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ECHINACEA AND OTHER DRUGS—HISTORY RE- PEATING ITSELF.

Probably no medicine was ever introduced in the past that the learned, in big wigs and carrying gold headed canes, did not condemn. They are "conservative." It is a mark of respectability to be conservative. The conservative roosts on an old perch, and refuses to admit that any respectable bird can roost on any other or do any thing that is worthy of noise. Dr. Gould says that conservatism is for the preservation of the conservatives; they are the opposite of the restless bird that must have the newest and latest roost, a new one every night regardless of anything else than newness.

"The Council" of the A. M. A. has shaken its wig at *Echinacea* and said "it is valueless." They have not tried it, of course, and say that no conservative physician has tried it, therefore it is "valueless." If any luckless doctor gives his experience with it they ask for "scientific demonstration." This not being possible they turn away and the matter, for them, is settled. Exactly what a scientific demonstration of therapeutic power is is not apparent. If you are on the roosts of the mighty you can do this, that is, shake your wig, quite effectively. To be sure, it has never killed a good drug else there would be nothing of the sort short of Hippocrates. There is one curious thing in this affair, namely, that about the time Dr. Myers was advertising his "blood purifier" (which was *Echinacea*), Dr. Simmons, in the same state, Nebraska, was advertising something else in the same papers. It pays to become conservative—if you can get on the roost, which is not always possible even though you humbly make a fly for it.

All joking aside, the Council of Pharmacy have condemned

Echinacea and give no reason for doing so beyond the assertion that it was introduced by an "ignorant man," which, of course, is a very scientific reason for rejecting the drug. The same conservative body also takes up the consideration of *Helonias* in the same issue of *The Journal*; they say "there is practically no reference to this drug in reliable medical literature—hence, it may be regarded as a drug not worthy of attention of physicians." The rule seems to be to damn anything that is new in the way of drugs (excepting those trade-marked in Germany), because it is new, and because it was discovered by a medical barbarian. It must in time be rediscovered by one of the elect to become respectable; this is easily done by surreptitiously consulting the book of barbarians. All of which is said to be very "scientific." It is also just a little bit foolish.

Great is the wig and the gold headed cane!

STAPHYLOCIN.

By P. W. Shedd, M. D., New York.

Bacteriology, the science of microscopic botany, is no more nor less related to therapeutics (the helping of sick people to get as well as they can) than is the science of Gray's botany or the science of astronomy (including the late published researches of Hofrat Prof. Dr. med. et phil. B. A. Bun on the application of the Yale lock system to the north pole in Mars,—*Allgemeine Sternkundige Alleszweiwochenschrift*, Bd. 103, H. 2). Botany, whether macro- or microscopic, serves therapy only by providing it with working implements whose therapeutic value should be fully determinable by the therapist alone, though the bacteriologist, as such, may emit hints of potential worth to the clinician who can see or get his errors of refraction corrected. Thus, the bacteriologist notes, as a part of his business, that in certain systemic or local lesions certain microscopic plants (bacteria) are invariably present, *e. g.*, anthrax, tetanus, and are absolutely the active etiologic factors, the infected individual human organism presenting itself as a receptive or passive etiologic factor. In the field of a high power microscope, the bacteriologist observes the pneumococcus, the gonococcus; on

suitable cultural media he grows his microscopic plants until characteristically evident to unaided vision; he may, as a part of his scientific business, extract the poisons they secrete or excrete; may irrefutably demonstrate their toxicity *in vivo* on animals and on homœotherapeutists who do not "believe" in "germs." *Nota*: S. Hahnemann, M. D., was the foremost bacteriologist of his day—*vide* Organon der Heilkunst, acute and chronic infections; Chronische Krankheiten, syphilis, gonorrhœa, tuberculosis; Opera minora. Asiatic cholera—though microscopeless; and when some philanthropic horse has provided an anti-serum, the bacteriologist may physio-chemically neutralize the toxin *in vitro* by adding a proportionate quantity of specific serum,—in fact, the neutralization *in vitro* is better than *in vivo*.

At any rate, the data handed out by the bacteriologist as a natural scientist (bacteria have no discoverable minds, one end is commonly like the other, and they have no *mater ecclesiastica*, though often edifying the student) are usually dependable, always verifiable, and hence do not conduce to much theorizing. There is no "traditional bacteriology," and if one of the tribe utters peek-aboo, as a natural scientist, he will have, immediately, fifty-seven varieties (mostly Teutonic in origin) of his kind camping upon his laboratory trail, and, if the truth be not found upon him, he invariably goes insane, commonly with the Muchsche type of dementia.

Why "bacteriology" should spell "mystery" to any physician the bacteriologist is unable to fathom save on the ground of plain ignorance. It is unwise to condemn a science we have never studied or considered; it is equally unwise to get up in meeting to inquire if an antitoxin, *e. g.*, of diphtheria, cannot be used homœopathically in the disease.

The bacteriologist, as a natural scientist, understands quite as well as the homœopath the necessity of a receptive, "predisposed" host or medium, and is likewise aware that differences in media (bouillon, agar, gelatine, milk, potato, blood-serum, etc., etc.), cause, not merely, remarkable variations in the bacterium (chromogenesis, toxicity, morphology, etc.), correspondent, clinically, to variations in the living host (man) known to homœotherapeutists as constitutional differences, *e. g.*, the sulfur type of patient, the calcarea, sepia, pulsatilla types, etc. Here is where the

old school clinician becomes ludicrous. He injects tuberculin into the tuberculous, believing it specific to the disease (which it may be if the material, dosage, repetition, etc., thereof are aptly chosen), but a medicinal agent specific for the individual he wots not of. He has no thought of individualizing until he makes out his monthly bills.

* * * * *

A number of infectious diseases, acute infections, such as pneumonia, typhoid, scarlatina and others run particulate, delimited, definite courses and terminate by lysis or crisis. Why? Indubitably because the organism in reaction against the invader finally succeeds in developing enough of its particulate brand of antitoxin to square accounts with the pathogenic microbe. Typhoid offers a very pretty illustration of this biologic mechanism. During the first week of the fever, no hematic change is or has been commonly noted. On the seventh or eighth day, however, there is found, as a rule, a distinctly new and specific blood component. This component causes the bacillus typhosus to lose its mobility (paralyzing, so to speak, the motor organs or flagella) and to gather in clumps or heaps. This specific substance may persist long in the blood, for months, even years.

* * * * *

The query has been put whether a pure bacterial toxin could be employed in other than specific morbid conditions, *i. e.*, could diphtherin be used in a certain type of headache as *Gelsemium*, *Crotalus*, *Thuja*, *Carbolic acid* are used in other types. The interrogator could have answered his own query had he been able to dissociate psychically the pharmacodynamic toxin from its micro-botanic source as he separates the toxic conium from its macro-botanic source, the poison hemlock. All that is needful for the headache prescription is a pathogenesis, *secundum artem*, or, if in the natural disease a peculiar headache was found in a large majority of cases, that would suffice. Diphtherin is not diphtheria but a drug.

* * * * *

Staphylocin likewise is a drug and not a disease. The micro-organism, however, is an essential factor in disease of infectious type. There can be no typhoid unless the bacillus typhosus is present and exercising its normal function.

Staphylocin (Shedd) is made from the *S. alb. aur. citreus*, one species whose variations in color are dependent upon what the plant gets as nourishment. The aureus or golden orange micrococcus represents the fullest development of function as regards both virulence and chromogenesis. The aureus is almost invariably found in acute suppurations; the citreus or lemon colored in subacute; the albus in chronic conditions. None of them are chromogenic unless oxygen be present. On artificial media, starting, in the writer's experience, with the aureus from an acute abscess, repeated transferences reduced the parasitic aureus to the rather saprophytic, avirulent albus. In one strain, starting with the aureus from an impetigo contagiosa, the three so-called varieties were visible before the culture medium dried up. (Cf. Neumann R. O. Archiv fur Hygiene, XXX, I). As compared with artificial media, the human body offers rich nourishment and favoring conditions, *e. g.*, temperature.

Further, purely bacteriologic or micro-botanic data are not essential in this paper. They are available to all in the technical text-books and literature.

The physician's chief business is to heal the sick, and his resources have been augmented by a new drug, a toxin.

The new drug, however, unlike most derived from botanic sources, brings with it a vast natural pathogenesis. We trust the constitutional factor in any disease has been sufficiently emphasized to qualify the prescriber as homœotherapist. Only a fool will deny the bacterial factor, the toxin thrown out by the living microbe in tissues, and extracted by technical processes, and as a drug held in perfect aqueo-alcoholic solution. It may interest to know that in the making (or extraction, if that term please better, of this particular drug, *Staphylocin*, the writer was compelled to get out of the room several times because of a decided, though indefinite, malaise. The odor, aroma, or effluvium was ambrosial compared to the atmosphere of the dissecting room with its lumps of putrefaction, but it had much greater expellent power, not nauseating, but sickening, and chemically, probably due to some of the fatty acids.

Considering the natural pathogenesis of *Staphylocin*, a formal pathogeny, as for any drug, *e. g.*, *Rhus*, should be had. The natural pathogenesis which *Staphylocin* brings with it is, however, incomparably greater and more valuable than the data

afforded by the small boy or girl or unsophisticated adult who plucks the glossy ivy leaf.

In the following morbid states and conditions the staphylococcus is the prevalent bacterial factor, and where it does not figure as the prime disturber of the peace, its omnipresence as a saprophyte, and its easy metamorphosis into a virulent parasite, leads to many a symbiosis. In the human economy (unlike some infections where a predilection is shown for the young and apparently robust individual) the staphylococcus (with one exception to the rule) does best where weakness of the protective mechanism or debility due to other than bacterial agencies, *e. g.*, overwork, worry, lack of proper food, heredity, excess, etc., is prominent. The exception is found in puberty, where the individual may be, as a rule, in excellent health even though in eruption as an acne exhibit. At this period there is decided imbalance of glands of inner secretion, notably the ovaries and testes, and probably others; suprarenals, thyroid, thymus, hypophysis cerebri, Luschka's gland, etc., to which, nowadays, trophic function is attributed rather than to the so-called "trophic nerves" which no anatomist or histologist has ever been able to demonstrate.

Morbid conditions, then, where the staphylococcus pyogenes aureus or albus or citreus is notably symbiotic, or, is the direct and chief bacterial factor:

Acne, abscess, furuncle, impetigo contagiosa, parotitis, mastitis, phlegmon, carbuncle, mastoiditis, empyema, ecthyma, cellulitis, pyelonephritis, phlebitis, lymphadenitis, pemphigus, sycosis, conjunctivitis, dacryocystitis, osteomyelitis, septicemia, pyemia, some renal conditions, gelatinous œdema, endocarditis, valvulitis, aortitis.

* * * * ** *

As already mentioned, other bacteria may cause some of these suppurations. In a dacryocystitis, for example, the pneumococcus may be present in almost pure culture. In any case [save, perhaps, in furuncle, abscess (dermal), acne], bacteriologic examination of blood, pus, tissues, must precede the use of a toxin. The value of *Staphylocin* where the infection is pneumococcic (as in the possible case just mentioned) would be neither rational nor homœopathic,—two terms which should be synonymous.

* * * * * *

A word to physicians who were probably born before the ac-couchement of the bacteriologic infant; who are inclined to sniff at it and its therapeutic possibilities; who "rise to remark" some fool thing such as the *homœopathic* use of *antitoxin* in *diphtheria*; make ye haste in the purchase of a reliable text-book on the subject (Saunders's *Hand Atlas of Bacteriology*, two volumes, text and plates, or, in German, *Die Experimentelle Bakteriologie und die Infektionskrankheiten, Kalle und Hetsch*), and learn a bit of micro-botany. Then a perusal of the works of S. Hahnemann, easily the prince of clinical bacteriologists. Finally, a formal proving of a toxin. In the latter case, application is possible to the Carnegie Board of Hero-Medal Makers. Anyhow, don't be bigoted. Bigotry is invariably synonymic with ignorance.

PELLAGRA (PELAGRA).

By Dr. E. Fornias.

Pellagra, the peculiar disease which has stirred up the South, and brought forward so many uninformed prophets, has been known for centuries in European countries. To the medical profession it has been known under a great variety of names, some of them indicating the nature of the affection, or, at least, some of its characteristic manifestations. I give now the principal names given to this disease:

- 1) *Iththyosis, seu Tuber, seu Impetigo Pellagra.*
- 2) *Elephantiasis Italica.*
- 3) *Lepra Mediolanensis, seu Lombardica.*
- 4) *Scorbutus Alpinus.*
- 5) *Mania pellagra.*
- 6) *Erythema endemicum, seu pellagrum.*
- 7) *Dermatagra.*
- 8) *Erysipelas periodica nervosa chronica.*
- 9) *Paralysis scorbutica.*
- 10) *Insolazione de Primavera (Ita.).*
- 11) *Mal del Hgado (Span.).*
- 12) *Mal del Monte (Span.).*
- 13) *Male del Sole (Ita.).*
- 14) *Italian Leprosy (Eng.).*

- 15) *Scurvy of the Alps* (Eng.).
- 16) *Mal de misere* (French).
- 17) *Scorbut des Alpes* (French).
- 18) *Rosa, seu Lepra Asturica* (Lat.).
- 19) *Mal de la Rosa* (Span.).
- 20) *Mailandische Rose* (Germ.).

The name pellagra means diseased skin, and this exanthematous affection has been particularly noticed in certain districts of Italy, and above all in Milan and Piedmont. It has been observed also in the Spanish province of Asturias, where it is called *mal de rosa*. It is characterized by an erythematous inflammation of the skin, which becomes covered with wrinkles, assumes a scaly appearance, resembling psoriasis, and reappears and becomes worse every spring.

Its early manifestation is the rash, which is limited to the parts exposed to the rays of the sun. It is frequently followed or attended by serious disorders of the digestive and cerebral functions. The alterations of the gastric mucosa and its functions appear before the troubles of the *central nervous system*, which are always of the melancholic type. As the intellectual faculties and sensations become obscure, the strength diminishes and cramps, convulsions, and other lesions of muscular contractility supervene. Pellagra has been most commonly found in underfed, unhealthy individuals, the victims of misery and destitution.

The nature of pellagra is not well known yet, but it has never been seen in countries where spoiled corn is carefully rejected, and until otherwise proven, we should hold altered corn directly responsible for the disease. There is not the least doubt that under a better hygiene, and especially the careful inspection and selection of the corn employed as food, the disease has been gradually disappearing from certain districts of European countries, especially from France, Spain, Bulgaria and Greece. In Italy and Asia Minor is where it seems to be in sway yet.

If the disease reported as pellagra from the South is not recurrent, that is, returns every spring with marked recrudescences, has filthy cutaneous lesions of the squamous type, which only develops on the exposed parts of the body, is not attended with severe constitutional and nervous symptoms, and does not improve with a proper regimen and treatment, I am inclined to think

the disease of the South is not the pellagra of Italy, unless, of course, this disease assumes another form in America.

Nothing that has been written before of pellagra indicates that it is contagious; it is certainly endemic, and is held by eminent men as infectious, that is, implanted from without. Instead of trying to appear clever and advance valueless opinions as to its origin, or cause, as it has been done of late by men unprepared to speak with assurance, it would be more desirable and profitable to study the parasitic fungus developed on spoiled corn (corn smut), and endeavor to discover the relation it may have with this disease.

Pretentious, in extreme, is indeed to connect an unknown disease like pellagra with dysentery, and much less with hook worms, without a thorough knowledge of its etiology.

I was surprised not long ago to read in one of the public dailies that pellagra and hook worms travel hand-in-hand in their death-dealing work, and that where the former is found there also may be found the latter. It is even claimed that until the hook worm is routed treatment of the co-existent pellagra is useless.

This, indeed, is something new, for hook worms (*ankylostoma duodenale* of Egypt, or *anyklostoma venenosa* of the Phillipine Islands) is a malady of parasitry origin, while pellagra is due to a fungus; and hence I am unable to understand the connection between the two diseases. According to the above mentioned daily, this new development in the investigation of pellagra was brought out in Columbia, S. C., by an able paper dealing with this disease, prepared by Dr. F. M. Sandwith, of London, which was read before the International Conference on Pellagra, by Dr. J. W. Babcock, of the South Carolina Hospital for the Insane.

There is no doubt that many European physicians, especially Italians, will be astonished to hear of this wonderful new development which has come to shatter the etiology of pellagra. And in order that we may better appreciate the claim of Dr. Sandwith, let us describe the evolution, manifestations and termination of these two diseases.

The *ankylostomum duodenale* is a small nematode worm, which attaches itself in great numbers to the mucous membranes of the *duodenum* and *jejunum*, parts never affected by pellagra. The female is a little more than half an inch in length, and the male

about one-third of an inch. The animals live by sucking the blood of the intestinal mucosa into their own bodies, which thus acquire a pink color. After death from this disease, the worms are found in great numbers between the valvulæ conniventes while the mucous membrane presents minute ecchymoses, and blood is found extravasated into the cavity of the bowel. Those who are affected with these parasites suffer from a severe anæmia, which is explained by the extraction of blood from the intestinal vessels. There is gradually increasing pallor of the face, lips, conjunctiva and body generally; puffiness of the face and feet, feebleness and lassitude, with quick, small pulse, palpitation, dyspnœa and deranged digestion. The symptoms may go on for months or years, so that finally the sufferer dies from exhaustion or from pneumonia.

The disease occurs in many parts of the world, though not in England, from where Dr. Landwith comes; the so-called "Egyptian chlorosis" is due to this parasite, and the numerous cases of anæmia occurring in 1880 among the workærs in the St. Gothard tunnel, which were by some attributed to confinement underground, bad ventilation, etc., have been conclusively shown to be due to the *ankylostomum duodenale*. It has been seen also in Brazil, Yucatan and in Jamaica. The disease due to the presence of the *ankylostoma*, has been called in France *ankylostomiasis*, or anæmia of miners without emaciation. The ova are probably taken into the stomach with impure drinking water.

Though the anæmia is an inevitable result we can hardly make the diagnosis from this general manifestation. Its occurrence in epidemic form may, however, lead us to suspect the *parasite*, whose presence can be confirmed by examining the fæces for ova. These are about the same size as those of the oxyuris vermicularis, which, however, are more elongated, curved, provided with an operculum, and the embryo is already formed, while, in the case of the *ankylostomum*, the yolk is in the early stage of segmentation at the time the ova are discharged.

Let us now describe the evolution, manifestations and termination of pellagra, in order to establish a comparative analysis that may lead us to a better appreciation of the subject we are considering. As seen at the beginning of this paper the rash of pellagra has been variously described, *impetiginous*, *crispelatus*,

squamous, but these, no doubt, have been exanthematous changes observed during the progress of the disease. *The early rash is erythematous*, and some authorities have even reported it *vesicular*; it develops on the exposed parts (*face, neck, hands, etc.*), and is followed by desquamation. It is only during the cachectic stage that the rash extends over the whole body. If, during the early stage of the disease, the patient is not removed from the locality and placed in good hygienic surroundings, pathological emaciation and cachexia are inevitable. The complications then are many and alarming.

Dr. Pringle, an English authority, reports pellagra as follows: "As its effects are more marked on the skin, especially in its earlier manifestations, it may be here considered as a skin disease, but the central nervous and digestive systems are also profoundly affected and its fatal issue is due to their involvement."

Pellagra, according to Dr. Pringle, is found only among the most destitute and squalid of the peasantry, and is invariably due to chronic poisoning with diseased or fermented maize (*pellagrazein*), the effects of which are in many respects analogous to those induced by ergot or rye (*ergotism, raphania*). Children are rarely affected, and women suffer more frequently than men. Attacks are especially frequent between the ages of thirty and fifty years.

The disease always begins in spring, and is preceded or ushered in with gastro-intestinal symptoms, such as coated or red tongue, nausea, vomiting, epigastric tenderness, diarrhoea, etc., resulting in great weakness, lassitude and emaciation. Among the nervous symptoms we may mention vertigo, various neuralgiæ and rheumatic pains in the limbs, which are frequent prominent complaints. Mental disorders, especially acute mania and melancholia with suicidal tendencies, frequently develop during the later course of the disease, and sometimes precede the fatal termination. As stated before, as the intellectual faculties and sensations become obscure, the strength diminishes and cramps, convulsions and other lesions of muscular contractility supervene.

Dr. Pringle also maintains that the portions of the skin affected are those exposed to the air and light, as the face, neck, back of hands and feet. They are the seats of an intense, rapidly extending erythema, bright red, livid or brown in color, with much

swelling and causing violent burning or itching. The spreading edge of the patches is much elevated, and generally of deeper color than the central portions. In the first attack the symptoms usually subside after about three months; the skin occasionally suppurates and discharges, but more frequently cracks or merely desquamates, and recovery, apparently perfect, occurs spontaneously. Unless the patient, however, leave the district, the symptoms recur with ever increasing intensity in each succeeding year, the rash extends over the whole body, the skin becomes completely anæsthetic, and the patient succumbs in the course of a few years, in a condition of marasmus.

From another source we take a somewhat contradictory and highly discouraging picture of pellagra. It reads as follows: "A striking peculiarity of the disease is that it breaks out or makes its appearance in two places at once—often on both hands or both feet, or on both sides of the face or body. The blisters or sores thus appearing are small at first, but keep growing or spreading till the entire surface of that particular member is covered with an erysipelas-like sore, and the patient dies a living death, wasting away to next to nothing, and loathing himself or herself as an unclean thing." This cutaneous syndrome is attended by severe constitutional and nervous phenomena.

Nothing very definite or distinctive is known of the pathology of pellagra, but it is surmised—and with much probable truth—that it is due to the toxic effect on the sympathetic and pneumogastric nerves of a fatty oil and extractive matter found in decomposed and fermented maize. Neuritis of cutaneous nerves has been demonstrated, and fatty degeneration, atrophy and peculiar deep pigmentation of almost all the internal organs is usually found.

When I was a student, more than forty years ago, I read that Linnæus gave the name of *raphania* to a convulsive disease resembling ergotism, not uncommon in Germany and Sweden, which was attributed to the seeds of wild radish being mixed with corn. The spasms are seated in the limbs, and are attended with *acute pain*. Under the name of cereal convulsion (*Convulsio Cercalis*, *Convulsio ab Ustilagine seu Soloniensis*) there was also described a singular disorder of the convulsive kind, attended with a peculiar tingling and formication in the arms and legs; hence

called by the Germans *Kribbelkrankheit*. It was said to be endemic in some parts of Germany, and to arise often from the use of spoiled corn.

By the way of information I may also state that there is a very old Spanish book (17th century), by Dr. Gaspar Casals, the first describer of pellagra, which gives us a fine outline of the digestive and nervous phenomena attending this singular dermatosis, but the book is out of print and very difficult to obtain.

It seems to me that if in the order of sequence we make a systematic arrangement of the various symptoms ascribed to pellagra we will find in it enough indications, I think, to guide us to the selection of the remedy, according to our law of cure, and it is to be hoped that our Southern brothers will see to the amplification and perfection of its symptomatology, now that they have the clinical opportunity to test the value of Similia in obscure diseases.

Symptomatic Scheme.

- | | |
|-----------------------------|-----------------------------------|
| 1. <i>Cutaneous System.</i> | 3. <i>Nervous System.</i> |
| 2. <i>Digestive System.</i> | 4. <i>Disorders of Nutrition.</i> |

I. CUTANEOUS SYSTEM.—*Erythematous rash; becomes covered with wrinkles and assumes a scaly appearance. (Calc. ost.)*

— *Erythema solare; reappears or becomes worse in the spring (chronic form). (Canth.)*

— *Foul, chronic cutaneous lesions of the squamous type; emit an offensive odor; worse in the spring of the year. (Sulph.)*

— *Impetiginous, erysipelatous and squamous forms of the rash. Early vesicular eruption in the exposed parts (face, neck, hands, etc., followed by desquamation). (Rhus tox.)*

— *Rapidly extended erythema (face, neck, hands and feet; bright red, livid or brown in color, with much swelling, causing violent burning and itching). (Apis.)*

— *Squamous rash, in which the spreading edge of the patches is much elevated and generally of deeper color than the central part.*

— *During cachectic stage, the erysipelatous rash extends over the whole body.*

— *The skin suppurates, cracks, or merely desquamates. (Graph.)*

— *Rash extends over the whole body, and the skin becomes completely anæsthetic.*

— *Rash breaks out or makes its appearance in two places at once, often on both hands or both feet, or on both sides of the face.*

— *The appearing blisters or sores, are small at first, but keep growing or spreading till the entire surface of the limb presents an erysipelatous-like sore, emitting a very offensive odor. (Psorin.)*

2. DIGESTIVE SYSTEM.—*Gastro-intestinal symptoms, such as coated or red tongue, anorexia, nausea, vomiting, epigastric tenderness and diarrhæa. (Ant. crud.)*

— *Diarrhæa, followed by great weakness, lassitude and emaciation. (China.)*

— *Slimy, dysenteric stools, with or without cramps. (Coloc.)*

NOTE.—The alterations of the gastric mucosa and its functions appear before the troubles of the central nervous system. (Canth.)

3. NERVOUS SYSTEM.—*Serious disorders of the cerebral functions. (Aurum, Bellad., Hyosc., Canth.)*

— *Melancholia and mania of various forms.*

— *Acute mania and melancholia, with suicidal tendency. (Aurum.)*

— *As the intellect and sensations become blunted, the strength diminishes, and cramps and convulsions and other lesions of muscular contractibility supervene.*

— *Weakness and lassitude attend the waste of tissue.*

— *Deficient intellectual power, with vertigo. (Lycop.)*

— *Vertigo, various neuralgias and rheumatic pains in the limbs.*

— *Cramps and convulsions. (Cuprum, Verat. alb.)*

— *Cutaneous anæsthesia. (Secal., Sulph.)*

— *Loathing and disgust of himself, on account of bad odor emanating from his sores. (Psorin., Sulph.)*

— *Tingling and formication of the arms and legs. (Sec., Rhus.)*

4. DISORDERS OF NUTRITION.—*Anæmia, skin wrinkled and dry, wasting, dermatoses.*

— Cutaneous hypertrophy, putridity, offensive exudations.

— *Fatty degeneration of the internal organs, cachexia, marasmus.*

NOTE.—The cutaneous trouble is always attended by severe constitutional phenomena.

A careful analysis of the above syndromes brings forward to view a group of phenomena which only Homœopathy can combat successfully, and of this group *Cantharis* seems to be, if not the *similimum*, at least, an important *similar*, for we are here primarily concerned with an *erythema solare*. Admitting then that the rash of pellagra is essentially of the erythematous type, and that the other changes observed are accidental or at least modifications of the skin lesion during the evolution of the disease, we may well include in the list of remedies the following drugs:

1) APIS, ARSEN., ARS. JOD., BELLAD., CANTH., CHELED., CHLORUM, CROT. TIGL., MERC. SOL., MEZER., RHUS TOX., SULPH., and USTILAGO.

2) And as secondary remedies: ACONIT., ANT. CRUD., ARNIC., BRYON., CALC. C., CAMPH., CHLORAL., CROTAL., CROTON TIGL., GELSEM., GRAPH., HEPAR, HYDROCOT., HYOS., JUGL. CIN., KALI BICH., KALI BROM., KREOSOT., LACHES., LYCOP., MERC. SOL., NAT. MUR., NITR. ACID, NUX VOM., PETROL., PHYTOL., PULSAT., PSORIN., SECALE, SİLİÇA, STRAM., SULPH. ACID, TEREB., URTICA, VERAT. ALB., and VERAT. VIR.

