrain the passage of urine. It is discharged involuntarily, day and night. On this account he had to cease working, though he feels otherwise quite vigorous. There were no pains and never had been any in this connection. The ailment consisted in a weakness or paralysis of the sphincter muscle of the bladder, so that the water could not be retained in the bladder. The man was in a bad state, as he could not earn any money, and the money received from his Aid Society was not sufficient for his expenses. For eight weeks he had been treated ineffectually by the society's physician. I gave him *Gelsemium* 3 D., five drops, three times a day. On the 29th of January the medicine was used up and his condition so far improved that he felt when there was a necessity to urinate, and the water was no more discharged involuntarily, nor at night. But he could not retain his water as long as formerly. The prescription was again *Gelsemium* 3 D., five drops, three times a day. On the fourth of February the man reported further improvement, but his medicine had been overturned. He was again given *Gelsemium* 3 D., and he returned on February 12th and reported himself restored. He can retain his water as

before, both day and night, and has now since several days been at work again.

I have used *Gelsemium* in a series of cases of such paralysis of the sphincter muscle of the bladder, with good results, even when the ailment was due to an organic disease of the spinal marrow. I have, for a year, been treating in this way a man who has consumption of the spinal marrow. *Gelsemium* 3 D, every time causes an alleviation of the paralysis, and at times removes it altogether. A radical cure of the fundamental disease is, of course, excluded. Farrington says that in case of poisoning with *Gelsemium*, it causes paralysis of the motory nerves, the sphincters of the anus and the bladder are relaxed, and the stool and urine are discharged involuntarily. We are, therefore, justified in using *Gelsemium* in cases where the bladder is paralyzed. This is according to the fundamental doctrines of Homœopathy, which uses a medicine in such ailments as that medicine will produce in the healthy body.

BOOK NOTICES.

The New Cure for Consumption. By its own Virus. Illustrated by numerous cases. By J. Compton Burnett, M. D. Fourth edition. 323 pages. Cloth, \$1.00; by mail, \$1.09. Philadelphia: Boericke & Tafel. 1900.

The fact that a fourth edition of this work is now out is proof of the widespread interest aroused by Dr. Burnett's study of the nosode *Bacillinum*, and its powerful effects for good in cases that tend to become tuberculose. The book is well worth reading, interesting, and the benefits that follow the occasional dose of *Bacillinum* are so great in many cases that every physician should be familiar with them. There has been no change from the third edition, the author having nothing essentially new to add, and nothing to take out or modify.

Medicine as a Business Proposition. By G. Frank Lydston, M. D. 32 pages. Paper, 25 cents. Riverton Press, Chicago.

One of the breeziest bits of medical literature that has come our way for a long time, and one worth reading by the doctor who has hard times to make financial ends meet. It hits hard right and left, but, in the main, the hitting is deserved.

Practical Urinalysis and Urinary Diagnosis. A manual for the use of physicians, surgeons and students. By Charles W. Purdy, L.L. D., M. D., Queens University, Fellow of the Royal College of Physicians and Surgeons, Kingston, Canada; Professor of Clinical Medicine at the Chicago Post-Graduate Medical School. Author of "Bright's Disease and Allied Affections of the Kidneys;" also of "Diabetes: Its Causes, Symptoms and Treatment." *Fifth revised and enlarged edition.* With numerous illustrations, including photo engravings, colored plates and tables for estimating total solids from specific gravity, chlorides, phosphates, sulphates, albumin, reaction of proteids, sugar, etc., etc., in urine. 6x9 inches. Pages 16-406. Extra cloth, \$3.00, net. F. A. Davis Company, publishers, Philadelphia.

The edition of this work has been thoroughly revised, and much new matter, including a chapter on the use of the microscope in urinalysis, added. It is a valuable work; the best published, probably, on the subject.

"THERE is another reason why not only homœopathic colleges but the whole homœopathic profession should be very particular to buy and use homœopathic works. We believe *similia* provides the best system of therapeutics. When we follow it we do our best work, the whole profession, also the people in general, seeing our good work at the bedside, come to accept Homœopathy."—*Dr. W. A. Burr, in the Clinique, July.*

THE publishing house of W. B. Saunders, Philadelphia, has opened a branch house in London, England. From a circular announcing the branch, we clip the following: "The details of the various departments of the firm's affairs have now been developed to such a state of perfection that the House feels the time has come for extending its field of operations. For a number of years Saunders' books have been sold in England through the agency of a London publisher, and, although they have already met with remarkable favor, the House is confident that by applying to the English market the same policy that has proved so successful at home, the sale of its publications in Great Britain and her colonies can be enormously increased."

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DR. FRANK, in *Louisville Monthly Journal of Medicine and Surgery*, presents a rather interesting collection of figures showing the growth of cancer among those nations which are classified as civilized. Thus in England and Wales in 1840 the mortality from cancer was one in 129, or a mortality from cancer of 0.77 per cent; while in 1896 it was one in 22, a percentage of 4.50 or about an increase of four hundred and fifty per cent.

In 1877 there were 2,952 deaths from cancer which in 1896 had increased to 12,548.

In New York State in 1897 there were 2,363 deaths from cancer, while in 1898 the number had risen to 4,456.

To these figures is added the statement that the further we get away from civilization the rarer becomes cancer. Leaving Europe and the United States out, and their colonies of the Anglo-Saxon race, cancer plays but a small part in the causes of death in other countries.

Another writer not long ago showed that this and kindred diseases followed the public schools and proved it, to his own satisfaction at least, by figures.

Dr. Frank can assign no cause, except that "the more highly educated and refined the people, there we do find cancer the most frequently," which of course is very unsatisfactory, for there must be a cause for the awful increase of this awful disease among the civilized races. Who can discover it?

THE cause of sex is explained by one in this way: "A sound wave has two manners of pulsation, the one from the centre outward, the other from outward to the centre. The excentric is masculine, the concentric the feminine wave. The action and

recoil occurs in all modes of motion. Dynamic entities pulsated either inverse of excentric, and this, in the end, resulted in the inversion of the muscular structure and of the sex organs, and the other excentric state of the same."—*E. C. Getsinger, Ph.D., in N. Y. Medical Times*. July.

Thus doth science illumine and make pellucid the dark sayings.

DR. ALEXANDER J. SKAN, of Brooklyn, after dwelling on the danger there is in handling money, says: "Now I pick up my fees with a forceps, drop them in a money box, and at the close of the day put the receipts in a sterilizer and disinfect them at the time that I have my instruments made clean."

The only objection to that procedure is that it would take too long for the average doctor to sterilize all his fees.

THE Buffalo Medical and Surgical Journal for August says:

"The Trenton, N. J., Board of Health has nailed the tuberculosis flag to the mast head and issued an order placing that disease in the same category with smallpox, diphtheria, scarlet fever and other contagious and infectious diseases. Patients must be isolated and disinfected and hospitals are not exempt from the provisions of the order. Physicians are required under penalty of fine and imprisonment to report each case within thirty days after diagnosis and to send a sample of the sputum with the report. Trenton is in New Jersey, a state which has stood the jibes of the United States for years, but it has suddenly stepped to the front as a city with a progressive and fearless board of health. Trenton will wipe out tuberculosis, or come very near it with such a rule enforced."

Now there is a very fair test case. The progressive and fearless board of health will presumably enforce its own edict, and the Buffalo *Journal* affirms that tuberculosis will soon be a thing of the past in that town. If this does not prove to be the case, will this health board and this medical journal acknowledge that the action of the Trenton health board was as unscientific as it is tyrannical? It will be a fair test and they ought to be willing to stand by it.

DR. GEORGE M. GOULD seems to grow more rancorous as he grows older; witness the following from his pen:

"The downright scoundrels, the out and out nostrum traders, the sectarians are treated by us as the prairie wolf, and tramp dogs, the solitary elephant, the forest cats, etc., are treated by their brethren. We expel them, and they are known as enemies forever. Of course, they continue to use the education stolen from the profession, and their old knowledge of civilized life to commit depredations on their former masters. This is in accord with renegade ethics."

If the homœopaths were in the majority, as they will be some day, they would be justified in regarding those who hold the ideas embodied above as monomaniacs, who should be kept under mild surveillance. These people even refuse the courtesy of the scantest hearing to the law of similars, yet will swallow whole all the numerous absurdities advanced in the name of scientific medicine. There is something radically wrong in their heads.

DR. THOMAS WILSON, M. R. C. S., of England, in a recent letter to T. A. Williams, says:

"Regarding the vivisection question generally, I beg to say that many years ago I deemed it necessary to experiment upon some small animals, but there is no earthly good in it. What the bedside of a patient will not reveal to the mind of the doctor cannot be gained by experiments upon dumb animals."

If the gentlemen who deem it necessary in the cause of science to vivisect so many animals every year would only turn to and experiment on their own persons, as did Hahnemann and the old homœopaths; there would be no kick coming.

"THE electric cautery can never be condemned enough. The inventor of electric cauterization methods for the nose has undoubtedly a great deal to answer for. A distinguished specialist in rhinology said not long ago that the main part of his time was occupied in breaking down the synechiæ of the nasal mucous membrane that had been left by electric cautery in the hands of the would-be rhinologist and the general practitioner. The galvano cautery certainly has a very limited place in the therapeutics of nasal diseases."—*Medical News*.

"THE next case I want to relate is not one of Hay Fever, but one of chronic sneezing which has lasted for years, winter and

summer. This was in a maiden lady of about 60. Never had been sick in her life except this sneezing, which she has had for 15 years; the only symptoms I could get: "I just begin to sneeze and I can't stop it." I gave her a number of different remedies at different times without the slightest relief, until she came to my office one day after an unusually severe attack and stated that she wanted me to examine her nose. She believed there must be something living in it. I examined but found nothing alive, but found that she had the sensation of crawling and prickling and dryness, for which I gave her *Wyethia*, which permanently stopped the sneezing in three months; taken first every three hours and after that as needed. Eighteen months have elapsed without a return of the sneezing.—*A. H. Schlott, M. D., in Clinical Reporter, June, 1900.*

I SUPPOSE that the treatment of children can hardly become a full-fledged specialty. And I take it that this society is not aiming at such an end, but that our object is rather to protect this part of the practitioner's field from submergence. Very early in the growth of specialism the general practitioner becomes willing to concede that, on certain lines, he did not know so much as the specialist. The camel's nose, thus hospitably admitted, became the initial aggression which rather rapidly grew into a demand that it should also be conceded that the said general practitioner does not know, even that which his experience and observation have taught him, half so well as the most immature and unripe specialist. Is it not possible that there was something real about the old-fashioned "sense of touch" which we read about but to a great extent have lost through our dependence on thermometers, charts and other mechanisms? Do you not suppose that our fathers could measure the "fighting chance" that any given patient might have nearly as well as we can? Is it no longer possible to assemble, in one man, the elements necessary to everyday diagnosis and treatment of everyday diseases?"—*Dr. T. Clarke Miller, Cleveland Medical Gazette.*

"THE tendency of late on the part of various health departments has been to introduce old diseases as new and contagious affections, as witness the endeavor to enforce the report of con-

sumptive cases among the class of contagious epidemic maladies. During a number of years' connection with the local Health Department, both as member of the Board, City Physician and Health Officer, we sought in vain for any proof of the contagion of phthisis. In a lengthy report, a "Sanitary Survey of Cincinnati," made in 1878, we had occasion to go back over the health records of the local department for a number of years prior to that date. We spent several months' time in endeavoring to verify the connection of contagion as an element in the propagation of consumption, and most signally failed. A tabulated statement of many thousands of cases was published in that report. Occupation, heredity and local environment seemed to be factors in causing the affection, but even this conclusion was not altogether satisfactory. Late theories—that are merely theories—regarding the origin of the disease have caused consumption to be included among maladies considered eminently contagious, yet the proof is altogether wanting. A pretended science that is only a tissue of chimerical abstractions and illusory generalities can not account for the existent state of affairs in phthisis on such a logical ground as that of contagion. There is no proof of its contagion. The statistics of Brompton Hospital alone should suffice to settle that fact. The effort made to enforce the report of consumptive cases, and include them in the class of contagious affections, will not stand the test. Indeed, the courts of several States—the last, we believe, being that of Michigan—non-suited the health authorities who endeavored to raise the question of contagion; the evidence of contagion was lacking. There are so many serious objections to enforcing such a regulation as reporting cases of phthisis that the least reflecting will at once see a dozen good and valid reasons for antagonism."—*T. C. M. in the Cincinnati Lancet-Clinic.*

THE men who are working the serum end of medicine are now looking for a serum that will render the female immune against spermatozoa. Whether such a discovery would be an advance in science, or in deviltry, depends somewhat on one's point of view. However, with all due respect for the investigators in these fields, we doubt their ability to "immunize" any one with serum. Immunizing against yellow fever, typhoid, etc., were not strikingly successful, and probably against babies will be a failure also.

“THE first stupendous error, one which is so vast in its influence that it hangs like a withering blight over the individuality of every man in the profession, is the dictation of the innumerable pharmacial companies, the self constituted advisers in the treatment of diseases about which they know nothing, to the entire profession.”

* * * * *

“But that is not all; these drug-houses are so afraid that some will die through your ignorance, or before dull comprehension becomes alive to the merits of their preparations, that they send a man, frequently a doctor who was a howling success in your profession before his health failed, to tell you all about how to treat disease. He leaves you with the parting injunction to always specify his prepararions, and with the friendly warning to watch the local druggist—whom you know all about—to keep him from substituting, while he assures you that he and his firm—about whom you know nothing—are the personification of honesty, and that you can always depend upon them and their preparations, as the plants from which they are compounded were gathered by their special agent from the grave of Esculapius. And thus they come, with samples galore, until you are reminded of the old southern negro song, ‘They are coming, father Abraham, forty thousand strong,’ to spread the glad tidings of joy, and make every doctor their walking advertising agent.”—*Dr. Witherspoon in Jour. Am. Med. Association.*

OBITUARY.

John C. Merrill, M. D.

Dr. John C. Merrill, died at his residence on Green street (Portland, Me.) last night after a long struggle with ill-health which has undermined his strength for a period covering several years, although he had been able to be about and to walk with assistance until a comparatively recent time. Dr. Merrill was a son of Dr. John Merrill and Mary Southgate Boyd Merrill, his wife. He was born at Portland, Nov. 3, 1831. He prepared for college at Andover and entered Bowdoin, graduating in the class of 1851. He took up the study of medicine, graduating from the College of Physicians and Surgeons in New York in 1854.

After practicing a short time in Lewiston and St. Paul, Mo.,

he located at Natchez, Miss., where he was located at the outbreak of the war. He joined the first Mississippi and then the 26th Mississippi Regiments, serving through the war with those organizations in the Confederate service, participating in the battles of Shiloh, Fort Donaldson, Champion Hill and the siege of Vicksburg. After the close of the war he returned to this city, where he had ever since resided. In 1886 he married Miss Clara Brooks, who with one daughter survives him. One child died in infancy. A sister, Miss Mary B. Merrill, of New York, also survives. Dr. Merrill was a brother of the late Col. Charles B. Merrill.

MISSOURI VALLEY HOMŒOPATHIC MEDICAL ASSOCIATION.

Western physicians should attend the next meeting of the Missouri Valley Homœopathic Medical Association in Kansas City, Mo., October 2d, 3d and 4th. The different bureaux are so well under way, we are assured of an excellent session for this "End of the Century Meeting."

Reduced railroad rates, program and announcements will be mailed in due season.

H. W. WESTOVER, M. D., *Sec'y*, A. M. LINN, M. D., *President*,
St. Joseph, Mo. Des Moines, Iowa.

SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

Editor HOMŒOPATHIC RECORDER.

Will you kindly announce in your Journal that the Southern Homœopathic Medical Association will hold its annual meeting October 16, 17, 18, Imperial Hotel, Knoxville, Tenn.?

The programme is as follows:

Materia Medica, Dr. J. B. Gregg Custis.

Surgery, Dr. C. E. Fisher.

Gynecology, Dr. Wm. Davis Foster.

Pedology, Dr. Orpha Bruce.

Institutes of Medicines, Dr. H. R. Stout.

Sanitary Science, Dr. J. A. Whitman.

Obstetrics, Dr. J. L. Bryan.

Ophthalmology, etc., Dr. E. G. Wilson.

Clinical Medicine, Dr. T. H. Hallman.

Neurology, Dr. J. S. Bernard.

An unusually good meeting is anticipated, and a cordial invitation is extended to all physicians.

FRANCES McMILLAN, *Secretary.*

Nashville, Tenn., Aug. 12, 1900.

“THE average doctor can discourse very learnedly before a medical society on the supreme importance of vaccination and then go out in his private practice and act as if he thought it a monstrous fabrication.”—*Charlotte Medical Journal.*

Perhaps he does.

CASE— . A student came to me with a very rapid heart. A physician supposed to be an expert in physical diagnosis had declared he had mitral stenosis and the nervous sanguine boy was so frightened a comrade had to come with him to my office. I could detect nothing but tachycardia and gave the young man *Cratægus* 2x (a dose every two hours until relieved), telling him that would quiet his heart so he could get ready for his final examinations. He passed with flying colors and I heard no more about his “organic heart disease.” His heart was larger than normal, which would itself have precluded the idea of mitral stenosis.—*T. C. Duncan, M. D., Medical Arena.*

PASSIFLORA. “I would like to say in conclusion that I am a great believer in *Passiflora*. I have used it for several years with good success in spasms for children and adults. It has never failed me. I gave it to one child, two weeks old, that had had so many spasms that when I got to it, at least six hours after they had commenced, I thought the child dead, as I could detect no heart action or respiration. I stirred it up to see if I could find any life, when another spasm came on and that was all the life I found. I gave *Passiflora*. The child is now two years old and a daisy. I never use anything else in spasms now.”—*Dr. W. H. Jenney, of Kansas City, in Clinical Reporter.*

THE RECORDER, we believe, has the largest bona fide subscription list of any homœopathic journal, but like Mr. Oliver Twist, wans “more”—wants *yours*.

PERSONALS.

Pat politely asked to be pointed out the "going out interence" from the fair.

The advanced thinkers claim that golf is a mental disease.

When the youth contritely admitted he was a "regular bear" she denied it, saying he had never yet hugged anything.

FOR SALE. Foster's *Physiology*, Playfair's *Obstetrics*, Da Costa's *Medical Diagnosis*, Allen's *Intermittent Fever*, Wood's *Gynecology*, Gregg's *Diphtheria and Consumption*. Enquire of Dr. Wm. Steinrauf, P. O. Box 585, St. Charles, Mo.

Young lady's diary, shipboard: "May 30th, took a pill. May 31st, passed an iceberg." Credit, *H. Monthly*.

"How to study *Materia Medica*," John? Just carefully read a page in Gross' *Comparative Materia Medica* every day. Such a course will make each remedy stand alone in your mind.

Dr. Edward G. Muhly has located at 1627 S. 6th St., Philadelphia.

Yes, Mary, the wooden colts on the merry-go-round are colt-revolvers.

The Kaiser's orders to "take no prisoners" makes one think that the refugee missionaries in China might be used to advantage in Berlin.

The Homœopathic Medical Society of the State of New York will meet at Brooklyn, October 3 and 4. Secretary, Dr. De Witt G. Wilcox, 597 Elmwood avenue, Buffalo, N. Y.

They say that sailor papas speak of a certain part of the baby as the "spanker beam."

The microphobists who insist that the doctor should shave off his beard ought also to insist that his hair should go, too, and if not, why not?

Dr. Mettler writes of "Protoplasmic failure." It may some day rival "heart failure" and want of breath, as a cause of death.

Dunglison says "Protoplasm (*Proto plasso*, to form). The blastema in the sense of cysto-blastema." He says "blastema" is a "germ" and "cystoblastema" does-n't seem to be anything.

The cynical Frenchman asked: "How can you expect another to keep the secret you could not keep yourself?"

WANTED. Homœopathic physician to take charge of practice for nine months, beginning 1st or 15th of September. Liberal terms. Address, L. W. Dean, M. D., Waterville, N. Y.

Dr. M. H. Criswell has removed from Cassopolis to Edwardsburg, Mich.

One of Hans Sach's riddles was: "What smells most in an apothecary shop?"

"We ought not to hurry to enfile ourselves under every rag of assumed authority that enthusiasts or pushers of trade may raise."—*Dr. T. Clarke Miller*.

Any reader want a set of the *British Journal of Homœopathy*? Enquire of Boericke & Tafel, 1011 Arch Street, Philadelphia, Pa.

"Discoveries should have the shop finish worn off before they are made the basis of laws."—*Idem*.

No, Mary, "lobsters sometimes cough up diamonds" is *not* a nice expression for a young lady.

Drs. Juan S. Michelena and Antonia R. Valdes, of Matanzas, Cuba, visited Philadelphia in August.

What happens to a "serum" that becomes "immune?" Seek the answer in the ad. forms!

THE HOMŒOPATHIC RECORDER.

VOL. XV.

LANCASTER, PA., OCTOBER, 1900

No. 10

THE HISTORY OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

By Bushrod W. James, A. M., M. D., LL. D., of Philadelphia, Penna.

From its Formation, April 10, 1844 to May 14, 1845.

In the year 1810, Samuel Hahnemann, M. D., gave to the world a new method of prescribing for the many forms and complications of the diseases which subject humanity to suffering and premature death. His noble heart overflowed with sympathy for his fellow men, and prompted him to devote his time and wonderful talents to the study of the maladies with which his profession made him acquainted and to the elucidation of the apparent mystery in the action of drugs upon the human frame.

By following a train of circumstances he was led to the discovery of a certain law by which the treatment of disease became an art whose fundamental basis, erected and cemented by nature itself, can only become more secure as time adds to its lustre. No sooner was the discovery of the law of *similia similibus curentur* made public in his "Bible of Homœopathy," the "Organon of Rational Healing," published by Arnold, of Dresden, than he was met with violent opposition, which in time amounted to professional persecution and compelled him either to forsake his newly found principle in the treatment of diseases or his native land, whose pharmacists feared that his newly found theory would detract from their hitherto unassailable interests. From that time even unto the present this discovery, which has developed into a fixed science in medical treatment by a carefully consistent adherence to a natural law, has had its bitter enemies, its practitioners have had their traducers, its followers

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their scoffers; and all have been submitted to a continuous run of jeering taunts, more difficult to resist than could have been an array of more tangible opposers. Probably among the advocates there have been a few who, either in ignorance or carelessness, or uncertainty, had given food for some part of this unreasonable enmity, and to meet and in the future obviate this possibility "The New York' Homœopathic Physicians' Medical Society" decided to call a general convention of the practitioners of Homœopathy throughout the United States in order to adopt a plan by which the art of Homœopathy should be widely and systematically cultivated. Possibly no large body of learned men ever undertook a more apparently hopeless task than those who braced themselves as a resisting army against the really honest objections or the contemptuous injustice which were ready to meet their cause at every turn. Their watchword, "Similia Similibus Curentur," yet used as a jest among the old school fraternity, was mis-translated, mis-quoted, purposely mis-understood, and the most erudite and dignified supporter of the "New School" practice could sometimes deem himself fortunate were he not openly accused of quackery.

We cannot fully understand why Dr. Hahnemann should have been regarded with such doubt and opposition, when from the most ancient times physicians, particularly leaders and teachers in the healing art, have been accepted, trusted, revered and almost canonized, for their devotion to suffering humanity. Æsculapius, Hippocrates, Galen, Paracelsus, Von Helmont, Hoffman, Stahl, Boerhaave, and so on down through the ages, stride great masters upon whose words young enthusiasts hung as though each utterance was an unalloyed treasure. Enemies they had but few, and their followers were the multitudes who sometimes attributed virtues to the very garments that they wore—the air which surrounded them. Through all the history of medicine, from the time of blind reliance upon the preternatural, god-physicians of ancient Greece and Rome until the day of the humble Dr. Hahnemann, there was never a decisive law regulating the manner of prescribing medicine as a curative agent in the true acceptation of its meaning. The most learned and conscientious doctor felt that his work was well done when pain retired before his pills or potions, and sometimes, except in cases of visible mortification, he felt his patient was well on the way to restored health when the signal of distress had passed away when perhaps

its absence was a fatal sign of nature's uneven contest instead of a medical triumph. The "Father of Homœopathy" claimed for his discovery a far broader field than that of the mere palliation of disease, the simple amelioration of suffering. He asserted that pain is only the result of illness and the call for assistance, and he announced his new-found law as possessing the power to cure. To obliterate the cause of pain, and by so doing prevent its recurrence. He asked for himself nothing, but for his discovery a fair hearing and an impartial trial. And for this his country condemned his method of preparing and administering drugs, and by so doing ostracised him. But he found unbiased men in France, in England, in America, and the call of the "New York Homœopathic Medical Society" met with ready response. On the 89th anniversary of the birth of Dr. Samuel Hahnemann, April 10th, 1844, the convention met at the "Lyceum of Natural History," in the city of New York. Constantine Hering, M. D., of Philadelphia, by many called the "Father of Homœopathy in America," was the chosen president of the convention. Josiah F. Flagg, M. D., of Boston, and Willian Channing, M. D., of New York, were its vice presidents, and Henry G. Dunnell, M. D., of New York, was its secretary.

With a promptitude which denoted the earnest purpose which actuated the enterprise, the "American Institute of Homœopathy" was created and named and a preamble and resolutions were quickly framed and adopted. The preamble and resolutions were in the following words: "Whereas, a majority of the allopathic physicians continue to deride and oppose the contributions to the materia medica that have been made by the homœopathic school, and, whereas, the state of the materia medica in both schools is such as to imperatively demand a more satisfactory arrangement and greater purity of observation, which can only be obtained by associate action on the part of those who seek diligently for the truth alone; and inasmuch as the state of the public information respecting the principles and practice of Homœopathy is so defective as to make it easy for mere pretenders to this very difficult branch of the healing art, to acquire credit as proficient in the same; therefore,

Resolved, That it is deemed expedient to establish a society, entitled the "American Institute of Homœopathy," and the following are declared to be the essential purposes of said society:

First. The reformation and augmentation of the *Materia Medica*.

Second. The restraining of physicians from pretending to be competent to practice Homœopathy, who have not studied it in a careful and skillful manner.

The society being thus duly formed, Dr. John F. Gray, of New York, was elected General Secretary of the Institute, and Dr. S. R. Kirby, of New York, was elected Treasurer.

The convention adjourned to organize the first session of the Institute, which was called by its General Secretary elect on this same evening, April 10, 1844, and thus quickly and decidedly was laid the cornerstone of the "American Institute of Homœopathy," which has grown from a few honest adherents to a truth upon which is founded a pure science to a widely appreciated galaxy of the best known and most highly educated Homœopathists in the United States.

Dr. J. F. Flagg, of Boston, had the honor of being chosen unanimously as Chairman for the session, and the Institute started on the work for which it had been organized by appointing a Corresponding Committee to serve until the meeting of the society in 1845. The names of this committee were:

Eliphalet Clark, M. D., of Maine; Josiah F. Flagg, M. D., of Boston, Mass.; A. H. Okie, M. D., of Rhode Island; C. M. Taft, M. D., of New Orleans; G. W. Cook, M. D., of New York; S. M. Fairchild, M. D., of New Jersey; C. Gosewisch, M. D., of Delaware; Walter Williamson, M. D., of Philadelphia; F. R. McManus, M. D., of Baltimore; J. H. Pulte, M. D., of Cincinnati, Ohio; J. R. Piper, M. D., of Washington, D. C.; and Doctors Mose, Spalding, and Pilkin.

Of the last three names there is no record of their addresses, or their first names. The society being composed of medical men, it is natural to infer that they had the title of M. D.

The duty of this committee was to correspond with physicians desirous of either joining the Institute or communicating with the society relative to its professional business. A Publishing Committee, consisting of Drs. J. F. Gray, H. G. Dunnell and S. R. Kirby, was appointed in order that important papers upon professional subjects should be given publicity without delay, thus facilitating the great object of the Institute—the advancement of the newly discovered truth in medical science.

At this session a Bureau for the Augmentation and Improvement of the *Materia Medica*, which was named the Central Bureau, consisting of Drs. Constantine Hering, Jacob Jeanes,

Charles Neidhard and Walter Williamson, of Philadelphia, and Dr. George Lingen, of Yellow Springs, Pa. Four of these gentlemen served faithfully upon this bureau for several years, Dr. Lingen giving place to Dr. James Kitchen, of Philadelphia, in 1845.

At this meeting six boards of censors were also elected whose duty it was to examine applicants for membership. The gentlemen constituting these boards were:

1st Board.—Drs. Albus Rea, Eliphalet Clark, John Merrill, all of Portland, Maine.

2d Board.—Drs. J. F. Flagg, Charles Wild, Luther Clark, F. Clark, Wm. Wesselhœft, all of Boston, Mass.

3d Board.—Drs. John F. Gray, Wm. Channing, A. S. Ball, Abram D. Wilson, H. G. Dunnell, all of New York City.

4th Board.—For Western New York,—Drs. John Taylor, of Rochester; H. Hull Cator, of Syracuse; Williams, of Geneva; Horatio Robinson, of Auburn; and E. Humphreys of Utica.

5th Board.—Drs. Constantine Hering, James Kitchen, Charles Neidhard, Jacob Jeanes and J. Green, of Philadelphia, Pa.

6th Board.—Drs. A. F. Haynel, of New York, and F. R. McManus, of Baltimore; and Dr. J. R. Piper, of Washington, D. C.

Dr. A. G. Hull was elected Provisional Secretary.

The announcement was made at this first meeting of the Institute, of the proposition of Dr. S. R. Kirby, that any homœopathic physician who was desirous of joining should have the privilege on or before the meeting of the Institute in 1846. Possibly some members of the profession took umbrage at the proposition of an examination by these boards of censors, or probably at the apparent lack of haste in enrolling members. Whatever may have been the cause, a goodly number failed to join their names to the enterprise, and there were not a few who were to an extent somewhat opposed to the new organization.

On the second day, April 11th, 1844, Dr. Josiah F. Flagg presided, and the first paper was offered to the society by Dr. A. G. Hull, entitled "Homœopathy and Allopathy contrasted, and a few of the causes which prevent the advance of true medical science, illustrated by cases in practice," by Geo. W. Cook, M. D., of Hudson, N. Y.

Dr. W. Williamson, of Philadelphia, presented a paper on *Podophyllum peltatum*, a remedy that he was proving. This was an entirely new contribution to pure pathogenesis and it was ordered to be read by the secretary and referred to the Central Bureau—the name adopted for the bureau appointed for the augmentation and improvement of the *Materia Medica*. In this paper Dr. Williamson gave a most satisfactory and lucid description of the plant, its scientific and common nomenclature, its nature and habits, with a full report of the effects of his provings upon the dog first and then upon the human system.

He gave a minute catalogue of the symptoms of *Podophyllum peltatum*, and agreed with other practitioners as to its curative powers in rheumatism, intermittent and congestive fevers, dropsy, hepatic, catarrhal and pulmonary affections, cough, hæmoptysis, colica pictonum, scrofulous complaints, diseases of children during dentition, and to this he had, from his personal observation of the effects of the drug, added a more extended list. Drs. C. Hering, J. Jeanes, Walter Ward, Hussman and Fairchild joined with Dr. Williamson in provings, and Dr. Williamson classified the numerous symptoms of the remedy under headings, rendering all with conscientious accuracy.

During the meeting Drs. Henry Paine, of Newburg, and H. G. Dunnell, of New York, took occasion to endorse the "*Homœopathic Examiner*" and to propose that every member of the Institute should become a subscriber for that journal. Dr. Constantine Hering was elected the first delegate of the "*American Institute of Homœopathy*" to the General Congress of Homœopaths held at Magdeburg, on the 10th of August, 1844.

Perhaps no members of the new society started more zealously in their undertaking than the Central Bureau. Each member felt the importance of the trust imposed upon him and used his full ability, and the Bureau promptly prepared and issued circulars to all new school practitioners asking for their co-operation in the augmentation and improvement in the *Materia Medica*. They particularly desired information upon three subjects and issued inquiries in the following sentences:

First.—"The effects you have observed from remedies not mentioned in '*Jahr's Manual*,' whether in health or disease; stating the precise localities of the symptoms, the times of the day at which they occurred, with all attending circumstances."

Second.—New symptoms, either pathogenetic or curative,

which you may have observed from the remedies in 'Jahr's Manual' which are clearly ascribable to those remedies, with the particulars of each case.

Third.—The symptoms which you have seen confirmed most frequently in your practice; also any remarkable coincidences in allopathy or popular practice and specially cases of poisoning which may have come under your observation.

In the circular three new remedies were proposed for trial, Oxalic acid, Podophyllum peltatum, and Kalmia latifolia, with an offer to furnish all of them to any one who desired to test them.

The first meeting of the Institute then adjourned, being fully organized and having appointed its officers for the ensuing year.

A QUIP AT THE LAW.

By T. L. Bradford, M. D.

MY DEAR CLASSMATE:

Though it is some time since I "took my pen in hand," yet I have often held you in mind and thought of the good old days when we sat on the hard benches of our Alma Mater. Dear, dear, medical education in those benighted times was not what it is now. When I look back at the simplicity of the way we were taught and then try to grasp the wonderful *modus operandi* of the modern medical college, with its cultures, its live dogs for vivisection, its omniverous curriculum, its professors and lecturers and teachers, and masters of clinics, and submasters of clinics, and assistant sub-masters of clinics, its bacteriological displays, its erudite freshmen and its dignified seniors; when I watch the intricate workings of its pedagogic economy and compare the fussy elaboration of the medical education of this day with that of our day, words fail me; I marvel that *one small head* can carry it all.

Why in the old days, the days when you and I dreamed dreams of future fame, the young fellow who wished to give his life to the service of the sick studied the bones with the family doctor, often swept his office out, lent a hand as assistant, and when winter came went to college to listen and learn. The medical student of forty years ago did not think a month after entering college he knew more about medicine than the dean; and, as in

most cases he had to fight his way through the college by his own exertions, he took the matter seriously. Dear days, with the possibilities before us! Don't you remember how we used to go into the big lecture room on the first floor at nine o'clock every morning, all the students together, all of us in one fraternal class, and with what reverent eyes we watched the *Professor* enter at the front door of the room and walk down the side aisle. With what deference we responded to his genial "Good morning, gentlemen." And at ten o'clock another good teacher, whom we also loved, and listened to. So on hour by hour, until two by the clock, when we had two hours off. And lectures from four to six. All the students in the college in one harmonious body, just the one class, just one aim, to be a doctor. We had a professor of Anatomy, one of Physiology, one of Obstetrics, of Materia Medica, Chemistry, and the other great branches of medical science. Not much practical clinical work; dissecting, that was all. No microscopes, no culture growths, no practical tests in chemical analysis, no bandaging, no dummy babies to be delivered from a chamois skinned mater. But there was sound, common sense teachings, and plain information, the knowledge born at the bedside, the best sort of experience for our note books and noddles.

We had two years of it, and many of us had to work in the summer to get money for the next winter; and some there were whose first post-graduate years were further hampered by obligations to their Alma Mater for needed value received. And then, without any great blare of trumpets or tuning of fiddles and no dress coats, we stood up in line and, ah me,—the pride that was in us when we were handed that coveted scroll emblazoned with the legend—*Quos literæ præsentēs*. Can you not see the picture, dear old chum? Then came the modest first office, long drives over lonely country roads, books studied on the way; not much chance to lean on the crutches of consultation; not much chance for the elaboration of the egoistic specialist. In those days we just had to fight it out with disease.

And in those days folks were so simple-minded that it was the general notion that when a man had received a diploma from a medical college that had been chartered by the Commonwealth for the purpose of teaching medicine and graduating men as doctors; when the amiably self-satisfied president had publicly

recited the usual dictum: By virtue of the authority vested in me by the Commonwealth, etc., I now confer upon you the degree of doctor of medicine—the license and diploma really meant something. I say, when the officers of our Alma Mater honored our important selves with diplomas, and fraternally grasping our proud hands bade us, with heed to our oath of fealty, go forth on our mission of healing, we understood that this diploma for which we had toiled, of which our teachers publicly declared us to be fully worthy, conferred a real license, power and right to practice medicine. And we went forth, secundum artem, and did the best that was in us for suffering humanity, with hearts loyal to the traditions, and with pity and sympathy for the lame and the halt.

But now the methods of the past are thought to be old-fashioned, the doctors of the past are considered mostly as good enough sorts of fellows, but not *up-to-date*. You see when the old-fashioned doctor goes to see a case of measles he does not carry an anemometer, a sphygmograph, an apparatus for testing urine, a microscope, tubes for catching bacteria, a pocket case of assorted serums with hypodermic to match and a wagon with disinfecting apparatus; he only takes a few remedies and a modicum of common sense along, and he does not think it is necessary to remove the patient's appendix if he has the wind colic.

But what does that old medical back-number know about modern histology, or biology, or bacteriology, or serum therapy, or coal tar products? Medicine has *advanced* with the times! That is true, it must be, for all the mighty say so. And no one can be so untutored as to doubt it.

Things and methods medical have changed from the time when the medical college kept its word to its graduates. When the warrant, signed by its president, its secretary, its professors, in accordance with the charter for so doing granted by the Commonwealth, meant something. When a man who fulfilled the regulations of his Alma Mater got what he studied and paid for—a diploma which was a guarantee before all men that he was fitted to wear the mantle of Æsculapius.

Nowadays when a fellow gets a diploma the ceremonies have only just begun; it is only the preliminary blare of the trumpets before the fiddles, and the flutes, and the cornets begin to play.

To be sure the diploma certifies under seal that the fellow has

fulfilled his part of the contract, studied four years, attended the college lectures, passed his examinations successfully. paid his fees and knows his humanities. That used to be enough. But now, bless you, it is nothing. The fellow has got further steps to climb, some red tape to cut, before he can *lawfully* scrawl prescriptions, or saw a man's leg off.

My dear boy, please to remember that "we live in an age of progress!" Ours is a century of wonderful culminations in human knowledge. You know about it; the telephone, the phonograph, wireless telegraphy, smokeless powder, shirt waists. And the science of the physician has made most marvellous advances, too. The period of medical study has doubled in the past twenty years; not only the great medical branches are now necessary, but very many collateral subjects must be mastered; preliminary examinations are demanded, special courses are now made a necessity. The medical college of the present day teaches everything that is needful to make a man an up-to-date doctor; a doctor who may safely be trusted with the lives and the whimsies of those of the public who are sick and those who think they are. Bah! if you think that, it only shows how little you know about it! The law of our State presupposes that after a man has graduated with honors from his up-to-date medical school he is NOT fitted to practice medicine, not fitted to go among the sick and those who think they are sick, until he has written the answers to some dozen questions in each of the several great branches of medical knowledge, said questions often of no practical value, illustrating the collective wisdom of a body of men who are utter strangers to our neophyte. So if our young fellow, dazzled by the effulgence of this State buttressed Panjandrum, gets rattled and can not calmly make use of the facts that four years of study have made his own, he is called an ignoramus, and is not allowed to practice. Why I know of one fellow who during the four years of his college course received each year the highest average of his class, yet who at this legal masquerade of Æsculapius could not manage his mind and so was turned down. Not true? *Indeed this is true*, and it shows that the State examination is no criterion of what the young doctor really knows. It is simply a school in which the man who can crib most successfully comes out with the greatest honor. The medical colleges of to-day have raised the standard of medical practice; the State Examining

Boards have raised nothing, but wind. I am a cynic and a pessimist, am I? I don't believe in the advancement of medical education, eh?

Nay, nay, my good classmate, I am no cynic, I am not a pessimist, and I do most heartily approve of the advancement and thoroughness of medical education. But I do believe that the men who have taught the medical student for four years, who thoroughly understand his mentality, who know something of both mental and moral character, are better fitted to judge of his medical knowledge than any body of men who know nothing of him and only look upon him as one man among a number of others.

Now what is the ostensible reason of this ponderous medical law? *To protect the people against quackery and crime.* So it is written in the *Archives*. Let us quote from the Act of 1893:

“Whereas, the safety of the public is endangered by incompetent physicians and surgeons, and due regard for public health and the preservation of human life demands that none but competent and properly qualified physicians and surgeons shall be allowed to practice their profession; Be it enacted, etc.” This is the reason of this law, THE SAFETY OF THE PUBLIC, the dear public that in the matter of doctoring doctors itself, goes to the witch doctor, the herb doctor, the faith woman, the pow-wow healer, the drug store, the nostrum vender, the hypnotic charmer, the voodoo man, the clairvoyant (so-called) medium, swills hot water before breakfast, wades through the grass in the early morning, a la Kneipe, starves itself ad libitum; in a word, the dear public that in the matter of medicine follows its own sweet will.

But, I hear you exclaim—we have exterminated, done away with all the quacks, the pretenders, the irregular practitioners; since our new and beneficent law there are no more of them on tap. That shows how much you know about it. There has never been a time when quacks, pretenders and all sorts of irregular practitioners got more fun and *money* out of the dear people. The country is full of them. Dr. Munko, with his vials and his title of professor, has made a fortune; Dr. Cranko, situated on one of the principal thoroughfares of our great city, invites the public to come in and get doctor's advice free, but he is willing to sell his blood medicine or his catarrh cure or any of his reliable remedies at a real good price. Dr. Faith Woman

hangs out her sign and is permitted to meditate over her patients. Dr. Black Voodoo will, for a consideration, fit you out with abracadabra amulets and rabbits' feet, he will fill your stomach with mystical decoctions, if you want him to; Doctress Trance will wriggle herself into an impulsive chorea and tell you what to take; Doctress Endor will furnish you with love powders, or hate powders, or any other kind of powders you are willing to pay for; Dr. Suggest will charm your pain away with his hands; Dr. Diet also wants his fee. And last, but not the less remarkable, Dr. Bricklayer, or Hodcarrier or Farmer, or Hoodoo may, if he wishes, get any old recipe, some bottles and corks, get some labels printed and put up and sell one or a dozen different sorts of medicine. All he has to do is to pay the government a trifle for a proprietary stamp. He does not need any license, nor is it decreed that he shall bow down before any pharmaceutical board with an explanation of the skill that is in him. He is absolutely free to urge his cure-alls on the public, he can send his circulars through the mails, he can advertise in the newspapers, yea, the daily papers are made literary delights by means of the pathological descriptions, the cuts of grateful patients. One can hardly open a paper without meeting the set and sardonic grin of Mrs. Winkham, the intellectual whiskers of Dr. Fierce; poor Koch's picture does duty beside a complicated apparatus for the "Sure Cure for Consumption;" three fair American ladies of Ethiopian tinge pay their devoirs to Dr. Smartman's Catarrh Cure; the solid looking bottle of bitters with St. George and Dragon on its label is ever present; the rupture pad man with extended arm and dutch physique; the legend of the triple S; the Sunday School reading about manhood restored; the noble countenance of the electric belt man; the papers are full of them. There is nothing in the ills that trouble man too offensive for Dr. Nostrum to explain to the dear public.

And what delightfully suggestive reading for our boy or our girl of fifteen or sixteen are these same lost manhood or woman's regulator advertisements admitted for money into nine out of ten of our family newspapers.

Say, my boy, don't you think the safety of the public might be conserved as much by a censorship of medical ads. in newspapers as by devilment of the young doctor?

And Dr. Nostrum does not have to pass any examination

re education. Let me quote a bit of delightful English *as she is spoke*. The letter tells its own story, and was sent by mail to the husband of a sick lady, an entire stranger to Dr. Nostrum: "My Dear Sir: I enclose herewith a circular in reference to my Rheumatic Cure. Also some testimonials of those who have used it. There is no doubt about the cure if you will only take the medicine. It may take several bottles in your case. But it goes to the root of the trouble. During the last week we have received the endorsement of the United States Health Beaurogh as to its ingredients and ability to cure." With this letter is a printed circular illustrated by a horrible sort of living skeleton sitting with bare legs in an invalid chair. Dr. Nostrum can do this, though he has not passed the Board, *because he only sells his medicine*. O tempora! O mores!

Dr. Nostrum can not only send his personal letters to the sick who have their own doctor, but he also is allowed at least in our city to throw samples of his medicine into the vestibules of every house in the city; to throw them around anywhere, no matter if a child or so is made ill by them. It is within the year that quite large packages of some sort of stuff yclept some great medical discovery. I've forgotten the name, were left in the vestibules and on the doorsteps of the City of Philadelphia, the chief city of the Commonwealth whose medical laws are supposed to protect the public from irregular practitioners.

"Headache powders put life in peril." I quote from a daily paper of a few months since. A young girl went to a drug store and she bought a package of Dr. Nostrum's headache powders. One powder did not help her, so she took a second, then a third, then she *took sick*, and the doctor, after restoring her to consciousness, found that Dr. Nostrum's headache powders were composed of phenacetine, charming sort of stuff to sell in bulk to the laity.

It is but a day or two since a child died in Camden attended by Dr. Faith Cure; now Dr. Faith Cure has an office, a sign and sells her medicine or "Health Restorer" at \$1.00 per bottle. Yet the New Jersey law seems not to be able to reach her; doubtless she has a proprietary license.

A few weeks ago a waif of fortune sent her little girl to a drug store for laudanum; the druggist sold it to the child, the woman took it and doubtless found rest from her troubles. But—is it not an odd way to protect the dear public?

But let us see the Act of 1897: "An Act to protect against incompetent practitioners of medicine and surgery. Any person who shall attempt to practice medicine or surgery for a valuable consideration, or without any charge or remuneration therefor, by opening a transient office within this Commonwealth, or who shall by handbill or other form of written or printed advertisement assign such transient office or other place to persons seeking medicine or surgical advice or prescription, or who shall itinerate from place to place, or from house to house, and shall propose to cure any person sick or afflicted by the use of any medicine, means or agency whatsoever for a valuable consideration, or without any charge or remuneration therefor, shall, before being allowed to practice in this manner, appear before the clerk of the Court of Quarter Sessions of the County wherein such person desires to practice, and shall furnish satisfactory evidence to such clerk that the provisions of this act have been complied with, and shall, in addition, take out a license for each day and pay into the county treasury for the use of such county the sum of ten dollars therefor, whereupon it shall be the duty of such clerk to issue to such applicant a proper certificate of license on payment of the fee of five dollars for his services. Approved 12th day of July, 1897."

Now, old classmate, do you, tell the truth now, even if I am a pessimist, do you, I say, really suppose that they all pay their little ten dollars a day and give the county clerk his bonus?

I know you are getting tired of my subject. One word more:

If it is right in the name of the protection of the public to submit the new graduate to a three days' examination, said examination not in all cases practical or sensible; if it is right to mulct the poor fellow whose purse has been drained enough by four years of college expenses, of \$25.00 to protect the public, then is it not right that the doctor, the graduate, the man who has passed his preliminary examination, his college examination, his State Medical Council, should by the State be protected from Dr. Nostrum, Dr. Witch or Dr. Faith Cure? Else what is the use of imposing senseless restrictions on the graduate and allowing Tom, Dick and Harry to dub themselves professors and gull the public at their own mellifluous will? * * * *

The next letter that I received from my old chum contained simply these words: "Dear Chum, the people are like sheep, only more credulous; the man who holds up the whitest and

biggest piece of rock salt before the flock gets easiest following. Besides, according to section 8 of this medical law, the surplus after the expenses are paid goes to the examiners! Figure it out; it's a *pudden* for somebody. Go to, let the law alone, you may hang out laws as thick as telephone wires in the streets of Philadelphia, and the dear people will still doctor themselves or pin their faith in Dr. Nostrum and Dr. Endor. And, after all is it anybody's business but their own?"

As I folded up his letter and lighted my pipe with it, I murmured: I don't care—the medical law of Pennsylvania, in the matter of protecting the public health, is the funniest farce in the world. It looks upon the graduate, who has taken a four years' course of medical study, and hard study, as unfitted to be trusted to doctor the dear public, and allows the patent medicine man, the howling quack, the various species of the medical ignoramus and pretender to flaunt his dirty wares in the newspapers, and to gull the public in any and every way that to him seemeth good.

MALARIA.

Malaria as a Remedy.

By G. W. Bowen, M. D.

In considering this subject one cannot fail to feel a sense of surprise at the suggestion of using the same element and material, artificially, to neutralize or destroy the effect produced by the same matters in its natural form. It would cursorily seem to be inconsistent, and according to reason illogical; but demonstrations have proved it to be in harmony with a law of nature, though apparently incomprehensible.

Its application as a reparative and restorative means is certainly worthy of the highest consideration to the human race, especially to those that reside in a malarial climate. If human intelligence can compel the sunlight to perpetuate passing events, purify and nourish his system, to vivify his vital forces, or compel the rushing river to generate mechanical energy, to give its assistance, and even dare to retard the wind in its passing flight, and force it to elevate and supply him with water, propel machinery to enable him to extract his nutriment from the dormant earth, why not utilize all other means that may contribute to his comfort and happiness?

Yes, and man has encroached on the prerogative of his Creator, and generated his own electricity, that can blight the shadows of night and make it the equal of day.

If this can be done, why not compel that brutalizing savage malaria to turn upon itself and neutralize its own effects?

Malaria is a natural product that is in a measure essential for its own perpetuity, as decomposed vegetation is necessary for the production of vegetable matter. In its transference, it generates a surplus, or a product not used, that seems to delight in the assailment of mankind, and almost becomes a demon when it has secured a genial or acceptable location. It assails him in the air he breathes, in the water he drinks, and in the fruit he eats in its primitive form (that is, uncooked).

These are the only ways in which it can effect a lodgment in the human system.

During the most active period of the decomposition of vegetable for the production of malaria, it is capable (if it finds a susceptible field) to effect an entrance and produce immediate results, and this is recognized as an acute disease; but at other times its entrance is slow, and its development of effects would seem to indicate that it has secured for itself a permanent home, and is no haste to destroy its residence.

When it has been slowly absorbed, or introduced, its diversity of action and effects are almost protean and many of the various indications of its presence are not comprehended, and doubts may arise as to the possibility of their emanating from the one cause or the same source.

That its effects vary are many times due to the season, the surroundings or the peculiarities or susceptibility of the one it has invaded, hence there is scarcely an organ or a portion of the human system that may not be made to suffer from its presence, due to a prior invasion.

Many years ago it was only credited with the production of a few recognized diseases; but by the introduction of malaria as a remedy and the demonstrating of its ability to remedy defects that have been long in existence, and many others that were not supposed to be due to the same cause, is negatively a proof that they were.

That in a malarial climate its existence in the system in a latent form may be reasonably suspected, and its removal by treatment or its positive presence be amply demonstrated by

an acute development in a few days. General languor, lassitude, drowsiness, nervousness, neuralgia and constipation, have been cured by it, and an old case of insanity materially benefited by it.

The only apparently logical reason that can be advanced for its wide range or radius of action is that it rouses into life or activity that amount of malaria that has lain dormant in the system, possibly for years, and gives it a short ephemeral existence, and allows it to escape, or forces it to do so, for it evidently does not neutralize by a supposed chemical action. Or we might infer that it possibly creates a new type of an old malady, and it becomes an artificial product that must have a limited period of existence. The apparently absurd idea of destroying the greater by the lesser would seem to be inconsistent with human logic as our normal methods of reasoning.

Certain it is that malaria can be absorbed or acquired slowly, and when the system has become saturated to a certain extent it renders one liable to the development or the acquisition of other diseases in addition to those it is capable of producing on its own account.

In searching for its field of usefulness, many times it has been used as a remedy for symptoms and conditions that could not be traced back to any reasonable or supposed cause.

We are well aware that many seem to entertain the belief that there is a key to any solution, or a keynote, as it is called, and to find that will go back beyond the existence of the individual for a pre-natal cause and claim that in their progenitors there was psora, syphilis or sycosis that are accountable or contributory to the present condition. These are German *fads* of a hundred years ago, and possibly may have existed then and there, but are not worthy of consideration by Americans of the present age.

Here is a case in which malaria, introduced artificially, accomplished all desired, and as much as could have been expected from medical aid:

Miss R., aged twenty, a farmer's daughter. She had been complaining for some time, and had been intentionally neglected by me (with consent of her mother), with the belief that all of her troubles and complaints would be centered in her chest, or in her kidneys, and then I would know definitely what to treat her for.

She was brought to me June 16, 1900, with the following symptoms:

Dull headache, dizzy and drowsy at all times, but more so mornings.

Eyes weak, blurring, difficult to read. Laryngeal irritations, with some cough and a secretion of a bloody mucus. Slow heart-beats, pulse only seventy. Right arm gets numb spells and has to be rubbed. Generally cold extremities, poor appetite, food not wanted, yet does not distress her. Water red, deficient, yet does not distress her bowels sluggish, yet the passages are natural.

Menses regular, with no distress, although rather deficient.

Very forgetful, and so sleepy mornings cannot hear the clock alarm. To search for an indicated remedy seemed to be an impossibility, so was given *Malaria*, second cent. pills No. 30 medicated, and she was to take ten every three hours, and if not better to report in one week. Her mother told me she was much better in three days, and in one week she could wake up and seemed to be nearly well.

July seventh she came to the office, and there was found only a slight defect of vision in the left eye, and she was yet inclined to be drowsy, somewhat forgetful, and singing caused some irritation at her throat. She was again given *Malaria* to be taken morning and night, and since then seems to be perfectly well. As I had treated her parents and her grandparents for over forty years, it was certain that those *imaginary* miasms that may have been present in a former age, than could have been acquired by imprudence or ignorance were not to be considered as factors in her case.

The above case is only one, yet is a fair sample of those that cannot be attributed to a reasonable cause and yet may be benefited by the use of *Malaria*.

Fort Wayne Ind., Sept. 1900.

THE TISSUE REMEDIES IN SOUTH AFRICA.

F. E. BOERICKE, M. D.

DEAR SIR: Being in possession of your splendid book, "*The Twelve Tissue Remedies of Schüssler*," by Drs. Boericke and Dewey, I venture to drop you a few lines.

The fact is, although I am an ordinary business man, and never had any medical tuition, I, however, take such a delight

and interest in the results of these twelve remedies that it has been my pleasant task, occasionally, to have done small wonders. I think more than one foot is still intact, which would otherwise have been amputated.

A few months ago I was asked to do something for an old man, eighty-four years old, who was laid up for six months on account of blood poison in the one foot. The whole foot, starting from the ankle, was one rotten mass, and at such a stage that the little toe dropped off. Besides this, the stench caused by this wound was unbearable. I felt sure this case was beyond the craft of any medicine. Still I ventured to recommend *Kali phos.* and *Silicea*. After a few weeks the offensive smell had disappeared, and when, shortly afterwards, the infiltration had lessened, *Calcarca sulph.* was used, and this completely cured the old man.

This is simply to give you an idea what I am able to recount of.

I remain yours truly,

J. J. C. ESTERHUYSEN.

Caledon, Cape Colony, Aug. 17, 1900.

ANÆMIA.

To the Editor of the HOMŒOPATHIC RECORDER.

In the September 15th issue of the RECORDER there appears an article by Willard H. Morse, M. D., bearing the title:

“ A Word on Physiological Tonicum.”

Dr. Morse first classifies anæmia as follows:

1. *Simple anæmia*, where both the hæmoglobin and corpuscles are diminished.
2. *Chlorosis*, where the hæmoglobin is diminished and the corpuscles normal.
3. *Chlorotic anæmia*, where the hæmoglobin is increased and the number of corpuscles diminished.

He then gives the average results of fifty-seven cases, including all classes, before and after taking physiological tonicum.

He says: “ Before the use of the remedy, the blood contained in 1,000 parts, 87.150 of water, 128.50 of solid constituents, the hematin being 1.40.

“ After the use of the remedy there were in 1,000 parts, 806.50 of water and 193.50 of solid constituents, with hematin 4.598.”

He goes on to say: "This may well be described as 'something surprising.' The change in the composition of the blood shows that the solid constituents are increased *above fifty per cent.*, and the hæmatin augmented *to nearly to 225 per cent.*" (The italics are his.)

It would be interesting to know how these figures were obtained, by what methods the blood was analyzed, and what are the normal values for these constituents, and finally what relations these figures bore to the normal before treatment, and what after treatment.

As the hæmatin must be derived from the hæmoglobin, it is difficult to understand how the solids could be increased only above fifty per cent., while the hæmatin was augmented nearly 225 per cent. Not less surprising than these extraordinary figures is that they are said to have been obtained from a comparatively large collection of cases, including all the varieties of anæmia, the causes of which are almost as varied as the diseases of a man.

Quoting one of the more recent authorities, Dr. A. Lazarus, "Die *Ænæmie*," Nothnagel's *Specielle Pathologie und Therapie*, we find these classifications:

- (a) "Primary, or idiopathic anæmia."
- (b) "Secondary, or symptomatic anæmia."

This classification places chlorosis and progressive pernicious anæmia in the first section and all other anæmias in the second.

And,

I. SIMPLE ANÆMIA:

- A. "Acute post-hæmorrhagic anæmia."
- B. "Simple chronic anæmia."
- C. "Chlorosis."

II. "Progressive pernicious anæmia."

The hæmoglobin may increase and decrease in lines parallel with the number of the red cells, in which case the amount of hæmoglobin per corpuscle is supposed to be normal and the color index or *valeur globulaire* is said to be 1.

When the hæmoglobin is diminished more than the number of the red corpuscles the color index is said to be less than 1.

In general the color index never goes above 1, except in pernicious anæmia.

In most anæmias the hæmoglobin falls off markedly before any great loss of red cells takes place. The corpuscles are said to get thin before they die.

In general, in secondary or symptomatic anæmia, or acute post-hæmorrhagic and simple chronic anæmia (this includes Dr. Morse's simple anæmia), there is a general tendency for the loss of red corpuscles and the hæmoglobin to remain more or less parallel, and the color index to approximate 1. Even wide deviations from this can occur, as in the case of Miss L., aged 47. Chronic anæmia. Specific gravity of blood, 1038; hæmoglobin, 35%. Red corpuscles, 5,000,000, 100%. Color index, 0.35. More characteristic of this type is Miss C. H., aged 43. Myx-œdema. Number of red corpuscles, 3,120,000, 62%. Specific gravity of blood, 1050; hæmoglobin, 65%. Color index approximates 1.

While the most characteristic change in the blood in chlorosis is the loss of hæmoglobin, in almost all severe cases the number of the red blood corpuscles is decreased also, but not in proportion to the amount of the hæmoglobin. As Miss M. C., aged 16. Chlorosis. Number of red blood corpuscles, 1,784,000, 35%. Specific gravity, 1,027; hæmoglobin 20%. Color index approximates 0.5.

Progressive pernicious anæmia (to which Dr. Morse's chlorotic anæmia probably corresponds), tends to show a relative increase of hæmoglobin. This is due in all probability to the megalocytic character of the blood, these large, red blood corpuscles holding a relative large amount of hæmoglobin; at the same time every extreme and form of hæmoglobin poor red corpuscle is encountered in a profusion and perfection not found in other forms of anæmia. And while a color index greater than it is not always found in pernicious anæmia, it is occasionally found in anæmias not pernicious. As Miss S. S., aged 58. Gastro-intestinal catarrh. Number of red blood corpuscles, 2,230,000, 44%. Specific gravity 1,050; hæmoglobin 65%. Color index, 1.4. The morphological character of the blood and the course of the disease excluded pernicious anæmia.

In the diagnosis of the various forms of anæmia the number of the red corpuscles and the amount of the hæmoglobin are of only relative value. With chlorosis the sex and age of the patient are the most important factors. With pernicious anæmia the morphological character of the red corpuscles (megalocytic and megaloblastic) and the course of the disease are the deciding factors. In the other large class of symptomatic or secondary anæmias, general factors too numerous to mention, in addition

to the number of the red corpuscles and the amount of the hæmoglobin, play the important role. Therefore it may be said that the number of the red blood corpuscles and the amount of the hæmoglobin are measures of the grade of an anæmia rather than diagnostic of its variety.

ALFRED WANSTALL, M. D.

Baltimore, Md.

CAUSE OF CANCER.

Editor of HOMŒOPATHIC RECORDER.

In the observations of conditions which produce cancer September 15, 1900, one may also read in the same manner conditions which produce phthisis. Those conditions which conduce to the one will produce the other, under very slightly changed circumstances. They are rather the result of a vitiated faculty of making nutrition in the human physiology.

I have my theory upon the cause of this condition; and as a basis of that theory I will state that I ask no one to consider, but act entirely upon their own individuality, and if they wish to learn something try and see what they look at and then observe how many Hebrews who follow the sanitary laws of Moses as given in the Bible ever have either phthisis or cancer or diphtheria. I have been looking for even a single instance for over forty years, and have failed to find one.

When the human race leaves off the reading of the Bible for the purpose of going to heaven, and commence to study it as the law of life, the sooner will they know science, and get the kingdom of heaven within them.

O. D. CHILDS, M. D.

Akron, O., Sept. 19, 1900.

CANCER.

Editor of HOMŒOPATHIC RECORDER.

On page 424 of your issue for Sept. 15, you quote Dr. Frank as giving statistics of an enormous increase in cancer among the so-called civilized nations for which he can assign no cause.

If Dr. Frank were to pursue his statistical investigations a little further he would find a like increase in syphilis, tuberculosis and scrofula.

He would also find that typhus, typhoid and the *plague* have reappeared among those nations.

The cause is patent to all but those who will not see. Universal vaccination is that cause, and the results were *foretold* by scientific investigations long before they appeared.

When for generation after generation the murderous superstition has prevailed of implanting into the blood an organic living poison, viz., the putrefying matter from a sore, the thing to be wondered at is not the increase of deaths from the diseases above named, but that any amount of otherwise sanitary improvements should have had sufficient influence to prevent such barbarous people from being swept from the earth.

To common sense it would seem as tho' the fact that the spread of the diseases mentioned had been *foretold* as a consequence of the rite ought to have opened the eyes alike of the profession and the public; but no! the process of poisoning the race goes merrily on, bringing in dollars and cents to the doctors in proportion to their ignorance or criminality.

Respectfully,

M. R. LEVERSON, M. D.

Fort Hamilton, N. Y.

HAHNEMANN SAID CURENTUR.

Editor of HOMEOPATHIC RECORDER,

The full history of *curantur* vs. *curentur* has yet to be written, or Dr. E. G. H. M., of Columbus, Nebraska, would not be so very persistent in his advocacy of one form in preference to the other. In the September number of the RECORDER he asks that the original text be searched, and appeals to "Hering, Lutze and a host of others" as protesting, if they were alive, against "any alteration of the famous, well-tried and much disputed motto: *Similia Similibus Curantur.*" (The compositor—let us hope it was not the doctor's pen—has it here *Similar.*)

In the first place, the great Hering allowed the use of *curentur*, without remark or protest, when, in 1836, he edited an American edition of the Organon. This American edition was from a British translation made in 1843 by Stratten, of Dublin, from the fourth German edition. In 1843, Radde, of Philadelphia, one of the predecessors of the present firm of Boericke & Tafel, printed a second edition of this American copy, now improved

and added to by use of the fifth German edition. On page 43 of this second Hering edition, in Hahnemann's introduction, we find *curentur*, as well as in Stratten's preface, copied by Hering.

On page 75 of the seventh German edition, edited by Dr. Arthur Lütze in 1865 from Hahnemann's fifth (and last published) edition, and printed at Koethen in 1881 by Paul Schettler, we find this expression: "Die einzig naturgemüsen Heilgesetze, *similia similibus curentur*."

In a note addressed to the present writer, July 28, 1887, Dr. Ad. Lippe says: "Lütze's rendition of the Organon is full of falsifications. * * * * The fourth edition is the best one."

Let us then consult the original of the fourth edition, as we have already glanced at its translation, edited by Stratten and Hering, who had also the fifth edition to compare. The fourth German edition was printed for the Arnold bookstores at Dresden and Leipzig, in 1829, and on page 51 has the following: "Durch Beobachtung, Nachdenken und Erfahrung fand ich, dass im Gegentheile von letztern die wahre, richtige, besta Heilung zu finden sey (old form for sei) in dem Satze *similia similibus curentur*."

On the same page, just before, occurs the phrase *contraria contrariis*, without the verb, just as he uses it, together with *similia similibus*, in the essay of 1796, in the Lesser Writings, where he first introduces his new thought to the world. In Lütze's edition of the Organon, taken from Hahnemann's fifth, on page 75, we find "*contraria contrariis curentur*."

This latter phrase is attributed by Dr. E. G. H. M. to Hippocrates, though he does not give the original Greek, while the expression itself savors much more of Galen than of Hippocrates, whose books are quoted by Hahnemann, just before the close of the introduction to his Organon, in language decidedly homœopathic.

Dr. E. G. H. M., in all three of his articles, and several times in the last (showing that it is not likely a printer's mistake), speaks of the "conjunctive mood," evidently meaning the "subjunctive." According to the Latin grammar, the principal use of the subjunctive is to express "An Exhortation, Concession or Command, or Wish" (Allen and Greenough, § 265), so that Hahnemann doubtless intended to say, "Let likes be treated by likes," or, "Likes should be treated by likes."

According to Ameke (History of Homœopathy, pp. 182 and

361) at least two of Hahnemann's contemporaries, in reviewing his work, use the phrase *similia similibus curantur*, but the weight of evidence seems to be that Hahnemann himself said *curentur*.

EDWARD CRANCH, M. D.

Erie, Pa., Sept. 16, 1900.

WHAT DR. DUDGEON SAID.

Editor HOMŒOPATHIC RECORDER.

In the September issue of your journal Dr. E. G. H. M. reiterates his opinion of *Curantur* and *Curentur*, and asks that Hahnemann's original writings be searched for authority. As a Latinist my opinion would carry no weight, but I can possibly throw a little light on Hahnemann's use of the word. A few years ago I wrote to Dr. R. E. Dudgeon for some information regarding Hahnemann. My letter-head bore the motto: *Similia similibus curantur*. In replying Dr. Dudgeon made this criticism: "If you wish to be correct you should use *curentur*, as that is the way Hahnemann always wrote it." This was before the extended controversy began on the correct use of the word. Dr. R. E. Dudgeon, more than any other man, should be familiar with Hahnemann's writings, and if Hahnemann always wrote the word *curentur* he must have done so advisedly.

Very sincerely yours,

HORACE P. HOLMES, M. D.

Omaha, Neb., Sept. 21, 1900.

Editor HOMŒOPATHIC RECORDER.

Our friend, "Dr. E. G. H. M.," of Nebraska, continues to "bark up the wrong tree," as observe by his article on "Curantur" in the September RECORDER. He continues to assert that Hahnemann used the word "Curantur." Now if he will furnish any proof that Hahnemann at any time or in any place ever used the word "Curantur," or when he said "Curentur" did not understand its meaning, there will be an end to all discussion. He quotes Dr. Wesselhœft's translation of the *Organon* to prove that Hahnemann used the word "Curantur," and yet if he would take the trouble to write to Dr. W. he would be informed that the word was printed *Curentur* in the

original, and also in the written MSS. of the translation, and that *Curantur* appeared as an unnoticed printer's error. In continuing to insist on what Hahnemann never said your correspondent from Columbia, Nebraska, does an injustice to him whom he professes to honor, and without much reason persists in perpetuating a palpable error. I am happy to say that the word has been rendered Curentur on the monument over Hahnemann's grave in Pere La Chaise, as well as on the one in Washington.

Very respectfully,

J. H. McCLELLAND.

Pittsburg, Pa., September 26, 1900.

SOME NOTES FROM LONDON.

Editor of HOMŒOPATHIC RECORDER.

DEAR SIR: I don't know whether any of the enclosed may suit for odd corners of the RECORDER. To me they seem fairly interesting.

I. "Homœopathic activity" as an instance of the leniency of the *Lancet* in daring to mention such a quack subject without using sarcasm.

II. Anti-typhoid inoculation as seen in India seem to *decrease resistance*.

III. Seems to show that morbus Addisonii and pseudo leukamia are of tuberculous origin or association.

IV. Draws attention to large amounts of deaths from anæsthetics.

V. Opens up a question to be thought of in the States, viz.: "Reciprocity between England and the States." English doctors practice where they like in the States, after the formality of seeing State Medical Boards. American degrees are scarcely recognized in England, being credits for nothing—or one or two years, etc. The States are the homes of Homœopathy.

Yours sincerely,

DR. PETRIE HOYLE.

Picadilly Club, London, Sept., 1900.

Homœopathic Activity..

I.

A monument has just been erected in the cemetery of Pêre-la-Chaise over the remains of Hahnemann, which were brought for

the purpose from Germany. The cost of the monument and of the transportation of the remains was defrayed by subscriptions from all parts of the world. The monument consists of a large block of red granite, on which stands a pedestal bearing a bronze bust of the founder of Homœopathy and the titles of his works and the well-known formula, "*similia similibus curantur*," are graven on the granite. About 40 persons, mostly Germans, were present at the unveiling ceremony. A Homœopathic Congress was held at about the same time and was officially recognised among the various Exhibition Congresses, a fact which the homœopaths consider as a decisive victory over the opposing forces of the orthodox medical men.—*The Lancet*, August 25.

TUESDAY, JULY 24TH.

Results of Anti-Typhoid Inoculation.

II.

Mr. Channing asked the Under Secretary of State for War whether he was aware that the Director General of the Army Medical Department at the Indian Medical Service dinner on June 14th stated that the results of inoculation for typhoid fever, while it afforded some protection against contracting the disease, *rather increased the risk of death when contracted*, but that this only applied to the men, as *both the incidence and case mortality among officers appeared to be increased by inoculation*; and whether the recent statistics of Professor Wright, of Netley, which show that both attacks and deaths from typhoid fever were seven times less in the inoculated than in the uninoculated, applied equally to officers and men separately. Mr. Wyndham replied: I have no knowledge of the statement attributed to the Director General of the Army Medical Department, and, as I have already explained to the House on more than one occasion, the statistics at present available are not sufficient to enable me to give a satisfactory reply to the question.—*Lancet*, p. 302. *Parliamentary Intelligence*, July 28, 1900.

Tuberculin Injections for Diagnostic Purposes.

III.

Though not an advocate of tuberculin injections for therapeutic purposes Professor Eichhorst, of Zürich, strongly recommends them to secure diagnosis in doubtful cases with pulmonary and other symptoms. The injection of one milligramme of Koch's

old tuberculin must be followed by a feverish reaction to secure a positive diagnosis of tuberculosis. Should no reaction follow, three and eventually five milligrammes can be injected at intervals of from two to three days. *A case of morbus Addisonii and a case of pseudo-leukæmia were thus diagnosed as based on tuberculosis.*

Zürich, July 21st.

London's Health.

IV.

The mortality of London last week was remarkable in the number of deaths from exceptional causes.

In Guy's Hospital a man died from glanders, having been brought to the institution from a mews in St. Pancras. It is a year since the last fatal case of the kind occurred.

Typhus, or gaol fever as it used to be called, was responsible for the death of a woman in Paddington Infirmary. Prior to this no person had died from it in London since February, 1899.

To these were added an execution (the fourth in the metropolis this year), and *two deaths from anæsthetics surgically administered making no fewer than twenty such fatalities this year.*

A satisfactory feature of London's health is the absence of influenza.—*Daily Mail.*

International Reciprocity Among Medical Men.