If we were only dealing with a simple or multiform erythema our work of selecting the remedy would not be a difficult one, but confronting a chronic intoxication, unknown to us, in which the rash is only an early local manifestation, but soon followed by serious digestive and nervous complications, our task could not be anything but weighty demanding at once a thorough knowledge of materia medica, and bearing constantly in mind that the fatal issue of this obscure disease is not essentially due to the skin trouble but to the involvement of the digestive and central nervous systems.

I have endeavored to incorporate the remedies capable of covering a totality composed of so many distinct phenomena, and it remains to our practitioners to find out among them the *similimum* of the case that may come under their immediate observation.

To facilitate this discriminating labor a few especial indications may not be amiss.

If the disease has developed under the influence of the sun rays he should consider: ACONIT., CAMPH., and CANTHARIS. If the exudation should be copious study: CHAMOM., CHINA, GRAPH., HEPAR, MERCUR. If the rash is distinctly vesicular: RHUS, ARSEN., BELLAD., GRAPH., LACHES., PULSAT., RANUNC., SEPIA, SULPH. If distinctly papular: RHUS TOX., SULPH., LACHES., MERCUR., ACONIT., BELLAD. If œdematous: APIS, RHUS TOX., ARSEN., CHINA, HEPAR, LYCOP., MERCUR., SULPH. If erysipelatous: RHUS TOX., CANTHARIS, APIS, or BELLAD., CAMPH., EUPHOR., LACHES., SULPH. If phlegmonous: BELLAD., HEPAR, LACHES., MERCUR., RHUS TOX., or ACONIT., ARNIC., ARSEN., BRYON., CARB. ANI., CALC. C., CHINA, GRAPH., LYCOP., PETROL., PHOSPH., PULSAT., SEPIA, SULPH. If gangrenous: ARSEN., CARB. VEG., LACHES., MUR. ACID, RHUS TOX., SECALE, SILICA.

Consult also for *gastric complications*: ANT. CRUD., ARSEN., BRYON., CARB. VEG., CHINA, GRAPH., and SULPHUR, or HEPAR, LYCOP., MEZER., NAT. MUR., NUX VOM., PETROL., PSORIN., PULSAT., RHUS TOX., SEPIA, SILICA.

For *nervous troubles*, both sensory and motor, study: ANT. CRUD., APIS, ARSEN., AURUM, BELLAD., CANTHAM., GRAPH., HYOSC., IGNATIA, KALI BROM., LACHES., MERCUR., NAT. MUR., PETROL., SECALE, STRAMOM., SULPHUR, and VERAT. ALB.

All the different aspects of the rash, its changes and its course have been strictly considered in the arrangement of the above outlines, and I have taken the pains to select principally those remedies covering the disorders of the digestive organs and of the central nervous system. And in closing this paper it is pertinent to observe that we have shamefully neglected USTILAGO MADIS, allowing an eminent man of the old school, though with homœopathic leanings, to utilize this remedy in the treatment of the very affection we are considering.

More than forty years ago, and we must take the word of one of our best men of France, Prof. Lombroso, had the idea to prescribe for pellagra the very substance which provokes this malady. It was in 1867, when he surmised that spoiled corn was the cause of pellagra, that he undertook to treat it with a preparation of this substance—*Zea putrefatto*, *Zea italica*. While at Pavia, deliver-

ing a series of lectures on Mental Diseases, he recommended the employment of *Viperinum* and *Arsenicum* on homœopathic bases, and for this daring move he was greatly abused by his confreres. But his works on *pellagrozeine* carried with them still more plain evidences of his faith in *Similia*. He even employed the *Ustilago maidis* in the treatment of disease which had some analogy with pellagra, for instance, *psoriasis*. He frequently prescribed with success *Artemisia absinthium* in epileptics, children of drunkards or tipplers of absinthe. With more or less success, Prof. Lombroso benefited with Homœopathy many idiots, maniacs, vicious and alcoholics.

But besides this valuable indorsement, we have still the observation of Dr. Burt on *Ustilago* (*Characteristic Mat. Med.*). From this and other sources the evidences are sufficient to show that smut corn acts upon the cerebro-spinal nervous system, and especially so on the ganglionic and cutaneous systems.

It remains now to be seen what benefit will our Southern brothers derive from the use of *Ustilago*, in those cases of pellagra which may come under their care.

706 W. York St., Philadelphia.

SOME EXPERIENCE WITH COLCHICUM

By A. L. Fisher, M. D.

Bloating.

About the first that I remember about the therapeutics of *Colchicum* dates back to 1869 or 1870, when Dr. Hering lectured on this remedy in the Hahnemann Medical College in Philadelphia.

In the course of that lecture he stated that if cattle after eating clover in the spring time got enormously bloated, there was no need to stick a knife into the paunch to let out the gas, as a few doses of *Colchicum* would always give relief.

In my child-like simplicity I believed what he told us, and sent a two dram vial of *Colchicum* 3x dilution to a farmer brother, with instructions to put two drops of it into a two dram vial nearly full of water, shake well and empty it into the beast's mouth. It is now nearly forty years since the remedy was sent,

and the sharp, double-edged knife formerly used to let the gas escape has not been resorted to since then, but the *Colchicum* has been used successfully in scores of such cases in that neighborhood. And, by the way, that vial of the third dilution is not empty yet, having been refilled with alcohol whenever contents were getting low, many times.

Strangulated Hernia.

The next case in which this medicine was used with exceedingly gratifying results on my prescription was many years later, when I received a telegram calling me in haste to see this same farmer brother, fifty miles away. Arriving at his bedside at midnight, I found him in truly a sorry condition. An old inguinal hernia had become strangulated, and all efforts of his attending physician to reduce it had failed. Abdomen enormously distended, constant hiccoughing for twenty-four hours, stomach and abdomen extremely sensitive to palpation; there was a profuse flow of saliva or mucus, and his facial expression, as would be expected under such circumstances, was indicative of great suffering and a serious condition. His medical attendant had left him a few hours before I arrived, and had said that his patient would never see another sunrise.

As I gave him the first dose, I said: "Take a few doses of *Colchicum*, old boy, and get well."

Between hiccoughs he managed to say: "I haven't been eating clover, Doc." Hiccoughs ceased in twenty minutes; within an hour and a half his bowels moved freely several times; the bloating went down rapidly, and he reduced his hernia himself easily. The movement of bowels later became involuntary, though not without his knowledge, and a dose of *Hyoscyamus* was given. By sunrise he was fully convalescent, and the prognosis of his former physician falsified.

Relief in a Cancer Case.

Some years later was called in consultation with a regular. Patient ill with cancer of the stomach—diagnosis confirmed by autopsy. No thought of curative treatment was entertained by friends who called me, but relief of a distressing hiccoughing was desired. Here the hiccoughing was accompanied by a loathing

of food, even the smell of it was nauseating. When I suggested *Colchicum* as a probable remedy, the attending physician said: "I use *Colchicum* for gout and rheumatism, but I don't see how it can stop the hiccoughing; however, as my best efforts for two or three days have done no good, we will try it. How will we give it?" He had the *Wine of colchicum*, and I suggested adding five drops of it to two ounces of water, and to give a teaspoonful of this every half hour.

Two days later I met him. He said: "The hiccoughing ceased promptly, but I can't see how the *Colchicum* could do it." He does not know yet, and never will till he studies drugs in the proper way and then applies them properly.

In a Neurasthenic Case.

Here's another one, as recent as March 8, 1909. Wife of Rev. M. Bedford, has been getting worse steadily for ten years. Until now for some time under the treatment of a specialist and a learned one, too, but friends, urged her to try me. She was a neurasthenic with about all the symptoms peculiar to this affection, including mucous colitis with its accompanying colicky pains and abdominal tenesmus. Anorexia and hyperchlorhydria. The loss of appetite extended to loathing of food, and for a day or two recently the smell of food was unpleasant. The gelatinous, shreddy stools with great relief after passing them brought *Colchicum* to mind, and a few doses initiated the improvement, which went on to complete cure, so that after a few weeks she did not need any more placebo, and remains well to-day, December 1, 1909.

So thoroughly ingrained were these people against Homœopathy that they say had they known I was a homœopath they would never have called me. Now they often send me patients. Her former physician had put her on a rigid diet for the excessive acidity, and had prescribed various medicated enemata for the mucous colitis and plenty of medicine *per orem*. My instructions as to diet were simple. Eat such food as experience has taught you agrees the best. No adjuvants whatever were prescribed nor allowed. It was surely not a faith cure, as the family were not only without faith in Homœopathy but were bitterly opposed to even a trial of it.

Elkhart, Ind., Dec. 1, 1909.

NOTE.—My reason for prescribing the *Wine of colchicum* in the one case instead of the dilution I use, was that had my “regular” friend known the extent of the dilution of my preparation he could never have been convinced that the *Colchicum* had any influence at all; the relief, though prompt, being merely a coincidence. Whereas there was an appreciable amount, though small, of the medicine given, and he acknowledged it cured.

AN ANTITOXIN RIOT.

The chief health official of Philadelphia, and his grand vizier, got to feeling rather “uppity,” as the colored brother puts it, and about the beginning of the year issued a semi-official order to the medical profession of Philadelphia that they must use diphtheria antitoxin or be subject to the official displeasure. The medical profession promptly told the officials to cross the river Styx. The medical profession seemed to think that they had a few rights left which even health board officials could not take away from them, and one of these rights was the treating of their patients as they saw fit. Antitoxin and non-antitoxin doctors were unanimous in this.

One of the statements made by the health board men was that the doctor who did not inject diphtheria antitoxin into his patients suffering from that disease refused to do so “because it would cut down the number of visits to the families and reduce their fees.” Do you wonder that the doctors rose up against the official doctors, clad, though they be, with more power than is good for the common weal?

Diphtheria antitoxin is essentially a proprietary drug, heavily advertised in medical journals, and very profitable. There is no more just grounds for a law, or for official interference, compelling doctors to use this proprietary for diphtheria than there would be for one compelling them to use antikamnia for the relief of pain, or any other proprietary for what it is advertised to relieve. Many of these proprietary drugs are very good in certain conditions (often better than many of the prescriptions sent to drug stores), but to try to compel a doctor to use any one of them is to return to the dark ages when human liberty was but a dream.

If advertising cannot make one of the proprietary drugs go it is unwise for officials to try to force it to go by means of the power with which they are temporarily clothed.

These Philadelphia health officials made the statement, in effect, that no case of diphtheria proves fatal in which diphtheria antitoxin is used early enough, and no one contracts the disease who receives prophylactic injections of it. Against this put the statement of Dr. Henry Beates, president of the Board of Medical Examiners for Pennsylvania, who, in an interview brought about by this foolish action of the health men, stated that he had never lost a case of diphtheria, but he knew to his "personal knowledge of the deaths of forty children who would otherwise have recovered but for the use of this antitoxin." When a man like Dr. Beates, of the University of Pennsylvania, makes a statement like this, it is time for the advertisers of antitoxin to abate their arrogant assertions.

SOME POINTS ON EPILEPSY.

The December number of the *Iowa Homœopathic Journal* prints a paper, by Dr. M. A. Royal, read before the Hahnemann Association of Iowa, under the title, "Diet in Epilepsy," together with the "Discussion" that followed. The diet of these unfortunates, Dr. Royal said, should be limited "strictly to the quantity necessary for nutrition;" he also dwelt on the advantages of a strictly vegetarian diet in such cases. Cases were cited where a return to a diet of flesh was followed by a recurrence of the epilepsy. It looks as though epileptics would be the better if they ate vegetables, cereals and the like, only.

On this point Dr. C. J. Loizeaux said: "I find that all epileptic cases that I have had, either adults or children, are gluttons." He also agreed with Dr. Royal that circumcision helped some cases wonderfully; also, if the diet can be restricted it is a great help.

Dr. T. L. Hazard concurred in this, and remarked: "I believe that the most of us would be better off if, when we go to the table, we would consider ourselves epileptics." Oh, unkindest cut of all! For does not every one love to gorge himself?

Whether epilepsy causes gluttony or gluttony causes epilepsy is a question something like the origin of the egg or the chicken. Dr. A. P. Hanchett cited a case that went back to the root of things. The case was that of a child; the indicated remedy and other measures did no special good; then the heredity of the child was looked into and there was found a history of tuberculosis in the family; he then prescribed *Tuberculinum*, and the disease left the child.

This is the point that Burnett insists on so strenuously in all those wonderful little books he wrote, namely, give the indicated remedy, and the needed accessory treatment, but in obstinate cases search out the heredity of the patient, and prescribe in occasional doses of rather high potency *Psorinum*, *Tuberculinum*, *Bacillinum*, *Syphilinum*, *Medorrhinum*, or any other "nosode" that the heredity may indicate, and your chances for curing the case will be immensely increased.

THE L. H. M. S.

Office, Calcutta Journal of Medicine,
51, Sankaritola, Calcutta.
The 18th Nov., 1909.

To the Editor of the HOMŒOPATHIC RECORDER:

I am really astonished to find that on several occasions you published in your valuable journal cases from men of India who are neither doctors nor in any way qualified medical men whatsoever, but who are, if I may so call them, mere charlatans. These men, unlike those of your country, have no knowledge of other sciences which are necessary for trained medical men, such as anatomy, physiology, pathology, histology, etc. Whatever you may hear of homœopathic schools and colleges in India from that distant land, rest assured there are none properly so-called here. All of them are kept up for the benefit of a few medical men and not for the benefit of the public. The clerks, the petty merchants, and a very few students, who could not pass even the matriculation of the Calcutta University become the students of such schools, and after a nominal examination, they are passed out as L. H. M. S., that is, Licentiate in Homœopathic Medicine

and Surgery, a pretentious title given by men who never held any practical or clinical examinations, or whose students never know what hospital practice or operations are. Homœopathy has been degraded in our country to its lowest position, and that has been done through mercenary motives only. There are no state or municipal laws here to protect the public from the irregulars, who, in spite of their usefulness, if any, cannot be relied upon and should not be considered as good substitutes of regulars.

Of all, the medical science is the most intricate, and greater time and attention should be paid to have a thorough mastery of it. But in this enchanted land of ours, every ignoramus is a doctor, and by dint of magic, I should say, they can induce our American brethren to confer on them the most honored title, the M. D. Our regular American colleagues should muster strong and get the laws to be more stringent upon every school or college there at America, so that none can obtain any degree without going through a regular course of study, or if honorary degrees are to be conferred, they should be satisfied before conferring that the party has really obtained a degree from any institution of a foreign government. By becoming strict in this way we will be able to clear out charlatans from the field, and the medicine will only be handled by those who really deserve to do so.

Yours truly,

AMRITA LAL SIRCAR.

Calcutta, India.

Reply.

(We were aware of the fact that some of the communications from India that we have published from time to time were not from regularly graduated doctors, but, as we see the matter, men who have the money to take a modern medical degree could not afford to practice among the vast numbers of the people of India on account of the extreme poverty of the majority of those people. In this case it has seemed to us that men with a mere rudimentary knowledge of Homœopathy were better for those poor people than would be any other class within their means. It also seems to us that some of these L. H. M. S. men often make very good prescriptions, and meet with considerable success in curing their

cases. In a country as large as India there is surely room for these practitioners, especially in view of the fact that graduates of medical colleges could not possibly reach them all.—Editor of the HOMŒOPATHIC RECORDER.)

RUPTURE AND HERNIA CURABLE WITH MEDICINE.

Editor of the HOMŒOPATHIC RECORDER:

Regarding your request to hear from others who knew of patients being cured of rupture with medicine, can vouch for four cases personally.

Three in infants under one year old; one had one on right side, filling right side of scrotum when lifted, which patient was cured with one dose of *Lycopodium*. One had a similar rupture on the left side, which was cured by *Nux vomica* c.c., and one, only last summer, had a large umbilical rupture, which was also treated at the same time with a suitable pad over rupture, and was cured under *Nux vomica*; at least, the baby got entirely well. The latter patient had an unusually thick cord and trouble was ascribed to that abnormality.

Another case was of a man who had one hernia on the left side for several years, and developed one on the right shortly before he came to consult me about some gastric trouble. Selected *Lycopodium* for him on his symptoms and did not have his hernia in mind at all, nor thought the remedy would cure either one of the hernias. He came in from his home, twenty miles away, on foot, after three weeks, for some more of that medicine, as he felt so much better, and that right-sided hernia had closed up. Gave him another vial of S. L., and felt that my fee for \$1.50 per prescription was altogether too small for such accomplished results. The last case was the first, and proved to me hernia, that is a good many patients afflicted with hernia, could be cured with our remedies, and gave me the confidence to tackle the other patients, and I hope to treat many more.

The trouble with the most of us is that we do not realize to the full extent the wonderful power we have in our remedies when rightly chosen and given, and hence let many interesting

curable patients drift to the surgeons. Tackle every patient, for money or no money, and send them to the surgeon after you or others fail with the little pills. This applies not only to hernia but various other supposedly surgical troubles. Am curing now a baby of a hydrocele with *Rhododendron*.

Yours truly,

DR. A. A. POMPE.

Vancouver, Wash., Dec. 27, 1909.

CONCERNING VETERINARY PRACTICE.

TO THE EDITOR OF THE HOMŒOPATHIC RECORDER:

The October issue of your valuable journal contains a very interesting article on "The Channels of Introduction of Remedies;" in support of the arguments therein enunciated, I think I can furnish some proof from my own practice; you will readily understand that some of my patients are less amenable to the administration of remedial agents than we could wish them to be, and that consequently we have to resort to measures that enable the remedy to be introduced into the system by more than one channel; for instance, I had a bad case of tetanus in the horse, the patient was already in slings, but the jaws were so tightly locked it was absolutely impossible to administer per orem. The animal was habitually irritable and excitable, and now more so than ever, therefore subcutaneous injections of a remedy was undesirable, lest the prick of the needle should bring on aggravated muscular contraction. I resorted, therefore, to the enema syringe, and injected doses of *Aconite* θ in fairly large quantities of water per rectum. Result, most satisfactory. Cure. Another case, that of a horse, the subject of ozæna. I douched the pituitary membrane with a lotion of *Hydrastis* θ , one in six; immediate benefit and ultimate cure; though prior to my being called in the horse had been suffering for weeks with the nasal discharge. Horses are not infrequently very troublesome to swallow medicine, even our simple homœopathic remedies. In such cases I resort to subcutaneous injection, and, with the most satisfactory results. I have known many cases in which friction alone has effected most satisfactory results, but in cases of lameness from rheumatism I

invariably use the same remedy for external application by friction, as that prescribed for internal administration, believing that the remedy enters and acts upon the system quite as readily one way as the other; so that whether it be by olfaction, by friction or injection the results are the same, so long as the remedy is selected according to the homœopathic formula, *Similia Similibus Curantur*.

J. SUTCLIFFE HURNDALL, M. R. C. O. S.

2 Cornwall Gardens, Stable, South Kensington,
London, S. W., Nov. 23, 1909.

THE TREATMENT OF MALARIA.

To the Editor of the HOMŒOPATHIC RECORDER:

After much experience in the treatment of malarial fevers, intermitting and remitting, and having suffered myself severely from both in former years, I can endorse everything Dr. E. Fornias says in his excellent article in your November issue. Years ago army medicos in India demonstrated that, as far as quinine goes, the smaller dose (2 grs.) was more efficacious than the large as a prophylactic. Large doses of quinine will in many cases suppress the chills but induce disorders of the liver and the spleen and "cinchonism." In my own case I was treated by an eminent army surgeon for intermittent fever with quinine sulph., and acidum v. aa. 10 grs., in repeated doses. The chills were arrested but jaundice ensued with impaired vision, etc. Then I was put upon Fowler's solution, 5 gtt. ter die, but I remained jaundiced and miserably weak until cured and converted by a homœopath with a few doses of *Gelsemium semper*, in the 6th dil. Subsequently I returned to a malarious part of Texas, and was successful in the treatment of all cases I tried with homœopathic remedies.

Quinine is absolutely unnecessary in the treatment of malaria if Homœopathy is correctly applied. If indicated at all *China off.* in the 30, say, is much more efficient, and can, of course, be given during the paroxysms. Last year, I think, a man calling himself a homœopath, was quoted in the *Critic and Guide* as advocating doses of 20 grs. I once saw 60 gr. doses given in a case of con-

gestive fever with unconsciousness, by an army medico, U. S. A. The man did not recover. The pernicious effects of quinine are met with everywhere in the malarious districts, where enlargement of the spleen is common, and we are continually called on to treat cinchonism.

I cannot understand how any doctor with any pretensions to a knowledge of Homœopathy can advocate quinine treatment. I once had a case in Texas which baffled me until I got the case properly and then the keynote. "I feel as if lying on a board," directed me to *Arnica*, and the totality of the symptoms I found indicated. I was a neophyte at that time, but I gave it in the 6th dil. Its effect was marvelous, both to myself and the patient. Any genuine homœopath can testify to the efficacy of the homœopathic remedy when introduced by the totality of the symptoms.

DR. J. FITZ-MATHEW.

West Sound, Wash.

TWO NOTABLE CASES—SULPHUR AND TARANTULA CUB.

By J. Fitz-Mathew, M. D.

Sulphur has been called the king of remedies, but there are other kings. A man, æt. 75, tired of allopathic drugs, ineffectual except to make him worse, appealed to Homœopathy. He was completely jaundiced, stools loose with weakness of sphincter ani, ankles and scrotum œdematous, craving for food, "burning of soles of the feet at night." R. *Sulphur* 30 trit., three doses thirty min. apart to make the impression. A month after *Sulp.* was repeated, but from the first his improvement was marked and steady, and he has been well for some time.

A young man, cellulitis of right hand, result of sepsis apparently. Hand much swollen, extending above the wrist, formation of abscess apparent, pain severe, extending up the arm, had to walk the room all night. I anticipated the usual lancing operations, etc. Generally a hospital case. If anyone had told me that there was a remedy which would cause this inflammation to subside in one night I could not have believed it, yet this is just what

occurred. Thanks to Dr. E. B. Nash, I gave him *Tarantula Cubensis*, 10 dil. (B. & T.). After the third dose, no doubt unnecessary, all pain was relieved, he slept all night, and next morning the change in the appearance of this very bad looking hand was marvelous. He is our R. D. mail carrier, and came as usual driving his team.

West Sound, Wash.

SUBJECTIVE SYMPTOMS.

TO the Editor of the HOMŒOPATHIC RECORDER :

The following case was managed and treated by a student of mine, a Miss Annie H. Barnard, who has not yet attended college, but has had access to my books and such suggestions and instructions as I have been able to give. But her natural ability to search and investigate the mysterious problems of the higher life has been more to her than any solution I would be able to give her. Her ability to take a case of disease is wonderful, especially in mental diseases. Possessed of a wonderful share of mentality and spirituality is able to manage, investigate and get the *subjective* symptoms in a case of mental or nervous disease which is of more importance than the objective symptoms, and to bring this about no ordinary investigation will answer, as the subject of mental ailments is always on his guard and will divulge but little of his feelings and symptoms, as he knows what he might tell will not be understood or made so light of, that he will be told that he must get his mind off himself, etc. But the condition of his mind is all he has to guide him. *Now all he feels* must be noted by the physician. It seems as though many physical ailments of long continuance had abandoned the physical and left no symptoms, but transferred their peculiar effects to the brain. So it seems we have at that late day, only the mental symptoms to be guided by, and it is necessary to have them all. The mental symptoms may inform us what the physical symptoms were early in the disease and to prescribe accordingly. The following is Miss Barnard's case. Mr. P. D., aged about 56 years, was taken sick about three years ago; had several attacks, the last had continued for eighteen months; most of that time was

confined to bed in a darkened room, as light and noise were unbearable to him: head hot, limbs cold, depressed and anxious mind, *constant worriment, expression haggard and distressed, insomnia*, trembling, twitching of limbs, swallowing at short intervals because of a feeling of a lump in the throat; aversion to strangers, etc. The foregoing ailments resisted the treatment of one old school, one of Homœopathy, one of osteopathy; was advised to take exercise out of doors, etc., without benefit. The case came under the care of Miss Barnard on the 18th day of May, 1909. Upon thorough examination concluded that *Ignatia* 3x would meet the case, which she gave every two hours; an improvement noticed after a few doses, then *Ignatia* same potency every three hours, then twice a day, once a day, and once every two or three days as improvement continued. The latter part of June, 1909, he said he did not think he needed any more medicine, as he ate well, slept well and felt all right, and has continued in the same condition to the present time, December 10, 1909. Is apparently a well man, taking an interest in everything and enjoying life.

JOHN B. TEMPLE, M. D.

Marshallton, Pa.

PATENT URACHUS.

Editor of the HOMŒOPATHIC RECORDER:

This is a call for help. Has any reader met and cured, by drug or surgical procedure, a case of *patent urachus* in a boy of four years (or in anybody else), and if so will he kindly publish or write me the details of method and the results?

I have now such a case wherein the urachus has never become impervious, and urine issues from the umbilicus through a small meatus in the centre of the little elevation, necessitating the constant wearing of a pad which must be changed several times a day.

The boy is otherwise normal save for early decay of the upper front teeth, which rot clean into the alveoli and form "gum boils," becoming fistulæ, high up under the lip. His nutrition is superabundant, and he is mentally very bright, a quiet, calm and placid

brunette. He voids urine freely in the natural way, so there is no obstruction below.

I have put him on *Sil.* 200, the great fistula remedy.

The condition is quite rare. I find a case mentioned in Erichson's Surgery, just a few lines, with the statement that nothing can be done for it.

Keane mentions it as rare, and states that he treated a case by applying silver nitrate on a probe within the orifice, but he fails to indicate with what result. Several cases are mentioned in Holmes's Surgery, and Holmes confesses that surgical and other measures have uniformly failed to achieve results of value.

Now what has Homœopathy to say?

JOHN F. KEENAN, M. D.

Brentwood, Md.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

Dear Doctor:

The sixty-sixth annual session of the American Institute of Homœopathy will hold its meetings at Hotel Virginia, Long Beach, Los Angeles county, California, July 11 to 16, 1910.

California has invited the American Institute of Homœopathy at intervals during the past thirty-six years. It has never held a session west of the Rocky Mountains. Now that the Institute has accepted our invitation, we are making preparations for what we are sure will be the most successful Institute meeting ever held any place.

Exceptionally reasonable rates on railroads and at the hotel are assured us.

The Time.

July 11 to 16 was chosen, as we are assured that it will be more convenient for the greatest number. We expect you to take your vacation at this time and spend at least a month from your office in enjoying yourself and giving your family the trip you have always looked forward to, and the one of which your patients have oft detailed the many enjoyable features.

The Place—The Country.

See America, your own country, first, and then foreign countries later if you must. They have none of the grandeur of the Grand Canyon, none of the wonders of the Yellowstone, none of the sublimity of the Yosemite and its giant trees, and no climate anywhere in the world is equal in comfort to a California *coast* climate in July. A blue sky surpassing the Venetian, a rainless month without humidity, and cool enough every night to require blankets.

The Hotel.