V

At the afternoon sitting on Tuesday Dr. Schwalbe, of Berlin, opened the discussion on the conditions of practice enjoyed by medical men in other than their own country. Some States, notably Denmark, were very hard on foreign practitioners. *Great Britain was, comparatively speaking, very lenient,* and so also were Bulgaria, Roumania and Turkey. Dr. Stoeber protested against the treatment of French doctors in Alsace and Lorraine, and wanted to see an agreement concluded with Germany similar to that which existed with other countries (Dr. Vandam alluded to a *bill* before the Belgian Parliament *based on the principle of reciprocity*). *The Belgians would grant the right to practice in Belgium to those foreign medical men who came from countries where Belgian medical men were likewise allowed to practice.*

CRATÆGUS OXYACANTHA.*

W. E. Reily, M. D., Fulton, Mo.

Since my first experience with *Cratægus*, in the spring of '98, I have treated about one hundred cases with it with varied success, but will only mention two or three cases here by way of illustration.

CASE I. Miss E., maiden lady, æt. 37, occupation teacher, nervous temperament. Family history not good, as several members have died of consumption and heart disease. Patient came into my office April 11, '98, and between gasps tried to inform me that she wanted me to examine her lungs. She had had a very aggravating cough most of the time for about three years, and suffered so with dyspnœa at times that she had to go to bed for a week or two at a time. She was very despondent and inclined to view only the dark side of everything, very little appetite, slept poorly, and very nervous and obstinately constipated. Her facial expression was so suggestive that I proceeded at once to examine her heart and found it very much dilated, with very marked mitral regurgitation. Found the lungs about normal. Urinary analysis showed albumin and a great deal of phosphates. I had been reading some scant literatue on *Cratægus* and decided to try it in this case, so prescribed *Cratægus oxyacantha* oz. ii, five drops every four hours, and sent her away.

She came back in a week with all the symptoms very much improved, and after two weeks was able to walk seven blocks to the office and climb the stairs with scarcely any show of dyspnœa. Her appetite improved from the first day, and after a week her bowels became regular. Her mental condition changed to its former bright, cheerful and hopeful disposition, and examination of the urine after three weeks showed neither albumin nor phosphates. She gained about twenty pounds in weight in the three months she took *Cratægus*, and with the exception of a very faint regurgitant murmur the heart appeared to be about normal. I have seen her frequently since and still she retains her good health and spirits.

CASE II. Mrs S., æt. 65, German lady, very corpulent, pre-

*Missouri Institute of Homœopathy, 1900.

vious health good, family history good, habits temperate. Came to me February 15th, '99, for "dropsy."

Had been suffering some twelve months with shortness of breath, from which nothing seemed to relieve her. Her feet had begun to swell about three or four months previous to my first examination and she was very much alarmed about her condition. Examination of the heart showed no valvular trouble and very little dilatation. Heart beat was very irregular and intermittent. Average pulse rate 120 and very weak.

Patient was very nervous, very despondent and constipated, with irregular appetite. Urinary analysis showed albumin and phosphates. I prescribed *Cratægus*, five drops every three hours, and sent her home. She reported in a week with all symptoms much improved, and after two months of *Cratægus* her feet had ceased to swell and her pulse rate was normal; appetite and digestion normal; and apprehensiveness and despondency quite gone. Have observed the case ever since and while she has now been off *Cratægus* about a year she is still strong and hearty.

These two cases illustrate as nearly as I can the action of *Cratægus* on hearts with and without actual lesions and in corpulent as well as lean patients. The symptoms calling for *Cratægus* are as well as my observation can estimate as follows:

Mental:—Apprehension, despondency and general mental depression.

Chest:—Oppression of the breathing. Extreme dyspnoea on least exertion; cough dry or with expectoration of glairy mucus. Sometimes pain in region of heart.

Heart:—Usually more or less dilated, first sound absent or weak. Pulse rate very much accelerated, irregular intermittent. Mitral regurgitant murmur.

Digestion:—Usually a nervous indigestion with constipation from inertia of the lower bowel. Appetite very capricious.

Nervous:—Usually very nervous and irritable with pain in back of neck and head. Extreme exhaustion from least exertion, mental or physical.

Urinary Analysis:—Albumin and excess of phosphates.

Limbs:—Œdema of hands and feet with great weakness.

All symptoms worse from exercise in a warm room and from mental exertion. Better from fresh air, quiet and rest, mental and physical.

As before mentioned, I have never seen a proving of *Cratægus*, and as a consequence the symptoms herein collated are gathered from the successful clinical exhibition of the drug in about one hundred cases and extending over a time limit of over two years.

These are the symptoms in only those cases that were relieved by *Cratægus*.

I hope that we may soon have a full and reliable proving of this most valuable remedy, and my opinion is that it will occupy a prominent place in our armamentarium in treatment of nervous conditions of the heart and digestion.—*Medical Arena*.

A PROVING OF NATRUM MURIATICUM.

Convincing a Sceptic.

By Chas. S. Spencer.

Being very sceptical of the vaunted powers possessed by our common table salt when prepared according to Hahnemann's method of drug dynamisation, one day, some seven years ago, having read Dr. Burnett's *Fifty Reasons*, I took from the salt-cellar, as it stood upon the dinner-table, a few grains of that precious compound of *Sodium*. Said I to myself, "I will prove the virtues of this salt, which familiarity has made almost contemptible, upon my own body." I thereupon dissolved the few grains which I had taken, and after recrystallizing I proceeded to make the 6th centesimal attenuation of *Natrum muriaticum*. This accomplished, I began the proving by taking 12 drops in a tablespoonful of water on Saturday evening, November 25, 1893, and the same dose again the following day at 10:30 A. M. and 11:45 P. M., when the following symptoms were noted: Constipation, soft stool, much flatulence fetid per rectum; itching in inner canthus and on edge of left lower eyelid.

27th.—9:15 A. M., took 12 drops; an eruption of vesicles appeared on right edge of upper lip, with soreness. 5:30 P. M., 24 drops; normal stool, not much flatulence. 11:45 P. M., 12 drops; no special effects noticed.

28th.—Face assumed quite a fresh appearance, like that which occurs after bathing in the sea. 11:30 P. M., took 12 drops.

29th.—9 A. M., 12 drops, at 12 midnight, 25 drops. No stool since 27th; a dry cold in head developed with a troublesome stuffy sensation in left nostril.

30th.—Took 15 drops. Sore throat, thick yellowish-white coated tongue, discharge of a small quantity of mucus after micturition, starts up just when going to sleep, unrefreshing sleep, sleepiness in morning, aversion to bread except it be toasted. At midnight I took a dose of 36 drops. Dry, stuffy feeling in right nostril, soreness and smarting round the edge of the soft palate.

December 1st.—8:30 A. M., 38 drops taken, and at midnight 50 drops. The stuffy feeling of right nostril better. I began to feel bodily ill, the fresh, ruddy complexion vanished, and in its place appeared a sallow, tawny, unwashed color of the skin, so marked that on more than one occasion I washed my face again and again. Mouth cracked at commissures, finger-nails became brittle, cracked and split at sides. The hairs from my moustache, eyelashes, and left forearm began to fall out. My eyes felt tired even without having exerted them at all, and I was compelled to close them tightly and frequently; tired sensation in eyes, > closing them tightly and by pressing on the eyeballs with the fingers. Diplopia or double vision, mistiness before the eyes, blurred vision so that when reading I would close one eye, but the strain felt too great and the letters would run together. I was quite languid, lacking energy, and had an indefinite sickly aching pain with pressure in left groin, which was > somewhat by belching flatulence. *Lycopodium* 6 aggravated the pain very considerably, as also did oranges, but *Lycop* 30 gtt. j. acted like magic, and gave an immense impetus to my faith in high dilutions. I subsequently found a small hernia in the left inguina, protruding through the ring, and it was this that caused the sickly feeling and pain, as I have experienced similar symptoms since when the hernia has slipped downwards. The constipation was troublesome for months, and was accompanied by rumbling of flatulence and also a sensation as if the contents of the rectum had only been partially expelled. I was a long time in regaining my former state of health, and my wife often pleaded with me not to prove another medicine.—*Homœopathic World.*

KALI PHOS. IN INSANITY.

By W. E. Taylor, M. D., Supt. Western Asylum for the Insane and Professor Materia Medica, Hahnemann College, Chicago.

During the past two years and a half the results from the use of *Kali phos.* in insanity have been so gratifying that I feel the profession may be interested in what has been accomplished by this agent.

I have not found it useful in puerperal insanity or in extreme violent attacks of acute mania, except during the convalescing stage, when it aids materially in strengthening the brain. My best results have been obtained in cases which have been "acting queer" for a long time; when the brain has been gradually growing weaker, causing loss of memory, lack of interest in everything, careless in business, jealousies, suspicions, and suffering more or less from insomnia. This condition may result from domestic troubles, business reverses, overwork, religious excitement or rather brooding over religion for a long time, cases of self-abuse, or any case where the nerve fluids are exhausted.

Six months ago a lady about twenty-six years of age was received into the hospital. She was very insane but not violent. For more than a year she had been melancholy, due entirely to domestic troubles. Her mind became weak, spirits depressed, cross and fretful, constantly looked on the dark side of life, and finally had hallucinations of hearing. When admitted she was emaciated, pulse 120, respirations 20, temperature 98°, and pupils dilated. She slept little at night and during the day was very gloomy; had great dread and cried much of the time; bowels and stomach were deranged and she would take food only by persuasion. For a period of two years she had taken much medicine and been treated locally for uterine trouble. My examination, however, revealed nothing abnormal in that organ. Her menstrual flow was irregular and scanty. For two months I gave her various remedies that seemed to be indicated, but she gradually grew worse. I then sent for a member of the family, who gave me a full history of the case. I prescribed *Kali phos.* In a few days she became very much brighter, played on the

piano and sang, and each day improved both mentally and physically until she seemed perfectly well and was sent home.

The above case is a fair sample of a number which we have apparently cured with this remedy.

When insanity is caused from masturbation, and the patient is not idiotic in his actions, but is restless and morose and at times quarrelsome, and has false bearing even though it be very aggravated, but of not too long standing, it yields more readily to *Kali phos.* than any remedy we have used.

In paresis, when a patient has moods, is irritable and restless (not profoundly melancholy), *Kali phos.* will improve the physical condition and quickly and materially brighten the intellect, and stay for a time the incurable disease.

The suggestion which I especially desire to impress, is that *Kali phos.* is very useful in cases of insanity dependent upon an exhausted condition of the nerve forces, when there is no marked inflammatory condition, and that it is invaluable during the convalescing stage, or in all cases of insanity after the inflammatory stage has passed.—*The Clinique.*

BACTERIOLOGY NOT A SCIENCE.

According to Dr. Hayward, the doctrines of the bacteriologists are "the pronouncements of science." But here I differ entirely from my friend. The doctrines of the bacteriologists are not science. Science, I have always been taught, is "certain knowledge." But bacteriological science is very uncertain knowledge. Take the causal relation of bacteria to disease. What do the bacteriologists themselves say? Koch required in order to establish this causal relation that the bacterium should fulfill four postulates. I need not repeat them here; everyone knows them. Newman (*Bacteria*, p. 268) says tubercle and anthrax alone possess bacteria which fulfill those four postulates. The causal relation of the other bacteria to their respective diseases "must be considered *sub judice*." "They are looked upon as causes of the disease *provisionally*." Is this certain knowledge? If it is not, it is not science. In fact, bacteriology is made up of unproved hypotheses. Bacteriology itself is "*sub judice*;" it is constantly changing its hypothetical views. Dr. Hayward talks of germs of disease. Who now believes in such germs? A germ is an organism possessing the faculty of producing a plant or a

disease by its growth. Bacteria are not now held to be germs of disease in this sense, nor yet in any other sense. Bacteria, organless bits of protoplasm, called by courtesy "fungi," are supposed to manufacture or secrete toxins of different degrees of virulence, which cause certain—or uncertain—diseases. How an organless microbe can secrete anything, let alone a virulent poison, is not explained. It is pure hypothesis, not science.—*From Dr Dudgeon's paper in Monthly Homœopathic Review, Sept., 1900.*

MOSQUITOS AND MALARIA.

Dr. Irving C Rosse says: "During a considerable residence in Southern France and in Italy, I had frequent occasion to study this question. Monte Carlo is most prominently associated in my mind with broken sleep caused by mosquitos during an autumnal visit. Yet among those of my personal acquaintance with the same experience, none has since shown the slightest trace of malaria. A similar remark applies to Leghorn and to Rome, where, owing to the most important changes in public hygiene that Europe has ever witnessed, malaria fever is seldom seen except among the poorer classes. Englishmen and Americans, who constitute two-thirds of the foreigners in Rome, now reside there for years without an attack of malaria, in spite of mosquitos and of what the Italians consider their eccentric and independent habits. The old tradition of applying to almost every ailment, from a cold to enteric fever, the general term, 'Roman fever,' a vague disease that has no place on the nosological table, has created a prevailing notion hard to correct. As a matter of fact, the study of mortuary statistics and the sanitary condition of Rome, where I spent some time as sanitary inspector for the government, show that with the exception of London it is the best watered, the best drained, and the healthiest capital in Europe; and that a European or native of New England runs great risks of contracting malarial fever in Washington, where it is more prevalent and where *Anopheles* are equally aggressive. The latest medical information from South Africa shows the entire absence of malaria in many localities where mosquitos are most troublesome. An old and experienced practitioner of New Orleans tells me that the same is true of Louisiana, notably among residents of the salt marshes, extend-

ing from six to fifteen miles inland from the Gulf. On the other hand, I am told that malarial fevers are common in the foothills of Virginia, as at Charlottesville, where mosquitos are such a negligible quality as to be almost unknown."—*Medical Record*, Sept. 8th.

Requiescat in pace.

PSEUDO OR MODIFIED SMALL-POX.

Dr. T. J. Happel, of Trenton, Tenn., read this paper, in which he reviewed the salient points in the course of a normal case of variola vera, giving data to show that it could be prevented by vaccination. The clinical history of pseudo-variola was given, showing absence of a pustular stage and of secondary fever often occurring in those successfully vaccinated; the vesicles deesicating without crusting or scabbing, and not being followed by pitting. Vaccination seemed to give no protection, and in some instances vaccination was successful after the disease had run its course. The report was based upon an epidemic extending to about three hundred patients, mostly negroes; white patients seemed to suffer more. The eruption was unattended by itching. There were no swelling and no mortality. The disease ran such a mild course that it was preferred to vaccination, the early backache and headache being the chief subjective symptoms. There were no complications nor sequelæ, and no medicines were administered.—*Medical Record*.

“DR. GEORGE A. TREADWELL gave his personal experience as a patient. While attending a case of diphtheria, four years ago, he suddenly developed a severe angina, with membranous exudation. A culture was taken, but without waiting for the result of one thousand units of antitoxin were injected into the abdominal wall, and the next day another dose of the same amount. At the end of thirty-six hours there was temporary improvement, but by the eleventh day he began to feel weak, and the heart's action was irregular. On the fourteenth day, an urticarial eruption developed all over the body, and pains were felt in the joints. To relieve the eruption, he took ten minims of Fowler's solution in two doses. The result of this was that the symptoms of arsenic poisoning were added to the others, one

of the earliest being tetanic contraction of the muscles of mastication. The temperature at this time was 104° F., and movement difficult and extremely painful. There was a sudden fall of temperature, whereupon the pains in the lower extremities were relieved. Then severe diarrhœa supervened, characterized by loose, black stools, although no medicine had been taken which should cause such darkening. At the time of the second injection his wife was given an immunizing dose of antitoxin. This was promptly followed by pains in the muscles and joints, and by an urticarial eruption. No diphtheria bacilli were found in her throat and her heart was not affected. It would seem, therefore, that the symptoms in both cases were fairly attributable to the antitoxin. He referred to several other cases of antitoxin poisoning that had been reported."—*Jour. American Medical Association*.

A MERCURY CASE.

By Dr. Goullon, of Weimar.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Zeitschr. f. Hom.*, July, 1900.

For almost a week Mrs. E. has been suffering of a suddenly appearing very violent neuralgia, against which all the remedies used so far have proved without effect.

The point from which the pains radiate is the left shoulder blade, and from this the pain extends in the arm down into the finger-tips. In the right shoulder, whence it extends down into the right thigh, the pain is considerably less.

The pain is worse at night, so that she cannot sleep at all, but only moans continually.

This has so much reduced her strength that she cannot any more stand on her feet. The pain is so severe that she thinks it will drive her crazy.

Their domestic physician has prescribed a liniment to deaden the pains, and for internal use, phenacetin. All without effect. Sprinkling with sulphuric ether also failed to give relief.

The patient has always been very excitable, but all these nervous excitations were unattended with pains.

Before the pains set in she had a severe catarrh, so that she took it for an attack of influenza. But this ailment had quite disappeared. She perspires easily and profusely, and it is possible that she had taken a cold while thus in perspiration.

She is not inclined to constipation, but rather inclines to the opposite diathesis.

Bryonia, *Arsenicum*, *Rhus* and *China* were without effect. One evening when the pains appeared with particular violence, Mrs. E. urged her husband that he should give her a remedy from his homœopathic pocket-case. His choice was *Mercurius solub.* in trituration. After the patient had taken the medicine three or four times, she felt in the morning a decrease in the pains. The remedy was continued, and after two days the pains were reduced to a minimum, and have not since returned, excepting a certain formication, pricking and pinching in the parts affected, and a slight stiffness and numbness in the left hand.

The husband concludes correctly: "I cannot see otherwise than that the happy choice of a remedy caused the prompt cure of the attack."

Now what symptoms quite distinctly pointed to *Mercurius*?

1. The nocturnal aggravation, so that "she could not sleep at all." In this respect this violent neuralgia reminds us of the *Mercury* toothache, which also sometimes is so violent as to drive a person frantic.

2. *Mercury* is an excellent remedy in rheumatism (taking cold).

3. The excitable temperament of the patient (mercurial erethism).

4. The tendency to soft stools.

5. The tendency to violent perspiration.

We might also enumerate the preceding catarrh resembling influenza. We often hear now-a-days of queer freaks of influenza and its apparent after-effects. Sometimes it affects the stomach, sometimes the nervous system leading to neuralgias of the above-mentioned kind, sometimes the auditory organs, etc.

The homœopathic manuals enumerate the following characteristics of *Mercurius* :

"Rheumatic and gouty pains, with drawing and tearing in the limbs and joints, especially at night. Fatty, sour, ill-smelling perspiration, Jahr emphasizes the one-sidedness of mercurial pains, restlessness and twitching of the limbs, twitching, tearing (but occasionally also numbness and lack of sensibility, tendency of the limbs to go to sleep), great exhaustion and debility, with indescribable discomfort of soul and body, and finally: *Aggravation of the troubles, especially in the evening and at night, in the warmth of the bed, when they become unbearable.*"

A CURE OF ECZEMA SIMPLEX WITH
MEZEREUM.

By Dr. Mossa.

Translated for the HOMŒOPATHIC RECORDER from the *Allgem. Hom. Zeitung*, Aug., 1900.

We cannot be so sanguine as to suppose that every patient who has once consulted us, and then has not come back, should be enumerated among those cured; still we are now and then agreeably surprised when such a patient, whom we may see again under other circumstances, reports to us thankfully that he was really cured by our single prescription from a disease which may have been of long standing. Such cures at the first cast, especially in chronic diseases, are not of course met with every day.

I was reminded of this fact by the following case:

A woman, 51 years of age, consulted me April 3d, 1897, about a malignant eruption on the inner side of the right foot. Two years before she had had a similar affection of the skin on the sole of the right foot, but it had passed off again.

Present state:

The woman was large and tall, with a strongly developed *panniculus adiposus* showing most plainly on the abdomen. Despite of her 51 years, she still menstruates and the flow during the past year has always been copious and right black. She had given birth to three children, who are in good health, except her married daughter who suffers much from menorrhagia. The patient is robust, but has suffered now and then from rheumatic ailments; she is also sensitive to colds, so she easily gets a catarrh. On the lower limbs there are varicose veins, but of moderate degree. Her present ailment dates about three months back. It commenced with itching, biting and burning on the inner side of the right foot, urging her to scratch it, but scratching rather made it worse than better. A space about as large as a hand is reddened, extending from the malleolus internus up the lower limb; this part looks raw when the thin crust that continually forms over it is removed. At first some little blisters formed, exuding a sharp secretion, which excoriates the skin in an ever-widening circle. It is

peculiar in this case that the attending pains and the burning and itching are less severe at night, so that the woman is still able to sleep, and the sore place can form a slight crust over night; but the latter is softened and dissolved again by the copiously flowing secretion during the day.

This is, therefore, a case of *Eczema simplex*, but through its exposed position it threatens to degenerate into one of the troublesome, severe and tedious forms of chronic eczema so difficult to cure. The patient had before this applied several external remedies, but unsuccessfully. If the patient could have kept quietly in bed the ailment would not have made such a rapid progress. But she could not resolve to do this, neither could I now induce her to do so.

There were then two tasks to be accomplished by therapy, first to assuage the itching of the part affected and then to keep off every external irritation as far as possible; for it is well known how sensitive such eczematous sore places on the skin are wont to be. They usually bear no ointment, not even the mildest, and a dry bandage is rather a disadvantage, as it soon gets wet through and then acts as an additional irritant. So I made her tie it, with a linen bandage soaked in extract of *Hamamelis*, and when this became dry it was to be moistened from without, so that it only required changing every twenty-four hours. Internally I gave her *Mezereum*, 15 D. dilution, two drops morning and evening.

The woman did not come back, and I had no opportunity of seeing her again before March of this year. She now reported to me gratefully that the remedies prescribed for her had done her good service; the itching, biting, burning irritation had ceased after a few days, no new blisters had formed, the sharp secretion decreased, the sore place was covered with a thin crust, which came off in a week, when the skin appeared merely slightly reddened, and gradually resumed its healthy color. She had no relapse.

My choice of *Mezereum* was guided, as far as I can remember, by the fact that the sensations of pain in the skin, described above, were aggravated by scratching. That *Mezereum* has a pronounced, deeply penetrating action on the skin, our *Materia Medica* shows plainly enough, and clinical experience has thoroughly confirmed its great value in many cutaneous affections of a psoric, syphilitic and mercurio-syphilitic origin.

BOOK NOTICES.

A Systematic Repertory of Homœopathic Remedies. By Dr. C. von Bœnninghausen. Part I. Embracing the anti-psoric, anti-syphilitic and anti-sycotic remedies. Translated from the Second German Edition, by C. M. Boger, M. D. 269 pages. Half morocco, \$3.00; by mail, \$3.13.

Another of the homœopathic classics now for the first time made available to the English-speaking races. Though said to be "Part I," it is in reality a complete work in itself, that in the early days went through two editions in the German. On this subject von Bœnninghausen says: "A similar elaboration of the remaining homœopathic remedies has already been begun, and only interrupted because of an increased summer's business; therefore, the present repertory, constituting the entire work, bears a double title, although it may be regarded as an independent work." As indicated by the sub-title it is really a repertory for chronic diseases. Two Prefaces, to first and second editions, are by Bœnninghausen, and the Introduction is by Hahnemann, dated at Cœthen, May, 1833. The work of translating and publishing was undertaken by Dr. Boger, but the latter task was turned over to Boericke & Tafel after the translation was complete. Even those who do not make a practice of using repertories will be able to glean some useful hints from this fine work, or be put on the track of remedies for their chronic cases, if they will but consult its pages.

Electro-Therapeutics and X-Rays. By Dr. Charles Sinclair Elliott, Professor of Nervous and Mental Diseases and Electro-Therapeutics in the Hahnemann Medical College of Kansas City University. 349 pages. Cloth, \$2.50; by mail, \$2 70. Philadelphia: Boericke & Tafel. 1900.

This book will be a welcome one to all who use, or want to study, or look into electricity in the treatment of disease, for the reason that it is brief, plain and practical; you refer to its pages for a treatment of a particular disease, and you find what you are looking for is understandable, and good English. And, again,

our author is not a crank on the subject of electricity. "Too much is often expected of electricity. We must not expect from electrical treatment that which it does not or cannot accomplish." Cases must be chosen for electrical treatment; in some no benefit will follow its use, and it might be positively harmful, while in others "electricity will do more good than all other measures combined." That is the sane view of the subject. Electricity is not a cure-all, but one of the many limited means of treating disease, one that may be of great use if intelligently handled. We believe this book will be a distinct success.

A Treatise on Mental Diseases. Based upon the lecture course at the Johns Hopkins University, 1899. By Henry J. Berkley, M. D., Clinical Professor of Psychiatry, the Johns Hopkins University; Chief Visiting Physician to the City Insane Asylum, Baltimore. 661 pages, cloth. New York: D. Appleton & Co. 1900.

"The absence from English Medical Literature of a comprehensive, practical work on mental diseases—one adapted to the needs of the busy practitioner as well as to those of the student of psychiatry—has led the writer to prepare this treatise embodying a consideration of all the principle forms of psychical disturbance" is the way the author states a purpose that has been ably carried out. The illustrations in the book, of which there are quite a number, are unusually interesting.

A Treatise on Diseases of the Nose and Throat. By Ernest L. Shurley, M. D., Vice President and Professor of Laryngology and Clinical Medicine, Detroit College of Medicine; Laryngologist, Harper College, etc., etc. Illustrated. 744 pages, cloth. New York: D. Appleton & Co. 1900.

This book the author tells us, is designed for the general practitioner and the medical student, and its text is based on practical experience. It is divided into eighteen chapters, contains six colored plates and 223 illustrations in the text, concluding with a full index. A well printed and well written work.

Lectures on Homœopathic Philosophy. By James Tyler Kent, A. M., M. D., Professor of Materia Medica and Homœopathics in Dunham Medical College and Post-Graduate School

of Homœopathics, Chicago. 290 pages. Cloth, 3.00. Examiner Press.

This excellent series of lectures, thirty-seven in number, were delivered before the Post-graduate School at Philadelphia, printed in the *Journal of Homœopathics*, and are now, in revised form, given to the world in book form. Anyone who will read Lecture I., "The Sick," will, we feel assured, want to read all the others. They are worth it.

Rhinology, Laryngology and Otology and Their Significance in General Medicine. By E. P. Frederick, M. D. Privat docent at the University of Leipzig. Authorized translation from the German. Edited by H. Holbrook Curtis, M. D. 348 pages. Cloth, \$2.50, net. Philadelphia: W. B. Saunders. 1900.

The editor says: "At the present time, when it is the fashion for almost every specialist to pad his individual work and announce a book on the ear, nose and throat—which, upon perusal, is generally found to cover ground already occupied—it is certainly with pardonable enthusiasm that we greet a masterly treatise of a thoroughly original type, the intrinsic worth of which warrants its appearance in our own language." The author states that his "object has been to point out the interdependence between diseases of the entire organism and diseases of the nose, pharynx, larynx and ears." Certainly, then, it is a needed book. The entire organism *is* involved in not only these special diseases, but in them all, and the entire organism should be treated, as well as the special point where the disease manifests itself most prominently.

Bacteriology and Surgical Technique for Nurses. By Emily M. A. Stoney, superintendent of the Training School for Nurses, St. Anthony's Hospital, Rock Island, Ill., etc. Illustrated. 190 pages. Cloth, \$1.25, net. Philadelphia: W. B. Saunders. 1900.

This book is from the author's lectures on "Bacteriology and Surgical Technique." It covers bacteriology, antiseptics, surgical technic, signs of death and autopsies. A good book for nurses.

Homœopathic Recorder.

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E. P. ANSHUTZ, P. O. Box 921, Philadelphia, Pa.

IN this number of the RECORDER we begin *A History of the American Institute of Homœopathy*, by Bushrod W. James, M.D., the well-known physician and author of Philadelphia. This promises to be a very interesting as well as useful work, for every member of the Institute will have a clearer idea of that great body by reading this historical review. New subscriptions sent in now will be dated from January, 1901, receiving the October, November and December numbers gratis. The History alone will be worth more than the dollar the subscription will cost.

IN a book (kindly loaned us by Dr. T. L. Bradford) *Organon der rationellen Heilkunde von Samuel Hahnemann, Dresden, 1810, in der Arnoldeschen Buchhandlung*, or, in other words, the first German edition of the *Organon* on page 5 is printed (“*similia similibus curentur*.”) Dr. Bradford informs us that he has looked through all the German editions and in each it is “*curentur*.” Certainly, then, Hahnemann authorized this form of the word.

THE immense possibilities in serum-therapy are foreshadowed in the following clipping from *Literary Digest* for September:

VACCINATION OF CRAWFISH.—“It is well known,” says the *Revue Scientifique*, “that this interesting species has been ailing for a number of years. Stricken with a mysterious disease, the crawfish are disappearing from our rivers and brooks. There are no more in the Meuse, nor even in the Rhine. They must be imported from Russia. The extinction of the species is to be feared. But happily the crawfish have benefited by the progress of serum-therapy. The germ of their malady has been found, and an antitoxic serum has been prepared. *La Médecine Moderne* tells us that this serum has been the object of successful experiment. Crawfish are inoculated with it when

they have reached the age of nine months. A second inoculation is performed at the age of four years. The serum is introduced at the upper end of the left claw, and in order that inoculated crawfish may be recognized a mark is placed at the base of the tail. Thus, thanks to preventive serum-therapeutics, we may still be able to eat crawfish."—*Translation made for the Literary Digest.*

The above was not published in the joke column, as some might infer, but in good faith under the general head of "Science." To be sure serum-therapy wasn't known six years ago, but little things of that sort are irrelevant; also, whether crawfish live for five years and more is of no importance, to the immense field open to serum-therapists in catching the crawfish of the world in the ninth month of their lives, giving them an injection, catching them at the age of four again in order to complete the scientific cure, and lastly, catching them a third time at some still more advanced date for the purpose of eating them. A combination of science, sport, board of health work and clinical medicine. *Great is Serum!*

"NEXT to what a physician may learn from his patients his library must be mentioned. No good doctor is thoroughly abreast of the times who is niggardly about feeding his brain. He may fatten his purse by starving his stomach, but he has no moral right to impose himself upon any community as a professional man with his mind atrophied for want of medical literature."—*W. B. Hinsdale, M. D., Class-day Address, June 20, 1900.*

"A CELEBRATED clergyman whose sermons were models of well-expressed English in their clearness of expression and the almost perfect logic of ideas, every word filling its appropriate place, in reply to our expressed admiration, laughingly said, that perfection of style you are pleased to admire was only reached in long practice after a sharp and sarcastic rebuke. In the last year of my college life I was called upon to deliver an address before one of the societies. This address was first to be read to the president. I had prepared myself with great care, and after reading several pages the president said: 'What idea do you intend to convey?' So and so, was my reply. 'Why do you not say so?' queried the president, and so on to the end of the address. Every few pages came the inquiry, 'What idea do you intend to convey there, and why do you not say so?' and so my

address, which was intended to occupy thirty minutes, was cut down to about twenty. That lesson was never forgotten. The resources of the English language are quite sufficient to enable the writer to clothe even the details of scientific facts in language so clear, so poetic, if you please, as to give them that nameless charm which can never be forgotten and which impresses them indelibly on the mind."—*Editorial, N. Y. Medical Times, Sept.*

TEXAS HOM. MED. ASSOCIATION.

The sixteenth annual session of the Texas Homœopathic Medical Association will be held in Dallas, Oct. 9 and 10, 1900. An interesting programme is being prepared, and every homœopathic physician in Texas and adjoining States is cordially invited to attend and join the Association. The charter is open and new members can for the present join without membership fee. State Fair rate of one fare, with maximum of \$5.00 for round trip, will prevail on railways.

H. B. STILES, M. D.,
Secretary.

Gainesville, Texas.

WHAT is it to be "immune?" Is it possible to inject a virulent disease poison into the blood until it no longer has any effect? A couple of drinks of whiskey will affect a man who has never used it before more than a dozen drinks will a confirmed drinker, yet can you say the drinker is "immune?" Isn't it the same with the horse who has been pumped full of diphtheria poison; he may not show it as he did at first, but it is there and he is *not* a healthy horse, and in this day of antiseptics does it look reasonable that his blood-serum is fit to be mingled with that of a human being? Lastly, good homœopathic prescribing produces infinitely better results than this proceeding at present in vogue.

IN the *Fort Wayne Medical Journal* of September is the report of a case of tetanus treated with anti-tetanic serum and recovering. The doctor, N. L. Deming, M. D., was called on July 9th,

and the last spasm, a slight one, occurred on August 6th. Commenting on the case, Dr. Deming says:

"In the light of the present case the serum certainly seemed to exert a curative influence, although not an ideal one. The case extended over a period of two weeks from the time of the first spasm. We would expect a neutralizing effect upon the poison of this disease by the use of the anti-tetanic serum certainly in a much shorter time than this. It was an apparently mild case (possibly a severe case very much modified by the serum) yet fourteen days after the first treatment with the serum we have a history of spasm, a mild one, of course, but if this serum exerted the anti-toxic action which is accredited to it, it seems that within this time no more spasms could have occurred; but the contrary is shown, for on August 6th a well-marked tetanic seizure took place."

Elsewhere he says that it is known that the carbolic acid treatment, used hypodermically, has diminished the mortality from tetanus, but he does not seem to suspect that it is the carbolic acid in the serum that does the business that is done, and not the hocus pocus of making a horse "immune" and thus transferring that guessed at immunity from horse to man.

"HOMŒOPATHIC therapeutics is something more than an ornamental frill on the motley garb of 'regular' scientific medicine, and should be recognized in the questions asked even by a board of mixed medical examiners."—*Hahnemannian Monthly*.

The above is the closing paragraph in a sturdy editorial in the *Hahnemannian Monthly*, October, incited by the publication in the *Monthly Bulletin* of the Rhode Island Board of Health, of the fact that the Examining Board of that State is made up of two homœopaths and three "regulars," that peace and harmony prevails, and therapeutic questions have sometimes been answered "more satisfactorily by those applicants who came from the homœopathic schools."

As for the peace reigning in Rhode Island the *Hahnemannian* thinks it is the peace that reigns when the lamb reposes inside the lion.

IN England recently a woman sued a car company for damages, in consequence of a car running off the track and giving her a severe shaking up, which caused an incipient ovarian tumour to rapidly develop; six physicians testified to this fact. The company's physician, like brer Rabbit, "he aint sayin nuthin," but let the case drag on until at the appointed time, the woman was delivered of the tumour, a fine healthy child. This ended the case, as the attorney who was on the hunt for "damages," had not the nerve to charge the company with being the child's father.

PERSONALS.

Early in October Dr. H. W. Pierson will issue the first number of a popular magazine, "Health—Homœopathy, a monthly magazine, devoted to the promulgation of the principals of Homœopathy."

A plumber advertises himself as an "antiseptic plumber." Lucky man.

A Georgia journal asks: "What is to become of the American Republic if American women refuse to become mothers?" It will descend to the inferior races who are not so far advanced.

German medical journals consider the mosquito-malaria affair as settled, and any further discussion of it is bad medical form.

Next to the advance in science achieved by the mosquito-malaria theory, the most interesting thing about it was the amazing, and prompt, number of men who speak as with authority on the subject.

An English firm wants to "standardize" antitoxins; when this is done look out for cries about the inferior, worthless or dangerous antitoxins like those now in use.

George Vanderbilt has "put up" for an expedition in search of the "missing link."

Wonder if the monkeys have any hope of man's again ascending?

We can, as a rule, easily agree on who is a degenerate, but not on who is a regenerate.

"The public rarely knows what is best for it."—*Medical Record*. Yet sometimes its doctors are at loggerheads, so who can blame the old thing.

Lœffler has invented a bacilli culture that will kill rats if they can be induced to eat it; in what way it is superior to ordinary rat poison isn't apparent.

President A. B. Norton announces that hereafter he will discontinue treatment of ear diseases and confine himself to the eye exclusively, 16 W. 45th St., New York. His book, *Ophthalmic Diseases and Therapeutics*, is the eye book—as all know.