At Hotel Virginia, situated as it is in Long Beach, a most beautiful seaside suburb of Los Angeles, the American Institute of Homœopathy will have its headquarters, its meeting rooms, and its entertainments. This million dollar marvel of the twentieth century is a masterpiece of reinforced concrete, steel, cement, tile and marble. In taste and in elegance, in detail, in decoration, and in appointments and furnishing, it is a symposium of quiet refinement, of luxury and of culture.

Long Beach has no "season." The only difference is that people from the Middle West and the East go there at one time of the year to be relieved from the severe cold and sudden changes of their winter and spring months at home, and those from the far West, from the valleys of Arizona, New Mexico, Nevada, Utah and inland California towns go there in the summer and fall to cool off. This is the history of the utility of California coast towns in general.

The local committee of arrangements, consisting of Drs. W. J. Hawkes, F. S. Barnard, H. M. Bishop, E. C. Buel, W. E. Waddell, T. C. Low, Eleanor F. Martin, and Walter E. Nichols, is doing everything in its power to provide every comfort, convenience and entertainment for you, and all they desire is the opportunity to give you the most pleasurable and profitable meeting in the history of the American Institute.

Faternally yours,

WALTER E. NICHOLS,

Chairman of Local Press Committee.

Pasadena, California, Nov. 15, 1909.

MYRTUS CHEKAN (or Cheken.)

From a Paper by Dr. Thomas L. Shearer, read at Atlanta, Ga., in 1906, at the Annual Meeting of the O., O. and L. Society.

"Its habitat is in the vicinity of Valparaiso, and extends thence northward into Bolivia and probably Peru. In Chili its favorite place is the sandy river beds at a small altitude, with the boldo and the swamp willow as its ever-present companions but as it passes northward into a warmer climate, it is forced upwards on the mountain slopes, until at La Paz we find it growing at an elevation of 10,000 feet. The mountain variety on the slopes of Bolivia rarely reaches a height of more than five feet, and is of a denser and more shrubby growth than the plant which occupies the lower level. This latter variety often attains the proportions of a tree, being twelve to fifteen feet in height. The leaves of the mountain plant are smaller but broader and thicker and more abundantly furnished with oil glands, which protect the plant through the long continued and very severe drouths. This character adds materially to the medicinal value of the highland leaf. The constituents and properties of chekan correspond with those which generally characterize the family myrtacea. To this family belong cloves, allspice, eucalyptus and jambul—all possessing, in the part used, stores of aromatic oil to which, at least, in great part, is due their valuable properties. Dr. Dessauer, physician-in-chief to the German hospitals in Valparaiso, and Dr. Murrell, of London, both were instrumental in introducing this remedy to the profession. Dr. Dessauer first had his attention called to the plant by the successful self-treatment by one of his patients in a case of purulent bronchitis. He then tried the chekan on members of his own family with equal success. Dessauer considers it to possess tonic, expectorant, diuretic and antiseptic properties; he states that he has used it with great success in bronchitis, vesical catarrh and other affections of the mucous membrane, also that digestion is improved. Chekan has done its best work in cases of chronic bronchitis associated with emphysema, particularly in elderly persons suffering from 'winter cough.' As an example of this, reference is made to Murrell's report of fifteen cases of chronic bronchitis which were treated at the Royal Hos-

pital for Diseases of the Chest, London. All of the patients, with one exception, were men. The age of the woman was 51 years; the ages of the men ranged from 36 to 58 years. They were all bad cases, many of them of many years' duration. Most of them had been attended at the hospital for some considerable time, and, almost without exception, they had in former years undergone much medical treatment without much benefit. Their occupations exposed them to cold, wet and draught, and in some cases they had the additional disadvantage of working in a dusty atmosphere. They complained chiefly of a paroxysmal cough with thin, yellow expectoration, and much shortness of breath on exertion. On physical examination of the chest emphysema was detected, with, or without, a little bronchus of the bases behind. They were, in fact, ordinary cases of winter cough. Acting upon this report and on that of Dessauer, I have employed chekan in my own practice for some years. The chief indications for its use are severe paroxysmal cough with dense yellow expectoration, which is difficult to 'bring up.' Sometimes the secretion is so abundant that it rattles in the deeper bronchial tubes, but, owing to its tenacious character, only small amounts are expectorated. Shortness of breath is also a marked feature, but the cough is the more important of the two symptoms.

"This remedy is not a 'cure-all' for all forms of bronchitis, but only in those cases which present, at least, the symptoms, 'thick, yellow, sticky sputum, difficult to expectorate.' Good results may be anticipated from its use. In all old people who suffer from weakened power in expectoration and inability to thoroughly clear the bronchial tubes, *Myrtus chekan* is most reliable."

Discussion—Dr. John B. Garrison.

"*Myrtus chekan*, from its relationship, should prove a valuable remedy in bronchial catarrh. *Myrtus communis*, the common myrtle, was thought highly of by Hering, who made clinical tests with it, and found it to be useful in pain in the upper left lung, going right through, from front to back, under the left scapula. 'Great lassitude in the afternoon' he considered a very important symptom."

(NOTE.—The foregoing, slightly condensed, concerning *Myrtus chekan*, is from the O., O. and L. Transactions kindly sent us by Dr. John B. Garrison.—Editor of the HOMŒOPATHIC RECORDER.)

OPINIONS AND ASSERTIONS CULLED AT RANDOM.

A doctor, defending hydrophobia, writes: "Why there is not an author of medical books who does not describe the disease and the source from which it is derived."

Dr. Gray terms buttermilk and clabber "the ambrosial nectar of long life."

"In those days it [chills and fever] was much like appendicitis in the present day—one was hardly in fashion or admitted to good society unless they could boast of having the disease." Indiana doctor.

It was at Seoul, and the dog "acted so peculiarly that the Koreans raised the cry that he was mad, and stoned him to death, as is their custom in such cases" in Korea.—*Dr. Folkwell, Medical Summary.*

"In order to learn how to save your eye he has probably spoiled a bushel of eyes. He is able to minister to your case by what he has learned in failing to be able to minister to another case."—*Detroit Free Press.*

The Norwegian Government figures out that the number of lepers in the world is 190,857.

BELIEF IN SERUM WANING IN GERMANY.

Who a few years ago dared to raise his voice in opposition to the treatment of diphtheria by means of serum, or dared to question that through the use of the healing serum diphtheria was brought among "those diseases which had been conquered by modern medicine," or who cast doubt on the correctness of the hospital statistics, that was not condemned as hypercritical or unscientific? It was and is yet considered a technical error not to inject serum in a case of diphtheria, and it lacked but little to make the serum treatment in diphtheria a law. We were preserved from this, however, by a kind fortune coming at the last hour, for it is more easy to make a law than to unmake it (see compulsory vaccination law). Even now, following the serum rage, a sobering thought is apparent in the more influential circles,

and there is a strong tendency, slow but sure, to bring this serum to its deserved rest. The death knell is distinctly audible to those who are willing to hear.

It was next attempted to amend the serum treatment, on account of its undeniable failure, by declaring the serum used of insufficient strength. It was suggested to use instead of the accustomed three to five units, 8,000 units strength, and in severe cases to use 30,000 to 50,000 units strength, and to inject these directly into the circulation, instead of merely hypodermically, and it was believed by this to be able to proclaim a new era in the serum therapy. It was admitted that in considering the results in the healing of diphtheria, the serum injection was not the only factor which must be taken into consideration. There were the general progress in therapeutics, the better hygienic and social conditions; in fact, the entire change in the treatment followed in the hospitals of to-day. These also must be considered, as well as the fact that in our time diphtheria patients were brought to the hospitals in a much earlier stage of the disease; further, that mild forms, and merely suspicious sore throats, were referred to the hospitals. It was also established that in diphtheria, cures were reported in **treatment without serum** as well as by others with the use of serum. Before the time of serum, mortality in diphtheria as reported from the hospitals was from 40 to 50 per cent., and this arose from the fact that formerly only the most severe cases were brought to the hospitals, namely, those to be operated on. After the introduction of serum the mortalities in the hospitals became instantly changed. Patients were brought, in as early stages as possible, where there was merely a suspicion of diphtheria, hence the sudden dropping in the percentage of mortality. The average mortality, however, of private practice never did exceed 20 per cent. Further, it should be considered that diphtheria belongs distinctly to the diseases which get well of themselves. The latest investigations concerning the serum question emphasizes that the healing quality of the sera did not depend on any specific action, but that it was more a case of the introduction of a foreign action. (?) The sera act merely in exciting the leucocytes, and hence the frequently observed favorable action of diphtheria serum in other diseases, such as scarlet fever, measles, whooping cough, etc. If, therefore, the serum is

not a specific, then, to say the very least, it is unnecessary, for merely for the purpose of exciting leucocytes, other cheaper and more unfailing methods are obtainable. If in infectious diseases in spite of serum a mortality of more than 12 per cent is found, then surely there can be no talk of a conquering of the disease. In Germany there die annually, in spite of serum, still about 19,000 persons, and only 400 of this 19,000 are of 15 years and upwards. In cases where the age ranges from one to fifteen years, one in every ten cases die. A well known characteristic observed in diphtheria is a sudden change from good to bad and the reverse; for instance, a child appearing only slightly sick, without premonition, is suddenly affected with an acute heart paralysis, while in a severe case the membranes may be loosened in one night in a surprising manner. Even Schoenholzer, after seventeen years' experience, says that in his Zurich clinic, since the time of serum therapy, there have been many more light cases and small "tonsil diphtheria" brought to his clinic, while in pre-serum times the question was altogether concerning severe cases and those complicated with croup, concerning the diagnosis of which there could be no question. With such unequal material there could, of course, be no surprise that the mortality of the clinic should sink from 39.9 to 13 per cent. The only argument that appeared in favor of the serum was that the mortality of those operated on since 1895 had remained constantly less. Schoenholzer gives to be considered that since that time there has been no severe epidemic in Zurich. "We have not yet tried serum in battling against a severe epidemic, and we hope that in the return of such times it will not leave us in the lurch." (*Das Gesetz von der Periodizitat der seuchen.*) There was reported from Cologne, for instance, in the last year from a very severe epidemic that there was a mortality of 32 per cent. in spite of the injection of serum up to 8,000 units. Their specialists contend that our view of the therapeutic value of serum is grounded on a false basis, that there is no direct relation between the antitoxin content and the therapeutic value of the serum.

It must, of course, be understood that that which is stated concerning the diphtheria serum must also logically be stated of every other serum! A death knell for the serum therapy which was heralded to the world with a trumpet sound, but as the old

proverb says, "Only through error is it possible to reach the truth."—*Homœopathische Monatsblätter*.

THERAPEUTIC DRIFTWOOD.

Dr. S. W. Lehman, Dixon, Ill. (*The Clinique*, Nov.), relates several cases of whooping cough that yielded quickly to the nosode of that disease, *Coqucluchin* 30. Improvement set in and cure followed in from ten to twelve days.

The *American Journal of Dermatology* says that often the ancient prescriptions succeed when the up-to-date treatments fail; for instance, the Zittman decoction often completely cures syphilis, even tertiary, when all else fails. This decoction, "essentially one of sarsaparilla with but a small amount of calomel." Some practitioners still use it "as a last recourse."

Dr. V. C. Vaughan, Ann Arbor (*J. A. M. A.*, Nov. 27), after stating that salt is not the cause of uræmia, says that "the best we can hope for in the use of a salt-free diet is to protect the kidneys by decreasing to a certain extent their labor and thus conserving their capacity as organs of elimination."

"I have in mind at present a young man whom I treated for a stubborn follicular tonsillitis more than twenty years ago, who has been free from throat trouble since taking this remedy a few weeks. He was then a boy of eight or ten years, and had been plagued for a long time with follicular abscesses of the tonsils. His parents dreaded an operation, but had about concluded to have the tonsils excised when the case fell into my hands, and I promised much benefit from remedies, if not a cure. *Baryta carb.* 3x was administered in two grain doses of the trituration, continued until the tonsils had subsided to a normal condition. This may require several weeks or it may require several months, but perseverance will usually repay the time, trouble and expense."—*Dr. H. T. Webster, Eclectic Medical Journal*.

Dr. Walter Sands Mills writes of *Graphites* (*N. A. J. of Hom.*, Dec.) that years ago at Ward's Island Homœopathic Hospital, a student of Dr. Goodno's taught him the value of that remedy in erysipelas. "and I have learned to value *Graphites* as a remedy very highly [in erysipelas], so much so that, unless the indica-

tions for some other remedy are overwhelming, I always use it." "I have also used *Graphites* satisfactorily in a number of cases of chronic constipation where the skin was inclined to be oily."

The *Journal of Surgery* intimates that the blame for the bad results sometimes following vaccination must be put on the practitioner. Why not disinfect the point?

The extensive use of creosote will make plenty of work for the stomatologists, sometimes known as dentists.

Dr. R. S. Stevenson, of Dunedin, New Zealand, writes that one of the most satisfactory cures of asthma he ever made was with *Psorinum* 30. The asthma had followed the disappearance of an eruption characterized by an offensive odor.

"It should be noted that *Psorinum* suits a chilly patient; this serves to distinguish it from *Sulphur*, which is characteristically hot blooded." Also the discharges are very offensive.—*Dr. R. S. Stevenson, in Homœopathic World.*

CRATÆGUS OXYACANTHA IN HEART DISEASE.

"There are a number of other remedies that I could call your attention to but I will conclude with *Cratægus ox.* (mother tinct.), which has given excellent results in the treatment of various heart diseases. It is especially useful in cases of valvular insufficiency and regurgitation. I recall a case which I treated a few years ago with this remedy. In this case one could hear the sounds of regurgitation in the next room, fully twenty feet away from the patient. I gave thirty drops every twenty minutes for three doses, noting at this time an improvement. I then reduced the dose to fifteen drops every half hour, and under this treatment, in three hours' time the sounds had entirely disappeared. Treatment was then reduced to ten drops three times daily. The patient's condition continued to improve rapidly and a complete recovery resulted in three to four weeks."

"Another remarkable case, suffering from general anascara, with heart complications. In this case the heart beats were so violent that the patient's sister, who was lying in bed with her, declares they shook the bed. This may sound ridiculous to some of you, but I am willing to furnish the address of the patient and

assure you that she will corroborate the statement. This case received ten-drop doses every three hours, and in a few days the violence of the heart's action was reduced very materially, and after two months was practically reduced to its normal action. In addition to the *Cratægus ox.* for the general anasacra I used principally *Ars. alb.* 3x, and in two months sent her home a very happy woman wholly cured. This has been two years ago and there has been no return of the dropsy or heart disease. This case was one that was considered hopeless by her home physician in Oklahoma and also by a specialist whom she consulted in Kansas City. Both predicted that she would be dead in thirty days. My experience has been that the best results obtained from the use of this remedy are in the smaller doses—three, six or eight-drop doses after meals and at bed hour; beginning the treatment with the larger dose (8 drops), and reducing dose as case improves.”—*Dr. G. H. Moser, Arcola, Ill., in The Critique.*

BOOK NOTICES.

Founders' Week Memorial Volume. Containing an Account of the Two Hundred and Twenty-fifth Anniversary of the Founding of the City of Philadelphia, and Histories of Its Principal Scientific Institutions, Medical Colleges, etc. Edited by Frederick P. Henry, A. M., M. D. John V. Shoemaker, M. D., Chairman of the General Commission, etc. Published by the City of Philadelphia, Pa.

On October 4-10, 1908, Philadelphia, the old "city of brotherly love," celebrated its 225th anniversary in a most magnificent style. That celebration is fixed in history by this fine and profusely illustrated volume of 912 pages. The work contains the history of all the public or semi-public societies, institutions, buildings, etc., of the city. It is most interesting and of great historical value. A full review would be interesting but out of place in the RECORDER. It may be noted, however, that Hahnemann College and Hospital has nine pages devoted to its history, written by our own Dr. T. L. Bradford, together with four full page illustrations of the

buildings, ancient and modern. The histories of the Woman's Southern Homœopathic Hospital, St. Luke's Homœopathic Hospital and the Children's Homœopathic Hospital are also given. Philadelphians are proud of this record, and should carefully preserve these volumes. What wouldn't we give for a similar illustrated volume of 1708!

Primer of Sanitation. Being a Simple Work on Disease Germs and How to Fight Them. By John W. Ritchie, Professor of Biology, College of William and Mary, Virginia. Illustrated. Cloth, \$2.00. Pages, 199. World Book Company, Yonkers-on-Hudson, N. Y., 1909.

We believe that this is one of a series of "New World Science Series," designed for pupils in the public or private schools. It seems to us that the children of this generation are being burdened with too much book learning. Our forefathers when they established public schools thought that education would regenerate the world. Well, it has not nor shows any signs of doing so. The wisest man who every lived, we believe, said that too much learning was weariness, or something like it. Of what avail is it to cram the young with "staphylococcus," "stegomyia," "bacillus pyocyaneus," and all the others? You have simply crammed young brains with stuff they cannot understand, nor, probably their teachers either, yet it is solemnly put in them as "learning!" If the time so spent were devoted to play the children would be the better for it. The burden of the book is germs, germs, germs, the flies, the dust, the earth you play on, everything is germ covered—and more or less dangerous. If this sort of thing must be crammed into children probably this book will do as well as any other, but we hold that humanity would be the better if the public schools confined themselves to teaching the three "R's."

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EDITORIAL BREVITIES.

“AS THROUGH A GLASS DARKLY.”—The December *Monthly Homœopathic Review* quotes from an address by Dr. Samuel West delivered before the Medical Society of London, concerning the use of “vaccines” and seras, as follows: Dr. West asks “whether the prolonged administration of these remedies over weeks and months may not produce serious effects upon the general health. I have myself observed a few cases in which a profound cachexia developed from which the patient died. The result was attributed to the disease, and perhaps rightly. Yet I could not help feeling some doubt whether it was not, in part at least, the result of the prolonged use of the remedy. I have made enquiries of some practitioners of experience, and find that there is an impression among them also that it may be so. I know that it is stated that these remedies do no harm, and may be used indefinitely with advantage. It would be strange if remedies so powerful for good were incapable of doing harm. At any rate, the question deserves consideration.”

It surely “deserves consideration.” A dose of calomel or one bleeding did not do much harm and sometimes did a little good; it was the piling of Helion on Ossa that wrecked thousands. The days of calomel and bleeding are passed, but the spirit of “heroic” drugging is as rampant as ever.

THE PAY OF THE DOCTOR.—The December number of the *N. Y. State Journal of Medicine* discusses this question. It points to the fact that the cost of living has advanced in recent years fully 50 per cent., while the doctor’s fees have not advanced any, save

with a comparatively few specialists with reputations. The doctor who a few years ago had an income, say of \$2,500, is now, if his income is the same, getting relatively to the increase in general expenses, only \$1,200 a year. It suggests that the fair thing would be for every one to raise his prices for services, but the trouble would be that all would not do so. It is a hard proposition. Professional men should surely be paid a decent living, but—how is it to be done? A general discussion of the question of raising fees might be well.

THE KIND-HEARTED MAN AND THE GRATEFUL FLY.—A kind-hearted Man once beheld a Fly swimming for life in the cream jug into which he had accidentally fallen. The Man took a spoon, rescued the Fly from the extreme peril in which he was, and gently placed him in safety. The Fly after rubbing his hands together, brushing his head and cleaning his aeroplanes, sailed over to the Man to express his thanks. He buzzed then in the Man's ears, lit on his nose to show himself and caressed him on top of his bald head. To all this the Man violently objected both emotionally and motionally, exclaiming, "Condemned be that condemned Fly!" And he sought to slay him.

Moral: As you see it.

ABIOTROPHY.—We met this word the other day in the pages of an esteemed contemporary, and as he was a stranger we looked up his pedigree. He is a compound from the Greek of the privative "a," "life" and "atrophy." He means lack of "vital nutrition," whatever that may be. Old time persons called it "going into a decline," etc., a *Kali phos.* case, in short.

THE PLAGUE.—Public health reports say that the plague is increasing at Kobe, Japan. There were eighty cases there in October with a death rate of eighty-two per cent. This is where small-pox raged not long ago. "To date the disease has affected only the poorer classes of Japanese and Chinese." If the authorities would lift up their eyes for a little from the bacillus they might see that the plague, small-pox, pellagra and a number of other diseases, tuberculosis, for instance, originate in the abject poverty in which so many live, with insufficient food, clothing, shelter and consequent lack of cleanliness. However, if they had abundance they might die of over-eating and drinking as the rich do. Thus we butt up against a stone wall either way.

OLIVE OIL FOR NAUSEA AFTER THE USE OF ANÆSTHESIA.—Dr. Evarts A. Graham (Rush, Chicago) contributes a short paper on the use of olive oil to prevent nausea and other unpleasant effects that follow the use of the anæsthesia in operations. When consciousness has been regained an ounce of olive oil is given the patient by mouth. Up to this time thirty patients in all have been treated in this manner. The results have been striking. In certain of the cases nausea failed to occur at any time. In a second group in which nausea had begun prior to the administration of the oil it was immediately checked by this treatment. "In only one of the thirty cases was nausea observed after giving the oil." The patient said it produced a "soothing sensation." Also: "It should be emphasized that it has been found necessary to use an olive oil of high grade of purity." The paper is in *The Journal A. M. A.*, Dec. 18.

INFECTIOUS INFANTILE DIARRHŒA.—At a recent meeting of the Paris Academy of Medicine M. Metchnikoff "made an important communication which tends to show the infectious nature of infantile diarrhœa." He gave a young monkey some "green diarrhœa injections of a baby," and it, the monkey, was taken with diarrhœa. Hence it is evident that mothers should be cautious against letting any of the stool of the baby get into the food. It is also plain that it should never be injected into any one. Metchnikoff, according to the daily press, has also discovered bacteria on green fruit, etc., and advises the washing of fruit and salad in hot, soapy water. It might be well (though Metchnikoff doesn't say so) to spread the fresh fruit and salads in the hot sun after washing, for the sunlight is a good germ killer. The science of the Pasteur Institute is wonderful.

GLONOINE.—Our esteemed friends on the other side of the therapeutic fence have made another advance; they have discovered that a previous advance which led them to use nitroglycerine for a "cardiac stimulant" is an error, so they are giving it up. After giving the whys in the matter, needless to quote now, the *Medical Record* says: "Many practitioners, therefore, have begun to doubt the supposed good effects of nitrites, and have given up their use altogether in the treatment of circulatory disturbance." It seems as if nitroglycerine would soon be added to

“rubbish heap.” If any of these gentlemen want to know where and how nitroglycerine can be used with great benefit to the patient we advise him to consult Cowperthwaite’s *Materia Medica* under the section headed *Glonoine*. He can there learn how to use this drug scientifically.

A POTASSIUM SYMPTOM.—A Dr. Veress, according to the *Homœopathic World*, has been proving potassium iodide on several healthy young men, by giving them 4 to 7 grains of that drug daily. “A marked loss of blood viscosity, amounting to 10 per cent., was the most prominent result observed.” In this respect the drug seems to resemble *Crotalus hor.*, which makes the blood thin and watery, not coagulating. Dr. Veress apparently observes pathological symptoms only.

“DARWINISM AND MEDICINE.”—This is the subject treated by J. A. Lindsay in the *British Medical Journal*, Nov. 6. He says that disease becomes something more than a disagreeable and embarrassing fact when we realize how closely it is related to evolutionary processes. But is it? There are those who hold that disease is the result of the violation of immutable law. The crudest illustration is that you cannot touch hot iron and escape a burn. There is good reason to doubt Darwin’s fantastical law has anything to do with disease; and this aside from the very robust doubt that such a “law” exists outside of the realms of the romance of science of which Jules Verne was the high priest.

“THE BORDER LINE GOING THE WRONG WAY.”—At a meeting of the State Board of Charities, held at Harrisburg, Pa., on December 7th, it was stated that insanity was increasing so fast that the institutions for the insane could no longer accommodate them. Among other things it was said: “The proportion of the insane is gaining in the ratio of the increase of the population. It has been pointed out by alienists that unless the increase of insanity is checked the time will arrive when there will be more insane than sane in the population.” Apparently the more “brilliant” scientific medicine becomes the crazier the race becomes. There may be no connection between these facts, but it is certain that the “brilliantcy” isn’t keeping down insanity. How would a negative course of treatment do—say, to stop puncturing the human skin and putting all sorts of things in the blood through

the puncture? Let nature have an inning and brilliancy a rest. Incidentally it might be well to ease up on the kiddies in schools and not cram their little pates so much. Let "education" go at a *compulsory* "three R's" only.

VACCINATION AGAINST TUBERCULOSIS.—Every now and then one runs across something in medical journals that causes him to turn back and re-read it, and then wonder. For instance, in the current month is an item about a French doctor who vaccinated eleven horses with living tubercle bacilli. During five years of the experiment three of these horses died, and four were slaughtered. No trace of tuberculosis was found in them—presumably in the slaughtered. "About one hundred tuberculous patients have been vaccinated with the horse immune serum thus obtained, with no mishaps, the results encouraging its further use." One wonders if the fact that there were no mishaps is the feature that encourages further use of this serum.

BIRTHS AND DEATHS IN FRANCE.—Figures given out by the statistics men show that in France for the first six months of this year, 1909, there was a decrease of 12,692 births over the first six months of the year 1908, while the number of deaths this year for the same period increased 25,019. This is burning the candle at both ends with a vengeance! If this thing keeps up the surrounding nations can peacefully overrun France in a few decades. Perhaps, though, the fittest will survive and increase with the additional elbow room thus created. There are many queer currents in the human race which we do not always clearly see. Looking back the historian notes them, but a hurry-up age has "no time" for "musty old things."

TREATING DIPHTHERIA WITHOUT ANTITOXIN.—In an article entitled "A Treatment for Diphtheria When Antitoxin Is Unobtainable or Refused" (*Medical Era*), Dr. W. C. Post, of Maquoketa, Iowa, tells how he treated twelve such cases with no deaths or bad results. This article is not referred to here for the sake of quoting that treatment, but for the sake of quoting his words written after this gratifying expression. Here they are: "Do not think for a moment that the treatment herein described is offered to supplant treatment by antitoxin. There is no treatment that is able to do this, and the diphtheria antitoxin is well

worthy to take rank with mercury and quinine, as the unreachable triod of specific." Could antitoxin have done better?

THOROUGHLY MODERN.—The writer of a recently published foreign letter says that the "old crones," where he practices medicine in Mexico, can do "two to one," and even better, in treating yellow fever patients than the "regular" doctors, of whom he is one. He describes their airs of importance, the grave, wise looks, the shaking of the head, etc., in a manner that makes the thing seem very realistic even to those who have never seen these particular old crones impressing the family. He then describes the treatment in detail. Then comes this, which is the gist of the matter: "This is the whole treatment, and to the up-to-date physician who is observant and willing to learn the lesson is a plain one." This also is familiar—appropriate from others and cover the act of appropriation with ridicule of the despoiled. The success of the treatment (which is castor oil and a few simple drugs), seems to lie in the fact that it does no harm to the patient.

"THE QUACK AND THE LAITY."—This is the title of a paper in the *American Journal of Clinical Medicine.* Among that which is written therein may be quoted: "Our debt to Homœopath, Osteopath et al.," which "et al." means "and other quacks." Also "we may turn to the quack and learn many lessons from him." From the homœopath quack "we" have been forced "to make palatability and minimum dosage a factor." and so on. This and kindred displays of ludicrous self-importance reminds us of the old story of the fly who lit on a huge revolving wheel, and exclaimed, "Behold, how I make the wheel turn!"