To see the youth with his panties turned, and pulled, up so that the public may gaze on his rainbow-hued socks makes one grateful.

Hubbard, the Philistine, writes of "— that beautiful old onion with a Corbett hair cut."

Dr. Monk, of Vienna, once a strong advocate of antitoxin now says it is of no value.

No, Mary, a one-armed man is not necessarily a short-hand writer, though, to be sure, short handed.

Dr. James' History of the American Institute of Homœopathy will be a feature in the RECORDER, tracing the men and events that have built up that body.

The veterans always go to the front when the chorus girls are numerous.

One body of voters vehemently affirm that the country can only be saved from headlong ruin by the election of Bryan, while another says that event spells chaos and ruin. Guess the old land will worry along pretty much as in the past in either event.

So, subscribe for the RECORDER.

THE HOMŒOPATHIC RECORDER.

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THE HISTORY OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

By Bushrod W. James, A. M., M. D., LL. D., of Philadelphia, Penna.

From May 14, 1845, to June 9, 1847. Second and third sessions.

The second session of the Institute met on Wednesday, May 14, 1845 in the city of New York. Dr. Jacob Jeanes, of Philadelphia, was elected President; Dr. Edward Bayard, of New York, General Secretary, and Dr. R. A. Snow, of New York, Provisional Secretary. Dr. S. R. Kirby was re-elected Treasurer. The meeting had been opened by Dr. John F. Gray, General Secretary, who had appointed Drs. Benjamin F. Joslin and A. Howard Okie tellers of the election.

Dr. Gray then read the minutes of the Convention, and also of the first session of the Institute, held in April, in 1844, which were approved.

Thus far the society had been managed without a constitution and by-laws; the necessity for them led to the appointment of a committee, consisting of Drs. J. F. Gray and B. F. Joslin of New York, Dr. Eliphalet Clark of Portland, Maine, Dr. Walter Williamson of Philadelphia, and Dr. A. H. Okie of Providence, R. I., to whom was intrusted the framing and compiling of a suitable constitution and by-laws.

Drs. C. Neidhard, John F. Gray, and J. F. Flagg were appointed a committee to ascertain the best manner of making public the doings of the Institute, and the reports of the Central Bureau.

Dr. Samuel R. Dubs proposed that a committee of three should

be appointed to consider the subject of Posology. Drs. J. A. McVickar, P. P. Wells and J. M. Quin were chosen.

At this meeting the report of the Central Bureau was presented and proved satisfactory. They had received communications from Drs. G. W. Swazey, of Springfield, Mass.; J. Merrill, of Portland, Maine; D. S. Kimball, of Sackett's Harbor, N. Y., and Joel Divine, of Poughkeepsie, N. Y.

Drs. T. Percival Royston, of Lockport, N. Y.; J. C. Boardman, of Trenton, N. J.; Josiah F. Flagg, of Boston, Mass., each related cases of successful homœopathic treatment, and requested remedies from the provers of drugs for the *Materia Medica* for their own experimentation and proving.

The Bureau reported Benzoic acid, proven, and symptoms arranged by Dr. Jacob Jeanes, of Philadelphia, with contributions of proving symptoms from Dr. George Lingen, of Yellow Springs, Pa.

Eupatorium perfoliatum, had been tried and arranged by Dr. W. Williamson, and was presented with contributions of symptoms from Dr. C. Neidhard.

Fluoric acid had been tried and arranged by Dr. C. Hering, with contributions of symptoms from Drs. Campos, Lippe, Jeanes, Neidhard, Williamson, Rosman, Pehrson, Freytag, Gosewisch, Geist, and Messrs. Smith and Behlert. Some of these were not members of the Institute.

Kalmia latifolia had been proven and arranged by Dr. C. Hering, with contributions of symptoms by Drs. Freytag, Bauer, Schmidt, Williamson, Fairchild, E. Clark, and Mr. Behlert.

Lobelia cardinalis had been tried by Dr. S. R. Dubs, and the proven symptoms recorded.

Lobelia inflata, proven and arranged by Dr. Jeanes, was presented with contributions of symptoms from Drs. Williamson, Geist, Gosewisch, with the additional aid of a treatise upon the subject by Dr. Noack, of Leipsic.

Oxalic acid, proven and arranged by Dr. C. Neidhard, was offered with contributions from Drs. Hering, Henry Floto, Edward U. Smith, Dubs, Kitchen, and Williamson.

Podophyllum peltatum had been proven and arranged by Dr. Williamson, and was handed in with contributions of symptoms from Drs. Jeanes, Ward, Rosman, Hering, and Fairchild.

Elaterium had been proven and the symptoms collected and classified by Dr. Caleb B. Matthews.

Sanguinaria canadensis had provings of it made by Dr. G. H. Bute, with contributions of symptoms from Drs. Hering, Rosman, Jeanes, Neidhard, and one layman Mr. Behlert.

Triosteum perfoliatum provings were presented by Dr. Williamson, with contributions of symptoms by Dr. Neidhard.

The reports of these remedies were given with careful accuracy, and though the Central Bureau presented no entirely new remedy their efforts deserved and received commendation. The difficulty under which they labored was peculiar, and a glance over the names of the provers shows that the committee were not remiss in the work which they requested of others. Either their circular requesting communications from all homœopathic physicians was neglected, or it was but partially understood in its importance. The gentlemen constituting the Central Bureau appreciated the arduous duty which they undertook, but willingly served, year after year, although there was an indifference from many who could have aided in the work. Wedded to a cause whose advent into the world of science had been hailed with derision, a comparatively small handful of medical men, who were firmly convinced of the truth of their belief, toiled unremittingly to prove to the world that it had scorned a great physician in the one whose doctrines they had espoused. Not only the medicines of comparatively later date, but the old, which had been in use for years, we might say for ages, were submitted to the test in order to allow of no loss to the science whose every onward step was a triumph to the followers of Hahnemann. In defense of the great number of apparently unimportant symptoms that were noted, the Bureau argued that it was the only true way of arriving at the truth in regard to the drugs under consideration. It were far better to be too elaborate than to lose any symptom or proving regarding the curative quality of any remedy, new or old. In the first volume of the transactions, the provings and symptoms of the above named remedies occupy two hundred and forty pages.

Dr. Wm. P. Esrey prepared, in addition, a valuable repertorium of forty-four pages giving the different symptoms and the remedies at the end of the symptom which had produced the same in the provings, which was reported by the Bureau and thankfully received and published.

Several communications were read by Dr. Gray, the former Secretary, from Dr. J. C. Boardman, of Trenton, N. J.; Dr. J. Mer-

rill, of Portland, Maine; Dr. J. H. Pulte, of Cincinnati, Ohio; Dr. George Lingen, of Yellow Springs, Pa.; Dr. Adolphus Lippe, of Carlisle, Pa., and Dr. W. Wesselhœft, of Boston, Mass., all believers in Homœopathy and friends of the Institute, the members of which fully appreciated their interest in the cause.

At the second meeting of the session, held on Wednesday evening, May 14, 1845, Drs. E. Bayard, John F. Gray, and George W. Cook were appointed a committee to engross and superintend the publication of the first volume of the transactions of the Institute, with the aid of the Central Bureau.

The committee appointed to nominate a Board of Censors, reported in favor of re-appointing the members of the several boards of the last session to constitute one board, and that any three censors may constitute a board for the examination of candidates, and a recommendation of a majority of said board shall render a candidate eligible to membership in this Institute. This plan was adopted.

Thursday morning, May 15, 1845, the Institute met, and the Secretary was instructed to obtain a suitable seal for the Institute. The publishing committee was requested to prepare a report of the proceedings of the society, have it published in several newspapers and copies distributed to all the members. At this meeting also a resolution was passed: Not to admit as a member of this Institute any person who has not pursued a regular course of medical studies according to the requirements of existing medical institutions of our country, and, in addition thereto, sustained an examination before the censors of this Institute, in the theory and practice of Homœopathy.

In this resolution one can trace the honest principles which guided the disciples of Hahnemann. They made no attempt at depreciating the old school teachings as far as they went. Physiology, Anatomy, and Surgery held the same position in the one school as in the other, and Medical Science, so far as it was taught in allopathic schools, received its due respect and consideration. Luther did not aim at the destruction of religion when he gave his whole strength of body and intellect to reforming the evils and advancing the good of the religion of the times in which he lived. Neither did Hahnemann aim at the downfall of a single truth in the practice of the healing art. His object was to elevate the profession, to increase its facilities for good to mankind, and in his pursuit of knowledge which was to benefit man

he found likewise that which would aid the lower animals as well. He dropped no valuable material as he searched through nature's mines, but he stored every grain that could benefit the progress of science. His object was not a newscience, but an improvement on the old, or rather a reformation in the practice which he found was allowed to be swayed by an uncertainty, which by some was called "experience" But in his researches he discovered that many doctors had different "experiences" which allowed of the same disease being treated by as many different remedies. This appeared to him as rather a hazardous method in following such a responsible profession. His indefatigable efforts lead a way into a safer procedure in the treatment of the suffering. He found that the science of medicine was in reality based upon a fixed law. This he endeavored to prove, and this the members of the Institute not only wished to prove, but to promulgate, not as a theory antagonistic to medical science, but as a reform, and one which was open to all physicians and all schools. Homœopathists did not band themselves against the other members of the profession of medicine, but they were ostracised by them, and their defense was not heard. They were compelled by outside influences either individually to repudiate their advanced theory, or to band together and face their antagonists. They tried and proved the medicines they used, submitting themselves to experimental knowledge, and then willingly gave their remedies full publicity to the medical profession. From first to last, Homœopathy has not been hidden from public gaze but to all who may choose the way of knowledge is widely open.

At the meeting of the Institute, on Thursday evening, May 15, 1845, Dr. Gray offered a resolution that the Bureau for the augmentation and improvement of the *Materia Medica* be earnestly solicited to deliberate and report upon a scientific arrangement of the *Materia Medica* at the next session of the Institute. Drs. Bayard, Quin, Gray, Hempel, and Joslin were appointed to frame and procure certificates of honorary and ordinary membership, to be furnished to members at such price as they should determine. At the same meeting the committee on correspondence was annulled.

Dr. Constantine Hering, of Philadelphia, was appointed a delegate to represent the Institute in the Congress of Homœopathists, to be held in Germany, on August 10, 1845. The con-

vention adjourned, to meet in Philadelphia on the second Wednesday in May, 1846.

Third Session of the Institute.

On Wednesday, May 13, 1846, the American Institute of Homœopathy began its third annual session and elected S. R. Kirby, M. D., of New York, President; Edward Bayard, M. D., of New York, General Secretary, and R. A. Snow, M. D., of New York, Provisional Secretary. The roll was called, and all those whose names were not read were requested to register, which made the list of members as follows:

1.	Constantine Hering,	M. D.,	of Philadelphia,	Pa.
2.	Walter Williamson,	"	"	"
3.	William A. Gardiner,	"	"	"
4.	S. R. Dubs,	"	"	"
5.	M. Anderson,	"	"	"
6.	Jacob Jeanes,	"	"	"
7.	Caleb B. Matthews,	"	"	"
8.	William S. Helmuth,	"	"	"
9.	Bernard Berens,	"	"	"
10.	Joseph Berens,	"	"	"
11.	Gust. Schwartz,	"	"	"
12.	A. E. Small,	"	"	"
13.	Walter Ward,	"	"	"
14.	William P. Esrey,	"	"	"
15.	J. G. Pehrson,	"	"	"
16.	Chas. Neidhard,	"	"	"
17.	Isaac James,	"	Holmesburg,	"
18.	Morgan J. Rhees,	"	Mt. Holly,	N. J.
19.	Richard Gardiner,	"	Philadelphia,	Pa.
20.	James Kitchen,	"	"	"
21.	Sanford Bell,	"	"	"
22.	B. J. Kern,	"	"	"
23.	Alexis Leon,	"	"	"
24.	H. Schmoele,	"	"	"
25.	Francis Sims,	"	"	"
26.	Edward M. Smith,	"	"	"
27.	William Channing,	"	New York,	N. Y.
28.	John F. Gray,	"	"	"
29.	S. R. Kirby,	"	"	"
30.	Clark Wright,	"	"	"

31.	George W. Cook,	M. D.,	of New York,	N. Y.
32.	A. G. Hull,	"	"	"
33.	B. F. Bowers,	"	"	"
34.	F. L. Wilsey,	"	"	"
35.	B. F. Joslin,	"	"	"
36.	R. M. Bolles,	"	"	"
37.	John L. Sullivan,	"	"	"
38.	S. B. Barlow,	"	"	"
39.	W. C. Palmer,	"	"	"
40.	H. G. Dunnell,	"	"	"
41.	James M. Quin,	"	"	"
42.	A. F. Haynel,	"	"	"
43.	Z. H. Harris,	"	"	"
44.	H. Sherrill,	"	"	"
45.	J. O. Smith,	"	"	"
46.	A. Cook Hull,	"	"	"
47.	A. S. Ball,	"	"	"
48.	J. A. McVickar,	"	"	"
49.	R. A. Snow,	"	"	"
50.	B. C. Dutcher,	"	"	"
51.	Charles J. Hempel,	"	"	"
52.	F. D. Peirson,	"	"	"
53.	L. Hallock,	"	"	"
54.	George E. Belcher,	"	"	"
55.	J. Mairs,	"	"	"
56.	G. Freeman,	"	"	"
57.	Wm. Ingalls, Sr.,	"	Boston,	Mass.
58.	Eben Hale,	"	"	"
59.	Samuel Gregg,	"	"	"
60.	Josiah F. Flagg,	"	"	"
61.	W. Wesselhœft,	"	"	"
62.	F. R. McManus,	"	Baltimore,	Md.
63.	A. Schmidt,	"	"	"
64.	Eliphalet Clark,	"	Portland,	Maine.
65.	E. C. Witherill,	"	Canandaigua,	N. Y.
66.	Horatio Robinson,	"	Auburn,	"
67.	H. Hull Cator,	"	Syracuse,	N. Y.
68.	Amhersts Child,	"	Waterloo,	"
69.	Milton Fuller,	"	Medford,	Mass.
70.	Henry Paine,	"	Albany,	N. Y.
71.	J. M. Ward,	"	"	"
72.	E. D. Jones,	"	"	"

73.	C. M. Weld,	M. D.,	of Roxford,	Mass.
74.	J. R. Piper,	"	" Washington,	D. C.
75.	J. H. Pulte,	"	" Cincinnati,	Ohio.
76.	E. M. Bartlett,	"	" St. Louis,	Mo.
77.	George Lingen,	"	" Yellow Springs,	Pa.
78.	H. N. Guernsey,	"	" Frankford,	"
79.	J. C. Boardman,	"	" Trenton,	N. J.
80.	P. Clark,	"	" Coventry,	R. I.
81.	M. Atwood,	"	" Francistown,	N. H.
82.	Henry Adams,	"	" Coxsackie,	"
83.	John Payne,	"	" Belfast,	Maine.
84.	Richmond Bradford,	"	" Auburn,	"
85.	E. Humphreys,	"	" Utica,	N. Y.
86.	S. F. Havens,	"	" "	"
87.	George W. Swazey,	"	" Springfield,	Mass.
88.	H. Bennett,	"	" Cayuga Co.,	N. Y.
89.	W. R. Brown,	"	" Oneida Co.,	"
90.	J. Crittenden,	"	" Morris Co.,	N. J.
91.	R. G. Belt,	"	" Plymouth,	Mass.
92.	J. M. Peak,	"	" Cooperstown,	N. Y.
93.	W. H. Critenden,	"	" Bergen Co.,	N. J.
94.	Storm Rosa,	"	" Painesville,	Ohio.
95.	John A. Paine,	"	" Newark,	N. J.
96.	J. D. Annin,	"	" Elizabeth,	"
97.	E. Lovejoy,	"	" Oswego,	N. Y.
98.	S. Fairchild,	"	" Parsippany,	N. J.
99.	C. A. Stevens,	"	" Lockport,	N. Y.
100.	J. Green,	"	" Washington,	D. C.
101.	F. Ehrman,	"	" Hagerstown,	M. D.
102.	C. Whitehead,	"	" Harrisburg,	Pa.
103.	P. Ward,	"	" Troppe,	Pa.
104.	J. R. Andrews,	"	" Camden,	N. J.
105.	C. Gosewisch,	"	" Wilmington,	Del.
106.	A. Lippe,	"	" Carlisle,	Pa.
107.	Samuel J. Withy,	"	" Philadelphia,	"
108.	R. E. W. Adams,	"	" Cleveland,	Ohio.
109.	D. O. Hoyt,	"	" "	"
110.	— Crosby,	"	" Akron,	"
111.	— Morrell,	"	" "	"
112.	David Sheppard,	"	" Bainbridge,	"
113.	A. H. Burritt,	"	" Burton,	"

114.	H. Detwiller,	M. D.,	of Hellertown,	Pa.
115.	J. Romig,	"	" Allentown,	"
116.	Eberhard Freytag,	"	" Bethlehem,	"
117.	G. H. Bute,	"	" Nazareth,	"
118.	J. Schue,	"	" Hartford,	Conn.
119.	B. Ehrman,	"	" Lancaster,	Pa.
120.	A. H. Okie,	"	" Providence,	R. I.
121.	C. F. Manchester,	"	" Pawtucket,	"
122.	F. Ehrman,	"	" Baltimore,	M. D.
123.	D. Janney,	"	" Parcel's Store,	Va.
124.	D. S. Kimball,	"	" Sacket's Harbor,	N. Y.
125.	R. S. Bryan,	"	" Troy,	"
126.	G. M. Taft,	"	" New Orleans,	La.
127.	P. P. Wells,	"	" Brooklyn,	N. Y.
128.	Robert Rosman,	"	" " "	"
129.	J. P. Reilay,	"	" " "	"
130.	Richard Bloss,	"	" Troy,	"
131.	Jas. B. Gilbert,	"	" Savannah,	Ga.
132.	Ira Barrows,	"	" Pawtucket,	R. I.
133.	W. E. Payne,	"	" Bath,	Me.
134.	Charles Wild,	"	" Brookline,	Mass.
135.	Josiah Bowers,	"	" Smithtown,	L. I.
136.	Daniel Holt,	"	" Lowell,	Mass.
137.	Oscar Scnitz,	"	" New London,	Conn.
138.	David James,	"	" Byberry,	Pa.
139.	J. G. Loomis,	"	" Syracuse.	N. Y.
140.	John Orme,	"	" Panama,	"
141.	T. P. Royston,	"	" Lockport,	"
142.	A. D. Wilson,	"	" New York,	"
143.	Edward Bayard,	"	" " "	"
144.	A. P. Cook,	"	" Hudson,	"

In all one hundred and forty-four members, who constituted the "American Institute of Homœopathy," in 1846, at its first meeting for that year.

The committee selected to procure a seal for the society presented one which was accepted.

The report of the Central Bureau was accepted as satisfactory, which was the case generally, though the members of the Bureau were to a great extent cramped by the non returns in many directions.

The means for improving the arrangement of the Materia

Medica being insufficient, the Bureau had not attempted any extended work in that direction during the past year.

The first volume of the Transactions was published by C. L. Rademacher, 39 North Fourth street, Philadelphia, Pa., and Otis Clapp, 12 School street, Boston, Mass.

It was issued from the press of Merrihew & Thompson, No. 7 Carter's alley, Philadelphia, Pa.

It was copyrighted by C. L. Rademacher in 1846 in the office of the clerk of the District Court of the Eastern District of Pennsylvania.

During the meeting a copy was presented to the society by Mr. C. L. Rademacher, its Philadelphia publisher.

Dr. Simon L. Havens, of Utica, N. Y., and Dr. Oscar Sceitz, of New London, were elected to membership on certificates issued by the board of censors.

The death of Eberhard Freytag, M. D., the president of the Northampton, Pa., Society of Homœopathic Physicians, was announced, and suitable preamble and resolutions were adopted unanimously, thus organizing the first memorial service in the Institute.

As the Institute grew in size and importance, it was often called upon to express sorrow at the loss of useful members who were removed to a higher plane of existence, and gradually the "Memorial Service" became a consistent part of the proceedings of the Institute.

Drs. Jeanes, Manchester, Anderson, Flagg, Bayard and Snow were appointed a Committee on Membership.

Drs. Williamson, Kirby, Bayard, Clark and Wild, who were appointed to frame a Constitution and By-Laws, made their report at the meeting on Wednesday evening, May 13, 1846, when each article and section composing it was fully discussed and afterward adopted. They were as follows:

CONSTITUTION.

Article 1. This association shall be styled the "American Institute of Homœopathy."

Article 2. The object of this institution shall be the improvement of the science of medicine.

Article 3. This institution shall be composed of those physicians who are already members, and of such others as may be hereafter duly chosen in conformity with its by-laws.

Article 4. The officers of this institution shall be a chairman, a general secretary, a provisional secretary and a treasurer, with such other officers as shall be designated by the by-laws, to be chosen at such times, in such manner and for such periods and with such duties as those By-Laws shall ordain.

Article 5. This Institute shall have and use one common seal with a suitable device and inscription.

Article 6. This Constitution may be altered or amended by a vote of two-thirds of all the members present at a regular annual meeting, provided that notice of such alteration or amendment shall have been given in writing at a previous annual meeting of the Institute.

BY-LAWS.

1. The Institute shall hold at least one session in each year at such time and place as may be determined upon from time to time.

2. The officers shall be elected annually by ballot, and a majority of all the votes shall be necessary to a choice.

3. It shall be the duty of the Chairman to preside at the meetings of the Institute, to preserve order therein, put all questions, announce the decisions, and appoint committees not otherwise ordered.

4. It shall be the duty of the General Secretary to organize the meetings and preside until a Chairman shall be elected, to keep a record of the proceedings of the meetings, answer all letters addressed to the Institute, open and maintain such correspondence as may tend to advance its interests, to give proper notice of the meetings of the Institute, to notify members of their election and sign certificates of membership.

5. It shall be the duty of the Provisional Secretary to assist the General Secretary, and in his absence to perform his duties.

6. It shall be the duty of the Treasurer to receive all monies belonging to the Institute, to make all necessary disbursements and report annually in writing.

7. Any person who shall have pursued a regular course of medical studies according to the requirements of the existing medical institutions of our country, and shall have obtained a certificate of three members of the Institute, as to his good moral character and general standing, addressed to the committee on elections, and by them found properly qualified in the theory

and practice of Homœopathy, and so reported to the Institute, may be elected a member thereof upon the payment of two dollars.

8. A Committee of Elections, consisting of five members, shall be appointed by the Chairman at each annual session of the Institute, who shall act as such until others shall be appointed, whose duty it shall be to receive credentials of candidates, and report such as may be found properly qualified to the Institute for election, any three of whom shall constitute a quorum.

9. There shall be a Central Bureau for the augmentation and improvement of the *Materia Medica*, consisting of five members, to be appointed by the Chairman.

10. Certificates of membership shall be granted to such as are already members of the Institute, on the payment of one dollar, and to new members on the payment of two dollars.

11. The By-Laws may be altered or amended by a vote of a majority of the members present at any annual meeting.

This Constitution and By-Laws approved and adopted, the meeting adjourned, to resume business on the morning of the 14th of May, when communications were received from Wm. E. Payne, M. D., of Maine; Wm. Price, M. D., of Cincinnati, and D. S. Smith, M. D., of Chicago.

Eliphalet Clark, M. D., of Maine, offered resolutions which provoked considerable discussion, but they were finally adopted and read as follows:

WHEREAS, The leading objects of the American Institute of Homœopathy are the augmentation and improvement of the *Materia Medica*; therefore,

1. *Resolved*, That this Institute recommend the formation of local Homœopathic Medical Societies, on the basis of the American Institute of Homœopathy.

2. *Resolved*, That each local society be recommended to appoint a bureau for the augmentation and improvement of the *Materia Medica*, whose duty it shall be to send on to the Central Bureau information in relation to the following topics:

1. The effects which may be observed from the trial of new remedies, whether in health or disease; stating the precise localities of the symptoms; the times of the day at which they occur, with all the attending circumstances and conditions.

2. New symptoms, either pathogenetic or curative, of medicines already or not fully tried, which are clearly ascribable to those drugs, with the particulars of each case.

3. Symptoms of remedies which have been most frequently confirmed in practice; also, any remarkable coincidence in popular practice, and especially in cases of poisoning.

3. *Resolved*, That it is expected that each local society will report itself annually to the Institute.

4. *Resolved*, That each member of the Institute be earnestly desired to make trials of drugs upon himself.

Drs. Jeanes, Neidhard and Dubs were appointed a committee to prepare an address to the Homœopathic physicians throughout the country, which they did, exhorting members to join more earnestly in the work, recommending the formation and support of Local Bureaus, and asking that their reports should be so plainly and elaborately made as to lighten the arduous duties of the Central Bureau as much as possible. They spoke very encouragingly of the work of the past, but looked forward to a far greater improvement in the future, praising the interest which very many had taken in the object of the association. Their address was purely impersonal and touched upon nothing but the noble work which they endeavored to set before those not united with the Institute in such a tempting light as to incline them to join in the undertaking, whose accomplishment would bring lasting benefit to the profession.

Dr. Manchester suggested a form of Certificate of Membership to be printed in English instead of the one in Latin, which was reported by the committee appointed to obtain a form of certificate, but this was ordered to be laid on the table.

A motion was then made and carried to appoint a committee of three to report an acceptable form of certificate, and Drs. Wild, Williamson and Manchester were named. After due deliberation this committee reported the following form of Certificate of Membership, which was adopted:

CERTIFICATE OF MEMBERSHIP.

This is to certify that having given the Committee of Elections satisfactory evidence of his competency, and having been by them reported qualified, according to the By-Laws, was thereupon duly elected and declared a member of the American Institute of Homœopathy.

Signed by the General Secretary.

Walter Williamson, M. D., of Philadelphia; F. R. McManus, M. D., of Baltimore; Jas. M. Quin, M. D., of New York; Eli-

phalet Clark, M. D., of Portland, Me., and Samuel Gregg, M. D., of Boston, Mass., were announced as the Committee on Elections by the chairman, S. R. Kirby, M. D.

E. Bayard, M. D., George W. Cook, M. D., and Charles J. Hempel, M. D., were appointed to superintend the printing of the certificates of membership, and the secretary was ordered to issue certificates of membership to members any time during the year on the payment of one dollar.

Constantine Hering, M. D., Jacob Jeanes, M. D., Charles Neidhard, M. D., Walter Williamson, M. D., and James Kitchen, M. D., all of Philadelphia, were appointed to compose the Central Bureau.

At the evening meeting Daniel Holt, M. D., of Lowell, Mass., on the approval of the Committee of Elections, was made a member of the Institute.

Wm. Ingalls, M. D., Josiah F. Flagg, M. D., and Samuel Gregg, M. D., all of Boston, were appointed a Committee on Anatomical Nomenclature.

Dr. Edward Bayard was appointed by the Chairman to deliver an address on the first day of the next annual session of the Institute.

The Institute, thanking its officers for the faithful discharge of their duties, and the members in Philadelphia for their courtesy and enjoyable entertainment, adjourned, to meet in Boston on the second Wednesday in June, 1847.

It was in this year, June 6, 1846, that the Philadelphia branch of the American Institute of Homœopathy was organized, Dr. Walter Williamson being its first president and Dr. Alvan E. Small its secretary.

THE ELONGATION OF THE UVULA AND ITS TREATMENT.

By A. W. K. Choudhury, M. D.

We sometimes chance to come across patients with the above-named affliction; but, as I see, I know very little of the ailment. Authors deem it sufficient to describe all about it in very few lines. So I conclude that the subject has not yet received due attention and investigation. I am quite ignorant about recent investigations and researches about it.

In his *Practice of Medicine*, the sixth edition, Dr. T. H. Tangert has "Elongation of the uvula may be the result of chronic inflammation, or of generally relaxed state of the fauces. By irritating the pharynx and epiglottis the hypertrophied uvula produces an inclination to vomit at times, with a troublesome tickling cough." After these four or five lines the doctor at once goes to the treatment of the disease, in which he mentions astringent gargles, ferruginous tonics, and finally the surgical aid by snipping off about two-thirds of the organ. We cannot realize anything more on the subject from him.

F. T. Robert, M. D., in his *Hand-Book of the Theory and Practice of Medicine*, third edition, has nothing on the subject.

John Eric Ericksen, in his *Science and Art of Surgery*, sixth edition, has a very meagre description of the disease and its treatment, which we quote here: "The uvula occasionally becomes elongated, and hanging down into the pharynx so as to touch the epiglottis and sensitive mucous membrane in its neighborhood gives rise to a great irritation of the fauces and to a tickling or spasmodic cough, which can only be cured by removing the pendulous body." Then he describes the operation.

Here I wish to lay before my readers my experience on the subject. Since lately my observation on the subject has almost been a new one. I will describe very briefly some nine or ten cases of the disease below, and these will prove that the disease has a special season to break out in a sporadic (though not in an epidemic) form in the same house, quarter, and at the same time. Mostly the cases were complicated with intermittent fevers; they had the fever just before or there were cases of intermittent fever in the same house or quarter. Very like the hypertrophy of the spleen in intermittent fever cases of our land the uvula shows a tendency to the hypertrophied and elongated in such fevers. Malaria the originator of such fevers may cause the hypertrophy of the uvula in some cases without producing fever, as it may cause hypertrophy of the spleen without developing fevers.

This elongation of the uvula one may easily make out (diagnose) without examining the throat and its adjacent parts, only by hearing the patient coughing. These few cases and my previous experience on the subject have made me such that I can easily diagnose a case of elongation of the uvula by only hearing him cough. It is a dry cough with a rough edge; there may

be expectoration and the cough may be spasmodic, and there may be hoarseness complicating the case. Why it produces such a cough one may easily understand when he looks at the tip of the elongated uvula touching the epiglottis or its adjacent parts. I recommended the examination of the uvula in every case of cough complicating a case of intermittent fever, that your labour will be paid with still further experience on the subject.

Cases.

(1) Case No. 73 of my Case Book XII.

Patient, a low-class Hindu, aged about 64 years, came to my dispensary April 8, 1900, for the treatment of a sinus. I had no chance to hear him coughing; examined the tongue, as is usual in almost all of my cases. I saw the uvula elongated, and the patient admitted having a cough. No history of intermittent fever was in this case.

(2) Case No. 70 of my Case Book XII.

Patient, a low-class Mahommedan woman, aged about 60 years, came to my dispensary for treatment of intermittent fever April 2, 1900. She had been suffering from the fever for a month back, and from cough for two months. On examination her uvula was found elongated.

The first, as well as the second case, did not appear in the dispensary again after their respective first day attendance. The poor Mahommedan old woman one day replied in affirmative on my inquiry about her improvement, and nothing more could I get from her.

The Hindu was given *Merc. sol.* and the female Mahommedan *Nat. m.*

(3) Case No. 69 of my Case Book XII.

A female relative of mine, aged 10 years, came under my medical care April 2, 1900. The case runs as follows: The child had an attack of intermittent fever some seven days back when I first visited her, the first visit day was the eighth after the commencement of the fever; she had remission of fever on the third day; and then began a cough with coryza. However, she did not expectorate with cough, there was heaviness of right eyebrow, occasional sneezing, nasal mucous discharge yellowish, thick and stringy, urine reddish with no burning in urinating; tongue mapped, occasional bitter taste in mouth and throat, itch eruptions on feet and hands, and her uvula was found elongated.

She was given *Kali bichrom*, one dose per diem, and ordered her usual diet.

The first dose was followed by improvement of cough, only elongation of the uvula remaining the same. She continued under treatment to the 13th inst., and was cured.

(4) This is the 67th case of the above Case Book.

Patient, a Mahommedan weaver of about 75 years, came to be treated for intermittent fever March, 1900. The fever had prevailed about eight months back. On examining the patient I found his tongue coated thickly, whitish yellow, with margin and tip clean. He had cough and his uvula elongated.

He was given *Sulphur*. He improved as regards his fever, but no improvement of the elongation of the uvula followed the treatment. He left dispensary attendance before full recovery.

(5) The 66th case of the above Case Book.

Patient, a Mahommedan of about 11 years, with intermittent fever of seven days' duration, came to my dispensary the 13th March, 1900.

The fever was of the quartan type. His uvula was found elongated and he had cough, with thick whitish expectoration.

He was given *Bar. c.* 30, but there followed no cure of fever. I was compelled to change *Bar. c.* for some other medicine, and *Sulph.* 200, one dose, was given. This dose cured the fever. This is the second case of quartan fever I remember cured by one dose of the selected medicine. *Bar. c.* here produced no good effect. In the other case mentioned above I prescribed *Bar. c.* and the patient recovered. Improvement of elongation of the uvula was not reported, as he did not appear any more in the dispensary after the fever was cured.

(6) The 64th case of the above Case Book.

A Mahommedan female child of about 3 years was brought to my dispensary the 25th of March, 1900. On the third day after her first attendance her uvula was examined and found somewhat elongated. I prescribed for her *Nat. m.* 30, and two doses cured her. Some improvement in the elongation of the uvula was noticed at about the close of the treatment. This child was brought to my dispensary for the treatment of an attack of intermittent fever.

Three cases below from my Case Book XI:

(7) Case No. 401 of Case Book XI.

A Mahommedan child of 3 years came under my medical

treatment Nov. 22, 1899, to be treated for cough. I examined her and found her uvula elongated. She had fever before commencement of the cough. There was no fever ailing her when I first met her.

(8) Case No. 398 of the above named Case Book.

Another female child, aged five years, living in the same house with the above patient. I saw her Nov. 21, 1899. I was called to treat her fever, from which she had been suffering from the day before. But on examination her case was found complicated with cough and coryza, which had been present for the last five days. Her uvula was found elongated. Both the cases, the 7th and the 8th, were given *Merc. Sol.* 6, the best to treat elongation of uvula. Both recovered, continuing under *Merc. sol.*

(9) This is the 24th case of Case Book XI.

A Mahommedan boy aged ten years first attended the dispensary March 3, 1900, for the treatment of intermittent fever, from which he had been suffering since a month back. He had cough. On examining the next day his uvula was found elongated. First day of his attendance he was given *Sulph.* 200, one dose. He continued under treatment till the 6th of the next month, getting placebo only. He received only the one dose and got rid of the fever, cough, elongation of the uvula and the enlargement of the abdomen. Why *Sulphur* was given in this case I will not engage your valuable time in explaining, as it is a paper to show only that there lies a connection between the elongation of the uvula and intermittent fevers. However, readers and writers of homœopathic journals should not miss such wonderful efficacy of Homœopathy in the treatment of diseases with a single dose of a single remedy.

(10) To close up the paper I wish to add another case to the list. This case was published in No. 8 of Vol. XVII. of the *American Medical Monthly*, page 306, in a paper entitled "Some of my failures to be successful in treating diseases with homœopathic remedies." This case, too, was complicated with intermittent fever. Here in this case the improvement followed after administration of *Merc. sol.* 6.

Let us summarize the cases:

First case, *without any history of intermittent fever*, treated with *Merc. sol.*

Second case, *with intermittent fever*, medicine given, *Nat. m.*

Third case, with history of intermittent fever, *Kali bichrom.*

Fourth case, with intermittent fever, *Sulph.*

Fifth case, with intermittent fever, *Bar. c.*, which produced no good effect, satisfactory results after *Sulph.*

Sixth case, with intermittent fever, *Nat. m.*

Seventh case, with history of intermittent fever, *Merc. sol.*

Eighth case, with intermittent fever, *Merc. sol.*

Ninth case, with intermittent fever, *Sulph.*

Tenth case, with intermittent fever, *Merc. sol.*

Remark. Above we have ten cases in all; of these nine had some relation with intermittent fever in each case. Of these nine cases seven were with intermittent fever and the remaining two had each an attack of intermittent fever just before the commencement of cough. In each of the above two cases the patient had an attack of intermittent fever, continuing for three days; on the disappearance of the pyræmia cough and coryza commenced, for which I was called to treat. So we find intermittent fever in nine out of ten cases, that is, at the rate of 90 per cent., a matter well worthy of further investigation by those who are well chanced for the purpose.

Medicines given:

Cases Nos. 1, 7th, 8th and 10th, *Merc. sol.*

Cases Nos. 2d and 6th, *Nat. m.*

Case No. 3, *Kali bich.*

Cases Nos. 4th, 5th and 9th, *Sulph.*

The list just above shows that *Merc. sol.* was required in 40 per cent. cases, and next to it, *Sulphur* in 30 per cent. cases. So it is advisable for us who practice Homœopathy to remember these two important remedies in the treatment of elongation of the uvula.

In the treatment of the elongation of uvula our elder brother, the allopath, has his astringent lotion in the form of a gargle, and if not successful with that the scissors to cut a portion of the little pendulous organ. Such a war-like practice in medical practice is nothing but an unlawful encroachment by surgery in the domain of medicine.

Time of Occurrence.

1st case came under observation 8th April, 1900.

2d case " " " 2d April, 1900.

3d case " " " 2d April, 1900

4th case	came under observation	31st March, 1900.
5th case	“ “ “	31st March, 1900.
6th case	“ “ “	26th March, 1900.
7th case	“ “ “	22d November, 1899.
8th case	“ “ “	21st November, 1899.
9th case	“ “ “	3d March, 1900.
10th case	“ “ “	last day of February, 1899.

Of the above ten cases we had in the latter part of March, 1900, the 4th, 5th, 6th and the 9th, that is, four cases in all; and in April, 1900, the 1st, the 2d and the 3d, that is, three cases in the first fortnight of the month; two cases in 21st and 22d November, 1899, and the 10th case at the close of February, 1899.

Now it is very clear to understand that the disease has a peculiar selection of time. If any one can collect cases from some years collectively we may make out its selection of time; however, we see from the above list that the disease has a liking of a period extending from February to April, eight out of ten cases being of the period.

Age.

Case number.	Age in year.
1 “	64 “
2 “	60 “
3 “	3 “
4 “	75 “
5 “	11 “
6 “	3 “
7 “	3 “
8 “	5 “
9 “	10 “
10 “	20 “

We see more cases from age 3 to 11; 6 out of 10 cases are within that age, that is, 60 per cent. cases were within that age; and of the above six cases three were of three years. Out of the 10 cases three were above 60.

Out of the 10 cases, 5 were male and 5 were female, so it's plain to note that sex has no preference for the disease, and the disease attacks equal numbers from both sides.

Satkhira P. O., Calcutta, India.

EXAMINATION OF PATIENTS.

Editor of HOMŒOPATHIC RECORDER:

I have many letters from physicians all over the United States asking me to advise or prescribe for intractable cases, and find in some of them that they are not so fully reported as they should be in order to facilitate the making of a good homœopathic prescription. Will you allow me to put before your readers a form for examination of patients that I find a very good one?

Form of Examinations.

- 1st. DESCRIPTION OF PATIENT—As to stage of life, constitution, temperament, state of mind, disposition, build, complexion, color of hair, eyes, skin, etc.
- 2d. LOCATION OF TROUBLE—Such as head, chest, heart, abdomen, sexual, urinary, or other organs, or extremities, or whether of a GENERAL nature.
- 3d. SENSATION—As regards PAIN (and kind of pain), burning, coldness, heat or chilliness, or sweating, cramping, emptiness, fullness or bloatedness, or ANY OTHER ABNORMAL SENSATIONS of which there are too many to mention here.
- 4th. CONCOMITANTS—For instance. If it is a stomach or liver, or trouble located in any particular organ; what other symptoms have you in connection with it in ANY PART of the body.
- 5th. AGGRAVATIONS or AMELIORATIONS—As to time of day or night, week, month, season of the year, weather, position, eating or drinking, including desire or aversions for particular foods, etc.; motion or rest, or anything that makes TEMPORARILY better or worse.
- 6th. CAUSES—As some former sickness like scarlatina, measles, typhoid fever, or badly treated venereal disease of years ago, exposure to cold, wet, sunstroke, or over-heating; habits of eating or drinking and abuse of tea, coffee, tobacco or alcoholics, suppressed diseases, like suppressed eruptions, or local discharges by scattering local applications.
- 7th. FORMER TREATMENT—Or abuse of, or over use of drugs, such as cathartics, bromides, morphine, quinine, calomel or other mercurials.

Of course, this does not cover all possibilities that may arise in a case, but is something of a guide to one who is not in the habit of putting his cases upon paper, for better consultation.

I do not offer this as an "iron clad" rule for any one to follow, or that physicians do not already know all there is in it; but since I have used it in my own practice, I find it systematizes my examinations in such a way that I get what I would often overlook without it. *Verbum sap.*

E. B. NASH, M. D.

Courtland, N. Y.

AFTER SURGERY HAD DONE ITS BEST.**A Letter From Dr. T. F. Allen.**

Editor of the HOMOEOPATHIC RECORDER.

The following report came under my personal observation and can be certified to as correct in every particular :

A gentleman in New York, formerly acting as Assistant Surgeon in the United States Army, was requested by a prominent planter from the island of Cuba to visit him and give his opinion in the case of his wife, the following being the circumstances in the case: The lady had been attacked by a malignant looking pustule on the forearm. This had rapidly become worse and caused great pain, with swelling of the lymphatics and enlargement of the glands up to the axilla. The disease was regarded with suspicion, and a consultation was had with a distinguished professor, an author of works on histology for medical students. The diagnosis was made, and given in writing, of "sarcoma, probably of a malignant character." An operation was performed. The tissues of the arm, with lymphatics, etc., were removed, as judged by the scars, in the most thorough manner. No hope was held out of a non-recurrence of the disease, and after a few months, a reappearance of the disease having taken place on the right hip, another operation was insisted upon. This was done, with removal of all the flesh of the right hip and thigh, as completely as the most expert surgeon could perform it. The same disease returned to the opposite thigh. This was also removed. In all these cases barely skin enough was left to wrap around the bones. The disease again returned in the former arm and developed with astonishing and alarming rapidity, and at the time of the consultation the lady was suffering from high fever, temperature 103 to 104, with serious brain symptoms. She could no longer walk across the floor without steadying herself or falling; the power of co-ordination was apparently lost. She suffered from severe vertigo; the fever recurred about the middle of every day, and increased in severity. Toward evening her temperature would subside and the fever would disappear for a time, leaving the lady stupid, with incoherent talking, but would recur again the next forenoon, and every day had gradually increased in severity. An operation was still considered,

but the case was considered one of recurring malignant sarcoma ; the symptoms seemed very urgent, "probably the disease had attacked the brain," and the opinion was given that the disease at this stage would necessarily prove fatal. In this opinion our surgeon concurred, and held out no hope. It seemed impossible to permit any operation to be performed, inasmuch as any attempt to ligate the common carotids and the vertebral arteries would be inadvisable, and their ligation could only stop the hæmorrhage. Moreover the attempt to apply antiseptics to the cut surfaces of the brain, were the removal to be attempted with the knife, would at least end in disaster ; hence, there seemed to be no possible method of removal of the disease by the knife. It was advised to render the patient gently unconscious, and to await her dissolution. However, *another method of procedure was adopted by which the tumor was removed from the brain, its recurrence inhibited*, a complete recovery eventually followed, and after three years the lady intends passing the winter, in perfect health now, on her estates in Cuba, which are, I am assured, in a very healthful part of the island. That this method of procedure has proved very satisfactory to the lady herself, and to her numerous friends, has been amply shown by the results.

A similar method of procedure has been adopted in the case of a distinguished lawyer of this city. His success in life would have been prevented by the removal of the tongue, which was advised by prominent surgeons, also members of his club. The lawyer was attacked by a cancer of the tongue. We say "cancer;" the malignant growth occupied the center of the tongue, the whole of which it was advised to remove. As the gentleman could not have the use of the organ after removal, it would be entirely impossible for him to make his political speeches, or attain the great degree of pronounced popularity which he has since attained by the removal of the growth, without the removal of the tongue, he has great reason for rejoicing in his complete restoration to health. The members of the club to which the gentleman belonged in this city were very much exercised at the verdict given by several distinguished surgeons. The case excited very wide attention and interest. The methods adopted by the surgeon were as novel as successful. The gentleman has, since his recovery, married the lady of his choice and is the father of very healthy, blooming children. At the time of his marriage he was assured to be free from any tubercular or syphil-

itic taint, no better confirmation of which could be asked than the appearance of the aforesaid blooming children.

It has occurred to us, in vouching for this extraordinary record, that it would be of interest to the incumbents of chairs of surgery, in the colleges professing homœopathy, if they could be made acquainted with the details of the results employed, and that have brought about these extraordinary cures.

TIMOTHY FIELD ALLEN.

3 East 48th Street, New York City.

PROPHYLAXIS OF GRIPPE.

By Edward S. Smith, M. D.

While it is at present true that the office of the physician is to cure rather than to prevent disease, it may be questioned whether this will continue to be the case. Students of bacteriology and pathology have so enlarged our views of the etiology of disease that we are doing much more than our predecessors in the field of prophylaxis. It is possible that in this progress of events we shall arrive at the point described by Bellamy and other prophets, where the chief business of the physician shall be to keep his clients in health instead of curing their ailments. It is also possible that patients themselves may then be more willing to pay the physician for saving them from the discomforts of illness than they are now to be recovered by his aid.

The subject to which I beg to direct your attention at this time is the prophylaxis of grippe. To some of you it may seem an idle tale, and I readily grant the difficulty of the task when we consider the wide spread limits of the epidemics of this disorder, its infectious and contagious character, and the peculiar idiosyncrasy to infection which occurs in some persons.

However the small contribution which I make to the system of preventive medicine is the result of personal experience and direct observation, and hence is, at least, from doubt regarding its practicality as far as it has been applied.

I have suffered from attacks of grippe with a frequency not observed in any of my patients. In every epidemic of the disease which has occurred in this vicinity since the coming of the series of epidemics which began in the winter of 1889-'90 I have escaped infection but twice. The first of these respites was

achieved without any special attempt at avoidance, while the second forms the subject of this paper. My attacks have varied in length from three days to two weeks; sometimes occurring as many as three or four times in a year. A friend who has kept tally says that I have had eighteen attacks. Some of these may, doubtless, be classed as influenza without the peculiar symptoms of grippe, but most of the seizures were unmistakable in respect to diagnosis. The usual painful and depressing conditions, both mental and physical, with which we are now so familiar, were much in evidence, and they were followed by the prolonged convalescence so characteristic of the malady.

I searched for a prophylactic, but, till recently, without success. I adopted the suggestion of Althaus, of London, and vaccinated myself again with the virus of cow pox, but the vaccination did not "take," nor was the grippe prevented. I thought it possible that one of these attacks would prove fatal, and owing to my tendency to infection I had about decided that I would never attend another case.

During the past winter I suffered from two attacks of the disorder. The third epidemic appearing, I was led to think seriously of the suggestion of Dr. John H. Clarke, of London, who, in his work on "Catarrh, Colds and Grippe,"* says that "*Arsenicum* is the best prophylactic medicine" he knows, and advises the use of the third centesimal dilution.

I took the drug in the third decimal potency. Being sensitive to drugs, and over-earnest in my desire, I soon developed the pathogenetic symptom of burning of the skin of the face. I then turned to the sixth decimal dilution, which I used for some days, meanwhile visiting cases of grippe without any ill effects. I then took the thirtieth centesimal dilution. This preparation seemed quite as effective as the lower forms, and was continued throughout the epidemic.

After the early days of this test were passed, finding that I was not affected as usual, I went about among the cases as fearless as a warrior clad in a coat of mail. My delight can be understood only by those who have suffered severely from this terrible scourge.

During this epidemic two cases of grippe developed among the members of the household, one of them being so severe as to require the attendance of a nurse. With this excellent oppor-

* Boericke & Tafel, 1900.

tunity for infection I yet exhibited no symptoms of the dreaded disease.

At this time I thought of another person on whom the test might be made. She was a lady of seventy-nine years of age, who was exceedingly susceptible, having had many attacks, some of great severity. I gave her the third decimal preparation of the drug. Already the gripe had attacked members of her household, and the suggestion was gladly received. In the course of this epidemic four cases occurred in the family of this lady, one of them being her husband whom she nursed through his illness. Following the third decimal potency she received the thirtieth dilution, and passed through the ordeal without a symptom of the disease.

It has been questioned whether the potencies above the third decimal had any part in effecting the prophylaxis, following, as they did, so free a use of the lower potency.

A colleague doubts if *Arsenicum* would be the prophylactic in every epidemic, holding the opinion that epidemics differ in their nature and the prophylactic must be suited to each.

To these criticisms I can but say that I am quite aware that even two swallows do not make a summer, and that the test was, in my experience, tentative and of very limited application. But I offer these instances for the consideration of my confreres, hoping that as opportunity occurs they will make the test for themselves. Any who may be led by my words to adopt this suggestion will confer a great favor if they will give me the results of their observations.

Bridgeport, Conn.

EFFECTS OF PHENACETINE.

By F. G. Oehme, M. D.

Phenacet. is used by the old school in doses of 2-10-20 grs., and more for fever like *Antipyrin*, and for pain and nervous irritability like *Morphine*.

Overdoses or too long continued use of the drug produce the following symptoms:

More or less sweating; more so and frequently profuse in low states of the system, as in typhoid fever and phthisis, and then accompanied by depression and sometimes by cold hands and feet;

less sweating, sometimes hardly appreciable, in neuralgias with arterial tension. Decrease of the cardiac vigor, slower pulse, as low as 40, somewhat irregular, scarcely perceptible. Severe cyanosis, especially of the limbs, chilliness, nausea, vomiting, epigastric pains, faintness, vertigo. Permanent deafness. Trembling from nervous excitement, anxiety, dyspnœa, incessant gaping, drowsiness, weakness, numbness of the whole body, cold perspiration, collapse. Œdema of the lower eyelids and fingers. A daily dose of 5 grammes produced a febrile exanthema; the patches were profusely scattered upon the limbs, scant on the trunk, disappearing on pressure, headache, flushed face.

If the kidneys are affected large doses may precipitate uræmic symptoms.

The symptom "frequent urination at night" was accidentally discovered. The physician had given *Phenacet.* in 10-gr. doses for some other affection; it removed this and incidentally also the frequent urination at night. When subsequently this same symptom recurred from eating fruit, *Phenacet.* removed it again, as also in another similar case.

Roseburg, Pa.

CHICAGO HOMŒOPATHIC MEDICAL SOCIETY.

The meetings after the summer vacation opened up with renewed interest. The new President, Dr. J. R. Kippax, has secured a good programme. The first paper was by Dr. Chislett in which he urged that the surgeon be recognized as a consultant as well as an operator. The next paper was on "Observations on the Treatment of Typhoid Fever," in which baths were extolled. The usual remedies were mentioned. Dr. Kahlke emphasized the necessity for early diagnosis of complications. Dr. Duncan gave his experience with the remedies and commended Nash's *Leaders in Typhoid* as the best modern work on typhoid therapeutics.

At the second meeting "Modern Treatment of Phthisis," was presented by Dr. Gatchell. Emphasis was placed on the outdoor pure air management and surnutrition as practiced at various modern sanitoriums. Dr. Halbert commended the ideas advanced and spoke of the value of metheline blue and other allopathic adjuvants. Dr. Duncan endorsed the value of the

modern hygienic and dietatic methods of the paper. He emphasized "deep breathing" many times a day and liquid diet between meals, which should be hearty. He referred to several cases cured with such remedies as *Phosphorus*, *Bacillinum 30*, and *Kali phos*. (It may be of interest to know that Osler depends largely upon *Creosote* and *Arsenic* in this disease.) The "Observations on Silver Nitrate," by Dr. Evans, were plain and practical. He thought that this was a neglected remedy and called attention to its value in epilepsy and chronic gastro enteric troubles where the patients were great lovers of sweets. The antidote to its over-use was *Chloride of Sodium*.. Dr. Woodward from his study of the drug provings traced out its course of action, first upon the stomach, then upon the skin, and third upon the brain, then upon the genito-urinary and the spine. The action upon the other organs follow later. He cited cases showing that cures by this drug traveled along the same course, the last symptoms disappearing first. Dr. Smith called attention to its effect upon the system that caused the patient to look like "an old man." These cases we find among children with gastro-enteric disorders.

Dr. Duncan thought the silver question was settled four years ago (sensation). As a student of the course of a disease, he was interested in tracing out the course of action of a remedy among the organs. He did not know of any more valuable work in materia medica since the days of Hahnemann than that being done by Dr. Woodward along this line.

The last essay of the evening was by Dr. Thome on the "Avoidable Complications of Gestation," referring chiefly to albuminuria, constipation, gastritis, etc. Dr. Houberger thought convulsions might come on without any albuminuria detected, but commended the idea of watching these cases closely. Dr. Grosvenor cited the value of normal salt solutions as an injection in scanty urine. [The reader is referred to Guernsey's *Obstetrics* for remedies.]

A committee was appointed on educational methods in the schools.

* * *

RHEUMATISM AND COLCHICUM AUTUMNALE.

By Dr. Mossa, Stuttgart.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. z.*, 1899.

The cold humid weather of fall will not fail to mature a goodly number of rheumatic ailments, which will offer a favorable opportunity for *Colchicum* to prove its virtues. It is seasonable, therefore, to present the sphere of action of this important remedy on the basis of the provings obtained and of purely clinical observations, as this will enable us to use it more efficiently in the cases of rheumatism presented.

The symptoms for the use of *Colchicum*, as presented by Dr. Kafka in his Homœopathic Therapy (vol II, p. 99), in the case of *acute* articular rheumatism, are the following: "An important and efficient remedy is *Colchicum* 3; where there is general inflammation of the joints and where the patients are so *excessively sensitive* that the slightest concussion of the air, of the bed or the floor, etc., makes the pains intolerable; when the pains grow worse in the evening and nights, with copious secretion of perspiration and diminished but deep red secretion of urine accompanied with unquenchable thirst; where the larger joints, e. g., the knees, elbows and shoulders, are strongly reddened and hot, but the minor joints, e. g., on the fingers and toes, seem stiff and swollen, and when the toes, while extremely painful, feel as if they were paralyzed or asleep; when at the same time, in consequence of the violence of the fever and of the pains, the respiration is much accelerated, and the heart-beat is *considerably increased*, so that an inflammation of the pericardium is threatened. In such a case a dilution of *Colchicum* given hourly is much more reliable than *Belladonna* or *Aconite*. The severe pains may be alleviated in 24 hours and the general inflammation of the joints be removed. As in this ailment, the above mentioned disease of the heart may appear; the chest and the heart must be examined carefully and frequently. In inflammation of the pericardium we have not seen any sufficient results from *Colchicum*, and have to use *Spigelia*, which is much more reliable in such cases."

Case I. A girl of 9½, with dark brown hair and pale yellowish

face, which, however, grows ruddy at any quick motion or excitement. Her paternal grandfather died of consumption, the father is vigorous and healthy but venous, and is inclined to diarrhœas. Her mother is suffering from painful menstruation and is nervous—hysterical to an exceeding degree. The sisters show more or less of scrofulous features (chronic catarrh of the nose, glandular swellings, goitre), so that all of them this summer were treated for several weeks at Jagstfeld. The patient frequently feels chilly, easily takes cold, is inclined to diarrhœa, which seems to have more of a rheumatic than a gastric origin. This spring she had had a slight attack of acute rheumatism of the left footjoint with a pale swelling attended with considerable pains, but by staying in bed, wrapping the foot in raw cotton and taking some doses of *Aconite*, it passed off with a considerable degree of perspiration.

On the evening of September 8th she complained of heaviness in the limbs; the weather had changed suddenly about this time from a high degree of dry heat through a series of showers and thunderstorms into humid cold; the patient had also sat by an open window which always disagrees with her. On September 9th she remained at home in bed, and her careful mother gave her *Aconite*, but in order to be sure to secure perspiration, she added a cupful of tea made from linden-blossoms. The perspiration, indeed, set in, but it did not cut off the ailment, so I was called in.

On the 10th of September I found the girl lying in bed on her back, her face pale yellow, but with a large dark red spot in the middle of each cheek. The temperature of the skin was somewhat raised, the pulse showed 120 small beats, easily repressed; the heart-beat, however, was considerably augmented. She complained of a tearing pain in the left foot, especially on the instep, was averse to all motion, as this increases the pains, as is also the case with the touch. The left foot also showed a swelling, especially on the outer ankle, the swelling showing a pale lead-grey discoloration. There is constipation; lack of appetite. She received *Bryonia* 6, two drops in the morning and evening.

September 11. The night was a restless one. The pain had considerably increased during the night, so that she often moaned aloud. A little dark red urine was discharged, but no stool. She was allowed milk, barley-gruel and grapes. *Bryonia* was repeated.

September 12. The pains were again considerably aggravated in the *evening* and at *night*. The patient showed such an *excessive sensitiveness* that she moans at the *least touch of the bed covers* and even at any *approach* toward the part affected. The right foot and the left hip joint were now also painful, the right foot now being also swollen like the left. In the *toes* she had a sensation as if they were stiff and rigid. The pulse continued small and frequent, the heart-beat excessively increased, the urine scanty and dark red. The tongue was somewhat coated, yellow; there was little appetite and considerable thirst. The skin was moderately warm, somewhat moist. There was oppression of the chest. When she has to cough, which occurs occasionally, the pain in the parts affected is inordinately increased.

Since *Bryonia* had shown so little effect, and the symptoms as well as the cause, the cold, moist weather, pointed strongly to *Colchicum*, I gave the little patient this remedy, six drops of the sixth solution, diluted in a tumblerful of water, one teaspoonful every two hours.

September 13. The aggravation in the evening and at night had not appeared, so that the patient could rest. The left foot was less swollen and painful. A stool had been discharged, the *fæces* being at first firm, succeeded by a brown, thin pappy, fetid mass. The left ankle was less swollen, but the right was more severely swollen and continued painful. The little patient had become more cheerful.

September 14. The night was somewhat restless, but the right foot was less swollen. *Colchicum* was repeated.

September 15. The patient had a good night's rest, and was quite merry in the morning. Though the left ankle is still swollen, the pain has very much diminished, and especially had the excessive sensitiveness diminished. Pulse 72; the skin, moderately warm, perspiring easily. Two thin stools and more urine of a dark yellow color. Appetite has returned. She was allowed barley, gruel and rice, soup with beef broth. *Colchicum* now only three times a day, one teaspoonful.

September 16. Also the heart-beat has again become normal. The little patient feels quite well, so that she plays and reads in bed. The pain in the left hip joint has disappeared, the swelling of the left ankle has diminished. She can now freely move both her legs and can now get up to attend to her wants. *Colchicum* twice a day.

The improvement steadily proceeded, and on the 18th of September the patient could leave her bed.

Case II. I had a similar case a few years ago of a boy of 10 years, whose ankle also showed a pale swelling, and where the excessive sensitiveness was just as prominent. This was also cured with *Colchicum*.

Physicians in England have, more than others, lauded the virtues of *Colchicum*, perhaps because the moist and cold climate of England offers a favorable field for the employment of *Colchicum*. It has been successfully used by them in gout as well as in rheumatism, in acute cases as well as in chronic cases unattended with fever. Dr. Williams, who has frequently given *Colchicum*, says, that in chronic cases it chiefly removes pain, allowing the patients to secure sleep, which is else so frequently impossible, owing to the pains. Dr. Williams reports the case of a man, 30 years of age, who suffered with violent pains in the loins, the shoulders and the arms; he had no fever and there was good appetite and stool. Owing to his occupation in the malt-kiln, he was exposed to sudden changes, going from the cold air into the hot vapors of the moist malt. His disease had gradually increased for three years, with a steady loss of sleep. Six days after beginning the use of *Colchicum* the pains ceased, and the cure was a permanent one.

A man, 65 years of age, had suffered for several years from violent rheumatism, affecting both his arms and legs; after several weeks, when the pains became intolerable, and motion became impossible, he kept his bed, but no sleep came. Finally he recovered sufficiently to drag himself along; but his body was so much contracted by his long continued ailment that he could neither walk nor stand in an upright position. He received *Colchicum*, and in three weeks he was restored, so that he could attend to his duties as coachman. Some years later he again suffered of violent pains in the limbs; his joints were so painful and his heel so much drawn upward, that walking was very difficult for him. Also in this case *Colchicum* effected a complete cure.

In provings of *Colchicum* and poisonings thereby, violent convulsions and painful contractions of the muscles on the feet and especially on the soles of the feet have been observed.

Dr. Farrington also emphasizes the great irritability and excessive sensitiveness of *Colchicum* patients. Every external

impression, as from light, noise or strong smells, irritates, and their pains seem to them unbearable.

We fully agree with Dr. Farrington when he says: *Colchicum* is almost a specific in gout and rheumatism. There is no remedy which is like it in its efficiency in this direction.

GANGRENE OF THE GENITAL ORGANS.

A Clinical Observation by Dr. Derch v. Marsal.

Translated from the *Revista homœopatica*, the organ of the *Academia Medico-Homœopatica* of Barcelona, Spain.

The patient was a man, fifty eight years of age, living in the suburb of Gracia. He was of a vigorous constitution, but had been suffering for years from a chronic gastritis and from a blenorrhœa, the cure of which had been attempted ineffectually.

Three months ago he was seized with fever, which, according to the description, had all the symptoms of an intermittent tertiary fever. From an allopathic physician he had for sometime been receiving *Chinin sulphuric*, but with little relief, and either from the abuse of quinine or from some other unknown cause complete retention of the urine had been added to his former ailments.

As the physician treating him supposed that this was not an anuria, owing to defective secretion, but a retention of urine from a mechanical cause, owing to a stricture of the urethra, he introduced a probe, but with very slight results, only two or three drops of urine being discharged. The view of the physician seemed reasonable to the patient, and as he was a bold and resolute man he endeavored to introduce the catheter himself. But when 24 hours later the case became more threatening and dangerous, it was determined to call in the aid of Homœopathy and to demand from it a new miracle.

Dr. von Marsal found the patient on the evening of December 7th in a strongly pronounced fever, temperature 105, pulse 144, with a hippocratic face. For several days there had been no stool; the tongue was heavily coated, and there was violent thirst. Pains in the hepatic region; complete anuria, severe œdema of the penis and scrotum, extending even to the hypogastrium. There was a livid spot of the size of a dime on the penis near its root and on the left side.

Considering these symptoms and the history of the case as presented by the family, it was manifest that there was a gastric catarrh accompanied with a fever of intermittent, if not malarial character, complicated with an anuria, probably the result of the use of quinine, and rendered even more severe by the rupture of the urethra.

The prognosis was unfavorable, as gangrene was threatening ; therefore it was recommended that the patient should receive the sacraments, before he should lose his consciousness. *Arsenicum* 3 and *Lachesis* 6, every half hour in a alternation, were prescribed, and externally, bandages with a solution of borax. The diet was to consist of strong beef tea and milk.

Next day the whole of the penis and of the scrotum, except the tip of the prepuce, appeared all black, of a dull blackness like new leather and swollen ; the parts gave out the disagreeable odor characteristic of gangrene, and of such an intensity that no one could remain for any length of time near the patient ; the œdema on the abdomen had spread still more, the hypogastrium being distended up to the umbilicus. The general symptoms were unchanged. *Arsenicum* and *Lachesis* were continued.

On the third day the family reported that the bedding had been copiously wetted with urine, though the patient was unable to say how the discharge had been effected. On the part affected the gangrenous part was beginning to separate from the healthy part, which renewed hope ; the œdema was somewhat diminished. The remedies and the nourishment were continued as before.

On the next day the general condition was somewhat improved, the fever was less intense, the tongue was somewhat cleaner, and the patient had discharged a small, hard stool. The part affected also looked a little better. The marks of the gangrene had been enlarged and deepened. The gangrenous skin showed some wrinkles, as the œdema had diminished, the urinary secretion appeared to be increased ; the abdomen more nearly approached its normal condition.

On the following day, the treatment being still the same, the improvement appeared more decided. There were copious diarrhœic discharges of a pasty consistence and of a cadaverous odor, which caused some consternation to the patient, as he could not imagine how such stuff could come from his body. These evacuations were accompanied with a total remission of the fever, and with a return of appetite. In the local symptoms also there was

a decided turn for the better ; the gangrenous part of the skin sloughed off in its whole extent by the 9th and 10th day, leaving behind an ulcerated surface of a lively redness ; which occupied the whole of the penis and the larger part of the scrotum, with a deep hole at the root of the penis and on its left side.

It then appeared that the urine had not as yet passed through the orifice of the urethra, but through this opening on the penis ; but the patient could, without trouble, restrain this discharge. This showed the possibility of the formation of a fistula with its disagreeable consequences ; to prevent this the patient now received *Arsenicum 6* and *Silicea 12*.

The cicatrization then set in rapidly and without disturbance. At present there appears only a superficial ulcer, without any malignant symptoms ; it occupies about one-third of the penis ; the fistulous opening has considerably improved, so that the urinary discharge chiefly passes through its natural channel, which promises a complete cure. Still there is a danger that the stricture of the orifice, which the allopathic practitioner diagnosed when there was not any, may actually appear with the cicatrization of the wound of the urethra.

SNAKE POISONS AND THE BUBONIC PLAGUE.

By Dr. S. J. van Royen, Utrecht.

Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hom. Zeit.*, October, 1900.

The following address was delivered in the assembly of the homœopathic physicians of the Netherlands, which met at Utrecht September 19, 1900:

When the plague broke out in Asia, and especially in British India, the above subject was appointed for consideration by our meeting, and the supposition was at once expressed that the remedies for this plague would have to be looked for among the snake poisons. This supposition has been confirmed by the experiments of Major Dèane, who has made use of these poisons both in a prophylactic and in a curative way, and, as it would seem, with good success. We know very well that cases which are designated by the same nosological name nevertheless differ from each other in points of greater or less importance. So it is also with this group of poisons, which in their general features

show a great agreement as to their pathologic effects and yet differ in their peculiarities in a way which to us seems characteristic.

I shall enumerate some of the distinctive features in the symptoms caused by one or another of these poisons, but I shall chiefly consider the pathogenic effects common to all of them.

The venomous snakes have in the upper jaw on each side a fang containing poison; this fang is usually concealed in a fold of the gums. This fang can be elevated at will by the snake, so that when it strikes its victim the poison may flow out into the wound. With some snakes these fangs are hollow, with others they have a furrow. They are connected with a gland secreting the poison; this gland is nothing else than the parotid gland, which with them has not the function of secreting saliva, but a very poisonous substance.

Hollow teeth are found among the various species of the genera *Crotalus*, *Trigonocephalus*, *Bothrops* and *Vipera*; furrowed teeth in the genera *Naja* and *Elaps*. The violence of a bite and the course of its effects depend on three points: 1, on the less or greater virulence of the poison of the snake; 2, on the quantity of the poison ingested: a snake that has bitten several times in succession contains but little poison; 3, on the power of resistance in the person bitten.

It was formerly the opinion that snake poisons are innocuous, if ingested into the stomach, so long as mouth, palate, œsophagus and stomach have no lesion. But it has been found that this opinion is not quite correct; only when the stomach is filled will the poison be digested through the gastric juice. When ingested into an empty stomach, or if it is taken in dilution, so that it can be absorbed by the mucous membrane lining the introductory passages, then symptoms of poisoning will appear.

Like the poisons of other animals, snake poisons have a very depressing and destructive effect. The blood soon loses its capacity to coagulate; there are hæmorrhages in the cavities, and ecchymosis in the serous membranes and the skin. Through the change in the constitution of the blood, there arises a yellow color in the skin resembling the *Icterus*. The symptoms after the bite are *blue discoloration of the place bitten*, then a *swelling* which spreads all over the body, and may become so serious as to cause suffocation. Around the spot there appear a number of *petechiæ*. Then there arises malignant ulceration with the

secretion of malignant pus and gangrene, often destroying an extensive portion of the skin. If death does not soon appear, multiple abscesses are formed, and the whole then offers the morbid image of septicæmia. In very severe cases this symptom is not reached; the patient looks affrighted and anxious and falls down dead as if struck by lightning. If the course is not so rapid, then the following symptoms appear, which also show themselves when the poison is taken in proving: anguish, despondency, forgetfulness, indifference as to everything, delirium, cramps, convulsions, quivering, trembling, paralysis, which may last many years; a sensatish of constriction so that all the articles of clothing seem too tight. Difficulty in swallowing even to the appearance of hydrophobia; swooning; collapse; dizziness; violent headache; blackness before the eyes, inflammation and bleeding of the eyes, yellow color of the sclerotic coat, deafness or excessive sensitiveness to sounds; bleeding of the nose, purulent coryza. The face is red, bloated, or in swoons, pallid; icteric discoloration. The tongue swollen, coated. There is thirst, but swallowing is difficult. Vomiting of food, blood and bile. Ulcers and diphtheritic coating in the mouth and throat. Fetid diarrhœa, discharges of blood and mucus. The secretion of urine is diminished. The respiration difficult. The heart beat is frequent but without strength.

In the limbs there is a sensation of prickling and of numbness; œdema of the feet. In the hand, itching, the formation of blisters, furuncles and carbuncles, which secrete fetid pus and become gangrenous; pustula maligna; ulcers with gangrenous surface.

Swelling and suppuration of the glands, especially in the axillæ, the inguinal region, and of the mesentery, discharging fetid pus.

Peculiar features observed in some snake bites are that the patient cannot bear any pressure, and that many symptoms are aggravated during sleep.

It is notable that the poisons of American, Asiatic, and African snakes have been proved, while of the poisonous snake found in Europe, *Vipera berus*, nothing is known but the symptoms following the bite, while so far as I know, there has never been effected any intentional proving.

From the description given above we may see that snake poisons are among the most virulent poisons, and on this account

they are the very remedies indicated in the most malignant diseases. Although very similar to each other, these poisons are yet not identical. Each one of them has its peculiarities, yet the difference is more quantitative than qualitative. In the one poison some *one* symptom will be prominent which is not, indeed, lacking in the others, but is not so pronounced. The strong action of these poisons on the constitution of the blood is very manifest, but is not the same nor equally pronounced in all.

Hæmorrhages are most prominent in *Crotalus* and *Bothrops*, and this, indeed, in all the apertures of the body, even to the breaking open of all cicatrices. Also *Elaps* shows considerable hæmorrhages, pulmonary hæmorrhages being most marked. *Lachesis* and *Vipera* have less hæmorrhage; *Naja* has still less.

Abscesses and ulcerations appear in various places; those from *Lachesis*, *Elaps* and *Vipera* easily pass over into gangrene, and this gangrene may arise even in places far remote from the bite. Gangrene is also found in other cases, but most prominently in *Crotalus* and *Bothrops*, in a lesser degree in *Lachesis*, *Elaps*, *Naja* and *Vipera*, but with this second class there is more ichorous pus and there are more metastatic abscesses; these are, however, but little found in *Vipera*.

The bad state of the blood causes a hæmatogenous icterus, most of all with *Crotalus*, *Bothrops* and *Vipera*, but also though in a less degree with *Lachesis* and *Naja*.

Among the psychic effects *Elaps* has this peculiarity that the patient can speak, indeed, but cannot understand what another person is saying. *Bothrops* has entire aphasia, an entire loss of the memory of words, which is not to be confounded with the inability to speak found in *Naja*, where the trouble is in the organs of speech.