WHEN WILL THE BLIND SEE?—A floating medical item reads: "Dr. Salimbini, an Italian physician, who has been working for some time in the Pasteur Institute of Paris, under Professor Metchnikoff, has discovered a serum to prevent cholera. During a recent outbreak of cholera in St. Petersburg the serum was tested and the mortality was reduced from 50 per cent. to 23 per cent." A century ago the old homœopaths reduced the death rate in cholera, when it was more virulent, to 6 per cent. And what a few doses of serum costs would buy enough homœopathic remedies to treat hundreds. Is it a case of cannot or will not see?

RATS.—The following is clipped from the newspapers' Washington dispatches, and shows the great possibilities there are for an uncontrolled health department:

THOUSANDS FOR RATS' NEST.

It costs something more than mere fees for doctors to fight against bubonic plague. A bill introduced in the Senate the other day at the request of the Marine Hospital Service calls for an appropriation of \$82,225, to be used in paying for buildings at Honolulu destroyed because they were fine breeding places for rats, the most efficient spreaders of the germs of the plague.

NEWS ITEMS.

Dr. Jay J. Thompson, of Chicago, died on November 23d, of apoplexy. Dr. Thompson was born on January 1, 1857, near Rochester, Minn.

An optimistic New York gentleman, who died of cancer, has left \$1,500,000 to our orthodox brethren to "fight cancer." They'll do the fighting all right, but it is a very safe bet that the disease keeps the upper hand.

Under the new anæsthetics patients laugh, joke, read prayer books, and the like, the doctor's picture gets in the paper and the world fears cutting less. These new anæsthetics are sure wonders—"stovaine" and the other without a name. What the mills of the gods will grind out of it all is still unknown. Advertisements of "stovaine" are now out.

The daily press reported that a Connecticut coroner decided that a man has the right to choose his own treatment, and if (as was the case) he died under Christian Science, there was no call for official interference.

Doctor A. B. Norton (*Ophthalmic Diseases and Therapeutics*, needless to add) has removed to 30 E. 55th street, New York. Dr. Norton has been so long at 16 W. 45th street, that in this hustling age his removal seems like uprooting a land-mark. (Not that he is so venerable, though.)

Dr. J. Cartier has removed his office to 32 Avenue du Trocadero, Paris, France.

Dr. J. P. McCourt has removed to Larchmont-on-the-Hill, Larchmont, N. Y.

PERSONAL.

Men are more tolerant now chiefly because they haven't the power to be effectively intolerant.

A Harvard (senior?) aged five has written a text-book on oratory, so they say, but we doubt the truth of the report.

The cost of the Panama canal goes up with that of other things.

"Is that your last year's car, Doc?" "Part of it."

"The first thing to learn in housekeeping," said the Bryn Mawr graduate, "is 'how to get the man.'"

The man who keeps up his reading never becomes Oslerized. Man is self-chloroformed when he stops reading at any age.

The literary man is in no hurry to have his will read.

There be some, perhaps, who continue good citizens because of the police.

"Buy a biplane" may be the coming ad. for doctors.

They say a "silencer" on certain sleeper's noses would be a welcome thing to many.

Rascals are being turned out about as fast as the country can bear.

Uncle Josh says sometimes when a hen cackles she is lying.

Modern medicine would make all things sterile. O woeful state!

The learned say that "gastritis," "enteritis," "colitis," "gastroenteritis," and "enterocolitis" are really all "gastroenterocolitis."

Every new "cause" is followed by a request for money as an effect.

"Now tetrethylidiamidotriphenylcarbinoloxalate," began the professor, but the student fell dead.

Now the English sparrow is a "disseminator of disease germs." Kill him, gentlemen!

The man at the telephone often feels like reversing his "hello!"

The "knockers" might be termed "antibodies."

The man with a weakness for coffee hates to have the coffee reciprocate.

"Full many a gem of purest ray serene" the country doctor has, and he ought to write it out and let the RECORDER print it.

The latest and therefore most "up-to-date" language is copyrighted. Ye gods!

The fact that there are 3,649 cubic feet of gas in every man explains many things.

We recently saw a joke among those labeled "strictly fresh." It was one John B. Gough was fond of telling sixty years ago.

Once man wanted little here below, but times have changed.

Dr. Cook is evidently not "the man higher up" they are said to be looking for.

"Lay them eggs on the table," said the mistress. "I am not a hen," replied the high school graduate cook.

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THE STRUGGLE FOR EXISTENCE.

The Domestic Book and Case.

The following is an extract from a letter we received a few days ago from a homœopathic physician: "My practice here is uphill work, as I am one against some twenty-six allopaths, and they keep the people pretty well opposed to Homœopathy. Even families I did fine work for have gone back to the drugging system. This week especially have felt very much discouraged, so much so that as soon as possible I'll quit and let the people go to the devil."

We have nothing to say concerning this particular case, for we know nothing of the surroundings, etc., of our correspondent, but it opens up a topic that is of general interest, namely, "the family medicine chest." Almost from the beginning of things homœopathic physicians have set their faces like flint against domestic practice, all save a few pioneers, like Hering, Pulte, Small, Laurie, Ruddock, Lutze and some others, who saw the tremendous aid such a practice is to the physician who sought to establish himself. A man has but little chance for success in a neighborhood where the people are ignorant of the first principles of Homœopathy; such a man has a long, uphill fight ahead of him. But take a neighborhood familiar with these principles and from there, sooner or later, comes an imperative call for a homœopathic physician, for those people have done the pioneer work themselves, with their books and medicine chests; they know what Homœopathy can do, they have learnt the lesson themselves, and they want a physician who knows that practice. Even in communities where Homœopathy is well established these books and cases make the task of the doctor easier, and tend to add, rather than to subtract, from his income. It was these books and cases that

paved the way for the early and remarkable success of Homœopathy in this country, but very unwisely the profession, once established, opposed these, its best allies, and the result is the spending of so much money for propaganda work, which so far has shown but little results. These views are not peculiar, or confined, to the RECORDER, as we happen to know; they have been seen, and discussed, by some of the leading men of the profession who have realized the necessity of this pioneer work if Homœopathy is to grow.

Homœopathy *cannot* grow where the people are absolutely ignorant concerning it and that ignorance is more easily dispelled by the family book and chest than by any other means. The talking and teaching of the most eloquent man will not have a tittle of the effect that a few prescriptions that happen to hit the mark would have in the hands of a member of a community. Remember, too, that people always have, and always will, doctor themselves to a certain extent. If homœopathic physicians steer the people away from domestic homœopathic practice, the people will turn to drug store medicine for the ills they are determined to treat themselves, and when, in time, they become scared and turn to a doctor, it will not be to one of the homœopathic profession but to one who gives medicines analogous to those they have been putting into themselves because they appeal to them.

Don't be afraid that an enthusiastic homœopath, who goes about prescribing for people, will hurt your practice or income; he, or she, will aid it, for such person does better propaganda work than any other. He is an enthusiast. The patent medicines with which the people dose themselves are, in the main, nothing but allopathic "favorite prescriptions" put up for ready use. Those who take these medicines when they finally go, as said before, to a doctor go to an allopath. If homœopathic pills were used universally in place of patent medicine the users would turn to homœopaths when the time came to call for medical assistance.

THEN AND NOW.

By E. R. McIntyer, M. D.

When I was a small boy, before many of the wise men of today were born, and our good mothers prepared our food for us, with no thought or knowledge of the festive germ, the people were

healthy. Now and then some one died from tuberculosis, but these were few and far apart. Typhoid fever was quite prevalent in that part of the country during the Summer months, and many died from the treatment they received and a few from the disease. There were no prepared, predigested corn cob cereals for breakfast food then. But we ate corn meal mush, salt pork, vegetables and fruits and drank milk with our meals that had never been Pasteurized or otherwise deprived of most of its nutrition. When we were thirsty we drank water from wells, springs or branches, and were not over particular to have the water boiled. Many are the times that I have quenched my thirst from some little branch in the forest, after brushing back the decaying leaves with my hand in order to clear the surface so that I could get to the water. When we went to school we walked two and a half miles through the forest (we called it woods then) and all the water we drank was dipped from a branch that had its source in a large pasture field, and flowed for a half mile through decaying leaves and rotten weeds. We never dreamed that it harbored sufficient microbes to kill the whole community, provided that they could live in the healthy human economy. The people were enjoying good health, having no health boards to scare them to death with scientific (?) theories. Therefore but few deaths occurred from any cause. I had the best opportunity to know something of the number of deaths from the fact that my father made all the coffins (they are caskets now) within a radius of eight or ten miles.

There were no doctors within twelve miles of our home. Therefore we only called one in extreme cases, consequently most of those who did die could be said to have died from natural causes and not from the drugs. Because but few could endure for long the calomel and opium of those days, and the people had not yet learned of the benefits of THE LAW OF CURE, and all doctors of those days, and very many of more recent times, prescribed drugs without knowing anything about their action on the human organism. There were some deaths then from consumption, but nothing to compare with the present time, notwithstanding our milk and butter were never Pasteurized, but were eaten with the whole of their food value. If the tubercle bacillus causes this disease now, it probably did then. But people did not "Catch" it then. But since they began to "Catch" it and do other

modern things the death rate per each thousand inhabitants has increased to a frightful extent.

Modern health officers tell us that it is contagious, that it is not contagious but infectious, that it is transmitted from the cow to the human, that it is not so transmitted. Whom shall we believe? Fortunately there is no law at this time that can compel us to believe any of them. But they are making strenuous efforts to get such legislation. And it behooves us to keep an eye on them, or we will soon be confronted with such laws.

Many years ago I wrote that Koch's bacillus could not continue to exist in the healthy human body, that tuberculosis is rather a result of constitutional weakness, with consequent faulty nutrition, than of these germs. At this time, after reading everything I could find on the subject and hearing all the testimony on both sides of the question, I find no evidence that should change that verdict in an unbiased mind. But the fact is rather proved than otherwise by the modern open air treatment and its favorable results. What is the open air treatment? Fresh air, rest, sunshine and an abundance of nourishing food. I know not what object other men's minds may conceive for such a course of treatment, but I know the one thing it can do is to bring about a higher standard of nutrition.

Authorities are reasonably unanimous in the declaration that tubercular bacilli cannot live in sunshine. But these same authorities are constantly crying "Beware of milk or you may catch tubercle germs in it, unless it has been treated according to our dictates." That the flesh of tubercular cattle is the greatest menace, because it may contain some lurking germs. And they have caused the slaughter of whole herds because they reacted to the so-called tuberculin test. The meat is cooked, and heat, we are told, kills the germs. Sunshine kills them also. But notwithstanding the cows spend most of their lives in open air and sunshine, they are a menace to the health of the people because of germs that have developed in sunshine if they developed at all. It looks a little strange to one who thinks for himself that the germs live in cattle under the same conditions that kill them in man, provided that they are so nearly identical as to be transmitted to man and in him cause the disease that sunshine cures.

But thorough investigation has proven that there is no simi-

larity between the bovine tubercle bacillus and that of man; that the habits and home of the one make it impossible for it to exist in those of the other. And while the wise (?) ones were perfectly willing and anxious to believe something that might have a tendency to increase the revenues of manufacturers of the so-called serums, they could not be induced to believe that which might reduce these revenues, even though it came from the same authority that did the original germ theory.

As we turn from the frightful accounts of "Catching" tuberculosis and other diseases from our food and drink, especially from milk, and are about ready to enter into a solemn contract with ourselves never again to eat or drink anything that has not been cooked until it is unfit for food or drink, in order that it may not harbor any festive germs that might get into our in'ards, we pick up the Bulletin of the State Board of Health of Illinois for September, 1909, and behold in bold-faced type, repeated no less than seven times, "NO SPIT NO CONSUMPTION." Then we remember that the Bulletin of the Chicago Health Department has been constantly warning us that milk is the great source of danger. But then the State Board of Health may not be part owner of a dairy. At all events they have inspectors looking after the cows of the State in order to be sure that no tubercular cow is permitted to "Spit" where the sputum cannot be destroyed at once. This is the only logical reason for the State Dairy Inspectors if the statement is true as given by the Board, "NO SPIT NO CONSUMPTION." I would not be misunderstood. I think there is no more filthy habit than promiscuous spitting, and since it is filthy it is unsanitary, and should be discouraged by every possible means.

But we read further in the Bulletin of the State Board of Health, after giving various recommendations, all of which are valuable: "Do not regard his (the consumptive) disease as contagious like smallpox, diphtheria or scarlet fever." Then we turn to the Bulletin of the Health Department of the city of Chicago and find it always given in the contagious disease column with those diseases. There seems to be a discrepancy between these very political authorities. But we attempt to get more light on the subject by reading further from the State Board of Health: "Colds reduce the vital forces of the body and make it easy for

the germ to get a foothold in the lungs." This statement gives a black eye to the importance of the germ as a primary cause of tuberculosis. It makes the reduced vital forces precede the germ as the cause, by providing a suitable soil for it.

But we go on and find that "Consumption is very rarely inherited, but children of consumptives often inherit weakened constitutions predisposing them to the disease which they acquire from others." That is, it is not contagious, but they "catch" it from others. I have in mind two families, the children of both were schoolmates with me. The mothers of both died from tuberculosis. Many years afterward the son of one married the daughter of the other. They were then, and are now, both in good health. They raised four girls and two boys to maturity. Finally one of the girls sickened and died of tuberculosis on the farm. They then moved into town and another girl married and lived from home until she had two children, when she died of the same disease. Finally a third daughter sickened and died of the disease in the town house. The fourth girl remained in good health for several years, the family having moved into a new house soon after the last death. After living here for some years she began to decline, and they sent her to Denver at once, where she remained for several months, being finally brought home just in time to die among her friends. The two boys never contracted the disease, notwithstanding they both lived at home until the older one married and moved into the house where the first girl died, where he is now living. Both parents remained free from the disease until this time.

It is admitted that infection might have been a possible element, but by no means a probable one, in these cases, since there was a long interval between the death of the first and the first manifestations of the disease in the second; and further both parents remained free from the disease, and living in the country as they did the sanitary conditions were good, and there were but very few cases of the disease in the whole country. The second lived, sickened and died away from other members of the family. Then after the death of the third they built a new house in a most sanitary part of the city and moved into it. Besides all this, other people who lived in the same surroundings, even in the same home, did not "catch" it. It would seem that if infection played a very prominent role as a causative factor, the parents, who cer-

tainly inherited as much of a "weakened constitution predisposing them to the disease" as their children, would most likely have been infected. If there were nothing specifically related to tuberculosis inherited, why did not the "weakened constitution" "predispose" some of them to some other disease that is infectious, such as typhoid fever, which was quite prevalent in that country? It is logical to suppose that there would have been susceptibility to other troubles than consumption if they do not inherit something very nearly related to this disease and to no other. No one believes that the tubercle bacillus is ever inherited. But that tuberculosis is hereditary seems to be well established.

It is a well known fact that children of consumptive parents have lived in good health and away from any source of infection, unless we admit no such a place exists, finally to sicken and die with this disease. If the germ is the cause, and they only inherited a "weakened constitution," why does this particular germ and not another attack such persons? It would seem that the "weakened constitution" must prepare a home for this particular germ before they can "get a foothold." And if this be true, is this not the real cause rather than the germ?

So high an authority as Rosenbach, of Berlin, says: "It would be more nearly correct, and would avoid misunderstanding, not to use the term *cause* for the role played by the microbes in the origin of the disease, and say, instead, the cause of the disease is the weakened body, whereas the impulse to affection, *i. e.*, the production of an altered condition of internal function, is given by the presence of certain microorganisms." This certainly is as clear as mud, since at the outset he tells us that it would be better to attribute the disease to the "weakened condition of the body," and finishes the sentence by crediting it to an impulse to the affection resulting from altered internal functions, and these "given by the presence of certain microorganisms." One is justified in doubting if he really knew just what he was teaching, since he said in effect that the germ is not the cause and that it is the cause in the same sentence.

An early diagnosis is essential in this disease, and we are told that the use of the so-called tuberculin test renders this absolutely certain. Does it? I trust that Dr. W. B. Clarke, of Indianapolis, will pardon the repetition of some of the figures he gave in the RECORDER for November, 1909. His whole article was

good enough to bear repetition at least once a year. This test was used on two regiments of Austrian soldiers, with the result that of the men who were serving their first year, 61 per cent. showed the reaction of tuberculosis, and of those serving their second year, 68 per cent. showed the same reaction. This teaches one of two things: either that more than half of the men in the Austrian army are tuberculous when they enter it (and no one would believe that) or the test is unreliable.

It is well known among dairymen whose herds have been inspected by Chicago inspectors that cows have been condemned in one herd, then driven into that of another farmer, where they were inspected again, and showed no reaction, and therefore were passed as healthy. That is, the test (?) worked on the farm of one man but failed on that of another. So finally, in order that no mistake should be made in the guessing, it has been decreed that when a cow shows the "reaction" a hole shall be punched in her ear to prevent the next fellow from making any embarrassing decisions. But if the test is absolutely reliable, why did it not work on both occasions? Why does it react today and not tomorrow in the same animal. In one herd a calf of a few weeks old was condemned, while its mother and sire were both passed as being free from tuberculosis. But do you ask what this proves? Nothing, except that a young calf has not yet reached that stage of development in which it can endure as much as a fully developed cow or bull.

As we study the contradictory theories advanced, with their uncertain results, we wonder if it would not be better for the dear people if the medical profession paid less heed to the uncertain guesses of silk stocking doctors and more to good wholesome common sense. In other words, if we would do our own thinking?

1008 Masonic Temple, Chicago.

SOME INTERESTING CASES.

By Bailie Brown, A. B., M. D.

And first let me say that I consider HOMŒOPATHY a gift of GOD to sick and suffering humanity and our law of cure a DIVINE LAW. We are prone to speak of *Similia similibus*

curantur as "Hahnemann's law," forgetting that this wonderful Homeopathic Law of cure is only after all GOD'S Law which Samuel Hahnemann was graciously permitted to discover.

Case I. Miss R——, a Russian Jewess, was brought to my office by her intended husband and a Jewish Rabbi with the following interesting history. One afternoon some 5 or 6 months previous, while walking across the Brooklyn Bridge with her intended husband, she suddenly stopped and clapping her hands to her head declared that "his mother had struck her over the head with a wooden club." The intended husband remonstrated and tried to show her that they were quite alone, but she kept reiterating that "his mother had struck her with the wooden club." She was brought to her home and physician after physician was summoned, but all failed in disabusing her mind of the peculiar hallucination or in any way improving her health, which continually kept growing worse, until finally their little savings were all used up, after which she was taken to the various city dispensaries, but in every instance without any improvement or amelioration of her condition either mentally or physically. The family physician was again consulted and on his advice the papers were all made out for a commitment to an institution. Before taking her away at the final request of the Rabbi she was brought to my office "to see if Homeopathy might be able to do anything" in her case. On being led into my office I noticed the following: she immediately sank into a chair and was in but a few moments asleep—her hair was dishevelled; shaking her I asked through the Rabbi, who acted as interpreter, if her mouth was dry and if her tongue seemed to stick to the roof of her mouth and she nodded assent. On turning to consult my Hering Condensed Materia Medica and while the intended husband, and Rabbi, were looking over the volumes on my library shelves she slipped from the office and was gone. The two men hastily picking up their hats hurried out of my office and caught her almost a block away, and pulling and dragging finally brought her back into my office. She then began to cry. She looked thin and frail and her face wore an expression of much suffering. I was informed that it was next to impossible to get her to partake of food in any form of any kind. I had noticed as the men led her into my office a staggering gait. But I thought I saw enough to pick as her remedy *Nux moschata*.

Accordingly I made up three (3) powders of *Nux moschata* in the 1000th potency B. and T., one of which I placed on her tongue in my office, and giving the other two powders to her intended husband, ordered that one powder should be placed on her tongue in just 72 hours and the other on the third day following. The following is the report of the Rabbi: "Miss R—— seemed to gradually improve from the moment you put the powder on her tongue. Indeed she seemed so much improved in 72 hours that we thought it hardly necessary to give her the second powder, but decided to obey your instructions, which on doing she clapped her hands to her head and declared that something had snapped on the inside." Immediately she was her old self again—declared she had never had such silly hallucinations as her friends informed she had been suffering from for seven months—began to eat—and in two weeks gained seven pounds—in three months was happily married and is at last accounts perfectly well and happy.

Case 2. Mrs. D, a colored woman aged 40 years, mother of four children, had been taken to the local hospital during my summer vacation and delivered of a dead fœtus. They kept her a week or so and then sent her home in an ambulance, telling her "she would probably never be a well woman again, as her womb HAD GROWN TO HER BACKBONE." She suffered in agony until she heard that I had returned from my vacation, when she immediately sent for me to come and see her. Before I had time to ask her any questions or examine her or even to find a chair to sit down on, she burst out with, "O Doctor, Ise so miserable—Ise so thirsty—Ise burns so here (pointing in the neighborhood of McBurney's point)—Ise so restless and O Doctor, Ise just can't bear dem hours of one, two, free to come—cause dem is my worstest hours." It is needless to say that in a jiffy I had ordered a glass of water and a teaspoon, into which glass I dropped a few drops of *Arsenic 30*. The next day she sent me her blessing and a dollar, and said she was able to do her own washin' in de next mornen. The third teaspoonful of *Arsenic 30* had in only nine hours effected a happy cure. AND YET MY ALLOPATHIC AND ECLECTIC BRETHREN TELL ME "YOU CAN'T PRACTICE HOMŒOPATHY AMONG THE POOR AND THE IGNORANT AND ESPECIALLY AMONG NIGGERS AND DAGOES."

Case 3. Mr. C——, a young Russian Hebrew, was brought to my office by the same Rabbi as in Case 1. The Rabbi informed me that "he was tormented with a peculiar hallucination, viz., that every time he looked in a looking glass he failed to recognize himself but saw the form and visage of another man." Like the woman with the issue of blood in the N. T. Scriptures he had spent all his living upon physicians, neither yet had he been healed of any. Before proceeding to question him further I thought I detected the smell of musk about him, and found sure enough that he was in the habit of carrying a little vial of musk essence in the pocket, which he occasionally touched with his tongue. I took the vial of musk from him, throwing it into my waste-paper basket, gave him a good lecture on the enormity of "musk tasting" and prepared him a tiny vial of pellets medicated with *Moschus* 30, ordering two pellets to be taken occasionally, with the result that in a few days his "peculiar" hallucination completely disappeared and he improved wonderfully in health the following month.

Case 4. The little six-year-old daughter of very poor but respectable parents (one of my charity cases). Was called in the morning to see the child, which the messenger informed me was "very sick." But being a very busy day I was unable to get to the little patient until late in the afternoon. On reaching the bedside I beheld a very sick child indeed, tossing about from place to place on the parents' bed, continually demanding "a dink, mama." On inserting my two thermometers into the little one's rectum I found a temperature of 106. On examination of the right lung I discovered consolidation over two-thirds (lower). She was constantly scolding "the naughty pains around her heart." I was informed by the mother that they thought she would die "right after dinner (1 P. M.)." The symptoms pointed so unmistakably to *Arsenicum*, although I recalled that Nash in "How to Take the Case" speaks of *Arsenicum* as specially called for in "Upper Right chest troubles" that I decided then and there to give *Arsenicum* in the 100th potency, one dose from my buggy satchel on her tongue, and warning the mother to give absolutely nothing else in the shape of medicine I left, promising to call the next morning. The next morning I made my call at about 11 A. M. and found the little miss playing on the floor with her dolly

and contentedly munching a crust of dry bread. The temperature, taken in the rectum, was normal and THE CONSOLIDATED LUNG QUITE CLEAR. I asked the mother to minutely describe what happened after I gave the medicine the afternoon before (between 4 and 5 P. M.). She said baby seemed to get much worse and the fever higher until about 11 P. M., when she called for the "pottie" and from that until 2 A. M. the mother was kept busy emptying pot after pot of slimy stools. At 4 A. M. the child fell into a peaceful and refreshing slumber and awoke at 9 A. M., evidently feeling as well as ever. I INFORMED A BROTHER NEW YORK HOMŒOPATHIC PRACTITIONER OF THE MARVELOUS ACTION OF THE INDICATED REMEDY IN THIS CASE AND LOOKING ON ME WITH A LOOK OF PITY HE RESPONDED, "FOR GOD'S SAKE, DOC, DON'T REPEAT THAT PIPE DREAM TO ANYONE ELSE."

88 Bowers Street, Jersey City, N. J., January 26th, 1910.

THE THERAPEUTICAL PROSPECT OF CARCINOSIS WITH THE EXPLANATION OF THE PHYSICO-CHEMICAL ACTION OF THE REMEDY BY OSMOSIS AND KATALYSIS—RADIUM.

By Eric Graf von der Goltz, M. D.

I.

Today the medical world is more or less under the impression that certain groups of diseases leave certain defects in the different organizations which again propagate a certain type of diseased constitution in the children. Two great classes are generally accepted: Syphilis and Tuberculosis. Less universally are accepted all other and so also Carcinosis.

This is not the place to dwell on the manner the different types merge into each other, but it shall be demonstrated how Carcinosis, the propagated type of debilitated or deviated Carcinoma toxin or virus, underlies diseases, which in themselves have nothing to do with any form of cancer. The understanding of this question and the importance to be on the lookout for a possible Carcinosis caused the present paper.

The study of the works of the late J. Compton Burnett and those of J. H. Clarke, especially the monograph on *Radium* by Dr. Clarke, induced the writer to study this question.

The following lines shall give briefly the respective observations:

At the time that the writer was examining Dr. Clarke's booklet on *Radium* a remarkably obstinate case of Bright's disease was under treatment.

As the different treating physicians had declared that every moment total blindness as a result of the disease might set in, the family went from one physician to the other trying to find help, and so the case came also in the hands of the writer.

The prominent features of the case were: a constant low percentage of albumen in extremely scanty urine, frontal headaches, slight œdema of the feet and great obscuration of the vision and dimness of sight like on a dark late afternoon in winter, as the patient expressed herself.

The disease had come on suddenly during the first pregnancy (5th month). Eclamptic convulsions caused accouchement forcé. Patient is 32 years old, was never sick before.

As patient was little, nearly nothing improved by the regular biochemical treatment the writer decided, after having brought out the unmistakable fact that one of her grandfathers had suffered and died from a cancer of the stomach, to give *Radium* the 30th in single weekly doses as a trial.

The surprising and magic-like improvement in complete elimination of albumen from the urine and, later, the steadily increasing vision and finally the ultimate perfect cure proved after Dr. J. H. Clarke's description—Carcinosis, the underlying cause of this case of Bright's disease, cured by *Radium* independently of all symptomatology.

The independent use of remedies from all symptomatology is pure and simple "Semiotik," as defined by the writer in 1905 and introduced into Biochemistry.

Exactly in the same way *Radium* has been used in suspected Carcinosis in some other cases partly with equally surprising results, and again with failures; failures even where, from a homœopathic point of view, *Radium* could have been selected according to the proved symptoms.

For this reason the writer believes himself entitled to express the opinion that in all dubious cases where no headway is made *Radium* should be given a trial, as it either will effect a cure or will prove that the disease has been treated in a wrong direction.

How far *Radium* will prove a curative remedy for other diseases does not come into the frame of the present paper; only it must be pointed out that *Radium* has worked surprisingly in some cases and again in others utterly failed and disappointed. The disappointment was the greater, as the symptoms tallied with those in Dr. Clarke's book, and it must be reiterated that this brilliant working on one side and this negative behavior on the other side fully sustains the writer's theory that *Radium* being a reagent on Carcinosis works exclusively in diseases of a cancerous basis without any regard to symptoms.

For the biochemical treatment this is of the greatest importance, as lately physiological investigators have begun to prove that the human body contains in blood and tissues radio-active substances. It is so that *Radium* can be employed jointly either from the point of symptoms or from the nosological one in the biochemical practice.

The symptomatology in Dr. Clarke's book also sustains the writer's opinion regarding the singular position of *Radium* by the unequal behavior of *Radium* regarding symptoms in the different provers. It must be conceded that each individuality will put a special stamp on the record of each prover, but, as the writer believes, this great difference could not be found without an inner and deeper meaning. The reader shall compare for instance the more or less homologue provings of all with that of No. 3. After the writer's experience, by this phenomenal difference it could be pointed out that in all the provers, with the exception of No. 3, a certain degree of carcinomatous taint was present in them.

If the presence or absence of cancer in Dr. Clarke's provers could be found in the more remote family histories the value of Dr. Clarke's work on *Radium* would be increased enormously.

At the present moment the writer believes that he is entitled to formulate for his practice the following rule: to employ *Radium* as a reagent in all obstinate cases if logically all other diathesis can be excluded.

Radium used in such a form is analogue to all other tests.

Biochemically *Radium* must be regarded semiotically to belong to the other test, remedies like *Natr. sulfuric.*, *Ars. iod.*, *Kali iod.*, *Kali cyanat.*, and *Natr. phos.*

II.

The writer of this paper must add for better understanding the ground ideas of the biochemical action of the remedy, so that there should be no doubt about the truly biochemical action of *Radium* in itself and further especially in the form of the 30th centesimal potency.

The general misconception of Biochemistry even by otherwise well informed homœopaths and chemists, that in Biochemistry every potency must be a grossly tangible unit, otherwise the understanding of the deficit and its restitution will be left out from the treatment as the essential trait of Biochemistry, must be corrected by the following statement, that in first line the divisability of the atom (so formerly called) has now been proved to be unlimited and that therefore actual material substances are contained in high potencies and so introduced into the organisation.

Going back to R. Virchow's Cellularpathology we can observe that those introduced chemical compounds or elements introduced and further dissolved in the stream of the intercellular fluid are chemically reacting and influencing the diseased cells to absorb the necessary salt or salts as "*ions*" into the inner cell constitution from the surrounding intercellular fluid (medium) principally by osmotic pressure and diffusion.

At the same time the writer must remind that this cell-marco discharged from the cell into the surrounding intercellular fluid being the internal kernel of disease either is still contained or already eliminated from the cell surrounding fluid through the length of elapsed time. So that here a threefold possibility must be considered: that first the biochemical remedy will force back the marco into the cell by an overcharging of the medium (intercellular fluid) with the same salt, or second, that the remedy must build up a surplus in the fluid, so that later the recharging of the cell will be effected, or thirdly, indirectly through the osmotic and katalytic action of a heterogenous salt or element from a distance into the region of the diseased cell the cell-marco will be corrected.

If now the teachings of the Katalysis farther are taken in consideration and so especially in reference to *Radium* we must come to the conclusion that Radium in the position of a Katalysator works as a carrier of forced oxydation, overpowering so the products of a specific virus or toxin.

This can be the action of Radium, if the radio-active substances in the blood and tissues should not be present in the role of a foreign Katalysator. Should Radium be truly a component of the human body, so the direct katalysis would work in the form of vicariation. Finally the working of the necessary filling into the cell can be stimulated to greater results by furnishing a more fruitful medium (intercellular fluid) by addition of such salts which in their action will speed the elimination of noxious products by greater profusion, last by furnishing of the right proportion of the degree of acid and potassium in the intercellular fluid.

This in few words is the outlining of the fundamental working of Biochemistry or better Cellulartherapy, comprising biological and physical chemistry with all different points in Dialysis, Katalysis, Osmosis, Diffusion and Effusion.

Therefore it is easy now to understand the different medical methods. Thus can be explained the action of Dr. Alfred Robin's therapeutical work with aurum, platinum, palladium and argentum, thus can be explained the working of v. Behring's and Roux's sera, thus can be explained the opsonins of Sir A. F. Wright and finally thus can be explained that so mysterious working of the homœopathic remedy. This simile phrase, as called by Dr. R. S. Copeland in his essay, "The Scientific Reasonableness of Homœopathy," therefore for the homœopaths is not more an unexplained law like Kepler's law governing the motion of the planets or the so far unexplained law of magneto-electric induction (Dr. Copeland).

It must be remembered that all those heterogenous substances as Robin's Metals, v. Behring's, Roux's Sera and finally the Homœopathic Remedies are brought into the intercellular fluid, thanks to the circumstance of relative infinitesimal quantity (either for os, rectum or for intermuscular injection, vide writer's Serumtherapy).

Therefore either partly real biochemical salts are taken up from the intercellular fluid by the cell in pure and simple Biochemistry

or heterogenous substances will by their irritating action or presence cause that from other parts of the body, where a momentary surplus should exist a biochemical restitution should be worked into the diseased or better into the impoverished cell.

In every way the effectual treatment must always be one of two things: *direct or indirect biochemistry*, which only will be possible if higher potencies are used; the higher potencies (from the 30th on) is a logical result of the ironclad law of the Chemical Minimum. The writer sees in this simple deduction a surer footing for Homœopathy than in anything else.

The whole study of the Carcinoma diathesis = Carcinosis is a question of Cellularpathology and therefore the question needs an answer in Cellulartherapy, a more pointed and describing term than Biochemistry.

In connection with Carcinosis the writer must state that so far from the point of the katalysis only reasonable hopes and expectations for a systematic medical treatment of Cancer must be entertained. This must be stated, the more so as the writer had occasion to find that

1) In unquestionably cured cases of different records either the single original tissue remedy or one of the combination remedies were bringing on the final cure; that

2) Today the cancer research commission is coming to the conclusion that Each Cancer is a Law Unto Itself, proving so far that in each constitution the katalytic conditions are different; that

3) No single serum, as a panacea or any specificum, will effect a sure cure without regard to individuality.

(This last will prove the great borderline between Homœopaths and Allopaths, even that the Cancer research has commenced to lose itself into this labyrinth.)

III.

Different terms from the domain of the physical chemistry have been used in the present paper. For an easier survey the leading paragraphs are enumerated farther down, as in the tissues all the necessary conditions are present for the full and free working of Osmosis by the presence of semipermeable membranes of cells, etc.

This Osmosis must be regarded as the cause of the continuous stream of the intercellular fluid.

The necessary paragraphs regarding Osmosis are:

1) Like the molecules of a gas in their attempt to spread out into the most possible room are exerting a pressure on the confining walls, so the molecules of a dissolved salt on substance exact a pressure, which pressure is called the osmotic pressure.

2) If watery solutions of equal osmotic pressure are divided by a membrane, no change of the volumes of the liquid will take place.

3) If on both sides of the membrane solutions of unequal concentrations are present the water will go from the one side of the lesser concentration to the other side of the greater one.

4) The more molecules are contained in the volumes of the solution the greater and oftener the impact against the osmotic membrane will be, meaning that the pressure gets more vigorous in proportion to the concentration; the difference of the concentration of the solutions on both sides of the osmotic membrane causes by the difference in the pressures the osmotic stream (here the continuous motion of the intercellular fluid).

5) The osmotic stream is independent from the nature of the substances in solution, the osmotic stream alone is conditioned by the number of the molecules contained in the different solutions.

6) The osmotic pressure of a solution containing several different substances is equal to the sum of the different pressures which the different substances would exert alone for themselves; this osmotic pressure is called the partial pressure.

7) If on both sides of the membrane solutions are present which have an equal concentration but have an unequal partial pressure, each part of the solution of that side on which the higher partial pressure is found travels to the other side until the both partial pressures are equalized. A change in the volumina does not follow.

Besides this working of the salts in solutions other phenomena can be observed which are known under the name of Katalysis.

Under this term is understood a chemical process, during which certain substances by their presence alone without being self-involved into the end of the reaction or without being absorbed

and chemically bound cause a change in the rapidity of the process of reaction.

The accelerated process is called positive katalysis and therefore all substances are called positive katalysators which cause this acceleration. In the opposite way we speak of a negative katalysis and negative katalysators.

For Biochemistry and Cellulartherapy the therapeutical value of the katalysis can be expressed in the following points:

Addition of a foreign katalysator = *indirect Biochemistry*.

Addition of a physiologically constitutal katalysator = *vicariating Biochemistry*.

Addition of a tissue salt = *direct Biochemistry*.

a) giving an improved medium (intercellular fluid)

b) correcting the salt-marcor

c) effecting the retrogressive elimination

d) keeping up the physiological acidity and alkalinity of the blood and tissues.

The reader now from the perusal of this essay so far will be able and be prepared to represent before his eyes the complicated and in all directions starting streams and contre-streams, the continuously progressing permeation of dividing membranes with constantly changing molecular concentrations and following equalization without cessation, in one way the easiest and best definition of "Life."

This picture will be completed if the reader with the help of the results of the *Radium* investigation will remember at the same time that in the interior of the *Molecule* and again in the *Atom* an uninterrupted storm is going on.

The storm in the *Atom* is produced by the whirling around of the *Electrons*. The proportion between the atom and the electron can be (after broke) compared to a ball with a diameter of 800 feet to one of a diameter of $\frac{1}{8}$ of an inch.

In a nutshell, the reader will see the truth of Professor G. H. Darwin's exposé, "*that the vast edifice of modern chemistry must not longer be regarded as built with atomic bricks.*"

This "*atomic brick*," working with tinctures and the lowest decimal triturations, must be regarded as the cause of the allopathic and really unhomœopathic and also untrue and valueless prescriptions in so-called homœopathic standard text-books!

It must here be mentioned that the great results with Dr. A. Robin's colloidal metals in their ultra-microscopical and nearly ultra-analytical consistency and therefore permanent state of suspension in a liquid with their great and fully all serum-therapy abolishing efficiency in Diphtheria, Spinal Meningitis, Typhoid, Sepsis, Syphilis, etc. (most furiously but unsuccessfully combated and fought by the moneyed serum, antitoxins, research laboratories, internes and *their beneficiaries*) are only to be explained and understood from the acceptance of the *Minimum* in therapeutics!

It remains finally to draw the following general conclusions which only will put new life in therapeutical progress:

1) Osmosis without much and easily (by own force) regulated disturbances represents—life and health.

2) Osmosis with great and not equalized disturbances is the expression of—disease.

3) Katalysis represents the process by which the medico-therapeutical agent effects the restitution of the cell to its working order—cure, returning to R. Virchow's everlasting Cellular Pathology with the logical demand for a Cellular Therapy.

February, 1910.

247 East 72d St., New York City.

A REBELLIOUS WORD.

By H. Bruce Webster.

Being a Homo-Biochemic Rhymllet in Five Dilutions and a Trituration.

My friends, I am an author and a writer of sparkling verse;
There are some who condemn my stories, but consider my poems worse.
I oft' received the free advice, in sarcasm, loosely veiled,
That to improve the quality my writing should be curtailed.

I studied Homœopathy with this wise end in view;
If old school treatment sickened them a smaller dose might do.
I poured over therapeutics, while the midnight candle burned;
I studied the art of healing unlike what the cobbler learned.

This little plan succeeded; none of my work was refused
When treating the reader's symptoms—by publishers diagnosed.
And so I gave thanks to Hahnemann and Homœopathy,
Likewise to Dr. Schuessler and Biochemistry.

Frequently, in writing verse, an uncommon word must be used,
 A word that refuses to be recalled, by a memory abused.
 Now, when I am at a loss for a word, do you think I rack my brain,
 Or cudgel my wits until I am nearly insane?

Do you think I refer to a thesaurus of English words and phrases.
 Or skim through all the poets of ancient and modern days?
 Do I consult my dictionary and search it page by page,
 Or delve among the authors of past and present age?

No! I do none of these things, when, for a word, I am at a loss.
 Instead I go to my medicine chest and take a dose of Kali phos.
 It darts through the corridors of my brain and searches every cell,
 And soon it discovers the missing word and drives it out pell-mell.
 Trenton, N. J.

OFF THE POLYCHREST HIGHWAY.

Many men give an *Ignatia* sigh when some one brings out a new remedy, because they think we already have too many, and another one is a useless addition to the burden of *materia medica*. On the other hand there are those who think that we have not reached the limit of our *materia medica* by any means, and may not for centuries to come, or until man has compassed the limit of human ills, for it is reasonable to believe that each curative agent has its limitation, some wider, some narrower; but the narrower ones, in their place, are just as needed as the others for a perfect armamentarium. Dr. Alie I. Ross, of Whittier, Iowa, recently read a paper before the Des Moines Homœopathic Medical Society on "Our Minor Remedies" (*Iowa Hom. Jour.*) that contains some interesting points.

The first case is that of the babe of a tuberculous mother which, after an attack of follicular tonsillitis, developed suppurating glands. They were bad and many; some, after healing, would reopen. *Calcarea carb.*, *Silica*, *Mercury*, etc., did no good and the doctor was in despair. One day the child, after the glands had been dressed, drew a long heart-broken sigh; the mother said it often did that. *Ignatia* was given and a fine recovery followed. A sigh as a guiding symptom to such a condition might move some to derision, but not those who can look deep into things.

Two other peculiar cases were of malaria that had been maltreated by patent medicine and quinine. They both suffered from

great coldness of the lower extremities, from the knees down. One of them was seen by a warm stove, her feet clad in warm stockings and felt boots; yet she could not even by this aid keep them warm. *Menyanthes* cured one completely and greatly benefited the other.

"*Natrum phos.* is a remedy which has been of service in the itching ankles of old people, especially those who are troubled by varicose veins."

"In the often slow convalescence of grippe, with weakness, dizziness, and easy perspiration, I sometimes give *Natrum salicylicum* 3x with benefit."

"*Cratægus* is a remedy with which I have had but little experience. Some of its characteristics are brought out in the following case. Patient a man of seventy-nine years; for a great many years has had a mitral heart lesion. In the spring of 1907 alarming symptoms developed; œdema of the limbs, feeble irregular pulse, dyspnœa and a peculiar headache. Sensation of a hat on his head, so that he would frequently put his hand to his head to remove his hat and he insisted that the back of his head was swollen. His condition became so serious that we called his children from their home in a distant state. Several remedies were tried without any effect. Finally on the peculiar occipital headache I prescribed *Cratægus* lx, five drop doses four times a day. The dyspnœa was relieved, the œdema of the lower limbs cleared up, and he was about the house with comparative comfort for almost a year when his heart trouble with the weakness consequent upon his advanced years took him off."

"*Symphytum* is a remedy which has given me much satisfaction in the treatment of fractures and injuries of the periosteum. *Senccio gracillis* merits study in the delayed or irregular menstruation of young girls. *Linaria* was used in a case with the peculiar symptom fainting from no apparent cause. Careful examination revealed no trouble to account for this symptom. Six months after taking the remedy there was no return of the symptom."

Another case, a man of 64, suffering from an organic lesion of the heart, had suffered many things of many physicians. His pulse often went down to 30. *Myrica cerifera* brought it up to normal. "At times he relapsed and for a few days the pulse

would go back to 30. The administration of *Myrica* for 24 to 48 hours would always restore the pulse to normal. At one of these intervals he expressed himself as believing that his return to the use of tobacco after a period of abstinence at the beginning of his sickness had produced favorable change in his pulse. As my patient had demonstrated his ability to live through a prolonged series of experiments, I withheld the *Myrica* at the next relapse until he was willing to admit that the remedy and not the tobacco was responsible for the favorable change in his pulse."

"Here are a few things that I have learned in nearly sixteen years of practice. 1st, that the frailest specimen of humanity may often be rejuvenated and given years of health and usefulness by the administration of the homœopathic remedy. 2d, that well chosen adjuvants, light, air, congenial attendants, pleasant surroundings, a suitable diet, a trifle of food or flowers or the gratification of a hardly expressed wish will help to turn the scale for life and health. 3d, that in the great majority of cases, no matter how complicated or chronic they may be, is the peculiar symptom or train of symptoms, which, observed and carefully studied out, will lead on to a success which was hardly anticipated. 4th, that life depends upon our knowledge, not only of the great polychrests but also of the so-called minor remedies. 5th, here is one thing I have not learned perhaps as well as I ought: with the great wealth of the Homœopathic *Materia Medica* before us to consider a sick person incurable."

HOMŒOPATHY QUININE AND MALARIA.

The following is taken from a paper by Dr. Arthur Grunever, Glenn Cove, Long Island, published in *The Chironian*, December. Dr. Grunever has had plenty of experience, for he writes: "Upon leaving college I came to Glenn Cove and have had a constant stream of malarial cases." As regards quinine he says: "I believe that about 2 per cent. of all cases can be really cured by it; about 96 per cent. can be relieved of the outward symptoms for a varying length of time and 2 per cent. are absolutely uninfluenced by any amount of it, or are aggravated by it."

"Nearly all my cases come to me having taken large amounts of

quinine. Unless they show some well-marked symptoms, my first prescription is Ipecac 3x, and tell them to come back in two days. This will cure more cases than quinine, and if not curative, will clear up the case so you can really get the proper symptoms."

"Then carefully go into each of the four stages for symptoms. Most cases will show prominent guiding symptoms for a certain drug, and when they do you can give the drug and tell the patients positively they will not have another chill."

"Most cases can be cured by one prescription. If I cannot stop the chills in a week or ten days I am discouraged and resort to quinine. I do this knowing that unless I do, I will lose the case to an allopath, and he will give quinine, and I can at least do that as well as he."

"To me nothing yet equals my pleasure and amazement in curing these cases by homœopathy. A young man aged 24, nephew of an allopathic doctor, came to me after several years of quinine with chills recurring several times a year; came to me with a chill. I gave Ipecac 3x. This was April, 1909; he gained twenty-four pounds, and has not had a chill since. I did not try to get his symptoms for the first prescription, but gave him Ipecac, knowing it would clear up the case and possibly cure it."

"A young lady came to me in May, 1906, recurring chills from six to seven years previous, large amounts of quinine. I tried my best, and she had severe chills for four weeks without any relief from my drugs. The mother was angry and disgusted, and the atmosphere of that house was decidedly chilly to me."

"I worked hard on that case; repertories by the hour. I finally had used all the drugs possible except Sulphur. I could not give Sulphur for malaria; that was my prejudice. Finally in desperation I turned to Sulphur and found the exact similimum. She was due to have a chill next day near noon. I was there at 8 A. M. One powder of Sulphur 30 in water, dose two teaspoonfuls every two hours. She did not have that chill, and has not had one since. I had the mother this spring and Gels. cured her."

"The father is in the U. S. service, and had been known as a malaria case for years. The service doctors had taken many samples of his blood, and always found the germs. He wanted me to try to cure him; he was not having chills and felt fine. I told him I could cure him inside of a week or bring on his chills.

He said, "Go ahead." I gave him Ipecac low, and on the fifth day he had a beautiful chill. I gave him Arnica, Eup. perf., Eup. purp., each one a bad prescription; chill every day. Wednesday night he placed twenty grains of quinine on his table, and said, "I take that Saturday if I have a chill that day." Thursday I gave Nat. m. 200, one powder at one dose and Sac. lac. That day he had a very slight chill and never another. I gave a dose of Sulphur, and two more doses of Nat. m. Two doctors attached to the service visited him during his illness. Ten days after his last chill I told him to go to them and have a blood test, and with negative results for the first time in many years."

ANGELICA BRAVA.

To the Editor of the HOMŒOPATHIC RECORDER:

I have recently received an interesting letter from our colleague, Dr. Egas Moniz, of Bahia, Brazil, in which he speaks very highly of *Angelica brava* in the treatment of *gastric fevers*, *hysteria* and *uterine troubles*. He claims, and with much reason, that only by the processes employed by Homœopathy can the pathogenesis of their valuable plant be properly established, and he has sent to us the roots of said plant so that the respectable house of Boericke & Tafel, of Philadelphia, may prepare the mother tincture, and invite, through the well known columns of the RECORDER, those followers of Hahnemann capable and enthusiastic enough to undertake its proving.

Angelica brava, like the *European angelica*, is of the *umbellifera* order, an aromatic, stomatic, carminative and tonic plant. The European variety comes chiefly from Lapland, and is known in France under the name of *Racine de saint esprit*, so-called from its supposed angelic virtues. Text-books give four more varieties where the properties are similar, though not identical with the *Angelica* of Europe. The *Angelica lucida*, or *bellyache root*, is aromatic and carminative, and has been employed by the Indians for colic. The *Angelica atropurpurea* (masterwort) is an indigenous species, growing over the whole United States, similar to the *Angelica* of Europe. The *Angelica nendo* or *Ligusticum actaifolium*, called *white root* by the natives, is also aromatic and carminative. And the *Angelica sylvestris*, or wild angelica,

which possesses similar properties to the last, but in an inferior degree. The seeds of this plant, powdered and put into the hair, are used to destroy lice, just as with *Staphysagria*.

But the indications given by Dr. Egas Moriz for *Angelica brava*, lead me to think that the Brazilian plant is very similar, if not identical, to *Ligusticum levisticum*, a variety of umbelliferæ, also called *Angelica levisticum*. This plant, besides being stimulant and carminative, is an effectual *emmenagogue*. Some authorities claim that it does not only provoke and regulate the menstrual flow, but combats the hysterical disorders attending difficult and painful menstruation.

The fact that *Angelica brava* is endorsed by Dr. Egas Moriz, a physician of Brazil, who has already introduced some valuable plants to the profession of France, is, I think, sufficient inducement to try a remedy credited with such useful properties. Many ignored plants could, by a little perseverance and sacrifice, take rank in the great arsenal of our materia medica, and this, I think, is one of them.

It may not be amiss to state that the *Angelica of Europe*, also cultivated in South America, is considered by Chernoviz not only a very strong stimulant, but a remedy recommended in slow digestion, chronic bronchitis, spasmodic vomiting, chlorosis, hysteria, as well as a reliable *emmenagogue*. Interesting is also to observe that the *fruits of angelica* enter into the composition of the cordial known under the name of *Chartreuse*, and that, with its stocks or shoots, a delicious sweetmeat is made. It is even a component part of the *Balm of Comendador*, and enters into the composition of the *agua vulneraria espirituosa*, both preparations employed in the external cure of cuts and other wounds.

E. FORNIAS, M. D.

706 West York St., Philadelphia, Pa.

CONCERNING SOME EYE CASES AND OTHER THINGS.

Editor of the Homœopathic Recorder.

Either in the *Medical Advance* or HOMŒOPATHIC RECORDER saw a few months ago a recommendation to give or try *Thuja* in purulent eyes of new-born babies. This winter had occasion

to give this remedy twice and both times after *Puls.* had failed, and both patients were entirely cured inside of 24 hours under the one dose of *Thuja m.*

Was called to attend one severe case of ophthalmia neonatorum of one week's standing where a midwife had been in attendance. First gave *Arg. nitr. m.*, but after two days the eyes were so much worse that bloody pus ran out of both eyes over baby's cheeks and mother declared in tears while wringing her hands and walking over the floor "baby is blind, baby is blind!" and soon parents were talking of calling in a specialist. Although dreading the responsibility, I soon convinced them that this would be the worst thing they could do, complaining that such a man would treat the eye locally with strong drugs and very likely do more harm than good. Looking up in Kent's *Reportory* found *Cham.* as the only remedy having such a discharge, which remedy stopped that feature of the case, but did not cure the condition. After several remedies found that *Sul.* was the right one, which after a couple of weeks cured the case completely, and no harm had resulted to baby's eyes.

Dr. John F. Keenan need not ask if others fail in prescriptions, for we all fail; and I have failed many times to my chagrin and feel sore yet over every one of them.

A. A. POMPE, M. D.

Vancouver, Wash.

MYRTUS CHECKAN.

Editor of the Homœopathic Recorder.

In the December number you have an article on "Myrtus Checkan." I wish to insist upon its becoming more of a universal remedy for a condition of chronic bronchial catarrh. Have used it in cases where the patients have been creosoted to death and have had brilliant results. The entire pulmonary organs gave large moist rales. Both anterior and posterior dyspnœa, expectorating large quantities of mucus. In one case a heart leison patient had to sit up in bed to breathe. All relieved in a short time with the 1x on tablets. Have used it with confidence, expecting favorable results; so much so that I could assure them of the desired relief. Not once have I been disappointed

when a copious expectoration has been present, keeping the patient distressed in coughing and expectoration. Don't use the Myrtus com., for this is not the "Checkan." Have used it for thirty years. Recommended to me by an old homœopathic physician of Buffalo, N. Y. God bless his memory.

OSCAR H. HALL, M. D.

Pittsburgh Building, St. Paul, Minn., Jan. 20, 1910.

OBITUARY.

Dr. Pedro Pinart.

By the death of Dr. Pedro Pinart, General Editor of the "*Revista Homeopatica*," of Barcelona, Spain, Homœopathy has lost one of its most devoted and active champions, and all his colleagues, the world over, will deeply feel the premature loss of such an intelligent, conscientious and liberal physician. He died on Jan. 1, 1910, of an acute attack of pneumonia in the prime of life. The date of his birth is not at hand.

Dr. Pinart was the man who, associated with his bosom friend, Dr. Comet Fargas, prepared and presented to the last National Congress of Tuberculosis, in Saragossa, Spain, the most complete and valuable report about the prophylactic measures adopted and sanitary laws enacted by the civilized world for preventing the spread of tuberculosis.

In this general report he incorporated all the steps taken and all the municipal rules established by the large cities of the United States for the protection of the communities; and flattering, indeed, were his citations about cultured Philadelphia and what our Board of Health and other Corporations had done and were doing for the extirpation of one of the most dreaded diseases.

Among other complimentary remarks, he said that in the United States *public hygiene* was gradually becoming private, and that not only the public and the professional press, but every American citizen, understood the danger and intelligently co-operated in the attainments of the most favorable conditions to combat this great evil.

Both for his steady labors in behalf of Homœopathy, and as a

warm admirer of our Institutions, he deserves a tribute of praise, which we heartily give to his memory.

Departed, but not forgotten!

DR. EDUARDO FORNIAS.

Philadelphia, Jan. 20th, 1910.

A CENTENARY OF THE ORGANON.

A hundred years ago this year was published the *Organon*, and with its publication the principles of Homœopathy were established upon a stable basis. However much the nomenclature of medicine may vary in the future, however far future physicians may be able to analyze the phenomena of life and of disease, it is incredible that the *Organon* shall not remain the first great statement of a curative relation between drugs and diseases, the enunciation of a law of life with which every unprejudiced observer must reckon. It is the greatest contribution ever yet made by any one man to the Art of Medicine, and if the general recognition of this fact be delayed, yet daily experience has shown us that it is on the lines indicated by Hahnemann that medical science advances with certainty. Surgery during the last forty years has made such progress that the change has been almost revolutionary, but Surgery to all intents and purposes has now surveyed its kingdom. Its pretensions to certain provinces tend more and more to be challenged, and enormous as are its potentialities for good, its powers have nevertheless definite limits, and Medicine must strive to conquer the great kingdom of disease wherein Surgery has no power. In this struggle the *Organon* is the most potent weapon yet forged by man, and he who neglects it wilfully deprives himself of his best ally.