All of these poisons produce paralysis, which may last for years. Cramps and convulsions of various kinds are found in *Elaps*, *Naja*, and *Vipera*. In *Naja* these nervous disorders are most pronounced; in *Vipera* they appear as epilepsy. Intermissions of two to four days are most manifest in *Crotalus* and *Naja*; in *Vipera* the period of inflammation lasts a year, and the disease may be very long continued.

Most of the symptoms are on the RIGHT side in *Crotalus*, *Bothrops* and *Elaps*, while *Lachesis* has them on the LEFT side; in *Naja* they are ONE-SIDED, either on the right or on the left side, but predominantly on the left side, while *Vipera* has no predilection for either side.

Trouble from the pressure of the clothes is found in *Lachesis* and *Vipera*. The headache in *Crotalus* is in the right temple, extending to the vertex and accompanied with blindness. *Lachesis* has headache in the left temporal region to the throat; *Naja* in the region of the left eye extending to the occiput; *Bothrops* only on the right side; *Vipera* heaviness and violent pain in the whole of the head.

I shall not give a comparison of the symptoms in the other parts of the body; it would lead us too far, and anyone can look them up when required.

Remedies which may be compared with the snake-poisons are *Apis*, *Arsenicum*, *Carbo vegetabilis*, *Phosphorus* and some others.

The morbid image of snake-poisons points to the most pernicious diseases, and among these also to the plague, which is the occasion of this address.

As mentioned above, Major Dèane has used the snake-poisons in British India as a remedy for the plague. He used *Crotalus* and *Naja*, in most cases administered subcutaneously or endermatically, but also through the mouth. One patient received a dose of *Apis* internally. The observations are not quite pure, as Dèane, according to the symptoms, gave also other remedies synchronously after the snake poisons. He gives a description of eighteen of these cases of which two were on the point of death when brought to him. Of these eighteen cases, six died, *i. e.*, $33\frac{1}{3}$ per cent. If the two moribund cases are omitted, the mortality in sixteen cases was four, or 25 per cent.; while the mortality usually fluctuated between 60 and 95 per cent., averaging between 70 and 80 per cent. There is, therefore, a manifest demonstration of the beneficial effects of snake-poisons. I would not in all cases agree with the choice of remedies made by Dèane, especially not in case three, which seems to have exhibited the pneumonia form in the plague, in which not *Elaps* but *Naja* would be the remedy indicated.

We have as yet, fortunately, had no actual experience in the treatment of the plague, and we hope that we may steer clear of this malignant disease. But if this misfortune should come upon us, we may be sure that the snake-poisons will be the remedies first to be considered. In this case the poison of our *Vipera Berus* should not be forgotten. With certain peculiarities, this poison has yet the same general characteristics which belong to the exotic snakes, and also in the morbid image of *Vipera* we find a reproduction of the image of the plague.

BOOK NOTICES.

An American Text-Book of Physiology. Edited by William Howell, Ph.D., M. D., Professor of Physiology in the Johns-Hopkins University. Second edition revised. Vol. 1. 598 pages. Cloth, \$3.00, net. Philadelphia: W. B. Saunders. 1900.

This book is written by the following corps of physicians: Henry P. Bowditch, John G. Curtis, Henry H. Donaldson, W. P. Howell (also editor), Frederick S. Lee, Warren P. Lombard, Graham Luok, W. T. Porter, Edward T. Reichart and Henry Sewall. Volume first covers blood, lymph and circulation; secretion, digestion and nutrition; respiration and animal heat; chemistry of the body.

A Treatise on Fractures and Dislocations. For practitioners and students. By Lewis A. Stimson, B. A., M. D., Professor of Surgery in Cornell University Medical College, New York. New (3d) edition. In one octavo volume of 842 pages, with 336 engravings and 32 full-page plates. Cloth, \$5.00, net. Leather, \$6.00, net. Just ready. Lea Brothers & Co, Philadelphia and New York.

The favor with which this work is regarded by the profession is reflected in the exhaustion of its very large second edition in about one year. The present edition shows thorough revision from cover to cover, and additions in text and illustrations which have necessitated an increase in the size of the volume.

The additions made in the present edition, notwithstanding the shortness of the interval since the previous one, are many and important; the exceedingly practical character of the work remains unchanged; the bibliography has been enriched for the assistance of those who may wish to make more thorough research in any subject, and the work will, without doubt, hold its place as the decisive authority on its subject whether as reference for the practitioner or text-book for college use.

Saunders' Question Compend, No. 25, Essentials of Histology. By Lewis Leroy, B. S., M. D., Professor of Histology

and Pathology in Vanderbilt University, etc. Arranged with questions following with chapter 72. Illustrations. 231 pages. Cloth, \$1 00. Philadelphia: W. B. Saunders. 1900.

This is a new comer in the famous Saunders' Question Compend. The title tells its drift.

Saunders' Pocket Medical Formulary, Etc. By Wm. M. Powell, M. D. Sixth edition. Thoroughly revised. 298 pages. Morocco, flexible tuck, \$2.00. Philadelphia: W. B. Saunders. 1900.

In addition to prescriptions for all diseases the book contains a large array of useful tables, such as physiological, hypodermic medication poisons and antidotes, incompatibles, etc.

Modern Medicine. By Julius L. Salinger, M. D., Demonstrator of Clinical Medicine, Jefferson Medical College, etc., and by Frederick J. Kalteyer, M. D., Assistant Demonstrator of Clinical Medicine, Jefferson Medical College, etc. Illustrated. 801 pages. Cloth, \$4.00; half morocco, \$5.00. Philadelphia: W. B. Saunders & Co. 1900.

This is an elegantly gotten up book, with a most happy selection of title. Like all of its class, it is all right until it strikes "Treatment." For instance, under scarlet fever all goes well until this phase is reached, and then "There is no specific treatment," is the honest acknowledgment; a mild laxative, sponging and a few like measures are all that is given. Ancient Homœopathy can beat that. If modern doctors would only make a study of homœopathic therapeutics they would increase their usefulness to an amazing degree. However, the book is what it pertains to be, "Modern medicine."

Studies in the Psychology of Sex. The Evolution of Modesty. The Phenomena of Sexual Periodicity. Auto-Erotism. By Havelock Ellis, 6 $\frac{3}{8}$ x 8 $\frac{7}{8}$ inches. Pages xii-275. Extra cloth, \$2.00 net. Sold only to physicians and lawyers. F. A. Davis Company, Philadelphia. 1900.

This book is full of curious bits concerning that on which the minds of nearly all dwell more or less, things sexual; it is not

concerned with the prevention or cure of sexual depravity, but with seeking to trace the causes to their source. It is sold to physicians and lawyers only, because the unregenerate would devour many parts of it, not with a view to use, but to gratify the apparently innate desire in so many for sexual abnormality.

A Manual of Syphilis and Venereal Diseases. By James Nevin Hyde, A.M., M.D., Professor of Skin, Genito-urinary and Venereal Diseases, Rush Medical College, Chicago; and Frank Hugh Montgomery, M.D., Associate Professor, Rush Medical College. Second edition. Revised and enlarged. 594 pages. Cloth, \$4.00, net. Philadelphia. W. B. Saunders. 1900.

The second edition of this work has received careful revision and many subjects, especially the part devoted to gonorrhœa, have been practically rewritten. Also a number of new illustrations have been added. The illustrations are fully up to the high standard set by Mr. Saunders.

The American Illustrated Medical Dictionary. A new and complete dictionary of the terms used in medicine, surgery, dentistry, pharmacy, chemistry and kindred branches, with their pronunciation, derivation and definition, including much collateral information of an encyclopædic character. By W. A. Newman Dorland, A. M., M. D., University of Pennsylvania. With numerous illustrations and 24 colored plates. 765 pages. Flexible cloth, \$5.00. Philadelphia: W. B. Saunders & Co. 1900

This is the latest dictionary, and in consequence should contain a greater number of words than its predecessors, for words in scientific circles are coined rapidly in these days. The book and its definitions are very compact; by a compact definition we mean one that gives the word, roots, pronunciations and definitions in very brief space. Yet it is all clear. The dictionary ought to be a very popular one.

A Text-Book of Pathology. By Alfred Stengel, M. D., Professor of Clinical Medicine in the University of Pennsylvania, etc. With 372 illustrations. 873 pages. Cloth, \$5.00. Half

morocco, \$6.00. Philadelphia: W. B. Saunders & Co. 1900.

This third edition has been thoroughly revised, and the sections on pathologic physiology enlarged and brought up to date.

Modern Surgery, General and Operative. By John Chalmers Da Costa, Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College, etc. With 493 illustrations. Third edition. Revised and enlarged. 1,117 pages. Cloth, \$5.00. Half morocco, \$6.00. Philadelphia: W. B. Saunders. 1900.

A thoroughly modern and up-to-date work in all particulars.

A Text-Book of the Practice of Medicine. By Joseph M. Anders, M. D., Ph.D., LL. D., Professor of the Practice of Medicine and Clinical Medicine in the Medico-Chirurgical College, Phila., etc. Illustrated. Fourth edition. Thoroughly revised. 1,292 pages. Cloth, \$5.50. Sheep or half morocco, \$6.50. Philadelphia: W. B. Saunders & Co. 1900.

The third edition of this work appeared less than a year ago, and here is the fourth! Speaks well for Dr. Anders' work.

What a Woman Did. By Chas. Gatchell. 353 pages. Cloth, \$1.50. Chicago: Era Publishing Co. 1900.

A nicely printed book full of dainty illustrations from life, telling how a woman, with but little money, took her invalid husband on an out-door vacation that brought him back his lost health. A very entertaining work.

Books of Detachable Diet Lists. Compiled by Jerome B. Thomas, Jr., A. B., M. D. Second edition, revised, \$1.25 net. Philadelphia: W. B. Saunders. 1900.

Each page is perforated and can be detached. Proper diet for all diseases from diabetes to obesity.

A Text-Book of the Diseases of Women. By Henry J. Garrigues, A. M., M. D., Gynecologist to St. Mark's Hospital, New York, etc. With 367 illustrations. Third edition,

thoroughly revised. 756 pages. Cloth, \$4.50; half morocco, \$5.50. Philadelphia: W. B. Saunders. 1900.

The third edition of this well-known work has been thoroughly revised, much new matter and some illustrations added, and the whole brought up to date.

A Text-Book Upon the Pathogenetic Bacteria for Students of Medicine and Physicians. By Joseph McFarland, M. D., Professor of Pathology in the Medico-Chirurgical College, Philadelphia. With 142 illustrations. Third edition. Revised and enlarged. 621 pages. Cloth, \$3.25. Philadelphia: W. B. Saunders. 1900.

The author tells us that since the appearance of the earlier edition of this work much new matter has come to light in the domain of bacteriology. It will all be found in the new edition by those who seek.

"CONTRIBUTIONS towards a knowledge of the peculiarities of the homœopathic remedies which have thus been far fully proved in regard to aggravation and amelioration of their complaints according to the time of day and circumstances, their state of mind, by Dr. C. von Bœnninghausen," is the rather long title of a reprint of what is more familiarly known as Bœnninghausen's "Aggravation and Amelioration," issued in neat form by the *Journal of Homœopathics*, Philadelphia. It is paper bound, 35 octavo pages, and the price is 25 cents per copy. To the older men of the profession it was a well known and much used work, and its day of usefulness has by no means passed.

Electro-Therapeutics and X-Rays. By Charles Sinclair Elliott, Professor of Nervous Diseases in the Hahnemann Medical College, Kansas City, University.

The author's object in this work has been to place before the student and practitioner a "Materia Medica" of electricity; that is, to place before them, in as brief, plain and simple manner as possible, the best and latest methods of applying the various currents. The plan followed is to give each current and the general indications calling for that particular current; second,

taking up the various diseases to which electricity is applicable, and giving the special current called for, its strength, duration of sitting and frequency of application in as far as practicable. In the X ray section the aim has been to give in minute detail all the steps necessary in preparing the apparatus, connection of Crookes's tube, spark gaps, etc., the method of taking radiographs and making fluoroscopic examinations, that even a novice, by pursuing the directions, will find no difficulty in employing an X-ray apparatus.

The subject matter is well put together; it is a good guide, and contains much that is of real value. The cuts are numerous and good.—*Hahnemannian Monthly*.

A Systematic, Alphabetic Repertory of Homœopathic Remedies. By Dr. C. von Bœnninghausen, Counsellor, etc., etc. Part First—Embracing the Antipsoric, Antisyphilitic and Antisyctic Remedies. Translated from the second German edition by C. M. Boger, M. D.

To the old members of the homœopathic fraternity, *i. e.*, the "Old Guard," most of whom have gone to their reward, Bœnninghausen's Repertory was something more than a common text-book; it ranked second only to Hahnemann's *Materia Medica Pura* and to the *Chronic Diseases*, and stood side by side with these honored tomes, part and parcel, if not of the new law, at least of a new dispensation. To the young fellows in the profession Bœnninghausen is a tradition, and few have ever seen or handled the volume of which this a faithful rendering.

As pointed out by the translator, the book in the year of our Lord 1900 is as valuable, as reliable, as safe a guide to the practitioner as it was when issued in 1832 and '33. To emphasize that fact is quite sufficient here, for a review is out of question. Both translator and publisher have done their work in a thorough, workman-like manner; let those who desire to prescribe closely avail themselves of the assistance here offered.—*Pacific Coast Journal of Homœopathy*.

Homœopathic Recorder.

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E. P. ANSHUTZ, P. O. Box 921, Philadelphia, Pa.

OUR esteemed contemporary, the *Medical Record*, as a rule, is not carried off its feet, but the "anopheles" have swept it headlong. Malaria, it says, is "the most deadly disease that attacks man," and "there can now be but little doubt that to the anopheles species of mosquito is mainly, if not entirely, due to malaria in whatever part of the world it may occur." To be sure one set of the authorities quoted say that the "anophele" merely carries the "malaria" in his proboscis, in which case the "malaria" is still there, in the dank places of nature; if this be so, to kill him, or her, would not be to exterminate the diseases, but merely one of the means by which it is spread. Yet the *Record* would have it that after the "anophele" is annihilated "malaria" will cease to exist. A bit of lucidity gleams forth, however, when we are told that "anopheles disappear before drainage." Just so. The whole matter is the mistaking an *effect* for a cause.

"L. E. R.," of the *Eclectic Medical Journal*, says that he believes he could change the labels on the bottles of the twelve tissue remedies of the third trituration, and "I would wager a good chromo that the keenest prescriber could not use from any one bottle a simple remedy and tell me the name of the remedy used." This assertion is true of almost any third trituration, but it only demonstrates, to the reader who knows, how much L. E. R. has to learn and engenders the hope that his life may be long.

THE Southern California Practitioner quotes a rather interesting report, from the *Monatsschrift für Geburtshilfe und Gynakologie*, on 108 cases of operations on women in which

sundry things were left in the abdomen; fifty-nine of the number recovered. Curiously enough the sponge seems to be more deadly than artery forceps, for in nineteen cases out of thirty in which the sponge was left in it was "discovered at the autopsy," while in the nineteen cases of forceps there is no mention of death; in one case the forceps was discharged four years after the operation.

READ this definition of health, from a most learned source: "When the axes of the cells composing a given structure are symmetrically arranged, or in the same plane, the condition is normal and the part is said to be in a healthy condition." Take care of the axes and the health will take care of itself. The advances in medical science are sometimes quite amazing, almost bewildering, in fact.

DR. CHARLES DENNISON, of Denver, Col., in a pamphlet on *Degerative Results*, says of tuberculosis: "It is a degeneration or slow death due to the vitiation of the blood, generally produced by deficient ventilation of the lungs, a prominent and advanced sign of which is the bacillary germ of tuberculosis." It does one good to see a man getting back of the "germ" to the cause of the disease and of the so-called germ. Impure air is, in Doctor Dennison's opinion, largely responsible for consumption.

WOMAN'S SOUTHERN HOMŒOPATHIC HOSPITAL.

The attention of physicians is called to the Woman's Southern Homœopathic Hospital, 724 Spruce street, where they can procure for their patients who are self-supporting women all necessary treatment in private rooms for from \$5 to \$7 per week, or in wards containing four beds for \$3 per week.

Visiting hours 2 to 4 p. m. daily, except Sundays.

A cordial invitation to visit the hospital on Thursday afternoons is extended to the general public.

Application should be made to Dr. Margaret E. Burgess, Resident Physician; Mary Branson, M. D., President, 1719 Arch street; Emma Speakman Webster, Treasurer, 1156 South Broad Street.

PERSONALS.

A horse, they say, enjoys his food most when he hasn't a bit in his mouth. Dr. O. B. Moss (*Regional and Comparative Materia Medica*) has removed to Grand Rapids, Mich.

We don't know, John, whether "automobilous" is an allowable word or not.

With many of us morality is interferring some other fellow's habits of which we do not approve.

Don't be afraid of "the trusts"—unless you are a stockholder.

Dr. Effie W. Van Delinder, has returned to her practice at Beloit, Wis., after a Vienna post-graduate course.

The price of Kent's *Lectures on Homœopathic Philosophy* is \$2.00, not \$3.00 as stated in last RECORDER. For sale at the B & T. pharmacies.

No John, surviving a fit does not prove the Darwinian theory.

Mrs. Eddy exclaimed "Ouch!" in a dentist's chair. But what was she doing in such a place for there is no such thing as decayed teeth! Is it not so written?

Suggestive Therapeutics asserts that "in these days of horse serums, the country doctor is the sheet anchor of rational medicine."

And now it is discovered that mosquitoes cause yellow fever. Other discoveries of what they and other insects can do, will now rapidly follow.

The horse has one stronghold from which the automobile cannot oust him—sausage.

Dr. Koch has discovered a "cure" for malaria; for its name, keep an eye on the trade journals.

Dr. T. F. Allen's letter in this paper deserves earnest thought. There are more and bigger things under the sun than surgery, great as it is.

The Quay *Nose and Throat* will be out in December, second edition.

You can get the back numbers of RECORDER with history of A. I. H. Subscribers received now will be dated from January 1, 1901.

Schreiner says there is danger of "germs" in unwashed fruit. What perils we have run!

Wash the bloom off the grape with soap and water hereafter.

In 1904 you may hear "who ran against McKinley in 1900?"

Even today who knows how many "National tickets" were entered for the November 6, scrimmage?

The RECORDER'S pages are open to both sides in matters of principle.

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THE HOMŒOPATHIC RECORDER.

VOL. XV. LANCASTER, PA., DECEMBER, 1900. No. 12

HISTORY OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

By Bushrod W. James, A. M., M. D., LL. D., of Philadelphia, Penna.

From June 9, 1847, to June, 1849. Fourth and fifth sessions of the Institute.

The fourth annual session of the Institute opened on Wednesday, June 9, 1847, in Boston, Mass. F. R. McManus, M. D., of Baltimore, Md., was unanimously elected chairman. Upon taking the chair Dr. McManus delivered a short address, thanking the members for the high honors conferred upon him. Referring to the objects of the Institute, he advised that no spirit should ever enter into the deliberations of its members that would detract from its great importance now or in the future, but that all should tend to develop and strengthen the great purposes for which they met. He trusted that the day was not distant when the whole medical world would acknowledge the supremacy of the new law of cure, and that the labors of the association would be handed down as a rich legacy to succeeding generations. He hoped that individuality would be entirely merged in the grand ambition of carrying out the object of the organization.

Edward Bayard, M. D., was elected General Secretary for the third time, and R. A. Snow, M. D., was re-elected Provisional Secretary. R. S. Kirby, M. D., was again elected Treasurer, having filled that office since the first session, and having been elected to the position before the first meeting, after the formation of the Institute.

The membership, at the opening of the session, represented thirteen states and upper Canada, which, considering the strong opposition which assailed the "New School" at every turn, was

a considerable step towards universal dissemination of the theory and practice of Homœopathy.

The report of the Central Bureau was interesting, highly important and elaborate.

The Committee on Elections reported the following thirty-three names for membership, who were all duly elected:

H. L. Chase,	M. D.,	Boston,	Mass.
F. Geist,	"	"	"
Isaac Colby,	"	Salem,	"
Horace D. Train,	"	Roxbury,	"
Lyman Clary,	"	Syracuse,	N. Y.
E. F. Richardson,	"	"	"
J. S. Douglass,	"	Hamilton,	"
Charles W. Harris,	"	Pawtucket,	R. I.
S. W. Graves,	"	Taunton,	Mass.
John L. DeWolf,	"	Providence,	R. I.
David Thayer,	"	Boston,	Mass.
H. W. Bell,	"	Geneva,	N. Y.
Jas. Peterson,	"	Ware,	N. H.
D. M. Dake,	"	Pittsburgh,	Pa.
S. S. Guy,	"	Brooklyn,	N. Y.
George Cox,	"	Williamsburg,	L. I.
A. Pool,	"	Oswego,	N. Y.
E. A. Potter,	"	"	"
Charles G. McKnight,	"	Providence,	R. I.
George Baker,	"	Chelsea,	N. Y.
Moses Dodge,	"	Portland,	Maine.
J. F. Whittle,	"	Nashua,	N. H.
Robt. S. Middleton,	"	Burlington,	N. J.
J. Roberts,	"	Vasselborough,	Maine.
L. V. Payne,	"	Belfast,	"
David Osgood,	"	Boston,	Mass.
A. N. Woolverton,	"		Canada.
Rufus Sheckford,	"	Lowell,	Mass.
Wm. Baxter,	"	Dutchess Co.,	N. Y.
Israel Herrick,	"	Lyndeborough,	N. H.
B. E. Sawyer,	"	Concord,	Mass.
H. C. Parker,	"	Manchester,	N. H.
C. M. Dake,	"	Genesee,	N. Y.

At this time the funds of the society were too low to allow of anything but very plain certificates, such were ordered that

members could have them, instead of waiting for more elaborate ornamentation.

All the members of the Central Bureau were re-appointed.

All the members of the Committee on Elections were re-appointed.

All the members of the Committee on Anatomical Nomenclature were likewise re-appointed.

Drs. Edw. Bayard, Josiah F. Flagg and S. R. Kirby were appointed a Committee on Certificates of Membership.

Drs. Jacob Jeanes, Chas. Wild and J. C. Boardman were appointed a Committee on Branch Societies.

Communications were received from the Homœopathic Society of Albany and vicinity, New Jersey branch of the Institute, Cincinnati branch of the Institute, Philadelphia branch of the Institute, New York Homœopathic Society and branch of the Institute, and Massachusetts Fraternity of Homœopathic Physicians, proving that the plan had been appreciated and accordingly inaugurated.

In appreciation of the prompt response to the resolution of the Institute, a committee of three was appointed to prepare an address to the branch societies. At the afternoon meeting Dr. Flagg made an address upon the characteristic differences in allopathic and homœopathic practice, and offered these resolutions, which were carried:

1. That a committee be appointed to report to the Institute, at its next annual meeting, on the employments and effects of blood-letting, and its incompatibility with homœopathic practice.

2. That a committee be appointed to report to the Institute, at its next annual meeting, on the employment of emetics and cathartics, and on the competency of the homœopathic treatment to supercede the necessity of their being administered.

3. That a committee be chosen to report to the Institute, at its next annual meeting, on the subject of the employment of that class of agents which includes blisters, caustics and all external irritants.

4. That a committee be appointed to report to the Institute, at its next annual meeting, on the employment of water as an adjuvant in medical practice.

Dr. Daniel Holt proposed an amendment to Dr. Flagg's resolutions, which was added:

5. That a committee be appointed to report upon the uses and

abuses of surgical and chemical remedies, the neutralization and removal of poisons, and the administration of large doses.

The chairman appointed Drs. Clark, Kirby and Williamson a committee for nominating a committee of one upon each of the foregoing subjects, who should report at the next session of the Institute.

Drs. Wells, Quin and McVickar were appointed a committee upon the subject of doses, and were requested to report at the next session of the Institute.

At the evening meeting the members of the Institute and a large and very respectable audience of the citizens of Boston met to listen to the very able and learned address of Edward Bayard, M. D., of New York, the General Secretary of the Institute, in which he traced the history of medicine from the beginning until the time at which he spoke, holding the lines of truth as they presented themselves at every point until he demonstrated how certainly they were entwined with the reform deduced from the studious genius of Hahnemann. Taking no credit from any predecessor, he showed how the discovery of that teacher was but a continuation of the increasing light that had been growing and spreading since the days of the first physicians. He showed how, step by step, others had opened the way for Hahnemann to move forward in the great discovery, whose revelation was as surprising to him as electricity was to those who first beheld its wonderful illuminating power. Delving for some tangible form of treating disease consistently, he suddenly beheld the truth revealed to him, and in his joyful surprise he followed it until he knew that the science of medicine was in truth founded upon a positive law of nature. The doctor still further followed the discoverer, who, in his unselfish zeal, hastened to make known the great triumph that he offered to share with his colleagues; his repulse, his expulsion from the society in which he had so long moved as scholar, scientist and physician, and his apparent disgrace. In graceful tribute to his memory, Dr. Bayard ended his address with the prediction that the memory of Hahnemann and the reform that he had bestowed upon his beloved science would live forever.

The whole address was so full of interest, so extended in its historic review of the art of medicine from the distant past until the present era in the science, and so graceful in its expression that it would be almost impossible to select the part which was most important or most interesting.

His tribute to Hahnemann and his faithful description of his discovery is grand and just. His entire remarks were full of knowledge, power and beauty.

At the next meeting, Thursday morning, June 10, Dr. W. E. Payne made a motion, which was carried, requiring each member of the Institute to pay an annual sum of one dollar towards defraying the expenses of the society.

Dr. Jacob Jeanes was appointed by the committee to report upon the subject of blood-letting.

Dr. Edward Bayard was appointed to report upon blisters and other external irritants, and Dr. W. E. Payne upon emetics and cathartics.

Dr. R. A. Snow was given the subject of water as an adjuvant in the treatment of diseases.

Dr. B. F. Joslin was assigned to report on surgical and chemical means, their use and abuse in the treatment of disease.

Dr. Jeanes, of the Committee on Branch Societies, reported an address to the several societies, which was read, accepted and ordered to be printed in the Transactions.

Dr. Bayard offered this resolution—"that a committee be appointed to report upon the expediency of publishing the *Materia Medica* under the authority and supervision of the Institute, and the best means of accomplishing that object." After being seconded and discussed by Drs. Jeanes, Bayard, Williamson and Wells, the resolution was adopted, and a committee of five was appointed to act, with the power of augmenting their number if necessary.

Drs. Edward Bayard, of New York; Jacob Jeanes, of Philadelphia; Walter Williamson, of Philadelphia; P. P. Wells, of Brooklyn, and W. Wesselhœft, of Boston, composed the committee.

Dr. Kirby offered a resolution "that a committee of five be appointed to inquire whether an improvement may not be made in the method of medical education, and the expediency of adopting means of affording to medical students public instruction in Homœopathy in connection with the other branches in medical science, and to report at the next meeting of the Institute.

Drs. Wells, Flagg, Holt and some others discussed this resolution at length, and it was adopted. The committee was—Drs. S. R. Kirby, New York; B. F. Joslin, New York; J. H. Pulte, Cincinnati; J. C. Boardman, Trenton, and Charles Wilde,

Boston, to which committee the chairman, Dr. F. H. McManus, of Baltimore, was added on motion of the members.

During the meeting A. N. Woolverton, M. D., made an interesting statement of his conversion to Homœopathy, and his experience in its practice, and gave a history of its introduction into Upper Canada, and the extent to which it had already grown in that place.

The Committee on Materia Medica reported that it thought wise for the *Materia Medica* to be published by the Institute, and, requested further time for the consideration of the subject; they announced also that they had added to their number Drs. Hering, Neidhard and Kitchen, of Philadelphia; Dr. Joslin, of New York; Dr. Clark, of Portland, Me.; Dr. Flagg, of Boston, and Dr. Haynel, of Baltimore, Md.

The proceedings of the Institute were ordered to be published in the *American Journal of Homœopathy*, together with the address of the Committee on Branch Societies and the address of Dr. Bayard, and that five copies of the same be furnished to the Institute members.

F. R. McManus, M. D., chairman, took leave of the Institute, thanking the members for the kind attention to him, and touchingly alluding to the rather warm debates in which he had a voice; he further asked that his faults should be viewed as the result of an ardent temperament and not as antagonistic to any member. His remarks drew a response warmly expressive of the appreciation of the Institute for his services as their president.

Before closing the session the Branch Societies' Committee presented a review of their proceedings. They had received communications from branches in Albany, Cincinnati, New York, New Jersey, Boston, other parts of Massachusetts and Philadelphia, who desired to hold themselves in active communication with the Institute, while they formed local Bureaus which were to hold close correspondence with the Central Bureau.

The Committee on Branch Societies gave strong arguments for the furtherance of every effort to increase the knowledge concerning the medicinal plants and other agents within the reach of the members of the Institute, their relations to each other or to very dissimilar medicines or chemicals; and urged that very great care and discrimination should be used in ex-

perimenting and proving them. The committee suggested experimentation not only with well-known plants, or other drugs, but with widely different varieties, entirely new to Homœopathy, and particularly requested trials of pure bitters, of narcotic, astringent and purgative qualities. The study of mucilaginous plants was also urged, so as to increase the pharmacopœia in order that the proven medicines should reach all obstinate cases. *Nux vomica*, *Cocculus* and *Ignatia* as the narcotic, *Colocynth* and *Aloes* as the purgative and *Cinchona* as the astringent were comparatively well established, but the demand for more extended lists of remedies was so great as to require immediate and careful attention. The committee expressed great hope for the advancement and spread of Homœopathy, and spoke well of the performance of the still youthful branches, expressing sincere appreciation of the work done by everyone for the furtherance of the great good of the Institute. The committee also reported to all branches that membership in them did not extend to the Institute proper, but that each physician must be elected to membership in the Institute by the Institute itself.

Jacob Jeanes, M. D., of Philadelphia, was appointed to deliver an address at the next meeting of the Institute, which, on motion, it was resolved to hold in the City of New York, on the second Wednesday in June, 1848.

The Fifth Session of the Institute.

On Wednesday, June 14, 1848, the American Institute of Homœopathy met in New York for its fifth annual session.

R. A. Snow, M. D., the Provisional Secretary, opened the meeting.

Walter Williamson, M. D., of Philadelphia, was unanimously elected Chairman.

Edward Bayard, M. D., of New York, was re-elected General Secretary; Dr. R. A. Snow, of New York, was re-elected Provisional Secretary, and Dr. S. R. Kirby, of New York, re-elected Treasurer.

On motion, the reading of the minutes of the last session was dispensed with. The roll of the members was called, and on the report of the Committee on Elections the following physicians were elected members of the Institute:

L. G. Vinal,	M. D., Philadelphia,	Pa. (Trenton, N J.)
A. Koch,	“	“

J. Beakley,	M. D. New York,	N. Y.
T. W. Donovan,	“ “	“
H. Kinsley,	“ “	“
Adam Miller,	“ Cincinnati,	Ohio.
L. T. Warner,	“ New York,	N. Y.
E. Guernsey,	“ Williamsburgh,	L. I.
L. C. Hanford,	“ “	“
M. W. Palmer,	“ New York,	N. Y.
J. R. Brown,	“ Phoenix,	“
D. S. Smith,	“ Chicago,	Ill.
L. Keep,	“ Fairhaven,	Conn.
J. D. Middleton,	“ Baltimore,	Md. (Wheeling, O.)
J. D. Moore,	“ Newton,	Pa.
J. B. Petherbridge,	“ Trenton,	N. J. (Phila., Pa.)
D. H. Beard,	“ Troy,	N. Y.
N. Stebbins,	“ Clinton,	“
W. G. Wolcott,	“ Whitehall,	“
A. C. Burke,	“ Brooklyn,	“
R. M. Stansbury,	“ “	“ (California).
L. H. Norton,	“ Bridgeport,	Conn.
Geo. Barrows,	“ Taunton,	Mass.
E. E. Marcy,	“ Hartford,	Conn. (New York).
C. A. Taft,	“ “	“
L. B. Wells,	“ Pompey,	N. Y.
J. R. Reading,	“ Byberry,	Pa.
J. C. Raymond,	“ Waterville,	N. Y.

Dr. Wells, one of the Committee on Posology, offered a report upon that subject which was discussed and ordered to be printed. Dr. P. P. Wells made this report without the assistance of any other member of the Committee.

Dr. Kirby offered a resolution, which was adopted, providing that the reports of committees on the science or art of medicine be received and recorded among the proceedings of the Institute, without a vote upon them.

On motion of Dr. Gray, two hundred and fifty copies of Dr. Wells' report were ordered to be printed for the use of the members.

The Committee on Anatomical Nomenclature made a partial report through Dr. Flagg, which was laid on the table for future consideration.

Dr. Jacob Jeanes delivered the annual address at eight o'clock,

on the evening of June 14, 1848. The doctor's address was extremely interesting, supporting, by comparison, the Art of Medicine as discovered by Hahnemann with the different systems which were without solid foundation, and which had been practiced for centuries, often submitting the suffering to a medicinal disease and drug aggravation in the effort to cure the one which was at the time most prominent. Blood-letting, the employment of diuretics, purgatives and diaphoretics were touched upon with keen judgment, while the superstitions of the ancients and the blind following of predecessors in the administration of certain medicaments were ably compared. Dr. Jeanes ended his remarks with a touching tribute to the true physician, whose chief occupation brings him into contact with so much sorrow, disease and crime. He suggested the thought that one day crime or evil doing would be traced to disease, and that when wrong-doers were treated as sick individuals and were properly treated for their maladies that much of the wrong of criminals and the number of their misdeeds would soon grow far less.

The address was received with marked respect and attention by a large audience.

On Thursday, June 15, the Institute assembled and the various committees presented their reports.

Dr. William Baxter took Dr. Williamson's position as Chairman while he presented the report from the Central Bureau, which was read and ordered to be printed.

In this report Dr. Williamson expressed great disappointment at the inactivity of the Branch Societies and other members of the fraternity. He hoped that it was through some misconception of his communications to them, or misunderstanding, that such had been the case, and anticipated better returns in the future. He said, although nothing had been received from outside, the members of the Central Bureau and their coadjutors had been busy collecting materials for future provings. Among them were: *Lobelia cerulia*, *Allium cepa*, *Lithium carbonicum*, *Cinnabaris*, *Mercurius sulphuricus* (or *sylphurica*), *Glonoïn*, *Allium sativum*, *Sabbatia angularis*, *Zincum cyanicum* and *Xanthoxylon fraxinum*. This report was signed in full by the Central Bureau.

Dr. Jeanes then read his report on "Blood-letting," which was ordered to be printed. In this paper the doctor viewed the

plan of treatment and operation of blood letting and brought various proofs to bear against its expediency, particularly in conjunction with the homœopathic treatment of disease.

Dr. William E. Payne's paper, on the subject of "Cathartics and Emetics," was so lengthy that it was only partly read and then postponed for future consideration.

Dr. Snow's report on "Water as a Therapeutic Agent" was read, but recommitted for full consideration at the next session of the Institute.

Dr. Bayard stated that he had his report on "Blisters and Other External Irritants" but partially prepared and an extension of time was granted him at his request.

A report on "Surgical or Chemical Means and Large Doses in Connection with Homœopathic Practice" was then read by Dr. Joslin, which was important and fraught with practical proofs of the hitherto severe and often unnecessary use of such agents. It proved extremely interesting and was ordered to be printed in the transactions of the Institute.

In it Dr. Joslin compared the necessary heroic treatment of cases of poisoning, with the treatment to be adopted after the offending drug or chemical had been removed from the stomach. The emetic or antidote is merely the agent by which the death-dealing burden is expelled, and it may be a greater or less quantity of the prescribed antidote, according to the nature of the poison, but the therapeutic action of the medicine administered after the removal of the toxic matter should be homœopathic immediately, and small doses are then used with favorable results.