It will be interesting briefly to review our positions at the end of the first century of Homœopathy. The decay of our beliefs is frequently proclaimed, but in the main the wish is father to that thought. At any rate, from Pasteur to Sir A. E. Wright, the bacteriologists have approached nearer to Hahnemann than could have been believed possible fifty years ago. Not only is there a definite approach to the main principle of Homœopathy in the deductions from the investigations into Immunity, but side by

side with that, the study of physics has revolutionized conceptions of matter to such a degree, that many of the great stumbling blocks in the path of Homœopathy in the shape of the infinitesimal dose and the possibilities of dilution are in a fair way to be removed. It was always possible by the path of personal experiment to test the truth of these assertions, but it is idle to deny that they afforded good standing ground for prejudiced minds, and independent testimony on this subject is of the highest value. Therefore a century of astounding scientific advance finds Homœopathy in a stronger, not in a weaker, position, and testifies to the marvelous insight and prescience of Hahnemann.

What now of the Future? As far as Homœopathy is concerned the next century, nay, the next fifty years will decide it. Our orthodox friends have (independently in the main, let us do them that justice) got upon the track of the main principle that inspires our endeavor. They will almost certainly be compelled to go further, and if we were to hold our hands altogether it is quite possible that some kind of leaven of Homœopathy would, under other nomenclature, become a part of orthodox doctrine. Dr. Hugo Schulz, Dr. Huchard, Dr. Cabot, Dr. Gimeno, are all striking examples of the tendency to come to terms with Hahnemann. But, should Homœopathy come thus by a back way into its kingdom, few of us can doubt that it would fail to bring with it many of its most powerful weapons, the result of all the century's work and experience. The labors of the actual homœopathist would be largely ignored, and much knowledge painfully acquired would be forgotten, to be rediscovered no doubt by degrees, but with great loss of time and of power to deal with disease, in the interval that would precede the rediscovery. Therefore we wish to see Homœopathy strong enough to compel those who tend independently towards it, to take account of its practitioners and profit by their experience. To maintain such a position must be the aim of all Homœopathists. The New Year is the traditional time for good resolutions. Let every one of us determine that 1910, the Centenary of the *Organon*, shall be a year of constant effort to improve the position of Homœopathy and bring nearer the day when full justice shall at last be done to its great originator.—*Homœopathic World*.

THERAPEUTIC DRIFT WOOD.

A physician reports the case of a woman who had a pain in her shoulder—burning, worse from motion, better at rest. *Aspirin*, *Salicylates*, electricity and the X-ray did no good. Then the indicated remedy, *Bryonia*, was given and the woman was at once cured.

Dr. Chiron (reported in *Hom. World*, Jan.) writes of a man of 59, a heavy smoker, who had attacks of severe dyspnoea, etc. Case was diagnosed as arteriosclerosis. Several times different drugs gave relief, but finally the case became very bad—dropsy, galloping pulse, dyspnoea, delirium, etc. *Eel serum* 6 was then given every two hours, and in eight days the patient was up and about, remaining well ever since. *Eel serum* is one of the remedies to keep in mind. Like other remedies that at times will aid such cases it will not cure every time, but every now and then a case arises where it is the only one apparently, for this case had previously received nearly every other known heart drug.

Dr. Favre reports the case of a woman who had suffered from a severe pain in her left shoulder joint which prevented her from lifting even light objects. *Sepia* 30, once daily, cured in eight days.

Dr. Favre also reports a case of an apparently healthy girl of 18, menses come too soon at times, who had weeping eczema behind the ears, on red skin, spreading towards face and scalp. Right elbow joint showed a patch also. *Graphites* and *Calcaria carb.* ameliorated, but the eczema spread. *Sepia* 30 cleared it up in five days, and there has been no return of the malady. These two cases were taken from European journals, not named, and reported in *Hom. World*.

Dr. W. Leming, Tucumcari, N. M., tells, in Ellingwood's Therapeutist, of a man who had taken cocaine and was pacing the floor pressing the heart region and in great fear of death. *Aconite* brought him to normal or, rather, to where his disease (too much coffee drinking) could be seen.

In same journal a contributor (unidentified) tells of using *Thuja* and *Echinacea* internally for syphilitic conditions with success.

HOMŒOPATHIC THERAPEUTICS OF TYPHOID FEVER.

If the patient is restless, the skin dry and hot, the pulse hard and rapid, the headache general, *Aconite* is the remedy, and we have known a number of cases where the Widal reaction was positive that we felt sure the remedy cut the disease short in two weeks, before suppuration of the intestinal glands occurred. Perhaps no homeopathic remedy is as commonly used in typhoid fever as *Arsenicum aib.*, yet our experience has been that it is not so often indicated as some others. If the patient is restless, thirsty for small quantities of liquids, diarrhea serious and often involuntary with a very strong odor, delirium of the active type, wants to get out of bed—then *Arsenicum* is the drug.

If the tongue is moist, the bowels loose, the patient complains of pain, is sore and complains on being moved and of the muscles and body being sore, *Arnica* is the drug.

If the lips are cracked and bleeding, the tongue, teeth and gums covered with bloody sordes, *Arum triphyllum* is the remedy.

If the pupils are well dilated, the headache frontal, the sclerotic coats of the eyes injected, the skin dry, backache persistent and delirium marked, *Belladonna* is the remedy.

If the tongue is dry, the thirst great and for large quantities of water, the delirium early and about one's work with a constant desire to go home, frontal headache, wants to lie still, diarrhea early and often epistaxis, *Bryonia* is the remedy.

If the tongue is brown with a dark red streak down the middle or the whole tongue is red and as if it had been skinned, the delirium of the low muttering type, with a constant inclination to slip down in the bed, *Baptisia* is the remedy.

If the headache is in the occipital region, the skin moist, the pulse full and soft, the temperature not running very high, the backache severe, *Gelsemium* is the remedy.

If the tongue is dirty yellow with red tip and edges, *protoiodide of mercury* will do good work.

When the delirium is pronounced and the case passes into stupor, with the pupils either contracted or dilated, the jaw dropped, the bowel movements involuntary, *Opium* is the drug.

When hæmorrhage occurs with a gush of bright red blood *Phosphorus* has done good work.

When the case has reached the third or fourth week and the diarrhea is persistent, two to six movements in an hour, yet the patient seems to be strong, *Phosphoric acid* has done good work.

If the tongue has the characteristic triangular tip, the abdomen is distended, the rose spots abundant, *Rhus tox.* is indicated.

If the urine is thick, the tongue smooth and glazed, the back-ache pronounced, *turpentine* is the drug.

We do not mean that these are the only remedies indicated in typhoid fever, but that they have been the ones most often indicated in our experience, and have given us good results. The indications as given have been many times proven and are from our own observations. We do not believe in the use of combination tablets of any kind, and can see no place for them in typhoid fever. We recognize the trend of the times toward poly-pharmacy, and fully appreciate the fact that the homeopathic physician, who can conscientiously use combination tablets, will save himself much time and materially assist the dominant school of medicine in absorbing us.—*Dr. C. F. Hood, Chicago, Ill., in the Clinique.*

THE QUESTION OF DOSE.

Editor of the HOMŒOPATHIC RECORDER:

The question that is uppermost in the mind of a homœopathic physician is that of dose. While some advocate the highly potentized remedy as the one to be used with success in the treatment of disease, others deny the efficacy of the same altogether; *e. g.*, Lippe is of opinion that "every case of intermittent fever, *can, has, and must be* cured with the potentized remedies under the law of the similars homœopathically." But Hale, on the other hand, asserts that "boastful homœopathic physicians often claim that they can cure any case of ague with the high potencies. But those who practiced many years in malarious districts know that such assertions are false." Both have their votaries, who are not small fries, but are well-informed and regarded as authorities by the profession. It is, therefore, invidious to make any distinctions among them.

In the reports of cases that are published in our journals, we

also observe the same difference in the methods of practice. For instance, while some thinks it almost criminal to use *Calcareo carb.* in any potency below 200th, we find such a veteran as Dr. Chahendra Sul Sircar advising the use of this remedy in the lower potency. In a case reported by Dr. Nripenduhath Sett, of Calcutta, in this journal some years ago, we find that he was using *Calcareo* 30, as it was well indicated, but finding no improvement, he called in Dr. Sircar for consultation, who advised him to give it in the 6th potency and this had the desired effect.

When there is such material difference between the opinion and method of different authorities, it is well for us to go to the fountain-head of our system—I mean to our great master and guide, Hahnemann—for the solution of this problem. The advocates of high potency seem to think that Hahnemann was exclusively in favor of the highly potentized remedies, but the careful readers of his *Organon* must have remembered that he insisted upon his followers not to be led by theoretical conjectures, nor by sophistic reasonings. He desired them to mark with certainty the result of experiment and observation, as pure experiment and acute observation alone can solve the question. He has clearly laid down that “the dose of a homœopathically selected remedy should not be reduced so far as to be inferior in strength to the natural disease and lose its power of extinguishing and curing it.” From this, it is quite evident that while the use of a potentized remedy is desirable, regard must be had to the fact that the selected potency should be equal to the natural disease in strength.

We should likewise take into consideration at what dose a drug can exhibit its toxic effect. There are certain kinds of drugs which do not show their real character unless administered in heavy doses, while in others a very minute dose is capable of drawing out their toxic results. If we ignore these facts and go on thoughtlessly raising the potency higher and higher, we will be acting contrary to the rules of nature, for the similitude can be deduced only by lowering the dilution in proportionate degree. It is, therefore, desirable that we should note with accuracy the dose in which provings are made and make judicious use of the potency having regard to the strength of the drug:

Another point I desire to urge upon the attention of our brother practitioners is that we must take the susceptibility of our patients into consideration there are certain patients who are susceptible to a very minute dose, while others upon whom even a very material dose cannot make any impression. While it is folly to prescribe a large dose in the cure of the former, it is equally folly to insist upon the smallest dose for the latter.

For reasons stated above, we are often confronted with obstacles in the way of success, but a true physician he is who is guided in each individual case by the toxæmia of the disease, the strength of the drug and the susceptibility of the patients. Hahnemann has rightly observed that a physician who knows in each case the obstacles in the way of recovery and how to remove them is the true master of the art of healing.

DR. SRISH CHANDRA BASU, L. H. M. S.

25 Parvato chgensis Lane, Calcutta, January 5th, '10.

BOOK NOTICES.

The Materia Medica of the Nosodes. With Proving of the X-Ray. By H. C. Allen, M. D., Author of "Therapeutics of Fevers," "Keynotes and Characteristics," and "Boenninghausen's Repertory" (slips). 583 pages. 8vo. Buckram. \$4.00, net. Postage, 24 cents. Philadelphia. Boericke & Tafel. 1910.

This is the last work of that grand master in Homœopathy, Henry C. Allen. He slowly compiled the manuscript through the years of his later life, revised it often, and added to it, finally gave it to his publishers, read the first proof and then "was gathered unto his fathers." A book of this sort is difficult to criticise, and equally difficult to praise. It is the first book devoted exclusively to the subject of the nosodes ever published, and though nosodes have been before the profession since the early days of Homœopathy they are still questioned by many. Dr. H. C. Allen believed that they formed a very important part of the armamentarium of a homœopathic physician; that they

stood on the same plane as his other remedies; that they were to be prescribed on the totality of their symptoms, hence this book. It is to be noted that Dr. Allen did not confine himself exclusively to the nosodes, for in addition to the X-Ray, mentioned in the title, he has included the North, and the South, poles of the magnet, electricity, and several others that are not nosodes. Each drug (or nosode) is preceded, with a few exceptions, by a preface that tells of its origin, character, etc., etc.

Taking it all in all we believe that this is a book that will be of great use to homœopathic physicians who are students, to those not satisfied to rest in the knowledge with which they were equipped when they were graduated from college. It is in obstinate, deep-rooted and puzzling cases that this book will be of the greatest practical use. Much, very much, of the brilliant success of the late Dr. J. Compton Burnett was due to his extensive use of this class of remedies. In paper, printing and binding the book is up to the Boericke & Tafel standard.

Specific Diagnosis and Specific Medication. By Jno. Wm. Fyfe, M. D. An entirely new work based on the writings of the late John M. Scudder, with extensive extracts from other Eclectic authors. 8-vo. 782 pp. Cloth, \$5.00. Law sheep, \$6.00. The Scudder Brothers Company, Publishers, Cincinnati, Ohio.

This fine volume represents the modern eclectic practice. It is based on the two works of the late Dr. John M. Scudder, namely, *Specific Diagnosis* and *Specific Medicine*. On this foundation Dr. Fyfe has builded and added that which has been accepted as good in eclectic medicine since the days when Scudder wrote. It is divided into two parts. Part I, *Specific Diagnosis* to page 298 and Part II, *Specific Medication* to end. If any one wants a modern and complete book on eclectic medicine he probably cannot do better than to get a copy of this one.

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EDITORIAL BREVITIES.

DISEASES OF THE PERSONALITY (*Maladies de la personnalite*). Dr. Sam Vanden Berghe, of Ghent, Belgium, announces the work of Dr. P. W. Shedd, published by Boericke & Tafel, of Philadelphia, as follows: "What led Dr. Shedd to present the translation of the psychological book of Prof. Ribot to the medical profession was the merit of the work. While this book does not possess but a psychological interest to the allopath, for us it is a rich source of information, as we can find in the pathogenesis of our *Materia Medica*, and in the application of the law of *Similia*, immense resources to combat the morbid manifestations of the personality, of the will and of the memory. Dr. Shedd follows the psychological considerations of the author by some valuable comments of the *Organon* and points out the remedies which we can find in our pathogenesis, in proportion as the facts given by Ribot suggest their homœopathicity."—*Journal Belge d'Homœopathie*.

THE COLLEGE GROUCH.—The RECORDER knows nothing of the "inside workings" or the "politics," etc., of our homœopathic colleges, yet the following from the *Clinical Reporter*, St. Louis, looks timely. It is concerning the several colleges that recently have closed their doors: "These colleges, it must be admitted, turned out some good men, good practitioners, and, we may add, a few who were no credit to their Alma Mater or themselves, but they at no time had the support of half of the physicians who were supposed to be loyal to them. Denver, as has been said, was a battleground since the school started. The profession in Minneapolis chose to follow the dictation of the A. M. A. rather

than stand as one man and demand and maintain their rights, and in St. Louis it is an open secret that the college was supported by a few men only, while, worse still, it was opposed more openly by some professed homeopaths than by any old school man in the country." There may be room for improvement in the teaching, and in other matters, in every one of our remaining colleges, but it is a wretched policy to aid in the killing of the college, by open or covert hostility, on account of that fact. One of the most difficult things to learn in life is that all who differ from you are not necessarily condemned. Work with might and main if you will for what you believe to be right, but do not get a grouch against those who do not, or who even will not, see things as you see them. Work for the reform of the homœopathic college if you think it is needed, but for heaven's sake don't try to kill it if you do not succeed. Remember, it is more difficult to start up a new college today than it was in the past. Also, that changes can only come very slowly in colleges and universities, and that the methods of the French Revolution are not the best of reform measures.

CURANTUR VS. CURENTUR AGAIN.—The Washington correspondent of the Philadelphia *Evening Telegraph* writes evidently of the monument of Hahnemann in that city. He is not familiar with the great change, or the famous correction,—as you please—that took place some years ago: "The man who can make things out of marble worth looking at appears to be unable to spell. On the Hahnemann monument in this city the Latin verb that is usually spelled *curantur* appears with an *e* in the second syllable." The truth is that you can spell it either way without being communicated.

A PLAIN TALE.—There was once a man who was possessed by the old fashioned idea that every good citizen should serve his country when the opportunity arose. He was asked to run for an office and consented to do so. When this fact was announced it was discovered that he was a "Grafter," an "unprincipled hypocrite," an "office seeker" and a very disreputable person generally. At first he denied these charges, but the only effect was that he was also branded a "liar." The man was elected, by the aid of "repeaters," "ballot box stuffers," and a few fool citizens. The Enlightened Press made a great outcry and when the man finally

took his office he was looked upon by many as a near-thief. Then the Enlightened Press delivered a homily on the duty of citizens and scolded them for leaving politics in the hands of the "low and debased." The man served his term—and the public—faithfully, but declined to become a candidate for re-election.

Moral—(fill it out for yourself).

LOMBROSO.—In the October number of *Le Propagateur de l'homœopathie* Dr. Jules Gallavardin publishes a short reminiscence of Lombroso, having met him while attending a Congress at Lyons in 1906. He said that his theory of criminology was not far from that of the church's doctrine of "original sin;" yet he was by no means a pessimist. For forty years he had been treating all manner of mental derelicts chiefly with homœopathic medicines, though at first there was violent opposition from the doctors, and he was denounced for doing so and accused of poisoning his patients. He was also something of an Isopath, for he mentioned prescribing *artemisia absinthium* with success in cases of victims of the absinthe habit. He spoke in terms of the highest praise of the works of the elder Gallavardin—one of which, *Alcoholism*, has been translated into English—and said that homœopaths had not paid enough attention to the psychical effects of their drugs, which gained in importance the deeper they were studied. Lombroso, it seems, progressed beyond the crude, and rather bungling, seras, vaccines, etc., of modern medicine to the higher realms of that science. It almost appears at times as if some homœopaths do not appreciate their magnificent scientific heritage. Lombroso was big and true enough to acknowledge the super-eminence of Homœopathy. Not every one is big enough to do this. Lombroso was an Israelite.

BABY FOODS.—The paper by Dr. John Howland on proprietary and predigested foods for infants, read at the A. M. A. meeting, Atlantic City, and published in the official journal Jan. 15, opens as follows: "The name of the proprietary infants' food is legion. They are like the rats in Bishop Hatto's tower; "by thousands they come and by myriads and more.'" The reason for this is "the ignorance of the great bulk of the medical profession in regard to the artificial feeding of infants." Dr. C. Sigmund Raue evidently recognized this state of affairs, for in the second edition of his

Diseases of Children he devoted especial attention to this matter. This feature of the book alone makes it of peculiar value to the family practitioner. Infant feeding is a big subject for the welfare of the race.

SEWER GAS.—The *Post-Graduate*, January, considers the subject of sewer gas as a cause of disease, and because it has been demonstrated that this gas is singularly free from bacteria it concludes that “there is, therefore, little reason to believe that sewer air needs to be feared as a means of conveying infectious diseases.” To admit that sewer air is a cause of diphtheria, typhus, etc., would be to knock the props from under the germ theory of disease on which modern scientific medicine is founded. It is an ugly dilemma for the ultra-scientific, because protest as they may common sense causes the belief that this gas does cause what are termed infectious diseases, and the corollary follows—if common sense is right—that germs are not the cause of disease, but the fruits of disease. A very big difference.

FLOODS OF LEARNING.—The *Wiener Klinische Wochenschrift*, which may be freely translated the “Vienna Clinical Weekly,” tells of a case of a dislocated ankle, or “traumatic hysterical paralysis,” which had its genesis in the sprained ankle, the accident occurring in a railroad depot. Damages were demanded. The case has had twelve trials “with almost endless medical testimony and the end is not yet.” The moral of the case according to Dr. E. Raimond, who writes it up, is the “importance of referring neurologic cases to neurologists,” which at this distance seems a little hard on the flood of “expert testimony” that has been poured out on it. The moral for the damaged one it would seem is to compromise, for the damages will have to be big to pay for the lawyers, experts and others in twelve trials.

MENTAL SYMPTOMS.—Every homœopathic practitioner knows of the value of the mentality of the patient as a guide to the curative remedy. Now we find in the *Post-Graduate* the following: “It is very encouraging to note how the Faith Curists, the Christian Scientists, the Emmanuel Movement people, etc., have actually driven the profession within the past year or so to take up and make a scientific study of Psychology, and fully to recognize and acknowledge that the psychic side of a patient needs as much

attention as the physical side. In all our great medical schools very much more attention is now, or shortly will be, given to the so-called 'Nervous' cases, to the great detriment, we are convinced, of all those who are endeavoring to practice without having obtained a thorough medical education." It is a pretty safe prediction that the faith curists, and the rest, will in a few years fade away into oblivion, and that the efforts of our "regular" friends to supplant them will come to naught until they are guided by the light of the law known as Homœopathy. A very safe prediction.

OF INTEREST TO THE PRACTITIONERS IN SMALLER TOWNS.—The following is from an editorial in the *N. Y. State Journal of Medicine*. The hospital referred to is in New York City, but is not named. It would seem that a well established man in a small place should be content to rest satisfied under his vine and fig tree, for the city brother has troubles of his own. Read for yourself:

"The visiting surgeons are classified, ranked and assigned to duty not according to fitness or length of service in the hospital, but according to the number of 'paying patients' they have sent to the hospital during the fiscal year. The man who sends the most private patients has first choice of the service, and so on down the line until the man is reached who has sent in the fewest paying patients. He takes the leavings. In the eyes of the Board of Managers he is the yellow dog and a tin can is promptly tied to his tail '*pour encourager les autres.*' It is difficult to see how any body of self-respecting gentlemen could allow itself to be persuaded to inflict so insulting and degrading a system on a visiting staff. Its members must have held the almighty dollar so close to their eyes they could see nothing else save its yellow glare. It is a matter of astonishment to the medical profession that the members of a self-respecting visiting staff could tamely submit to such ignominy. They have evidently heard 'their master's voice' and the crack of the superintendent's whip."

The man in a small town or city may be somebody, but in the modern Babylons he must, it seems, obey orders of his superior. These hints—broad ones—are given for the increasing of our general fund of useful knowledge.

THE SOIL FOR THE MICROBE.—In address by Professor J. A. Lindsay, delivered before the Royal College of Physicians, is foreshadowed the next great “movement” of the scientific men of medicine, a movement that will take them back to somewhere about the place they were when the microbe as the cause of disease was sprung on the world. Hereafter, Dr. Lindsay thinks, more and more attention must be paid to diathesis, constitution, temperament, heredity and the like, for it is to be inferred that without these the microbe ceases to be a “cause;” and, we think it might have been added, with them the microbe is not needed to make a sick man. This is the position THE RECORDER has held for years, *i. e.*, that the “germ” is not the cause of disease, but that violation of the immutable law, on part of the individual, or his forefathers, is the origin of all disease. And this is true whether the violation was voluntary or involuntary, moral or physical. The children of the over-worked and underfed show the effects; so do those of the man physically tainted with any disease.

THE CAREER OF A MEDICINE.—*Echinacea* started in life about forty years ago as a poor, but reasonably honest, “blood purifier.” It was advertised in the newspapers and “made good” to many who “tried” it. Then certain eclectics and homœopaths, who were not afraid of occasionally wandering off the beaten and academical drug highway, took it up—and it modestly “made good” with them to a gratifying extent. Now it is taken up by the enterprising gentlemen who advertise “for physicians only,” “eth-pharmacial” and “scientific” preparations, and who caution you to “take no other.” There are now several of these advertised under fancy names, but the working power in them all is simply *Echinacea*. The fact that this has been done is one of the best testimonials to the intrinsic value of the drug. To be sure the gentlemen who cause a drug to assume a masquerade costume declare that they have developed certain “peculiar” virtues in it, but this is only polite fiction.

A VACCINATION MIX-UP.—The editor of the *St. Louis Republic*, Mr. Porter F. Cope, Secretary of the Anti-Vaccination Society, Dr. Joseph MacFarland, of the Medico-Chi., of Philadelphia, and some others, have been having a setto on the subject in

the columns of the paper named. The argument that hit the public hardest while this was going on was used, innocently, by a reporter who gave the details of the death of a six-year-old boy in St. Louis, "resulting from vaccination." Dr. MacFarland's indignant and scientific communication, Mr. Cope's keen thrusts and figures, the editor's would-be Jove-like a plumb, all paled before the simple recital of a bit of local news.

HOMŒOPATHY IN INDIA.—The *Indian Homœopathic Review* (Dr. Majumdar) says that "overcrowding in the medical profession is a general cry all over the world. In India we have very few really qualified doctors." There are a number in Calcutta but very few in the interior, many towns having none of any kind. "We can find a homœopathic box and a domestic book in the hands of every one in these places, but true physicians cannot be found." This is, in a measure, the state of affairs that prevailed in the United States about thirty-five years ago. The box and the domestic book paved the way for the homœopathic physician. The tendency of things to-day is to make a medical education so expensive in time and money that the smaller places in the world will have to revert again largely to domestic medicine, for they actually cannot afford a modern doctor, and such a doctor would not be justified in wasting his expensive and cumbersome education on the small places. Not many of the older generation of doctors could pass the examinations now required by the examining boards, yet when it comes to actual treatment they could probably instruct their examiners. It is so in the country, and getting more so, therefore, our Indian friends will probably have to put up with their L. H. P. S. men and be thankful the law allows them to practice. If a man has the natural gift he can easily become a helpful attendant on the sick even if he does not know all the modern trimmings required by the new order.

A BIT OF HOMŒOPATHIC HISTORY.—"I recall the fact that one of the largest institutions of the country came into the hands of this school through a fortunate homœopathic eye prescription. Probably some of you are aware that the New York Ophthalmic Hospital, which treats three or four hundred patients daily, is in our hands to-day because Timothy Field Allen knew his *materia medica* and how to apply it to the eye; he was a specialist who

knew his ophthalmoscope as well as his materia medica. The Governor of New York was threatened with blindness from a detachment of the retina, which the most eminent specialists on both sides of the Atlantic pronounced incurable. As a last resort he went to Dr. Allen, who carefully studied his case, and gave him *Gelsemium*. Gradually the retina became re-attached, and in a few months the eyes were cured. At this time the New York Ophthalmic was under old school jurisdiction, and there was much friction in the management and staff. To show his gratitude, the Governor used his influence and turned the institution over to Dr. Allen and the homœopaths."—*Dr. F. J. Newberry, Los Angeles, Calif., in Pacific Coast Jour. of Hom., Dec.*

GETTING THE BEST OF THE MALARIA BACTERIA.—*Gaillard's Medicine* gives a very good tip as to how to get the best of the lively critters that said to cause malaria. It is this: "If they will not take their quinine, no matter how much you send after them, and quit their fooling, just send in a dose of methylene blue, which will diminish their motility, and thus make them "more receptive to quinine." It seems to chasten them, as it were, and thus makes them take their quinine as all well behaved bacteria should, but do not always. The patient? Oh, he's the battlefield and must stand the racket, for the quinine given is fighting bacteria, not treating the patient.

THE VALUE OF THE TUBERCULIN TEST.—The following is clipped from a letter to the *Medical World* from Dr. J. F. Conneffe, of Columbus, Ohio. No comment is needed, unless it might be to ask, Why, then, make these sometimes dangerous tests? Here is the clipping:

"As pointed out by Hamburger in the *Weiner klin. Wochenschrift*, July, 1908, there is no tuberculin reaction in a tuberculous free individual. On this we stand approved; yet, we must not obliterate from our view the fact that he again states: 'All human beings are disposed to tuberculosis, and all adults have in them tuberculous foci.'"