Neither was it the doctor's opinion that severe illness required equally severe remedies. The extent of injury inflicted by the poison was the condition to be considered, not the size of the dose of poison, nor even the amount of antidote requisite to eject it. He explained that in removing the poison from the stomach the action was as nearly surgical as medicinal, in fact, more so, for the antidote held the same relation in removing the offending matter that the knife or other surgical instrument held to the substance to be cut away, and as a surgeon ceased cutting when the object of the operation was removed, so the physician desisted administering the antidote as soon as it had accomplished its mission. After that the case becomes therapeutic or hygienic—that is, the homœopath proceeds to administer such remedies as will prevent disastrous effects and thus assist

nature in restoring normal conditions. The doctor explained, also, that the time was coming when surgery would lose much of its practice through the power of the true homœopathic treatment of diseases, especially those of the eye and ear, which would yield to judicious medical practice in the great majority of cases.

Dr. Gray moved that a committee of three be appointed to translate Hahnemann's *Materia Medica Pura* for publication without note or comment, the committee to have power to add to their number if desirable.

Dr. Kirby moved that the committee be requested to procure the publication of the work under its own supervision. The motion was adopted.

A committee of seven was appointed to nominate this special committee on translating and publishing the *Materia Medica Pura*. They were Drs. Gray, Flagg, Wild, Wells, Jeanes, Dunnell and Gallup. They presented the names of Drs. Wells, Quin and Gray, who were unanimously elected.

The Committee on Elections appointed by the chairman of the Institute was:

F. R. McManus,	M. D.,	Baltimore,	Md.
C. Whitehead,	"	Harrisburg,	Pa.
J. M. Quin,	"	New York,	N. Y.
E. Clark,	"	Portland,	Me.
Samel Gregg,	"	Boston,	Mass.

Drs. Jacob Jeanes, Walter Williamson, Constantine Hering, Charles Neidhard and James Kitchen were re-appointed to constitute the Central Bureau.

Dr. B. F. Joslin, of New York, was appointed to deliver the annual address at the next session of the Institute to be held in Philadelphia in June, 1849. At four o'clock in the afternoon of Thursday Dr. B. F. Bowers was appointed Chairman pro tem. and Dr. H. G. Dunnell Secretary pro tem. in the temporary absence of those officers from the afternoon session.

Dr. Payne's report on "Cathartics and Emetics" was read and returned to the committee for condensation and publication.

At this meeting it was decided to publish a list of members with the proceedings of the Institute.

The report on "Anatomical Nomenclature" was re-committed to the committee for completion.

A communication was received from the Homœopathic Society of Northern New York, which was read and filed.

J. H. A. Fehr, M. D., of Lexington, Ky.; C. A. Stevens, M. D., of Buffalo, N. Y., and J. Roberts, M. D., of Vasselboro, also sent communications which were read and filed.

Dr. Gray proposed that a committee be appointed to inquire whether the name of the American Institute of Homœopathy had been used in any improper manner by any local society. Dr. Williamson was named as Chairman of this committee, and Drs. Flagg, of Boston, and Whitehead, of Harrisburg, were appointed as his associates, but for some reason they declined to serve.

BELLADONNA.

By T. F. Allen, M. D., LL. D.

In studying the effects of *Belladonna*, we are fortunate in having access to a large number of cases of poisoning which have been reported, especially in Germany and in France, where the herb is not uncommon. Although, as well known, the plant apparently derives its active properties from the alkaloid which it contains (*Atropia*, *Atropine*), called from its generic name *Atropa*, yet I do not wish to enter into an account of the active principles of the plant, nor is it my intention to detain you at the present time by an explanation of the physiological action of the drug. My remarks will be confined to well known facts, not attempting to explain the symptoms, the physiological explanation of which has been, and still is, a much-debated question. The juice of the plant, *Atropa belladonna*, should be freshly gathered (*never dried*, nor should the plant be imported in a dry condition). The plant then, freshly gathered, and eaten by children and grown people, or taken in any way, produces most emphatically and *invariably* (in all cases) a wonderful excitement, especially mental. The patients become delirious, they rage like crazy people, often appearing to be quite mad, with flushed face, protruding eyes, and violent actions. As these symptoms of mental excitement, flushed face, *et cetera*, develop, the patient becomes chilly, experiences dimness of vision, with great dilatation of the pupils, nausea and vomiting, especially with dryness of the mouth and throat. The pulse becomes accelerated, sometimes rising to 140 in a minute, usually with violent delirium. To these symptoms may be added extreme

sensitiveness of hearing, and, at first, frequent urgency to urinate; in most cases, headache, sometimes violent and throbbing. Of these, and of many other symptoms, the most constant and most prominent are the extreme dryness of the mouth and throat and the dilatation of the pupils. This extreme dryness of the mouth and throat is, indeed, very characteristic of the action of *Belladonna*, and is associated *with an aversion to water, amounting to a dread of drinking*, partly occasioned by the difficulty in swallowing (the dysphagia is sometimes extreme), partly because the water seems to be of no use in moistening the throat, which is as dry as if glazed, and the water seems to pass over without moistening it, sometimes accompanied by extremely difficult and painful vomiting. But generally we find this extreme dryness of the throat associated with a kind of delirium or an unnatural dread of water, which amounts to a delirium, so that this symptom seems to be a mental rather than a physical one. This has seemed to us, in studying the cases of poisoning by *Belladonna*, an extremely interesting and valuable symptom in the selection of *Belladonna* as a remedy, for it must always be borne in mind *that the Belladonna fever* (and it is often very high, pulse high, temperature high) *is unaccompanied by thirst*. Indeed it may, and does, happen in many cases, that the patients have a real dread of water, and wish not to be urged to drink, for this is one of the characteristic features of the *Belladonna* sore throat—extreme dryness, a fiery-red and glazed appearance of the mucous membrane, *with aversion to drink*.

And it is proper to mention in passing, that this is almost invariably so characteristic of the *Belladonna* poisonings that it has come to be used therapeutically as a prerequisite to the administration of *Belladonna*, and I would urge upon you all not to forget this fever. The high fever, the delirium, the mental, not physical distress, or wildness, *which does not tolerate water*, is in marked distinction to *Aconite*, *Opium* and other drugs, where the patient craves drink. In addition, this cerebral excitement produced by *Belladonna* is associated with great hyperæsthesia of all special senses; sounds are very distressing; a bright light, strong odor, etc., cause the greatest distress, and the sufferers are extremely anxious to be quiet, and to get rid of all external excitement. Add to these fever and cerebral symptoms, the intolerance of the stomach to water (efforts to vomit and frequent vomiting), frequent and profuse micturition, which accompanies

nearly all such cases at the beginning, and we have a good picture of a person in the earliest stage of an acute attack of some sort; it might be of taking cold, it might be of a great many things which will produce febrile excitement, with disturbed stomach, especially with frequent need to urinate. So that, taking the symptoms just at this point, we find a direct applicability to the very earliest stages of some acute diseases. If we add to these symptoms what is one of the most characteristic features of *Belladonna* poisoning,—that of a red rash over the whole body, a rash that is only a smooth scarlet redness, such as is frequently noticed in the first stages of scarlet fever, a scarlet fever which is like the true Sydenham scarlatina, which is a smooth redness of the skin, and upon the outbreak of which many of the symptoms are relieved, to be followed by others of the later stage. This scarlet-like redness of the skin, the direct and unmistakable action of *Belladonna*, seems like a true exanthema.

This rash a little later desquamates like true scarlatina. During this period of desquamation the action of the kidneys is less frequent, and nephritis of an acute or catarrhal nature may supervene. In short, we have a picture (almost the exact counterpart) of an attack of scarlatina. The prodromal fever, with cerebral excitement; the dry mouth and throat, with scarlet-redness of the latter, with the prodromal nausea and vomiting, followed by a scarlet rash, and that by the desquamation, and then by symptoms of acute nephritis, and a more complete picture of scarlatina simplex it would be difficult to imagine. It seems almost incredible that one can produce by any drug a disease so wonderfully like that produced by a germ in the human system, namely, the scarlet fever germ. It is, indeed, marvelous! No wonder that Hahnemann almost at the very outset of his investigations into Homœopathy reached the conclusion that, in *Belladonna*, we have a true prophylactic to scarlet fever.

Before continuing this subject, I will say that when cases come to you with the prodromal fever, like *Belladonna*, with the throat, rash, with a tendency to delirium, with the nausea and vomiting, with the dread of drinking, you may confidently prescribe for the whole case of sickness a minute dose of *Belladonna*. I may tell you that this was done for years at the Five Points House of Industry and for years, and so far as I know, to the present time, certainly up to a short time ago, *Belladonna* in the 30th dilution at first stayed the progress of this disease, and prevented a recurrence in

patients to whom it had been administered as a prophylactic. Prof. St. Clair Smith relates to me his experience with the prophylaxis of the 30th dilution of *Belladonna* in a tenement house at Five Points, in which there were several children sleeping on the only bundle of straw available in the place, and one little one breaking out with scarlet fever; the other four or five were dozed with *Belladonna*, 30th potency, and not one of them took the disease.

We must not omit to emphasize mental symptoms of *Belladonna*, which are extremely important and perhaps characteristic of the drug. The tendency to a wild, furious delirium is exceedingly marked in almost all cases of poisoning, certainly in all cases of severe poisoning. This is accompanied by a redness of the face and head, with a hot throbbing headache, and greatly accelerated pulse. This delirium is characterized by its intensity, as well as by its definite character. The patient suffers from great acuteness of all the senses, of taste, of smell, sight and hearing, and his senses frequently deceive him. The patient wants to spring out of bed, is constantly talking, the eyes are protruding and greatly injected; the pupils are dilated. There is strong pulsation in the carotids, and with it all there is inability or difficulty to swallow. The inclination to violence is shown in the tendency to tear things, and to bite people standing near. The patient breaks out into fits of uncontrollable laughter, with gnashing of the teeth, and with a wild, furious look. With this all, there is an abhorrence of liquids, certainly THERE IS NO THIRST. There is no anxiety especially. The only anxiety that shows itself is a desire to escape and run away from people.

The headache must not be overlooked; it is characterized by fulness and heat, by throbbing in the great vessels of the neck and head externally, by a sensation of pulsating throughout the head, accompanied by extreme sensitiveness to all light, and an intolerance of sounds. The hearing is abnormally acute, and every noise or strong light seems to cause an increase of the pain. The headache is mostly characterized by the throbbing, pulsating pain, and by the intolerance of light and of sound. The pain may take on the form of an internal pressure, as if in the brain, like a rush of blood, with pulsation in the cerebral arteries. At times the pain becomes a severe aching or stabbing, or a tension, and is sometimes associated with extreme sensitiveness of the scalp externally. With it we almost invariably as-

sociate the dilated pupils, the protruding or sparkling eyes, with injection of the conjunctiva, especially with dryness, and a feeling of stiffness of the muscles, or heat, as if the eyes were enveloped in a hot vapor, with a vision of sparks before the eyes, or of colored halos around the light, the red predominating, or of flashes of light (*chromopsiæ*). The pains in the head, while mostly pulsating, are sometimes of a sharp, sticking or tearing character. It may be noticed in passing, that the headache of *Belladonna* is quite similar to that produced by *Aconite*, the character of the pain being very similar in *Aconite*; there is a feeling of intense heat through the brain, as though the brain rose and fell in hot waves. But the associated symptoms of *Belladonna* are so different from those of *Aconite* that they cannot be mistaken. The anxiety of *Aconite* is a restless, intolerable anxiety, with a distinct fear of impending misfortune, and when the throat symptoms are present, more especially those of fever symptoms, which in *Belladonna* are associated with extreme dryness of the mucous membranes of the mouth and throat, not often noticed in *Aconite*, and in *Belladonna*, with a lack of thirst, even a dread of drinking, while in *Aconite* there is distinctly excessive thirst and extreme restlessness and anxiety, all these symptoms make it very easy to differentiate between the two drugs. I have never, in my experience, found an acute inflammation of the throat to indicate *Belladonna* or to be similar to *Belladonna* and *Aconite* at the same time. I have often tried the experiment of alternating the two drugs, but uniformly failed not only to find two drugs indicated in any given case, but have actually found them antagonistic. There seems to me little doubt that *Aconite* inhibits the action of *Belladonna* and vice versa. Either drug acts better by itself than when mixed or alternated with the other.

The difficulty in swallowing produced by *Belladonna* is not dependent wholly upon the dryness of the throat, nor upon the inflammatory action, but is even more produced by the spasmodic action of the muscles of the constrictors of the pharynx, perhaps, also, by the extreme sensitiveness of the larynx. This tendency to spasm, due, it may be, to exaggerated sensibility and to exaggerated reflexes, is very marked under *Belladonna*, not only in its action upon the muscles of deglutition, but is also witnessed in other parts of the body, where either voluntary or involuntary action is required. At all events, it is certain that extreme

sensitiveness of the muscles of deglutition may even throw the patient into convulsions when attempting to swallow, or cause such spasmodic distress that deglutition would be impossible and the act of swallowing become so painful and productive of such spasmodic contraction as even to cause retching and vomiting. This great intolerance has been witnessed in almost every part of the body. It is witnessed, for instance, in the larynx, where a cough is produced that is, as a matter of course, extremely dry, and, in fact, the voice becomes very hoarse, the cough sounding like the bark of a dog. The attempt to cough causes much pain in the larynx, which is sore throughout its whole extent and inflamed; is unaccompanied by any expectoration, is characterized by intolerable pain on coughing or on attempting to swallow, with great tenderness of the whole larynx, externally, to the touch, extending into the trachea and bronchi, with redness and extreme dryness, which is easily visible by the use of the laryngoscope—even the slightest touch externally is painful, and the cough produced by *Belladonna* simulates very closely the affection known as an acute laryngitis. But this laryngitis, though very acute and painful, is not associated with the slightest exudation. *Belladonna* has no similarity, except as to the character of the cough, with any membranous exudation in the larynx, and is not to be thought of for an inflammation attended by any membranous exudation, though it is very frequently useful in an acute laryngitis with a perfectly dry, hot, and painful inflammation.

This tendency to extreme tenderness, both of mucous membranes and of muscles, is witnessed all through the abdominal organs. The region of the stomach is especially sore, and, indeed, the whole abdomen is very tender on pressure; at times even more tender than would be thought possible, even in peritoneal inflammation. But sometimes symptoms of acute inflammation, both enteric and peritoneal, certainly call for the administration of *Belladonna*. It has been found indicated in extreme sensitiveness of the abdomen, in acute inflammation of the liver, in enteric inflammations (rarely), in metroperitoneal inflammations, etc.

The action of this drug upon the menstrual function, and upon the female sexual organs is important, as it is peculiar. Menstruation is usually attended by a metrorrhagia, and it seems to be almost characteristic of *Belladonna* that the metrorrhagia is

peculiar, in that it produces a menstrual flow, sometimes coming in hot gushes, frequently characterized by a bright red color, but very often of a hæmorrhage characterized by a very unnatural or decomposed odor of the discharge. This has been so marked in many cases that women of full habit, suffering with the peculiar exaggerated sensitiveness in various parts of the body, and having excessive menstruation of such an odor, have been obliged to remain separated from the family for days at a time during this period. Many a distressing case of this sort has been entirely relieved by a few timely doses of *Belladonna*.

As regards the pelvic organs themselves, it may be said that various forms of inflammation of the different organs, uterus, ovaries, etc., with extreme sensitiveness to touch, even to suspected peritoneal inflammation, with hæmorrhages with symptoms of prolapse of the uterus, symptoms of inflammation of the ovaries, especially on the right side, with a heavy, dragging, forcing pain, with violent cerebral symptoms, and with many associated symptoms, like those to be found in the provings of *Belladonna*, are all extremely characteristic of the drug.

From the effects of *Belladonna*, as shown by the cerebral symptoms, it might be anticipated that very pronounced symptoms of convulsions or of spasms would result. While, to a certain extent, this is true, and while there are many indications of meningeal inflammation, especially those we expect to result from the extremely acute sensibility of the various senses (the easy startings, and aggravations caused by the slightest noise, or bright light, etc.), and while we find certain convulsions produced in both children and grown people, with a recurrence of the spasms, induced by violent pain by the least contact, sometimes with loss of consciousness, or with delirium, yet the symptoms of convulsions caused by *Belladonna* are mostly those similar to spasms which might be produced by an irritation, such as might be caused by the presence of an indigestible substance in the stomach, or as the result of a sudden fright, but rarely such as might be considered as epileptiform, though such spasms have been said to be produced by *Belladonna*. But the effects from *Belladonna* do not seem to last sufficiently long to give rise to the epileptic state. If this drug ever is or ever might be indicated in true epileptiform convulsions, it would only be during a temporary attack, with very flushed face, dilated pupils, or other symptoms denoting a great rush of blood to the head, with which

such spasms very rarely occur. As a rule, we find that *Belladonna* is rarely indicated, even in convulsions affecting children.

From what is known of the action of *Belladonna* in stimulating the motor zone of the cortex cerebri, and from what is definitely certain as to the character of the convulsions produced by *Belladonna* in many cases of poisoning, it seems to be true that *Belladonna* produces convulsions mostly of an acute character; that is, without a prolonged constitutional dyscrasia, such as epilepsy; convulsions of an irritative sort, convulsions very largely from reflex causes, such as teething, indigestible substances in the alimentary canal, sometimes in an acute exacerbation of a chronic dyscrasia, such as we occasionally find in poisoning by absinthe, definitely producing a great number of convulsions, occurring in rapid succession, with the *Belladonna* indications, of great sensitiveness to external impressions, associated with a hot head, flushed face, great sensitiveness of the surface of the body, etc.; but these conditions are not often found, and are mostly transitory in character, and while *Belladonna* certainly is to be thought of (to be thought of always in convulsions associated with exaggerated sensibility, increased reflexes), yet *Belladonna* is not very frequently called for, even when convulsions of the type spoken of do occur; the drug, to be curative, must find its simillimum in the acuteness of sense, flushed face, rapid pulse, etc., symptoms present in such cases.

The pulse of *Belladonna* is usually full and frequent. The circulation in general seems to be characterized by a tendency to congestions, and with the increase in the pulse rate there is undoubtedly considerable fever, though it is unquestioned that the febrile excitement is associated with and usually attended by a diminished blood pressure, and a general tendency to stasis of blood or localized congestion. We have found, clinically, that a fever calling for *Belladonna* as a remedy will be associated in its early stage, and perhaps for a longer period than a single, with sudden attacks of chilliness; but the febrile excitement is not associated with thirst, and is associated almost uniformly, with extreme dryness of the mouth and mucous membranes generally. It seems to us that the fever is not, as a rule, inflammatory in character, but rather irritative, meaning by that that the fever of *Belladonna* is rarely associated with any form of parenchymatous inflammation, perhaps never with exudation. The fever is always associated with great sensitiveness of any part of the body

which may be affected, as, for example, an inflammation of the small joints, in which case *Belladonna* is sometimes a valuable remedy, when the parts are extremely sensitiveness to the slightest touch, are very hot and dry, or associated with violent shooting pains which come and go suddenly. It will be noticed that the parts affected are usually situated on the right side of the body. This is true both as regards the pains and the sensitiveness.

Thus, we have found *Belladonna* indicated in acute aggravation of gouty inflammation, with violent pains shooting from the toes as far as the knees or hips, sometimes even with nausea and vomiting, sometimes as if the limbs were bruised, with shooting and gnawing in the bones, extending to the hips, causing great restlessness; some relief when moving about. We have seen cases of acute gout, in which the pains were defined as a paralytic tearing, or a painful drawing or tearing pressure. With all these symptoms, the nerves of the extremities are very sensitive, as the patients express it—"as if the nerves were uncovered," and cannot tolerate the slightest pressure. Sometimes these pains are associated with a feeling of numbness, which may extend through the whole arm, to the wrist and to the hand. At times, too, there are very marked symptoms of neuritis.

We have seen cases of extreme sensitiveness of the spine, in which pressure upon the vertebræ caused screams and distress in the stomach, with flushed face, with difficulty in walking, with lumbago-like pains in the hips, thighs, cramps in the legs, etc.; all these, with most extreme hyperæsthesia, generally with great cerebral excitement.

Very interesting symptoms develop during sleep which, under the influence of *Belladonna*, is sometimes almost impossible. Sleep is associated with great restlessness, with irrational talking, with starting and jumping from sleep, and difficulty in keeping in the bed; the feet, hands and legs jerk. Children toss about, kick and quarrel, apparently in their sleep. Usually a person dreams a great deal immediately on falling asleep, and the dreams cause fright, waking the children out of sleep suddenly, with fright, as of danger from fire; but generally the dreams, though very vivid, are not remembered long after waking.

Patients suffering from fever calling for *Belladonna* are apt to get a kind of delirium, in which they try to get out of bed and get away; they have an insane notion that they want to go home;

that they are in a strange place, always with a flushed face, staring eyes, dilated pupils, dry mouth, and, as a rule, aversion to drinking. Many cases of poisoning have been recorded, with very violent delirium, in which the sufferers try to bite people, and strike and gnash their teeth, and exhibit a really furious and violent delirium. This furious delirium is extremely significant of *Belladonna*, and of allied drugs, for the character of the delirium varies in *Belladonna*, *Stramonium*, and *Hyoscyamus*, of the Solanaceæ family, with which it will be compared in another lecture.

Glonoine.

The drug most like *Belladonna* in certain interesting features, notably, the headache, is *Nitroglycerine*, known as *Glonoine*, and a few words concerning this drug, by way of comparison with *Belladonna*, will not be out of place at the present time. Its action is the most remarkable in that it produces intense congestion of the brain, great flushing of the face and head, and very great increased activity of the special senses. But, while *Glonoine* produces violent pulsation in the carotids, and, indeed, in all the arteries of the body, it does not produce a rise of temperature, and it is characteristic of *Glonoine*, and of the nitrites in general, such as *Nitrite of Potash*, *Nitrite of Amyl*, and others of this group, that while they produce rapid heart's action, intense, violent pulsations everywhere throughout the body, they almost uniformly cause extreme cardiac failure, diminished arterial pressure, and entire loss of pulse, which may be produced by one, or two drops of a 1% alcoholic solution of *Glonoine*. This throbbing in the blood vessels seems to rise from the chest into the head, and is associated with labored heart's action.

Indeed, there is cardiac failure, and the vaso motor nerves, throughout the periphery of the circulation, seem to be more or less paralyzed. This intense congestion, seeming to rise from the heart to the head, is accompanied by symptoms showing the extreme sensitiveness of all parts of the body to the flow of blood. Thus, the paralysis of the vaso-motor nerves permits or gives rise to excessive dilatation of the arterioles, and this combined with the excessive hyperæmia in the blood vessels, causes extreme sensitiveness to the impact of the blood current upon the blood vessels, and every pulsation of the heart seems to be acutely felt throughout the system, even in the finest nerve filaments, so that extreme pulsation is distinctly felt all through the body. It seems to be certain that with the intense throb-

bing in the head, symptoms of intense cerebral congestion, etc., most violent convulsions occur. These violent convulsions, associated with or alternating with cerebral congestion, particularly, with the sensation of pulsation throughout the body, serve to indicate this remedy in convulsions occurring as the effect of alcoholic stimulants, of intoxication from absinthe, etc.

Of the symptoms which *Glonoine* produces in healthy people, which are numerous and characteristic, it is noticed that the patients are inclined to hold the head with both hands to keep it quiet, or relieve the intense pulsation by pressure. One is afraid to shake the head, lest it drop to pieces. It feels as if the head were hanging downward, and, in consequence, there seems to be a great rush of blood to it. Mentally, it is worthy of note, to observe that *Glonoine* produces a peculiar form of confusion, especially symptoms indicating a loss of power to recognize localities. The symptom of losing one's way in the streets, which at other times are perfectly familiar to him, has become well known, and is quite characteristic of the action of *Glonoine*.

Many people have observed that, with this cerebral hyperæmia of *Glonoine*, there is associated nausea and vomiting, with increased secretion of urine, heat in the face, etc. This symptom, however, is not peculiar to *Glonoine*. We have observed it as the result of *Belladonna* poisoning, and a similar symptom occurs in other members of this group (nitrites).

The action of this drug in causing a violent pulsating or throbbing toothache is frequently and abundantly verified. This pain in the teeth may occur and not be confined to decayed teeth, or to any particular side of the jaw, may occur all through the jaws, and extend into the temples, and seems not to be relieved by palliatives. One, indeed, may follow the symptom, produced by *Glonoine* throughout the whole body, finding in every location, and in every organ, in fact, violent pulsating pains.

But *Glonoine* has been found specially useful for disturbances of menstruation, for convulsions occurring after parturition, for angina pectoris, the pains radiating even into the arms. Pulsating pains are most characteristic of the drug. *Glonoine* has, however, few, if any, symptoms of an inflammatory state, certainly not of a true fever, nor of any organic lesion. It seems to be restricted in its curative sphere to the curious vaso-motor disturbances which it produces, combined with the unique sensitiveness pervading the whole circulatory system.

EPIPHEGUS VIRGINIANA.

A Partial Proving.

A. E. Goldsmith, M. D.

During last winter, with some members of my class in *Materia Medica* at Pulte Medical College, I endeavored to make a proving of "*Epiphegus*." Though the results of the effort were not very satisfactory, yet I obtained some symptoms which I think may be considered reliable.

They tend to confirm some of the symptoms in Allen's *Handbook of Materia Medica*.

I was disappointed in getting so few head symptoms, as the drug has been found clinically so useful in a certain form of sick headache; but the symptoms undoubtedly show the drug to affect chiefly the digestive tract, from which no doubt the head symptoms arise.

The tincture was used in the proving, and the doses varied from five to two hundred and fifty drops three times a day, before eating.

Symptoms.

Tongue coated yellowish, with a sense of gastric discomfort. Bitter taste in the mouth.

Saliva thick.

Dull frontal headache.

Drowsiness after meals.

A feeling of weight over the sternum.

Palpitation of the heart at night.

Sharp, shooting pains in abdomen, increased by inspiration and motion. Worse about 3 A. M. (a large dose of the medicine had been taken just before retiring).

Stools loose, urgent. In one prover involuntary stools.

One prover reported the return of a dyspeptic condition from which he had suffered a year or two previously, but which had been remedied by treatment.

Another prover reported his digestion as much improved.

It was towards the end of the college year when the proving was attempted, and the students were pushed with their studies.

They were not, therefore, in the best condition' to carefully observe the effects of the drug.

Several of them (women), when the stomach and bowel symptoms manifested themselves, became frightened and abandoned the task.

Greenfield, O., October, 1900.

STRANGURY—APOCYNUM.

By T. L. Bradford, M. D.

In a case of strangury, a man, æt. 50, desired to urinate; the pressure came suddenly as if he could not wait; after straining very greatly with discharge of but a few drops of urine the desire would pass away only to return in a short time, when the same thing would again occur. Looking in Hale's *New Remedies*, second edition, under *Apocynum*, I found that Dr. Freligh claimed that in difficult urination, catarrh of the bladder, enlarged prostate, in what Lippe used to call "old sinners," he had never failed to cure with *Apocynum* θ . I gave my man in $\frac{1}{2}$ glass of water 5 gts., teaspoonful every hour.

It not only cured the strangury, but also an incontinence of urine of some years standing. The *Apocynum* should be used in the tincture, *not* more than five drops to half glass of water. After first symptoms are relieved give a few pills saturated with θ , three times daily.

I have since used it in some cases of wetting the bed in old men with good results.

Philadelphia, Nov. 26, 1900.

CLINICAL CASES.

By R. B. Shaha.

1. *Piles.* K. L. Sircar, aged 45, of dark complexion, healthy constitution, was suffering from piles since March last. The symptoms were: Profuse bleeding, at short intervals, from the piles, burning and shooting pains, accompanied by constipation, colic and straining. Several Indian drugs were tried, but to no effect. At last he came to Homœopathy for help and four doses of *Nux vom.* 6, in two days, cured him perfectly, to his great astonishment. The patient asked for a few more doses of

the medicine and a few doses of *Sac. lac.*, for his satisfaction, were given for a week and he reported himself perfectly cured.

2. *Difficult and Painful Urination.* N. C. Seal's son, aged five years, had been suffering from fever, with painful and difficult urination, for a long time. The general characteristic symptoms were: Urgent desire to urinate, urine passed drop by drop; sometimes emission was interrupted with severe pain. Fever generally at 3 or 4 A. M. Child restless. Several measures were adopted to cure the child and he was under the treatment of some well-known physicians, but in vain. At last he was brought to this dispensary and *Clematis* 3x, in a few doses, cured the child and surprised the non-believers in Hahnemann's Homœopathy.

3. *Malarial Fever.* S. S., a child of ten years, was suffering from malarial fever, from his birth. The characteristic symptoms were: Enlarged spleen, high fever, pains in the body, unquenchable thirst, violent beating pain in the inciput, bad taste in the mouth, loss of strength, constipation, light sweating, etc. The peculiar characteristics were: He was dark, very irritable and disposed to anger. In his village several fever mixtures were tried which relieved him temporarily. Finding no hope of his perfect cure the guardian of the child, who had no sympathy with Homœopathy, brought him to me. By the grace of God *Nux vom.* 6, thrice a day, cured him in a week. Since then the child had no fever and he is progressing in health.

Shaha's Charitable Dispensary, Calcutta, Nov. 1.

THE SINGLE AND INDICATED REMEDY.

Editor of HOMŒOPATHIC RECORDER.

In an active practice of fifteen years I have encountered many and stubborn difficulties. I have been puzzled in diagnosis. I have miss-guessed in prognosis. I have been lauded for what I did not deserve. I have been condemned for some of my best work. I have been blackmailed and dead-beated and passed through many other vicissitudes with which the general practitioner is so well acquainted. "I still live," but the most difficult and oft besetting conundrum to solve was the correct selection of the single and indicated remedy. Homœopathic literature could not point it out, and with the exception of one single work it cannot point it out to-day. No! It cannot point

out the indicated remedy in a given case with mathematical certainty, and state in such given case all the remedies that are to be thought of in the case and the relative percentage of importance attached to each, all of which can be done now in the most difficult case in ten minutes. We may have scientific precision in symptomatology and pathogenesis, but that is as far as it goes, and there it leaves the student and practitioner alike to guess his way out of this incomprehensible heap of confusion.

We want facts, and we must have them. If we are unable to secure them, we might just as well lay down our arms and submit at once to the inevitable. Much effort is being spent in hunting for new remedies, each with its legion of pathogenetic symptoms, which we are supposed to control and adapt to pathology. We have now more remedies than we can master, more pathogenesis than we can comprehend, and more symptomatology than we can remember. In the midst of this chaos of confusion, confronted on the one hand by the pathogenesis of drugs and on the other by the symptoms of the case, we are supposed to select unerringly the remedy which is indicated to the exclusion of all others.

Look at this glaring impossibility! One might as well try to remember the index to an encyclopædia. I have often read in the journals of some physicians who claimed extraordinary skill in prescribing a remedy with a most remarkable result. I claim it was a most remarkable good guess. That man does not exist who can in an ordinary case point out the best remedy from memory, and name and state the other remedies to be thought of in the case, and give the relative percentage of importance which each drug bears to the case as compared with the indicated one.

This unfortunate condition of things has discouraged many a student who would otherwise have become a good homœopathic physician. It has, likewise, lead to mixing and combining drugs and chasing after "sure cures," etc., etc. Many a benighted physician will be most happy to learn that the difficulties of prescribing will be eliminated for him by consulting "Bray's Characteristic Materia Medica," found at Boericke & Tafel's. The preface of the work is self explanatory. Mathematics are used in making the prescriptions. The first essential to a good prescription is to make a correct diagnosis and separate the symptoms in the case, each to its own respective class of importance, viz.: Objective and subjective, constitutional and

zymotic, functional and pathological, reflex and direct, pathog-
nomic and general.

Try it, and for the first time in your life you can feel certain
of your selection.

NICHOLAS BRAY, M. D., M. E.

Dubuque, Iowa.

REMEDIES FOR RINDERPEST, ANTHRAX, EPIZOOTY AND FOOT-ROT.

Editor of the HOMŒOPATHIC RECORDER.

On re-reading your April, 1899 number, page 167, I noticed the
article, "Remedies Wanted." As no direct "Homœopathic
Specifics" can be recognized I suggest the careful consideration
of the following remedies as to their homœopathicity when
applied to the three named conditions: *Tuberculinum*, *Camphora*,
Ligno-sulfit, *Kreosotum*, *Asafetida* and *Pyrogen*. The third (or
higher) dilution of *Causticum*, judiciously applied as a foot wash
for the the fourth condition, foot-rot in sheep, will well reward
for the labor of its application.

Yours, etc.,

D. A. H.

San Francisco, Cal., Nov. 10, 1900.

A SIDE-TRACKED POLYCHREST.

Editor of the HOMŒOPATHIC RECORDER.

The medical journals are full of cures of diarrhœas with this,
that or the other new remedies. The *modern* Homœopath seems
to have quite side-tracked that most wonderful of Polychrests,
Chamomilla; what about *it* in diarrhœas? *Chamomilla* is the
principal ingredient in the celebrated "Abyssinian Desert Com-
pamion."

Yours, etc.,

D. A. H.

San Francisco, Cal., Nov. 10, 1900.

CHICAGO HOM. MED. SOCIETY.

Hydronephrosis, *Cratægus* and Deafness.

The November meeting of this society was not as well attended as the first meeting.

I. The second paper on the programme, Hydronephrosis, by Surgeon Adams, was presented first. It was lengthy and exhaustive. The urine may be dammed up in the kidney by an impervious ureter that may be due to a variety of causes, injury, inflammation, etc. The obstruction may be intermittent and simulate renal colic from stone. The size may drag the kidney from its moorings, giving a floating kidney. Some interesting pathological specimens were presented with reports of the cases.

The paper was discussed by Surgeons Shears, Chislett and Thompson.

II. "Some typical cases of heart disease" were next presented by Prof. Halbert in which the new remedy, *Cratægus*, proved efficient. [An abstract would not do the paper justice, and the readers of the RECORDER should be given it entire.]

Prof. Gordon commended the paper and emphasized the value of *Cratægus* in extreme cardiac dilatation with insufficiency.

Prof. Gatchell commended the first part of the paper, agreeing with the author that much may be done with remedies. He had not much experience with *Cratægus*; in fact, had been disappointed in its use. If it would do what was claimed for it it might supplant *Digitalis*, *Potass. carb.*, and other drugs in certain cases.

Prof. Duncan had proved *Cratægus* and had seen fine effects in a case of paroxysmal tachycardia due to fright where a professor of physical diagnosis had found, or supposed to have found, mitral stenosis. He called attention to the point that the cases where this drug had been curative were those of dilatation and where the nervous energies were failing. These were the cases that old Dr. Green was so successful with in the north of Ireland. Clinical reports were giving this drug a definite place in cardiac therapeutics.

Dr. Brown stated that he had made pulse tracings of students

who were trying to prove *Cratægus* and found nothing characteristic, even when 80 drops of the tincture were being taken.

[It was remarked by a member that it was a poor tincture or poor alcohol. The essayist replied to this by saying that he got his drug "principally from Boericke & Tafel's."]

III. The third paper was on "Deafness" by Prof. Storer. He cited the causes: chiefly hardened cerumen or closure of the Eustachian tube, and insisted that, to cure, the totality of the symptoms must guide. He did not depend upon local measures except for cleanliness. [Vide Leaders in Homœopathic Therapeutics, p. 112. ED.]

Prof. George called attention to the use of a probe with Borated glycerine on cotton that was used to massage the tympanum. He thought that better than the machines devised for that purpose. Prof. Fellows said that method was brought out in Europe, and that no one method could be used in all cases, and in some nothing would do good.