OTHERS CAN DO LIKEWISE.—"I graduated from the Detroit College of Medicine in 1886 (regular), but for over twenty years I have practiced and studied specific and direct medication. My first years of practice I went to a town where there was an old

German eclectic and an excellent homœopathist. I was the only regular. I thought I would soon have the field all to myself, but I soon found I was not in it with their small doses fired straight at the mark. However, they both took me under their wing, and I soon began to learn things about medicine that I never dreamed of.”—*Dr. Parks in Therapeutist.*

DEATH FROM GELSEMIUM POISONING.—Dr. Pellew, Balaclava, S. A., contributed the following notes to the South Australian Branch of the British Medical Association:

“H. R., aged 57, died suddenly after about three hours’ illness at 2 A. M., on October 4, 1908. As he was dead on my arrival, I had no opportunity of marking his symptoms. He had gone to bed in usual health at about 11 o’clock, after taking a rectal injection, prescribed by a well known irregular practitioner of Melbourne. Symptoms came on in about half an hour, and consisted, so I was told, in giddiness, a choking sensation, with pain in the chest, ataxy, muscular twitchings and violent struggling. The patient believed himself to be dying, as he said he would be gone before the arrival of the doctor, and his prognostication proved to be correct.” The herbalist who furnished the drug was tried but acquitted.

ALMOST NO MEDICINE AT ALL.—“In the 15th and 16th centuries the strange genius of Paracelsus, followed by Von Helmont, gave a new impetus to medical science. He introduced chemical preparations with their claims of spiritual essence. The Tatro chemical school developed with the theory that many symptoms of diseases were caused by passions and perturbation of the Archeus; therefore, medicines were given to modify the ideas of the Archeus.”

“In 1624-’89 Sydenham brought his theories to bear a great influence upon the medical world. He said: ‘You cannot imagine how far a little observation carefully made by a man not tied up to the four humors of Galen, or the sal, sulphur and mercury of Paracelsus, or to the acid and alkali of Sylvan, which has of late prevailed, will carry a man in the cure of disease with very little things and almost no medicine at all.’”—*Dr. E. R. Elisen, S. Y., in Medical Brief.*

Sydenham would have been a leader in Homœopathy had he lived later.

TRANSMISSION OF SYPHILIS BY VACCINE.—Dr. Francisco De Bernaldez, Mexico City: The Jenner or arm-to-arm vaccination against small-pox has been discredited by almost all nations because of the possibility of syphilitic inoculation. We are now well aware that in order that this may take place it is necessary to have well studied conditions, but much care must be used in collecting the lymph. From observations already made, it is stated that the lymph must be taken from persons over three years of age, that being the age at which hereditary syphilis makes itself apparent. The vaccine pustules must be of seven days' growth because the contagious infiltrations have a longer period of incubation. The transmission of syphilis through the agency of humanized vaccine can easily be avoided if we know the conditions under which such transmission is possible. The Jennerian vaccine is to be recommended because it confers a greater degree of and a more lasting immunity.—*Report Am. Health Association.*

If syphilis may be transmitted why not other taints of the blood? That which is thrown out of the system of a human being is refuse matter, and, therefore, is no fit matter to be put back again, whether it be from the bowels, the bladder or from a sore. Doesn't that seem sort o' self-evident?

NEWS ITEMS.

The *New England Medical Gazette* announces the completion of a new homœopathic hospital at Worcester, Mass. From the hygienic, aseptic and sanitary points of view the new building represents the best. There is also a roof garden to which patients can be taken in an elevator. This roof feature is one that it seems might be embodied to advantage in other hospitals that may be constructed in the future. Worcester is to be congratulated.

Beginning with the January, 1910, issue, the old established *Medical Review of Reviews* will be edited by Dr. William J. Robinson, editor and founder of the famous *Critic and Guide*, *Therapeutic Medicine*, and *The American Journal of Urology*. The editorial offices of the *Medical Review of Reviews* have been removed to 12 Mt. Morris Park W., New York City. The scope of the journal will be enlarged and every department will be strengthened. The subscription price remains the same, namely,

\$2.00 per annum. Dr. Robinson, he of the pungent pen, is surely following the card advice "get busy."

Docteur Francois Cartier has removed his office to 32 Avenue du Trocadéro, Paris, France. We hope Dr. Cartier escaped the flood.

Dr. Francis H. Orme, 733 Ponce de Leon St., Atlanta, Ga., writes that being 76 years old he has retired from practice after 55 years in the medical harness. He has 33 volumes of the Transactions of the A. I. H., which he will dispose of to any one having use for them. Address as above.

An excellent homœopathic opening in a good Colorado town of 12,000 inhabitants. For particulars, address A. Z., HOMŒOPATHIC RECORDER, P. O. Box 921, Philadelphia, Pa.

Read that paper by Dr. Von der Goltz in this number of THE RECORDER, on *Radium*, and what it will do. It ought to interest men of all schools.

From Cleveland, Miss., where Dr. M. R. Levenson is now living, we have received a letter from him stating that he is totally blind in the right eye, from detached retina, and that the sight of the left eye is failing. During the later years of his life Dr. Levenson devoted nearly his entire time to combatting compulsory vaccination.

Dr. O. B. Blackman, No. 1, First St., Dixon, Ill., writes us that owing to a second stroke of paralysis he has discontinued practice. He has a large library of books and bound homœopathic journals that he will dispose of. Should any reader be interested please address him as above.

Dr. Charles Gatchell, secretary of the American Institute of Homœopathy, died Wednesday in Los Angeles, where he had gone in search of health. Dr. Gatchell came to Chicago in 1881 and established a large practice. He was also a professor at the Hahnemann College, the author of several medical books and editor of the Medical Era. He is survived by the widow. Burial will be at Hudson, Wis., Monday.—*Chicago Record Herald*, Jan.

PERSONAL.

Some "square men" are slightly rounded at the corners.

Go to Harvard for exact science. Harvard says the world is *not* one hundred million, but sixty million years old. What was it before?

T. R. and Halley's comet will arrive about the same time.

W. H. T. is a good man and a weighty one, but the country looks at him questioningly.

When is a joke not a joke? Usually.

A man need not be able to make a table to know when a table is well made, said the doughty Dr. Johnson.

The taxicab is regarded as the Ananias of vehicles.

They say if woman ever gets to shedding tears for the ballot she'll get it quick.

Now, the hand that rocks the cradle is the hand at \$6 per week—and board.

Isn't there room for the Heathen Scientist?

The vestigial organ, Clarence, may mark limitations of——?

If "the final verdict must come from the post mortem table," what boots it to the late lamented?

"Keep thy mouth shut but thine eyes open," says Virgil. All right, Virg, but give us talkers for companions.

The man who "knows how" is always in demand.

The root of the word "dignity" is *dignus*—worth." It is sometimes assumed, as it were when the root is lacking.

They say the Tibetan physicians thousands of years ago enforced anti-sepsis. Oh, you evolutionists!

Isn't the loud haw! haw! that goes up at a joke on the wife an evidence of—well, bad form?

The doctor who is guided by the dicta of the laboratory has a blind guide.

The average "nerve case" doesn't want robust health—"it's so dreadfully vulgar, you know."

Though very impressive, Beverly Robinson says that charts, temperature, etc., etc., are not all they seem.

The picture of a robed and turbaned Bedouin of the Sahara riding a bicycle there gives one a shock.

"Smoke does not come out of a fireless chimney," say the Koreans.

"One may know the face of a man but not his interiors." Korean proverb.

Barnum said, "tell the truth and even multiply it."

Some men put their biggest bill on the outside of their wad and some on the inside.

"The guy who said figures don't lie," said Binks, "never rode in a taxi."

The joy of the joy-rider is sold at \$1.50 per bottle.

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ANTIGENS, ANTIBODIES AND COMPLEMENTS.

Dr. Ellen P. Corson-White contributes a learned paper to January *Medical Notes and Queries* on "The Wasserman Reaction in Syphilis," from which we quote the following:

"It was long known that foreign bodies, bacteria, foreign animal cells or acellular vegetable poisons which were accidentally through disease or experimentally introduced into the body of an animal produced in the fluids of that body certain protective substances or antibodies which would affect those invaders. Ehrlich showed that to demonstrate the presence of these antibodies in the fluids of the infected body three substances must be present; the antigen, the antibody and the complement. The antigen is the cell or poison to be destroyed or neutralized; the antibody or amoceptor is the specific substance formed in the fluids of the animal to destroy the invading material. It is generally specific; that is, it as a rule destroys only the particular substance which causes its formation. This lytic or destructive power of the amoceptor is present only in the presence of free complement. Complement is a factor present in all sera to variable extents, and in a comparatively constant quantity in the serum of a guinea pig. This reaction in the case of red blood cells is very readily demonstrated, but in the case of certain bacteria it can not be shown clearly in a test tube. The union of the bacteria with their antibody and complement occurs, forming an indissoluble triad, but there is no lysis in the tube to show it."

One hesitates to make any comments on so deep a paper, especially as it gets deeper the further it goes, and one may easily get in over his head. The thought that struck us on reading what is quoted above is that the antibodies, etc., must have a busy time

counteracting the numerous hypodermics, vaccines and seras that are so persistently introduced into the blood by those who practice according to the latest and most approved methods of the hour. Does the production of the antibodies, etc., draw on the vitality of the patient? It looks (though this may be a misconception) as if the "antigen," or what is to be destroyed, is the foreign substance introduced into the blood; if this is correct, the natural query arises, Why introduce it? The antibodies, etc., it seems, are formed whether the other thing is introduced artificially or by disease, so why burden them with additional work? The whole may be very clear to the deeply learned, but not all are deeply learned.

For the benefit of those gentlemen who are a little rusty on esoteric terms it may be said that "amboceptor," when interpreted by the dictionary, means "immune body;" so called "because of its double function of uniting with the receptor in the protoplasm of the cell and also with the complement, this double action being effected by means of two heptaphore groups." Dipping the nose deeper into the Pierian spring we learn that "heptaphore" is "a term applied to the atomic groups of the toxic molecule which unite with receptors, thus neutralizing the toxin by antitoxin or chaining it to susceptible cells of the organism." Going one step further in this fascinating Romance, we discover that "receptors" are "side chains of the living protoplasm molecule, the office of which is to seize upon the nutritive substances and anchor them to the cell." The metaphor (poetically speaking) is a little strained, but then it must be remembered that this is a new realm of "the romance of science" which the untutored mind does not readily grasp. One of the characters in the drama is "Complement;" unlike his namesake in polite fiction, he is "the active element of hæmolysis in immune serum" and is "composed of a heptaphore group, by means of which the amboceptor anchors it to the erythrocyte and a toxaphore group," where (to relax the high mental strain) it knocks the life out of the red cell. "Erythrocyte," by the way, is the red blood corpuscle, as everybody knows. "Antigen" is not in the verbal blue-book.

All this is very clear if you can understand it. Too much, however, must not be expected of a mere peep through the knot-holes into the temple of scientific medicine.

THE PAST AND THE PRESENT.

By Dr. Eduardo Fornias, Philadelphia, Pa.

There was a time when our opponents were continually asserting that our success largely depended on our strict regimen. Some of them, less versed in *Similia*, met our supporters with nonsensical remarks and stupid contentions. They claimed that ours was a *system of faith-cure*. Others less educated still maintained that *Homœopathy* was only suitable for children. I do not know that our *veterinary practice* has been assailed, but if so, it would be interesting to ask the assailants, what is the amount of faith quadrupeds have in our treatment? At any rate, I should think less than children, and yet, both children and quadrupeds are highly benefited by *Homœopathy*. Is it perhaps because they have constitutions not broken down by excesses of any kind? I never heard any son of Apollo and Arsinoe say so, but more probably it is because they have not been drugged to excess.

And how about those shallow brains of Allopathy, who paroxysmally come out of their sheds to predict our extermination and end as a school of medicine? Poor, disappointed creatures; while they have been wasting their time in a useless crusade, *Homœopathy* has kept on growing stronger and more influential every day. In the meantime, the old trunk of *Polypharmacy* has been split into sects, and still more sects, so that today the so-called *Official School*, with all its prerogatives and power, has lost its distinctive features, giving rise to endless therapeutic strife.

Has it ever occurred to our detractors to look for the reason why *Homœopathy* flourishes better in free countries and in enlightened communities? Why it does not appeal to the unlearned and illiterate? Does it not appear strange and inexplicable to them that the tree of *Similia* should have grown so sturdy in a highly civilized country like America?

Think of the enormous development of *Homœopathy* in America, since the great Constantine Hering landed in Philadelphia, and the light of the truth of *similia* spread over the whole northern part of the New World! Thirteen colleges, 100 hospitals and dispensaries, 12,500 homœopathic practitioners and \$22,000,000 invested in real estate property. And, what is better still, the

esteem and support of the most intelligent classes of society. Such results can only be obtained in free countries, where the standard of education is high, where the individual rights are respected, where no obstructions are placed to human knowledge, where the law is one for all, and where incompetence and fraud can be readily exposed and punished.

Homœopathy keeps a slow pace only in countries where power, official influence and intolerance reign supreme; where deep-rooted despotism, assumed authority, arbitrary prerogatives and galling laws are required to maintain supremacy and arrest antagonistic innovations. The *Alma mater* ordains, the Government assents to and the tyro must obey. The *archaic*, out-of-date practitioner, however, is hesitating and wondering if, after all, his therapeutic knowledge is worth anything to him.

But the times are changing wonderfully. *Similia* and the *infinitesimal dose* are no longer subjects of derision and scorn. Chemical physiology and biological physics are daily throwing new light into many obscure subjects of the past, and supporting our invariable contentions and doctrines. Noble has been the attitude of Lombroso and Huchard towards two of the fundamental precepts of our therapeutic system, namely: *Similia* and the *minimum dose*, Lombroso asserting that he understands now why, about a century ago, *homœopathy* was ridiculed, and that what the *old school* has of any value today is based on the homœopathic laws; Huchard acknowledging these precepts, but shielding himself with the cloaks of Hippocrates and Galen to rob Hahnemann of the credit due him.

Behring, less generous, and probably fearing to fall in the trap and be in marked contrast with his fellows, invokes *Isopathy* in order to enter noiselessly and pleasantly into the realms of *infinitesimals* and *Similia*.

But the honor to come out courageously, not only for *Similia* and the *minimum dose*, but for Hahnemann himself, belongs to Professor Gimeno, of Madrid, who did not hesitate to call the Master a genius. He proclaimed, before the National Congress of Tuberculosis held at Zaragoza, Spain, a few months ago, that Hahnemann had foretold at the beginning of the nineteenth century the modern routes science would take, and that his regret was deep for having offended him and his followers in former

years; a wrong, he stated, novel discoveries are now committed to mend.

Moreover, vindication is daily coming from lesser stars, some upholding the *Law of Similar* and the *minimum dose*, others sustaining *pure experimentation on the healthy human organism*, and not a few see the necessity of *individualizing morbid states* and treating the patient rather than the disease. From questionable and unscrupulous quarters we are constantly hearing of the application of a lent knowledge without any reference to the origin of the knowledge. The effects of drugs *given homœopathically* are published daily in *allopathic journals* with an utter disregard of the source from which the indications were obtained. We hardly could blame them for ignorance. I think they are plagiarists, but, if otherwise, I would counsel them to study *Homœopathy*, so as not to appear ignorant and enter the medical arena with borrowed garments. Better know *Homœopathy* than to become the laughing stock of their confrères.

I shall give now a few examples of the vagaries and inconsistencies of our opponents. As to doctrine, not long ago I read in a French journal that Dr. Henri Barbier, of Paris, found it convenient to assert that when the phenomena of disease are more complex and their interpretation more delicate, as in infectious maladies, we should be able to demonstrate that *the therapeutic agent given* favors the local organic defences, presses the general antitoxic and bacterial reactions, protects the glandular functions, removes the danger of complications and shortens the duration of the disease, and that only *a single, specific remedy* is capable of accomplishing all this.

Then we have Professor Hugo Schulz, of Greifswald, maintaining in one of his lectures that "before a drug can be used at the bedside with the fullest advantage, it is absolutely necessary previously to interpose the *experimental use of it on healthy individuals*, and that the medicine must be rightly chosen and be the one to arouse in the diseased organ the most definite reaction possible under all existing circumstances." And, finally, to finish the doctrinal part of my paper, I introduce to homœopaths the interesting address of Dr. M. Howard Fussell, of Philadelphia, before the *Section on Pharmacology and Therapeutics of the American Medical Association* (Sept. 19, 1908). In his appeal

he insists that a physician acts wisely when he uses only a single drug, so as to know its effects and what can be expected when combined with others. The following proposition deserves our attention: "The sooner our young men are taught and come to realize what the master minds for ages have always taught, that the *practice of treating a disease according to the name, without minutely examining into each particular case and adapting the appropriate remedies to the several indications which present themselves, cannot be too strongly reprobated the better.*" How does this sound in the mouth of an enemy?

I have now something to say about drugs and their homœopathic application by our defamers. It seems as if it were true what William Osler said about drugs being the most uncertain element of our art, at least so for the allopath, who, invariably following tradition and the dictates of empirical therapeutics, still keeps on building up and tearing down more and more theories of disease every day, until at last doubt enters his mind and is no longer wedded to the Alma Mater. He tears the robe of Esculapius, ceases to be the speaking trumpet of the Faculty, and abandons the despotic system which has enjoined him to adhere to one line of treatment even in the teeth of symptoms which should contraindicate it.

No wonder we find ye Old School tenaciously nursing the few specifics they possess and assiduously trying to increase their number. Do all our opponents know that the specifics they own are homœopathic to the conditions for which they are given? Let us take, for instance, *Mercury*, *Quinine* and *Digitalis* and allow their own authorities to tell their side of the question.

That the *syphilitic cachexia*, notwithstanding Richard Hughes' assertion, is very similar to *chronic hydrargyrosis* no one can dispute. *Chronic hydrargyrosis*, as seen in workers with the metal, is a poor argument to the contrary. We know that habituation brings about toleration, so that the drug no longer produces its specific effects. Neither is there the least doubt but that *the effects of large doses of Mercury, and Syphilis*, often become so blended together as to lead to fatal errors.

Mercury, says Ringer, of London, was formerly indiscriminately administered in all the forms and stages of *syphilis*. "Given in enormous quantity, the constitutional effects sought to be

produced were very serious. The bad effects undoubtedly resulting from the too free administration of this drug have led many to discontinue its use in *syphilis*, and even to attribute to the pernicious influence of *Mercury* many of the more serious diseases, as the destruction of bone, etc., formerly met with in syphilitic patients. It has even been denied that these graver lesions are ever produced by syphilis." "An influential, though declining school of the present day, maintains that *Mercury* is powerless over *syphilis*, and that the drug is simply harmful; there is, however, a larger and more prevailing school firmly convinced of the usefulness of *Mercury* when judiciously employed."

The history of *Cinchona* and its salts is intimately connected with Homœopathy. The drug, from which the salts are derived, is known in our school under the name of *China* and was thoroughly proved by Hahnemann. Its pathogenesis is found in his "*Materia Medica Pura*," and there our opponents could find the reason why this drug is a specific for *malaria*. Its alkaloid, *Quinine*, was proved by Dr. Noack, and seems to be the one preferred by the allopath, especially in the *treatment of intermittents*. They apply it as an *anti-periodic*, and so indiscriminately as to obtain only a temporary effect, single effect serving only to guard the system against the recurring paroxysm, but securing no further immunity when its direct influence has ceased. They have never been inclined to utilize others of its symptoms for the benefit of their patients, but, on the other hand, by the bridleless and long continued abuse of the drug, they have created a depraved state of nutrition which they called *Cinchonism*.

Years ago Trousseau advised doses of fifteen grains taken immediately after the fit and repeated with an interval, first of one, then of two, three and four days, and so on. Larger doses have been given by others. Lancereaux, for instance, recommended as high as two grams for a single dose given before the paroxysm. But now our confrères of the Old School are coming down heavily with the dose. In the *Journal des Praticiens* (April 3, 1909) I see that for some time Dr. Fuster has become a warm defender of the *small doses of quinine*. In 1896, Dr. Bertin, of Algiers, advised giving *quinine* every eight hours in powders of O. 25. In Germany the opinion at present is in favor of small fractional doses. They claim there that large doses, especially if prolonged,

offer serious inconveniences, and Professor Plehn has called the attention to *a toxic neurosis of the heart*, brought about by the injudicious administration of this drug, characterized by frequent and irregular beating. "It is a neurosis similar to that created by the abuse of tobacco and observed occasionally in those returning from a malarial district." With a well conducted treatment, scientifically established, one can combat serious malaria with small doses of *quinine* and avoid the distress of drug intoxication.

About *Digitalis* we are tired of being told that it is strictly homœopathic to *asystolic conditions*. Its leading indications are, and will always be, the *weakness of the cardiac muscle*, revealed by a small, intermittent pulse, and the *oliguria* and *anasarca*. It is unnecessary to deal longer with this remedy. We know what we can do with it and how to do it.

Then again, scattered in the medical literature of our allopathic confreres, we find abundant evidences of the incursion they have made into our *Materia Medica* and *Therapeutics*. I have seen the bold praise of *Baptisia* in typhoid fever; the daring commendation of *Rhus tox.* in various subacute and chronic rheumatic affections of the fibrous tissues; the confident indorsement of *Taraxacum* in hepatic disorders, and the spirited recommendation of *Hamamelis* and *Capsicum annuum* in hemorrhoids.

With the same presumption or ignorance, or both combined, have many others introduced and extolled some of our remedies for morbid states, to which they are strictly homœopathic. I give here the most important ones, in alphabetical order:

ACONITE, in inflammatory and surgical fever.

ACTEA RACEMOSA, in chorea and rheumatism.

AGARICUS, in chorea and chilblains.

AILANTHUS, in malignant scarlatina.

ANTIMONIUM TART., in bronchitis and asthma.

ARSENICUM, in irritative dyspepsia and diarrhœa.

ARNICA, in bruises and typhoid fever.

AURUM, in syphilis and hypochondriasis.

BELLADONNA, in scarlatina and cerebral hyperœmia.

BERBERIS, in calculi and uricacidœmia.

BROMINE, in spasmodic cramp.

BRYONIA, in pleuritis and rheumatism.

CACTUS GRAND., in heart disease (functional).

- CHAMOMILLA, in diarrhœa of children.
 CANNABIS SAT., in gonorrhœa and cystitis.
 CALENDULA, in wounds and contusions.
 CALOMEL, in children's diarrhœa.
 COLOCYNTHIS, in colic and other abdominal pains.
 CAULOPHYLLUM, in dysmenorrhœa.
 GRINDELIA, in asthma.
 HELLEBORE (Verat. alb.), in the algid state of cholera.
 HYDRASTIS, in catarrhal affections.
 HYOSCYAMUS, in acute and chronic mania.
 IGNATIA, in hysterical affections.
 IPECACUANHA, in malaria and vomiting.
 MEZEREUM, in strumous and syphilitic affections.
 NUX VOMICA, in constipation.
 PULSATILLA, in amenorrhœa and dyspepsia.
 STRAMONIUM, in puerperal mania.
 SULPHUR, in constipation and diarrhœa.

I vouch for all these statements, the confirmation of which can chiefly be found in the *old school Materia Medicas* of Ringer and Phillips, of England, and Bartholow and Porter, of America. In France, like in the United States, not a year passes without some extraordinary announcement being made of the discovery of remedies we have been using for years in accordance with the Law of Similars. We can mention three, which quite recently have been heralded abroad, and in this country, as the incarnation of allopathic encroachment and daring. These remedies are APIS MELLIFICA, CANTHARIDES and CROTALUS.

APIS MELLIFICA is a remedy first employed by Brauns on animals (1835), proved by Dr. Humphreys, of Utica, New York (1850), and, after a thorough investigation and research (1857), introduced in our practice by Dr. Hering. The student of homœopathic literature is well acquainted with the *Amerikanische Arzneiprûfungen*, a work in which Hering gives the most extensive and correct history of the *Bee Poison* (Bienengift), and of its provings. There the unscrupulous usurpers can learn the range of usefulness of this remedy, a more humane and effectual method of application than theirs, not only in *rheumatism*, but in *dropsy, acute œdema, hydrocephalus, ascitis, meningitis, scarlatina, diphtheria, genito-urinary troubles, ovarian and uterine irritation, and typhoid and intermittent fever.*

This remedy had an enthusiastic supporter in Dr. Wolf, of Berlin, but he was not as accurate as were Drs. Goullon and Weimar, who gave us, at the *World's Hom. Convention*, 1876, the most detailed history of the remedy. And any one wishing still to have more information should procure the *Index of Homœopathic Proving*s, by my esteemed friend, Dr. T. L. Bradford (*Boericke and Tafel, Philadelphia, 1901*), the able recorder to whom Homœopathy owes so much.

It was in "*Le Journal Medical*" (Spanish Edition) and in "*La Tribute Medicale*," page 91, of this year, where I first read the wonderful claims of our competitors about the *honey bee* in the treatment of rheumatism. The *technique*, of course, could not be more brutal and stupid. It consists in the application of the living insect to the affected parts, and it is in this manner that Dr. Burton, of Birmingham, England, cured himself from a three years' *sciatica* by the simple sting of eight bees, treatment which later on also was successfully applied by Dr. Téré, of Marburg, in more than 600 cases. By the information appended by Mr. Ainley Walker, of Oxford, he seems to have come to the conclusion that the *bee poison* has a positive effect to relieve *rheumatism*, and Dr. Lamarche, a French physician, by his experience on himself and on a lady patient, seems to believe the same. It is unnecessary to deal longer with the subject. We leave to intelligent men to judge this therapeutic method.

Cantharides, like *Apis*, is a homœopathic remedy with a brilliant clinical history. It has recently created a great stir in France, and by the Medical Press of that country ("*Le Bulletin Medical*," Feb. 17, 1909, and "*La Tribune Medicale*, April 17, 1909) I see that Dr. Lancereaux, a member of the Academy of Medicine, has been called to account by his illustrious confreres for having had the pluck to announce his wonderful success with this remedy in the treatment of *epithelial nephritis*, a variety of renal affection perfectly homœopathic to *Cantharides*. Of course we could hardly expect a member of the Academy to give out the source of the information which led him to the use of this drug in *epithelial nephritis*, but I am more than sure that Dr. Lancereaux, as well as those critics who called his medication *incendiary*, would find in our works ample evidences of its value and of the high esteem in which it is held by us, not only in the treatment of certain forms

of kidney and bladder affections, and in gonorrhœal chordee and priapism, but in ovaritis, nymphomania, erysipelas and pleuritis. It is only as a vesicant that allopaths know *Cantharides* well, a brutal method of no therapeutic value whatever, which, more than Lancereaux's, deserves the name of incendiary. It was the irritating property of the *Spanish Fly* which became the foundation stone of the whole proving. (See Hering's *Guiding Symptoms*; Hartlaub and Trink's *Materia Medica*, V. I, 3; Hahnemann: *Fragmenta de viribus*; Jahr: *Symp. Codex: Cyclop. Drug. Path.*, V. 2., etc.)

But the latest honor, at this late hour, belongs to Dr. Thomas J. May, of Philadelphia, for the tardy discovery of a well-known remedy. This eminent physician claims to have used the venom of the rattlesnake (*Crotalus Horridus*) in far advanced cases of phthisis for about a year with excellent results. In introducing his new remedy, so familiar to us, he says: "No effort is made to illustrate the behavior of a new remedy in a large number of cases, nor with the object of advocating the permanency of its effects, for neither could be demonstrated in the short period of one year over which this investigation extends, but chiefly for the purpose of illustrating its prompt and hitherto unobserved influence in some far and very advanced cases of phthisis and other pulmonary disorders, as well as in some important chronic diseases of the nervous system."