The constitutional remedies given were chiefly the catarrhal ones: *Pulsatilla*, *Calcarea*, *Mercurius*, *Kali*, *Phos.*, etc.

A resolution was presented by Prof. Cobb asking the Committee on Legislation to prepare a three-board bill to present at the coming session of the Legislature. Drs. Gatchell, Kippax, Smith, Cobb and Duncan were appointed said committee.

x x x

CRUDE HOMŒOPATHY.

Dr. E. Petrie Hoyle sends us the following clipping, from the *British Medical Journal*. It is nothing but crude Homœopathy through a hypodermic syringe:

"HOLBROOK CURTIS (*New York Medical News*, July 7th, 1900 conceived the idea that immunisation against hay fever and other forms of rhinitis and coryza might be attained by hypodermic injections of weak extracts of the plants or flowers found most prone to induce attacks of hay fever. The idea was suggested by observing that two girls who were susceptible to coryza from inhalation of ipecacuanha powder could acquire a temporary tolerance for the drug by taking internally small doses of the tincture or syrup of ipecacuanha for a few days. Having been consulted by a lady patient who suffered from coryza and severe sneezing whenever she passed a florist's shop, Curtis prepared aqueous

extracts of flowers which he administered to her hypodermically with the hope of establishing immunity. This was first tried with an extract of roses with the result that tolerance was acquired and immunisation established. Then various other extracts of flowers were prepared and similarly administered, until the lady acquired a complete tolerance for flowers and could enter a florists' shop without suffering any distress or inconvenience. As hay fever was traceable in several instances to the action of ragweed, golden-rod, and lily of the valley, preparations of these flowers were made and administered hypodermically to patients who were found to have contracted hay fever from the smells and odours of these plants. In the case of ragweed gratifying results were obtained, and Curtis states his belief that many varieties of hay fever seen by him were cases of ragweed coryza-asthma, and that they were cured by the treatment adopted. He urges the importance of further work and observation in the direction of treating hay fever and other forms of rhinitis and coryza on the principles above mentioned, so that the true value of the method may be ascertained."

COMBINATION TABLETS IN HOMŒOPATHY.

Here is one of Kraft's vigorous "Pil. 50." It is worth reading. There ought to be something else in pharmacy and medicine than commercialism:

"The combination tablet has spoiled many a good man; it has lessened the study-hours of many doctors, and those who are in our ranks to-day, as a rule, do not put half so much study into their cases as we were forced to do twenty years ago." Thus spoke a gray-haired homœopath a few days ago when admonishing a younger man in the same profession, who was complaining of his inability to cure a certain case of chills; the case in question had been dosed with quinine and other drugs, in massive doses, without avail, and finally, in desperation, had sought Homœopathy.

Failing to stop the chill at the first dose, our practitioner had sought the combination tablet, and without avail, but a painstaking careful investigation of his patient's case at last led him to administer a few doses of *Ipecac.*, the 30th x, and follow this with a dose of *Nat. mur.*, 12x, and complete success followed;

the chills failing to return as they had invariably done under the old régime.—*Clinical Reporter*.

[Aye, verily, verily, the Combination Tablet Inventor has much to answer for before the tribunal of an outraged Homœopathy. The pity of it, Iago, that we should be undone in the house of our friends. The Cutting Craze began the descensus Averni for our young men; and, then, the Combination Tablet completed the slippery slide to the limbo of unsuccessful physicians! Who dares stand up against the power for wrong which certain of our homœopathic (!) pharmacies wield almost without molestation? And you touch them with the editorial pen, lo! the box-office complains of a slump in the advertising receipts. For these Combination people grease the ways most liberally—out of the pockets of the shareholders of those twenty per cent. dividend-paying bonds.

Is there no help for this? Can nothing prevail upon the homœopathic profession to come back to honest Homœopathy? Will not the professors in many of our (alleged) homœopathic colleges themselves cease making use of these hell-tablets under the guise of a better way of reaching a homœopathically curable case? A good friend suggested, one evening recently, that the proper way to bring Homœopathy before the world was to educate the laity with tracts, similar to those used formerly in England. Alas! the trouble in such case would be, not the proper dissemination of homœopathic tracts, nor the education of the common people, but in the dearth of homœopathic physicians who could or would prescribe according to the doctrine of Homœopathy as laid down in any or all these usual tracts. The education must begin in the college. There must be honest, conscientious men in the colleges, who will frown down all efforts to belittle and defraud the homœopathic remedy. There must be someone with the courage of his convictions—one who will not bow down to the commercialism of the Combination Tablets or the Cutting Mania. Oh, yes, there are a few such left in some of the colleges: but speak with them in that interval of intimacy between the coffee and the cigars and hear their tale of pessimism, of fear, of dissatisfaction, and of gloom.]—*American Homœopathist*.

OUR esteemed contemporary, the *Chironian* for November, contains an interesting address on "The Future of Homœopathy,"

by Dr. Walter Gray Crump. That future, judging from the address, is rather nebulous. Says Dr. Crump:

In journals, from casual conversations and in daily practice, there is evidenced a most pronounced lack of confidence in drugs, prescribed according to the law of similars.

This has become so marked that shot-gun prescriptions, in which two or more drugs are combined, is, with many practitioners, quite the routine.

In response to the question put to many who profess to follow Hahnemann, "Candidly, what results do you expect from the administration of these remedies, prescribed according to the symptoms found at present in the *Materia Medica*?" the reply too often and too truly is: "Well, between you and me and the lamp post, little, if any."

From Boston, south to Baltimore and west to San Francisco, extends a chain of superb colleges and hospitals, built in the teeth of savage opposition, and *on work done by the Materia Medica which is now discredited*. That *Materia Medica* has not changed, neither has human ills.

However, Dr. Crump, further along, very frankly says:

As a young man, to those of the older generation who desire no change—I would say, do not get angry if those of the younger generation, in an honest endeavor to elaborate the science of therapeutics, deviate from what you consider to be the old and the tried paths and use the newer methods and bring to bear the modern instruments of precision, for generations yet unborn are to do the same with them.

Getting angry is about the most unscientific proceeding men can indulge in, yet, withal, not uncommon, even among the learned, and we sincerely hope that the RECORDER and Dr. Crump will long continue friends, even though we do not altogether agree with his views. Of the future he says:

In my mind's eye I can see them in the future conducting their investigations with thoroughness, and exactitude, and uniformity of detail.

In the larger cities they will have extensive laboratories with well equipped physiological, chemical and other necessary departments in which they will study symptomatology scientifically and in its relation to the other sciences.

They will analyze the various tinctures of plant origin and separate them into their alkaloid, active principles and essential oils.

We wish you God-speed on your way to the truth! But remember that all the laboratory lore of past or future will not enable science to get at man himself—his soul. The science that ignores this is an earth-worm indeed. The Homœopathy of the *Materia Medica Pura* and *Chronic Diseases* is the only system that grasps mind and body. It alone is *scientific* medicine.

MAGNESIA PHOSPHORICA.

By Sara Fletcher, M. D.

The therapeutic uses of *Magnesia phos.* are so numerous that it deserves to rank among the most valued of our polycrests. It is invaluable in menstrual colic. It may be given during the acute pain at intervals of five, ten or fifteen minutes in hot water. Then as a constitutional remedy, during the month, several times a day. In many cases of neurasthenia where there are the characteristics of neuralgic pains, trembling and general weakness, it may be the chief remedy. It has cured cases of chorea which have resisted every other remedy. Supra and infraorbital neuralgia, intercostal neuralgia, rheumatic pains, particularly when confined to the right side of the body, often vanish under its influence. Think of it in spasms of the bladder, with retention of urine, convulsions, hiccough and the toothache of pregnancy.

I recall the case of a young woman, 26 years of age, slender, dark hair, blue eyes, rather fair complexion and of an exceedingly nervous temperament. For years she had been obliged to spend two or three days of the menstrual period in bed. About eight hours after the appearance of the flow she would suffer excruciating pain; sometimes in the ovarian region, sometimes generally diffused throughout the abdomen; often accompanied with headache, nausea and vomiting. She could only gain relief by keeping warm and quiet in bed and using hot applications. I gave her *Magnesia phos.*, 3x, frequently in hot water, during the acute pain, with the result that she wanted to know if I were giving her morphine. She said, after a few doses, that the pain was easier and she felt drowsy. I assured her that it was not morphine, but something better; that it would not only relieve the pain, but would act in a curative way. Three months' treatment, using this remedy and *Calcareo phos.* with proper hygiene, enabled her to go through the dreaded period with but little discomfort.

Another case will show that *Magnesia phos.* is to be thought of even when the pain is persistent in character.

One day two handsomely dressed women came into my office. The elder, who was the spokeswoman, said her companion had

been suffering for two weeks with a severe pain in the back of her head, which gave her no rest night or day. Various remedies had been administered, but gave no relief. A physician had been called several times, who gave her hypodermics of morphine. The pain was dulled for a time, but returned with renewed vigor when the effect of the opiate wore away. In the course of conversation the elder woman said: "Are you a homœopath?" I humbly confessed that I was. "Well," she said, "I am sorry I came here. I have no faith in that kind of medicine." "Do you know anything of Homœopathy?" I asked. "No," she replied. "Then you have no right to say anything against it. I will show you what it will do for your friend." The patient was a very fine-looking, dark eyed, dark-complexioned woman. She would answer only in monosyllables and was evidently restrained by the elder woman; who insisted they knew no cause for the pain; all they wanted was something to cure it. The patient received some *Magnesia phos.* tablets, 3x, and a few powders of *Calcarea phos.*, same strength. Three of the tablets were to be taken every two hours in hot water, with a powder thrown in occasionally to help the action of the former remedy. She was told to report in two days. She came back the second day and said the pain was gone, but her head felt sore. She came alone this time, and gave me her history. A protracted debauch with wine drinking and cigarette smoking had brought on the attack. She said she was "a cigarette fiend." This time she was given *Nux vomica*. She returned in the course of a week, feeling perfectly well, but wanted something for a slight eruption which had made its appearance on her face as the result of her excesses.

A comparison may serve to emphasize a point to be remembered in the symptomatology of this drug.

It is said that the rope manufactured for the British navy always has a red thread woven in it. The British sailor, no matter in what part of the world he may be, if he sees the red thread knows he can trust to the superior strength and quality of the rope he handles.

Notice the red thread running through the symptomatology of *Magnesia phos.*—spasmodic affections, better from warmth and better from pressure. When you see the indication for the use of the drug use it with that confidence which imparts comfort to the patient and success to the physician.—*Medical Counsellor.*

ACCIDENTAL PROVING OF CAMPHOR.

T. B. Greenley, in the *American Practitioner and News* for July 15th, tells of a case of local paralysis which he thinks was due to an overdose of *Camphor*.

The patient was a woman, aged seventy eight, who took a large dose of *Spirits of Camphor*. In an hour or more she became very restless, and on attempting to get out of bed fell on the floor in an entirely helpless condition; in fact, she was thought to be dead. She revived some on being put back to bed, but it was some time before she regained consciousness.

On examination it was found that her right hand and the right side of her face were paralyzed. He thinks it was due to the powerful stimulating effect of the *Camphor*. In four weeks the affected side had regained its normal powers.

QUID?

Dr. Beck had had under his treatment a young girl, slender and tall, suffering from a suspicious bronchitis in the apices of the lungs. This was one of those cases which so frequently, owing to the numberless imprudent acts of early life and the dangers of rapid growth, are apt to end in regular consumption.

But in this case the fine development of the bony frame of the thorax at once gave promise of cure. No long extended ribs, no projecting shoulder blades, no depression in the region of the collar-bone, no flat lower ribs, no corset to give vantage ground to consumption; the pulse was broad and rather slow, yielding. The case offered a mixture of *Anacardium*, *Platinum*, *Arsenicum*, and *Chamomilla*.

The treatment consists of rare doses of *Phosphorus*, 200th, 100th and 30th Centes., with some intermediate doses of *Sulphur*, 200th and 30th Centes. In addition the mother received some medical directions to enable her to meet any case of colds, pleurodynia, bronchial catarrh, etc., to supplement the telegraphic connection.

After the young lady had been finally cured, she married and became the mother of two children; her residence was in Pomerania. About this time while staying in Geneva, she called Dr. Beck for an urgent consultation. When examined

there was seen a cordlike elevation under the skin, about the size of a lead pencil, starting from the right iliac region below the *spina inferior*, where it disappeared. Its direction was upward, and it ascended in an oblique direction toward the umbilicus, passing three fingers breadth to the right of the navel; it crossed the median line in an oblique direction and continued on to the left mamma. Here the swelling branched off into two directions, the one disappearing below the external third of the left pectoral muscle, while the other part turned inward, mounting from the mamma to the collar bone, disappearing in its middle part.

There was no adherence of the swelling either with the skin or with the subjacent tissue, or at least a very loose adherence; there was no discoloration of the skin; the consistence was soft. This new formation, which was in the form of a cord, between the flesh and the skin, showed little or no sensitiveness to pressure, but there were occasional irregular, very transitory lancinations running along the tumor.

The beginning of the ailment was obscure, the patient had only observed it a few months ago; she did not know whether it appeared simultaneously in its whole extent or not; but the cord did not seem to her to have been as thick in the first months.

The swelling gives her more or less inconvenience in certain motions, as in raising the right hand, when she straightens herself, turns over in bed, or turns her body while sitting up. After using, without effect, various dissolvents, she had applied to various surgical celebrities of her country, whose only advice was to have an operation, and this without delay.

There was nothing in the medical history of her family which offered the slightest hint as to the nature of this new formation, and the tuberculosis of which she had been cured, even if it should have again risen from its ashes, would have probably manifested itself in a different way.

As to the organ affected, the author kept to the idea, that it was a lymphatic vessel, which had been infected at the point where it empties in the right flank. Still such an infection in the domain of the lymphatic system is very rare. But he had at once to make up his mind and put to work a remedy which might soon prove effective; for the appeal thus made to Homœopathy, in view of the social position of the patient, might be considered a defeat or a victory for our curative method.

I ordered *Carbo animalis* in various centesimal dilutions, the 200th, 50th and the 30th in rare doses, about once a week, after which in less than four month there was effected a decided and permanent cure.

In Hahnemann's "Chronic Diseases," translated into French by Jourdan, second edition, Paris, 1846, we find under *Carbo animalis*, "painful induration of a mammary gland, induration of the cervical glands with lancinating pain, painful knots in the breasts, swelling of the cervical glands."

These symptoms, as well as numerous clinical cases published in our journals, plainly show the curative effects of *Carbo animalis* in certain indurations, and this in high dilutions.

This cure was effected more than twelve years ago; the lady has married again, and three years ago the author received information from a near relative of his client showing her to be in good health.

Revue. Hom. Francaise, May, 1900.

REICHENBACH'S DOCTRINE OF OD.

Translated from the *Allg. Hom. Zeit.*, Aug., 1900, for the HOMŒOPATHIC RECORDER.

At the conference of homœopathic physicians in Baden, held in Pforzheim, in March, 1900, Dr. Kirm, of Pforzheim, reported on Reichenbach's doctrine of *Od* in so far as it is of importance to the physician.

His report took for its basis Reichenbach's work *Der sensitive Mensch* ("Sensitive Man"), published in Stuttgart, 1854. The observations made by R. are of importance in hygiene, pathology and therapy. The word "Od" is derived from the Sanskrit, and signifies breath, vapor, an ascending flame, something floating, allied to light, warmth, magnetism and electricity. Od is a factor of vital force, is combined with every molecular motion, and is especially perceived where there is any friction (in potentizing).

An excess of positive-passive od is disease, and excess of negative-active od is health. Thence it results that disease is a disturbance of the odic equilibrium in favor of positive od. The sun is negatively odic, the moon positively, all the openings of the body are positive (cfr. the frictional sit-baths of Kuehne).

The od light or the radiation of od can only be perceived by sensitive persons in perfect darkness.

Why must the feet be kept warm? Answer: The feet are positively odic (the right foot more than the left). When the skin becomes cold there is a retrocession of the radiation of od, and thence an accumulation of substances positively odic in the morbid parts. Other organs take up the accumulating od (local diseases), and so long as the feet remain cold the ailments do not cease.

The *nervous sympathicus* is positively odic and must, therefore, be protected; ice must not be applied either to the abdomen or to the head. Cold ablutions quickly performed increase the radiation of od.

Warmth is positive, cold is negative. The head should, therefore, be kept cool. Perspiration of the feet shows a congestion of positive od, but an endeavor to excrete it. The ill effects of the suppression of such perspiration is not an idle tale.

Alcohol in its primary effect increases the radiation of od, but its secondary effect is to cause this radiation to sink below the normal. The effect of alcohol, therefore, amounts to a loan effected on the development of power on the following day. It is wasting to-day and want to-morrow.

Carbonic acid in its formation strongly increases the development of od. Therefore, champagne should be taken in typhoid fever only in the stage where there is subnormal temperature.

THE PLAGUE SPECTRE.

By Dr. Goullon.

Translated for the HOMŒOPATHIC RECORDER from the *Leipzig Pop. Z. f. Hom.*, November, 1900.

Lately the plague has appeared in Glasgow and also in Rome. Its appearance in two places so remote from one another shows that the danger is approaching regions hitherto spared, *i. e.*, it shows that Europe is in no way immune to this most fearful of diseases. The plague, or at least some analogous strongly infectious disease, ravaged Germany in the time of the thirty year's war, as the names of some localities still testify. So we find, *e. g.*, between Berka on the Ilm and the village of Troistedt an ancient oak, still called the plague oak, because it is reported that victuals were carried there from the villages untouched by

the plague, while inhabitants of the infected villages would go there for them. So we also find in the "Graben" in Vienna a fine monument to celebrate the cessation of the pestilence.

Quarantine and cordons of safety have proved insufficient to bar out the pest, and it may be said of it that, "like the hail-storm, it passes, carrying destruction through meadow, field and forest, and knows no bars made by the hand of man." Before considering the homœopathic therapy of this disease, we will first briefly view its symptoms and its course:

1. The plague is an infectious disease, which is exclusively caused by the entrance into the human body of a certain morbid germ (the bacillus of the plague).

2. It appears suddenly or after a brief general malaise, starting with fever, and in most cases it has a fatal issue in 3-5 days, while with those who recover, it not unfrequently leaves behind more or less severe sequelæ. Those taken sick usually show great relaxation of the arterial tension and an increase in the number of pulsations, rapidly passing into an extreme weakness and indifference. Various forms of the plague may be distinguished according to the seat and the intensity of the disease. Most frequent is the glandular or bubonic plague which is characterized by a painful swelling of one or more lymphatic glands, especially those in the inguinal region, the axillæ and the neck. The disease mostly reaches its acme already on the first day. In the course of the disease there is usually effusion into the mucous membranes (uræmia, discharge of blackish masses by vomiting or evacuation) or effusions into the skin. When death does not ensue in the first days, the swelling of the glands may pass into suppuration of the glands or into a gradual reabsorption. In another form of the plague the characteristic is the formation of a blister on some part of the skin from which is developed the plague-ulcer or pustule, which leads to a destruction of the tissues in a spot sometimes as large as a hand. The course of this form of the plague is on the whole somewhat milder than in the bubonic plague. The pulmonary plague appears as a sudden attack of pneumonia and almost always has a fatal issue. The expectoration of such patients contains plague bacilli in innumerable multitude. Persons suffering from chronic lung troubles, especially from consumption, are particularly liable to this form of the plague.

The process localized in the lungs may lead to the destruction

of the pulmonary tissue and very violent hæmorrhages from the lungs, leading to gangrene—the black death of the Middle Ages.

Some observers have also recorded a fourth form, the intestinal plague. In this case, they aver, ulcers form in the mucous membrane of the stomach and the intestines, and the course of the disease resembles a severe abdominal typhus.

These various forms of the plague may frequently, soon after they set in, experience an immense increase in their malignity which of itself is great, through a general spread of the infection in the body, so that they may lead to death in a few hours with all the symptoms of a general blood-poisoning.

Besides these severe forms of the plague, now and then also less severe forms of the plague have been observed, though these occur but rarely; these cases have only slight general and local morbid symptoms and usually run a favorable course.

3. The infecting substance is in the blood itself and in the tissue and the contents of the infected lymphatic glands, or of the plague-ulcers and pustules; in the pulmonary plague they are found in the expectorations and in the saliva, more rarely in the evacuations and in the urine of the patients. From these it may pass over to other persons, as also to some animals, *e. g.*, rats and mice, as also into various articles of clothing and of furniture, and may thus be exported and communicated. Such articles are especially articles of clothing, bedding, rags, wool, carpets, hair, untanned hides, etc.; also, victuals at times may spread the disease.

4. The transmission of the infection to men and to animals susceptible of the same is most usually through some small unnoticed lesion of the skin, *e. g.*, a scratch or a tear or a chap, or through the stings of insects, who have before been on men or animals suffering from the plague, the poison thus entering into the circulation. The transmission may also be effected by breathing in particles of dust, or eating victuals on which there is some infectional matter. In pulmonary plague the infection is usually effected through the expectorations full of bacilli, thrown out by patients.

5. The plague may be spread from one place to another:

(a) Through the transmigrations of persons slightly affected with the plague or of patients recovering from the same.

(b) By the transmission of articles used by patients, such as articles of clothing or bedding which have not been disinfected.

(c) Through the transmigration or transportation of rats, mice and other animals infected with the plague; through the vermin that may be on them, through their evacuations and finally through their cadavers.

Since pestilence like cholera effects a rapid disintegration of the blood, remedies like *Camphora*, *Arsenicum* and *Arnica* may surely claim to be in a manner specific remedies, but much will depend on the manner in which they are applied. We must not forget that Hahnemann himself gave *Camphora* in drop doses, until a general perspiration set in, which may also be affected through wrapping in wet sheets, steam-baths, hot beverages, etc. Also the venom of mad dogs is most surely paralyzed in its action by means of steam baths, *i. e.*, by the breaking out of perspiration. Alcoholic liquors are probably also a support, as the use of whisky even to drunkenness has not without reason been recommended as a remedy against snake bites. In special cases the homœopathic remedies *Lachesis*, *Cuprum* and *Secale* may also be considered. Every epidemic will call for a special study in order to choose the right remedy, for besides the general *Genius epidemicus*, the individuality of the patient and the symptoms varying from the average form of the disease must be considered.

For our present purpose this brief therapeutic sketch may be sufficient, and although in Europe, despite of the events mentioned in the beginning of this article, we flatter ourselves with more or less reason to be in a state of comparative safety, this present journal is read also in other countries, and even in regions where the dangers from the plague never wholly disappear. So there will be sufficient opportunity to put to the test and to prove or disprove our therapeutic hints, which, indeed, are only theoretical and do not rest on my own personal observations. Perhaps these lines may also induce some one to publish for the common benefit actual experiences in plague-therapy.

Itching as from flea-bites; itching miliary rash; itching in spots, *Mezereum*.

Fingers drawn together as from a spasm; almost paralyzed, *Phosphorus*.

Drawing pains from knees down to feet, *Phosphorus*.

Burning sensation in eyes and eyelids, *Sulphur*.

Oppressed breathing and constriction of the chest, *Zincum*.

Sensation of an over-full bladder which does not disappear on urinating, *Digitalis*.

BOOK NOTICES.

Practical Homœopathic Therapeutics. Arranged and compiled by W. A. Dewey, M. D. 379 pages. Cloth, \$2.50; by mail, \$2.67. Philadelphia: Boericke & Tafel. 1900.

Doctor Dewey has done some good work in his day, but nothing to equal this, his latest. We hardly know how to characterize this book; perhaps the word "practical" best expresses it. You look for aid, say, in pneumonia, and instead of meeting a list of remedies beginning with *Aconite* and ending with *Zincum*, you find the remedies treated in the order of their importance; some occupying a page and on down to a few lines. Furthermore, the matter given is not mere quotations from the *Materia Medica*, though these pointers are embodied, but a plain "straight tip" on the remedy you need. Granting the correctness of the diagnosis this book will be a great aid in furthering good homœopathic prescribing. No physician in active practice should miss this book.

A Monograph of Diseases of the Nose and Throat. By George H. Quay, M. D. Second Edition. 244 pages. Cloth, \$1.25; by mail, \$1.35. Philadelphia: Boericke & Tafel. 1900.

A new edition of this most excellent work will be welcomed by all. It is one of the most straightforward, helpful little books on the subject ever published, making the path of the student easy, and aiding the physician who is not a specialist on nose and throat. The new edition contains only slight changes from the first. The matter in the first edition is still true, and to greatly enlarge it would take the book out of its proper sphere.

Enlarged Tonsils Cured by Medicine. By J. Compton Burnett, M. D. 100 pages. Cloth, 60 cents; by mail, 65 cents. Philadelphia. Boericke & Tafel.

Another of those characteristic books by Burnett, that will be welcomed by the many who *believe* in the power of medicine over disease and sneered at by those who do not believe in it. The ordinary way to treat the condition with which this book

is concerned is to cut and forget it. Burnett looks back of the tonsils for the cause of their abnormality, and finding that cause realizes that the knife is no remedy for it; but finds one in medicine that *cures the whole body*, and thus the disease. There is one of three "miasms" back of the abnormalities and chronic ill health that so large a class of our invalids suffer from, and these must be reached by medicine if a cure is to be made. And they must be medicines of a deeply-acting nature, and they must have time to act and skill is required to select them. All Burnett's books are worth careful study, and this, his latest, is no exception.

A Text-Book of Histology, including Microscopic Technic.

By A. A. Böhm, M. D., and M. von Davidoff, M. D., of the Anatomical Institute at Munich. Edited with extensive additions to both text and illustrations, by G. Carl Huber, M. D., Director Histological Laboratory of the University of Michigan. Authorized translation from the second revised German edition, by Herbert H. Cushing, M. D., Jefferson Medical College. 351 Illustrations. 501 pages. Cloth, \$3.50. Philadelphia: W. B. Saunders & Co. 1900.

This is, we believe, the completest and the best work on Histology published in the English language. Those wanting such a work will do well to get this one.

Stringtown on the Pike ; a Tale of Northernmost Kentucky.

By John Uri Lloyd. Author of *Etidorhpa*, etc. Illustrated. 414 pages. Dodd, Mead & Company, New York. 1900.

To one who, like this writer of book notices, has lived in old Kentucky, this book appeals with peculiar force. It has that which makes books live—the true local flavor. The story takes on the hue of, not "the sun shines bright in my old Kentucky home," but rather of that other phase of that wonderful land, the "dark and bloody ground." Incidentally there is a lesson for scientists, and that is what the author is, not be too positive for there are other things under the sun than what we know as "science". As for the plot we must leave that for the reader to discover.

Faulkner's Homœopathic Physician's Visiting List and Pocket Repertory.

Full morocco \$2.00; without Repertory, \$1.50.

It is about as near perfect as you can hope to find, and especially adapted to the use of homœopathic physicians.

Diseases of the Eye. By Kent O. Foltz, M. D., Professor of Ophthalmology in the Eclectic Medical Institute, Cincinnati, O. A manual for the use of students and practitioners. 12mo. 566 pages. 193 illustrations, 5 pp. in colors and chromo lithographic frontispiece. Cloth, price \$2 50 net. The Scudder Brothers Co., Cincinnati, Ohio.

In this book the treatment of the diseases of the eye by the Eclectic is given. Here is a key-note: "The generally accepted plan of treating the eye as an independent and isolated organ should be abandoned, not only on account of the close relationship existing from the stand-point of embryology, but also on account of the influence exerted by remote structure. Constitutional treatment is too often neglected in treating these cases," etc. All which we hold is most excellent good sense.

Physician's Visiting List. P. Blakiston's Son & Co. Philadelphia. 1901.

With the beginning of 1901 this excellent list enters on its 50th year, a long and honorable record.

"The Work," Elliott's *Electro-Therapeutics and X-Rays* "is to be commended for a plain and concise explanation of the use of electricity in medicine, and it will prove a great help in the intelligent use of this agent," says the *Charlotte Medical Journal* of this latest and best book on electricity in medical practice.

MESSRS. BOERICKE & TAFEL,—*Gentlemen*:—I am receipt of Elliott's "Electro-Therapeutics and X-Rays," and after having carefully examined it I believe it to be one of the best works of its kind published.

Prof. Elliott has given the details of the subject sufficiently, yet a great deal of the technical nonsense which bewilders the average medical student is cut out.

I shall recommend the work to my future classes at the P. M. College of Ind. Thanking you for the copy, I remain,

Very truly yours,

GEO. H. SMITH, M. D.

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E. P. ANSHUTZ, P. O. Box 921, Philadelphia, Pa.

CONSIDERABLE interest has been excited by Dr. T. F. Allen's paper in last month's RECORDER, "After Surgery had done its Best," and we are glad to state that the January number of the journal will contain full details of the cases from the pen of Dr. Allen. Needless to add that the paper will be of exceptional interest.

THE new Homœopathic Hospital at Ann Arbor, Michigan, is now open. Judging from the photographs and description it must be one of finest hospitals in the country, a credit to the state and to the homœopathic profession through whose efforts it was built.

ACCORDING to the *Monthly Homœopathic Review* the orthodox medical fold of England is getting to be uncomfortably crowded, and "the ageing fathers of the flock wonder where food is to come from for those innocently capering spring lambs, the newly qualified. Grim hints of Malthusian tendency have been heard concerning the possible wisdom of raising still higher the standard of qualification." It has been hinted that some of our homœopaths have been trying to edge into this crowded fold, and it may not be improbable that some of the canny orthodox may slip under the bars and into the larger and freer homœopathic pastures. It looks more worldly wise (to say nothing of other reasons) to proclaim one's self a HOMŒOPATH!

THERE is a nice little rumpus in *Pediatrics* over the never ending antitoxin question, a question that probably never will be settled. Men use it and grow enthusiastic over it, and then

turn against it ; and then their fellows who are still in the affirmative attitude, say they are unprogressive, or unscientific, or behind the times. This, at least, is the way a doctor who is an enthusiast over the disputed thing writes of a brother doctor who is strongly condemns it. To illustrate his point he relates how he was called in to intubate the patient of the doctor who never uses antitoxin, yet "they all got well so far !" then the intubator replied that nine out of ten would get well in either case, *but the tenth would die*. "If, however, antitoxin be given to *all* the ten will recover"!!! And that, we take it, is the pro-antitoxin mental attitude and nothing but biting experience will change it. Many have changed and their number steadily increases.

THERE is a story going the rounds, of a Vienna doctor who makes hair grow on bald heads by turning the X Rays on the denuded part six times in two months, fifteen minutes each time. Perhaps it is true and equally it may be a yarn. About the time of the X Ray furor there was a report of a case wherein a man had his hair taken off by means of these uncanny rays; so, after all, the chances of the Vienna story being true may preponderate. Also it looks as though the law of similars had a hand in it.

J. E. SIMPSON, of London, reports in *Lancet* the after-history of ninety malignant cases, where the breast was excised: Seventy were alive after one year, forty-nine after two years, thirty-three after three years, nineteen after four years, fourteen after five years, eight after six years, four after seven years, three after eight years, three after nine years, three after ten years, one after eleven years.

FOR the welfare of humanity let us hope that the lately revived craze for inoculating the people will soon pass. It received a fair trial in South Africa, and, of course, was a disastrous failure. A son of Sir James Blyth writes to the *Zoöphilist* from the front: "One of our men, called Mesham, died yesterday from typhoid fever. He was a very strong man and we had no idea he would go off so quickly, but it appears he has been *very ill every month since he was inoculated*, and the last attack killed him. Opinion out here is very strong against it."

There were nearly twenty thousand cases of typhoid in the inoculated British army with a very high death-rate. The idea, that it is necessary to put some animal filth or refuse, or some poison into the blood of a healthy human being to "protect" him, is very erroneous.

DR. J. C. DUNN, of Pittsburgh, writes of "The unpleasant effects of the Kissingen-Vichey treatment of Obesity," in *Medical Council*, November. The man weighed about three hundred pounds. The first result was marked relief in breathing and in the palpitation of heart, also a reduction of girth of six inches but no loss in weight. But the patient became nervous and irritable, marked increase of arterial tension; at the end of six months "the arterial tension was enormous. The vessel walls were contracted as I have never seen them in any other case. They felt like vibrating strands of wire under the finger." Further investigation showed that all who took the treatment very soon developed marked nervous irritation with more or less arterial tension.

WILL you listen to this!

"Schulz's studies on the influence of minute doses of turpentine have led to results that are exceedingly strange and almost incredible. Several medical students took turpentine in 1 per cent. solution. The first took during five days a total of one drop; the second took in ten days two drops; the third during eight days a little less than two drops; and the fourth during nine days about two drops. The first man had some gastric pains, headache, nausea, belching and a marked sense of fatigue. More or less similar symptoms were present in the other cases. In a second series of experiments the dose was still smaller. The first subject took during eight days altogether one fifth of a drop of turpentine. In a third series the subject took during the course of twenty three days altogether one half drop. There was a reduction in the pulse rate. Constipation was the rule in nearly all of the subjects, which shows that turpentine in small doses may, even in the absence of lead, produce constipation. There was no harmful effect on the urine. In two cases acne was produced. While it would not be scientific to deny that turpentine in such infinitesimal doses could produce all the symptoms which Schulz found, it seems to us that the psychic element must have influenced both the experimenter and his subjects."—*Philadelphia Medical Journal*.

The above is from Dr. George M. Gould's journal; and it looks very much like heresy in those orthodox pages. The attempt to explain the symptoms on psychic grounds makes the matter still worse, indeed, like the homœopathic heresy. Had Dr. Schulz investigated with the 3d or 30th potency the results would have been incredibly incredible to those who cannot go beyond the point where drugs can be perceived by the senses. There are still hope for the "regular" if he will continue on this line.

PERSONALS.

Were pleased with a call from the editor of the *Havana Post*, Cuba, last month; a well known homœopathic physician and ex-president of A. I. H.

The Bacillus Aerogenes Capsulatus is not well known yet, even though always working at no inconsiderable pressure.

It is a hard proposition for a man who doesn't believe in Homœopathy to run one of its journals.

Philadelphia school janitors have to boil the slate pencils every day by order of the Board of Health.

The Truth is as little affected by what men say or believe as is the weather. Rather fortunate.

No, John, *Silicea*, *Natrum mur.* and the others are not proprietary or secret remedies. Some assertions are to be taken with a grain of *Natrum mur.*, or a barrel of it might be safer with certain ones.

God protect the man who attempts to follow all the "health hints" flung at him in printer's ink.

Dr. E. G. Milner has removed to Detroit. Dr. S. Porter Tuttle will take his practice in Grand Rapids, Mich.

Homœopaths should remember the days, not long ago, when they were stoned in the medical market places, and not be too ready to fling their dornicks at the "irregulars."

What a woman does when her husband dies and leaves her, depends on how much he leaves her.

Never judge a man by his umbrella. The reason for this is obvious.

No man wants his bank to get a move, *i. e.*, a run, on it.

A Baltimore Christian Scientist fell sick and called in a doctor!

American medical journals say the vaccine point is dangerous. European medical journals say the glycerinated lymph is very dangerous. There you are!

The name of D. Alexander Villers, Dresden, Germany, now appears as one of the editors of the *Journal of Homœopathics*.

It is rumored that Dr. Dewey has bought the *Medical Century*.

The new Dewey book, *Practical Homœopathic Therapeutics*, is a winner. It must not be confounded with his *Essentials of Homœopathic Therapeutics*.

Miss Wilkins intimates that the theory of Evolution may be wrong end foremost—monkeys and things may be "run out" people.

Various Verses, by Dr. Helmuth, will, it is hoped, be out before Christmas. A dainty little book for the holiday times.

The enormous daily increase in the number of shares of stock thrown on the market may produce a bad case of financial dyspepsia.

Wishing all a Merry Christmas and a Happy New Year!