He recommends the administration of *Crotalus* venom, in doses of 1-200 and 1-100 of a grain, hypodermically once or twice a week or in slightly larger doses by the mouth. And so we find Dr. May, giving new life to a very old remedy. Of course he might have consulted Dr. Weir Mitchell and Reichert's work (1885-1886), and no doubt must have perused Oppenheimer's *Toxines and Antitoxines* (1906), and even Calmette's *Les Venins* (1907), and there found the hints which led him to his novel practice. But is it possible he could have ignored the fact that long before his experience with *Crotalus* we were using this venom in many zymotic diseases and chiefly in *Yellow Fever*? In 1860 Dr. C. Neidhard, also of Philadelphia, published his valuable brochure on "*The Efficacy of Crotalus Horridus in Yellow Fever*, and in this work he reports the severe cases of bilious remittent fever prevailing in this city and its vicinity during 1853,

which were cured or very much aided by this remedy. There is not a more authoritative work of this Ophidia, of that date, and it contains the valuable account of Dr. Humboldt's prophylactic inoculation of the venom of the serpent at Havana, Cuba (1854).

Dr. William Lambert de Humboldt, residing then in New Orleans, after an explanatory correspondence of several months, was invited by the Governor General of Cuba to Havana, placing a ward of the Military Hospital under his absolute control. The eminent Dr. Nicolas Manzini, of Italy, met Humboldt soon after his arrival at Havana and took great interest in the experiments undertaken by the latter, and, like Humboldt, believed that the epidemic remittent fevers of tropical countries and *yellow fever* were identical.

Humboldt was led to his discovery by observing that galley slaves, brought from Mexico to Vera Cruz, who had been bitten by some vipers on the way, always had decided symptoms of *yellow fever*. His inoculation was a success, having, during a period of nine years, inoculated 1,438 individuals, of which number only seven were attacked by yellow fever and two died.

Controversies at Havana were repeated and the Spanish Committee of the University, consisting of Drs. Cowley, Castroverde and Benjumeda, tried hard to discredit the labors of Humboldt, but the people received the news of his inoculations with joy and satisfaction, and considered them analogous to *vaccination*—to the discovery of Jenner. And, when a man like Manzini, not a homœopathist but a man of science, relinquished his practice in order to devote himself entirely to this immense scientific question, we must admit the opposition of the allopaths, and especially of Mr. Bastareche, Chief Military Health Officer for Cuba, was more than unfair. But what else could we expect from our opponents, who only of late have commenced to drop prejudice and consider our claims.

Manzini himself inoculated some 2,000 in the military hospitals of Cuba and his faith increased every day. However, after he had ceased to be connected with the hospitals, it was reported to him that there were great losses among the inoculated, and, at the end of 1855, the Committee of the Havana University pronounced the *inoculation* a failure. But from all the facts collected our observers arrived at the conclusion that the inocula-

tions produced a portrait of the principal and most important phenomena of *yellow fever*, and now, after all these labors and contentions, we have to support our claims the clinical observations and repeated verifications of this valuable remedy.

Humboldt, Manzini and Neidhard are dead, but our detractors have taken up the subject and are already utilizing our labors to make of *Crotalus horridus* an allopathic remedy. They are welcome to it, but, at least, they ought to be honest enough to give us the credit of priority.

No wonder the Editorial of the "*Hahnemannian Monthly*" of May last frankly states that the homœopathic student must find himself puzzled at times in deciding whether the writers of certain articles are to be classed as fools, humorists or knaves.

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VACCINATION DIDN'T TAKE.

F. M. Padelford, M. D., Fall River, Mass.

Probably Dr. J. C. Burnett's name is not one to swear by in scientific medical circles, but the following case certainly seems to support his theory that a patient who has been vaccinated repeatedly without apparent effect,—in other words, in whom vaccination has repeatedly "failed to take,"—is likely to be suffering from a chronic disorder very properly termed "Vaccinosis."

Howard M——, aged 6 years, was unsuccessfully (?) vaccinated in August, in September, and again in October, 1905. Two weeks after the last vaccination the child began to be stupid; would fall asleep on his desk at school. Soon afterwards he became highly jaundiced; abdomen distended and body sore to touch. Matter resembling pus appeared in the stools. During Thanksgiving week he suffered from frequent periods of unconsciousness. Later would scream in his sleep and awake bathed in a cold perspiration. During such times it was very difficult to awaken him. He would lie with his body rigid, at times for nearly two hours. Soon became exceedingly nervous and his heart very weak.

The boy remained away from school until after the April vacation. Had been back in school only about a week when his left leg became badly swollen below the knee. A few days later a

sore broke out high up on the back of the heel. The parents state that this sore appeared like that of vaccination. It was about the size of a "quarter" and penetrated into the subcutaneous tissue.

A suppurating eruption developed on the child's forehead, being particularly severe in the region of the eyebrows. The condition extended to the eyes, from which there was a discharge of pus and blood. Sharp pains in chest and abdomen. Would faint at any excitement. The jaundice continued for a long time.

After four years of illness the child seems to be recovering from his trouble. Health is said to have been fairly good previous to his being vaccinated. At ten years of age the boy weighed 42.5 pounds, with his clothing on.

I have described this case practically as it was given to me, necessarily abbreviating somewhat. The child was vaccinated by an able surgeon, and I am sure has had excellent care from the beginning. The physician who vaccinated him and others who have seen him agree that vaccination was responsible for the whole trouble. This both parents assure me.

Here are four years of extreme suffering, together with an expenditure of probably hundreds of dollars, to guard a child from a danger which, in all probability, is purely imaginary. At any rate the operation was wholly unnecessary, as in a case of a threatened epidemic of small-pox no intelligent physician would trust to a vaccination which had been performed more than a year previously.

I wish somebody who has confidence in the protective value of vaccination, and at the same time an honest conviction that the salvation of the American people depends on compulsory vaccination, would explain for me just what the significance of this sort of a case may be.

It seems pretty evident that spontaneous cow-pox is really from an original syphilitic infection. It would require far more statistical evidence than I have ever been able to discover to convince me that vaccination with such a virus as this ever did, or ever will, prevent small-pox, except possibly in a case where the vaccination itself kills the patient. Under these circumstances I am compelled to admit that the operation would furnish complete and lasting immunity from any later attack of small-pox.

If a vaccine virus, which is merely small-pox matter passed through one or more of the lower animals, is not likely to be the actual source of small-pox outbreaks, I wish some bacteriologist would explain for me the reason why. Chauveau, of Lyons, not only said that it would, but he experimentally demonstrated that it did. Others of equal eminence have agreed with Dr. Chauveau.

I have never been instructed that the degree of contagiousness in any given case depended on the severity of the case to which one might have been exposed. Dogmatic assertions, unsupported by evidence, should not be accepted as proving the truth of some theory which is contrary to what we believe to have been previously demonstrated to be a fact: And that is that specific micro-organisms may be expected to produce correspondingly specific diseases, regardless of the nature of the culture media in which they may have been intermediately cultivated.

The users of the products which have been mis-called vaccines—a la Wright—are accustomed to inject only dead bacteria. The germs in cow-pox vaccine are many and very much alive.

Is it not true that small-pox germs cultivated in cows are still small-pox germs? If not, why not? If they are, the inference is plain.

SCISSORINGS FROM THE TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.

It is a goodly, octavo, cloth-bound volume of 565 pages, full of good things, but not all lending themselves to the scissors. President Maddox said some very direct things, right to the point.

Allopathy vs. Homœopathy.

“The Homœopathic School of Medicine is not a sectarian body: it is an organization, a division, a school, if you please, forced to maintain a separate and independent entity, driven from the main body of medical practitioners because forsooth we choose to follow the truth as it has been given to us to see the truth, and we retain our separate entity because the dominant body has failed to provide for the teaching of our special form of therapeutics. It could then swallow the camel of nauseating, dangerous and

senseless compounds, long since abandoned; but it strained at the gnat of homœopathy, although it has since adopted much that homœopathy introduced; in most instances, I regret to say, without giving credit to the source from which it obtained it." * * *

"This spirit of intolerance is conspicuously illustrated by the University of Pennsylvania, whose Provost, with arrogant assumption, stated he believed its medical department should have the right of 'medical monopoly' in this State; yet this institution recognizes scholarship and scientific attainments as a test for admission to graduate and post-graduate work less than any other institution in the State; and it, a State institution, will not admit men to undergraduate and post-graduate study whose educational qualifications are uncontested, if they were trained in schools in which Homœopathy is taught; no matter if those schools taught all of the other branches of general medicine just as thoroughly, no matter if the State Board of Medical Examiners showed that he had fully qualified, no matter if he was willing to give ample evidence of his attainments, this will not satisfy this 'Medical Monopolist.' It asks first, not have you the knowledge, but where did you get it?"

Sinapis Nigra for the All Bunged Up Condition.

Dr. H. M. Bunting, of Norristown, read a model little paper on "Some Clinical Experience with Sinapis Nigra." Here is the gist of it:

"Given a condition of acute coryza, with sneezing, lachrymation, itching, smarting, soreness and pressure of eyeballs, dryness of nostrils with stoppage, especially of left, and a scanty thin acrid discharge, with hot, dry feeling in the pharynx, hacking cough, and rawness in the throat with desire to clear it, hoarseness, a tired feeling all over, lassitude, and general done up feeling. I know of no more efficient remedy than sinapis nigra."

"For two years it has met a condition of beginning cold in cases where *Aconite*, *Capsicum*, *Cepa*, *Gelsemium*, *Nux vomica* and other remedies closely allied in their symptomatology failed to relieve, and in failing the catarrhal condition would extend to the mucosa of the larynx and bronchi, with the condition designated by my patients as the 'Cold has gone down and settled on my chest.'"

"In the period before mentioned, I have repeatedly checked

what would, in my experience, have otherwise resulted in a cold and cough which, in many instances, would have taken many weeks to cure."

"I have relieved and cured more cases with this remedy, where the symptoms above indicated were complained of together with heat and fulness of the head, general tired feeling all over, and the complete and very common picture of a beginning coryza, than with any three other remedies."

"I believe it to have a sphere of action closely allied to *Aconite*, *Capsicum*, *Gelsemium* and *Nux vomica*, but it will be found to benefit cases where we have fallen into the too common habit of administering these or other better known remedies."

The Corner of Jingling Phrases.

Dr. Clarence Bartlett furnishes the following neat clipping on the drug cynic—who is only a cynic when well:

"As evidence of this pessimism, witness such sayings as the following: 'He is the best physician who knows the worthlessness of most drugs;' 'If all the drugs were cast into the sea better would it be for humanity and the worse for the fishes;' 'Treatment consists mainly of nursing and nux vomica;' 'He who purges cures.' Really, it is possible for me to quote a remarkably large number of such cynical sayings. Personally, I have serious doubts if their originators ever took themselves seriously. It is very pleasant to invent phrases which jingle to the ears and which give the impression of wit. When these pessimists are sick, I have noticed that they are very much like the dying atheist who turns to his Almighty, and are ready to seek help with the avidity of the therapeutic optimist."

Hahnemann and Surgery.

In the discussion, Dr. A. Korndorfer, Sr., is reported as follows:

"Only this morning one of our doctors turned to me and said: 'In the use of medicines where operations ought to be employed, the homœopathic profession is all wrong.' 'Well,' I said, 'yes, the profession—a great many of the profession—does not know enough about surgery or surgical diagnosis to know when to operate and when not; but if they had studied the *Organon*, they would have known.' He wanted to know why, how—what the

Organon had in it about surgical diagnosis. 'Why,' I said, 'the simplest rule in the world, and it is not recorded in the most modern works; and that is, whenever a morbid growth, as Hahnemann puts it—an interfering growth, morbid growth, be it of cystic or solid form, whatever it may be—or even the deposit of a fluid in a cavity, he says that whenever the physiological functionation of the parts is being seriously impeded by such a morbid condition, then an operation is necessary.'

Hypericum the Arnica of the Nerves.

This is from the paper of Dr. C. Spencer Kinney, of course of Easton:

"We have, however, a remedy in *Hypericum perforatum* tincture, which old Doctor Lilienthal used to characterize as the 'arnica of the nerves.' I do not know that any better short description can be given of the character of cases likely to be helped by *Hypericum* than this remark of Dr. Lilienthal."

Urticaria and Echinacea.

This also is from Dr. Kinney's paper, a case of urticaria that had received old school treatment by the eminent skin specialists and also some high potency treatment:

"Never having made a specialty of urticaria, and knowing that she came from those who had seen many more cases than had come to me, I felt very much annoyed at the prospect I had before me. I was at that time studying *Echinacea angustifolia*. As has been truthfully said of Echinacea, 'it is the most positive antagonist of blood dyscrasia.' It antagonizes changes in the blood, morbid accumulation or products otherwise picked up by the blood in its course through the body. Auto-intoxication, whether acute, or slowly progressive, well expresses one of the conditions met by this drug. On these indications *Echinacea* was used, three drops every two hours. There was no belief on the part of the patient that she was likely to find relief and as the weather was warm it seemed as if everything that could aggravate her condition existed."

"She, however, did well, and a postal card from her within the last month, tells me that she has been well during the past three years and has been busy at work. When you consider that this condition had existed off and on at varying intervals for years, the result is not only pleasing, but a matter of surprise."

There is Still the Old Faith in God.

This, from Dr. J. H. McClelland's paper, is refreshing in this day of cheap infidelism:

"This, then, was the condition of medicine when Hahnemann, like the shepherd lad of Bethlehem, went forth single-handed and alone to battle with the giant errors which until then had prevailed. Had Hahnemann but exposed and overturned entrenched error alone he would be entitled to all the honor a deliverer might receive from a grateful people, but he did vastly more than this, he founded a system of scientific therapeutics, based on natural law, as we believe, written by the hand of almighty God."

Bad Bricks and Lumber Make Poor Buildings.

In discussing Dr. G. Harlan Wells' paper, "The influence of heredity in tuberculosis," Dr. G. M. Golden said—and if it isn't science it sounds like sense:

"I think you will acknowledge that when fecundation has taken place while a certain subject has tuberculosis the offspring will more than likely not be in perfectly normal condition, for the spermatozoa of such a subject have not the vitality of those of a normal individual, and if you build something out of material which is not good, it certainly cannot be made good afterwards. If we put bad lumber or bricks into a building, we cannot change it by other methods—it cannot be done. I rather feel that there is a hereditary tendency in tubercular conditions."

"After Delivery, What Next?"

That is the title of the paper by Dr. Anna M. Johnson, of Pittsburgh, and this is a clipping from it:

"Not long ago I felt very sorry for a young doctor, who said in obstetrics medicine is of no use. That is a mistake, this part is not theory—it is actual knowledge—I know they do act, for I have given them and seen the results."

"After labor, if no complications have arisen, I give *Arnica* on account of the bruised condition of the tissues; it also has an influence upon the after pains. If you have an adherent placenta there are *Sabina*, *Caulophyllum*, *Cantharis* and *Pulsatilla*. If you have shock do not rush for brandy or whisky, for you have *Strophanthus*, *China*, *Chinin. ars.*, *Arsen. alb.* and *Carbo veg.*, any

one of which is preferable and leaves patient in better condition."

"What about *Caulophyllum* in after pains? They disappear so quickly that you yourself are even surprised."

"You also have *Gels.*, *Cimicif.*, *Arnica* and *Viburnum*. No morphine or any of the coal tar preparations are needed by homœopaths for this condition. Septic infection will not last long if you have *Echinacea*. There are other remedies that give beautiful results, such as *Chinin. ars.*, *Baptisia*, *Lachesis*, *Pyrogen* and *Arsenicum*."

"Hemorrhages certainly test our courage, but you have better remedies than *Ergot*. *Sabina* works quickly and well. *Ipecac.*, *China*, *Trillium* and *Secale*, in potencies and according to their indications."

Something About Cords.

Dr. Edward Cranch: There was something said about tying the cord. I will give my experience: I have never seen a cord bleed yet, unless there was syphilis in the case. It does not make any difference if the syphilis is apparent or not, because you are still liable to get hemorrhage from the navel cord of the child. Look out for your cord when you have syphilis.

Dr. R. W. McClelland: "We ought not to go to the other extreme, either. Some old Jersey doctor, who had been practicing fifty years, said he did not use antiseptic silk to tie the cord; and he said, in fact, in many of these cases around the neighborhood where he had been attending, where they didn't even have a bit of string about, he has even had to take a shoestring out of his shoe; 'and, furthermore,' he said, 'some of these younger men around here crease their pants; I don't propose to crease my pants.' We want to take the happy middle ground between those two."

That Pesky Nuisance, *Musca Domestica*.

The following concerning this pest is from the paper of Dr. Edwin Atlee Glen, of Berwick:

"It belongs to the order Diptera, or two-winged insects, an order which comprises among others such notorious pests as the mosquito, whose death knell has been tolled on the charge of hypodermic injection of pure cultures of malaria and yellow fever, the prairie midges, fungus gnats, gall gnats, clover seed

and wheat midges, Hessian fly, Buffalo gnat, Turkey gnat, Adirondack black fly, horse fly, ox warble, sheep bot-fly, horse bot-fly, flesh fly. Then we come to the house fly's immediate relatives, the sub-family Muscinae, the stable fly, the horn fly, the screw worm fly, a metallic green fly infesting carrion and possessed of the disagreeable habit of laying its eggs in open wounds and sores of both man and beast, and the Blow fly. Then there are also the cabbage, apple and cheese maggots, and the louse fly."

"Such is the house fly's family tree. It sounds like the roll call of the entomological rouges gallery."

It sure does.

That Drop on the End of the Nose.

This from the Discussion, a practical point:

"Dr. H. S. Weaver: I have never used Sepia very much or at least I had not used it very much until a few years ago. In looking up cases, I find it is rather useful in nose and throat work, as well as in gynæcological work. My chief indication for prescribing Sepia is the little drop of mucus that hangs onto the tip of the nose. You will find patients coming into your office without any other symptom, only they complain they cannot get rid of that drop of mucus that will come down and lodge on the tip of the nose; and I have found Sepia a very valuable remedy in that condition. I have used a great deal in recent years."

"Dr. T. H. Carmichael: More in elderly patients, Doctor?"

"Dr. H. S. Weaver: People past middle life. You more usually find that drop in elderly patients; but I have seen that in quite young patients. I have seen one minister who was absolutely suffering from it, because, in looking down at his notes in preaching, he would see the drop of mucus on the end of his nose; and a little Sepia cured him. I use the sixth decimal."

Original Sin.

This is from Dr. Z. T. Miller's paper:

"There is still something that the microscopist can not find out, never will find out. It is that unfindable thing that hands you what is coming to you and you get it straight if you don't mix it yourself or have it mixed for you. A little bit of syphilis; a little bit of clap; a little bit of scrofula; a little bit of tuberculosis added to gluttony; whiskey; tobacco; venery and greed, are

the foundations upon which our profession rests for bread. The institutions we foster are the dreadful monuments to human folly, and our skill, be it little or much, is nothing but the pulling of scabs from putrid sores. I am sorry to say this, but the truth, as I understand it, compels it. Medicine and religion busy themselves caring for the unfit, whereas it is the fit that should be nurtured."

Thus endeth the work of the scissors.

DANGER AHEAD!

Communicated.

In the druggists' trade journals and at many meetings of the medical and pharmaceutical professions, dispensing by physicians is being discussed. Most of the regular physicians and all of the pharmacists want to have the practice stopped, as prescribing by the old school physicians is getting more and more general and it interferes with the business of the druggist, making it hard for the non-dispenser to compete with his dispensing brother. Various methods of abating this evil have been discussed, ranging from persuasion to compulsion by legislative enactment. We believe it behooves the homœopathic profession to take cognizance of this question and be on the alert to defend their right to prescribe medicines.

Persuasion seems to be the least favored method of reform. Almost all who discuss the matter at all recommend the passage of a law to prohibit the dispensing of medicines by the physician.

Homœopathic physicians from the time of Hahnemann have dispensed their own medicines. In the early days of homœopathy they were compelled to do this by the venality of the druggists who did not believe in homœopathy and who did not hesitate to give the patient inert substances in place of the medicines prescribed. To protect himself and his patient the homœopathic physician was forced to dispense his own medicines and it is now a universal custom among the 15,000 homœopathic physicians in the United States.

If such restrictive laws should be enacted it would seriously embarrass every homœopathic physician who is not practicing in a town or city where there is a homœopathic pharmacy. The

legislative committee of every homœopathic county society should bear this in mind and watch for the appearance of any restrictive laws in the State legislative halls.

X-RAY.

New York.

“SOME UNNOTICED DANGERS.”

This is the heading of an editorial in the *American Journal of Dermatology*, February. After leading up to it through half a column the editor writes: “The matter to which we have been alluding is that of infecting individuals with syphilis by means of vaccination or of tattooing.” Arm to arm vaccination is responsible for the syphilitic infection from vaccination, he says, and adds that the operation should be performed “with aseptic vaccine virus derived from a perfectly healthy young heifer.” Whether there is such a thing possible as an aseptic virus from a healthy cow is a very open question. Virus in its very nature is septic, as witness the action it sets up in both healthy animal and man. Also, while an animal may be perfectly healthy when infected by the substance used to cause the ulcers from which the vaccine virus is obtained, does not that inoculation make it unhealthy? In short, can health be predicated of any one, man or beast, on whose body is an ulcer, even though it be artificially acquired? If syphilis can be transmitted by the vaccine, so can other diseases—tuberculosis, for instance, of which the cow is accused. But, they say, the cows are subjected to the “tuberculin test.” Quite true, but no one takes this “test” seriously today (except veterinary health officials); and, furthermore, as tuberculin is, in fact, the virus of tuberculosis, may not the very “test” be the means of infecting the animal? If the test were made with syphilis it would. The *Journal of Dermatology* is not, the editor says, writing against vaccination, but against the bad vaccine virus. “He who has had occasion to see vaccinations, carelessly performed with indifferent lymph and poorly dressed, can testify to the general bad results that are observed.” The use of “aseptic vaccine virus,” he contends, will do away with the trouble. But, again the question: Is there such a thing as an aseptic virus from a sore, or ulcer?

Dunghlison defines it as follows: “VIRUS. A Latin word sig-

nifying poison, but having, in medicine, a somewhat different acceptation. By it is understood the principle, which is the agent for the transmission of infectious diseases—contagium. Virus differs from venom in the latter being a secretion natural to certain animals, while the former is the result of a morbid process.”

All this is respectfully submitted.

AN EXPERIENCE WITH THE 200th.

Dr. Neatby, Registrar and Assistant Physician to the London Homœopathic Hospital, has been toying with the 200th potency of various drugs and relates his experience in the February number of the *British Homœopathic Review*. He writes: “My impressions of them are, so far at any rate, on the whole favorable.” The 14th case, he reports, has a touch of humor in it. An out-patient, a woman, had been coming to the dispensary for a long time with a miscellaneous assortment of ills for the doctors to tackle. In August her menses had failed to appear for two months, and her hair was falling out. *Thuja* 30 started the menses and stopped the falling hair. In November she came again with menses off for two months. Then, writes Dr. Neatby, “I prescribed, in the lightness of my heart, a single dose of *Thuja* 200 to be taken at once. I was not prepared for the seismic effect of *Thuja* 200. ‘That medicine that the dispenser gave me took nearly all the life out of me. I could hardly crawl home.’ Was it *Thuja*? Or was it the patient’s perfervid imagination?” But the menses started all right “precisely four days later.”

In this connection an anecdote related by a Chicago pharmacist to us, of the late Dr. H. C. Allen, may not be amiss. One day Dr. Allen came into the pharmacy and asked for some *Aconite*.

“What strength, Doctor?” inquired the man of drugs.

“The strongest you have,” was the reply.

“Tincture?” mechanically queried the pharmacy man, as he reached for the *Aconite* θ bottle.

“No!” shouted the doctor, “the highest you have, the highest potency! *That* is the strongest!”

The limitation of the potency—if it has one—is a field in which the homœopath can disport himself with freedom for years to come.

RETRIBUTION FOR THE DEATH OF COCK ROBIN.

In the December issue of the *RECORDER* was published a paper on "Who Killed Cock Robin?" from *Medical Notes and Queries*. This calls forth a letter from Dr. James Wilson Walk, published in the same journal, from which the following spicy bit is taken:

"Slowly but surely the public mind is returning to sound reason and to common sense. The laity are coming to see that many of the 'great discoverers' have been simply inventing imaginary diseases and then claiming renown for their cure. A hopeful sign is the attitude of the society women, ever prompt to adopt a 'blooming fad,' and equally prompt to drop it when it withers. At a recent dinner a matron from Berks County exclaimed with enthusiasm: 'How wonderful is science! Just think of its victory over the White Plague, that dreadful——' 'Please don't, please don't,' said Madam Spruce Street, 'that White Plague talk has been repulsively stale for two seasons.' Then, too, the parasites have taken to quarreling among themselves. The hookworm has incited bitter envy by securing an institute all for itself alone. This has made the bacillus typhosis grouchy and his response under the Widal test is even more uncertain than formerly. Amid this wrangling the Hon. Klebs-Lœffler, who has juster claims to really being somebody than most of them, is threatened with indifference and neglect. There is a marked change in the tone of the periodical press, a disposition to ask the discoverers for something more than assertion. One writer caustically says, 'We demand proofs regarding the North Pole; it is time to demand proofs of those non-practicing physicians (?) who discover so many new diseases and new cures.' In many quarters there are indications that the star of pseudo-science has passed its zenith and now declines towards its setting."

"Of course the manufacturers of vest-pocket cuspidors and individual communion cups will keep their business running as long as possible. Also some of the politically-managed sanatoria will survive for a while and issue through the State printer elaborate statistical tables showing marvelous results concerning which it is truthfully claimed that 'they can be found nowhere else' (than in the statistical tables). Also the endowed institutes for scientific research will continue to prosper. Nearly any old thing will

continue to prosper as long as its income from the endowment is promptly paid. So the men who now have jobs will hold them and new men, who have influence, will be appointed upon the staff and all of them will make the motions and continue their researches varied by disputes between the tweedledumites and the tweedledeeites and the head master of science, the great director, will write a very long and very heavy book full of discoveries and this book will be printed and bound and read twice; once by the proofreader, because that is what proofreaders are for, and once by the author's wife, because her husband is 'such a dear man and so smart.'"

"Meanwhile there will come, I believe, among sensible men and women in all ranks a restoration of the old-time confidence in the healing art and in those who practice it. In their time of need they will again look at the physician as their best friend and the physician himself, conscious of the rectitude of his motives, sure of the value of his service, cheered by popular trust and esteem, will again fill that honored station which of right has been his through all the centuries of civilization."

THE ANTITOXIN RUMPUS IN PHILADELPHIA.

DR. NEFF'S EXPLANATION.—About the beginning of the year Dr. Neff, Director of Public Health of Philadelphia (or one of his subordinates), stated that the reason certain doctors refused to use antitoxin was that it would shorten their cases of diphtheria and thus reduce their fees. This aroused so much ire that an explanation was thought necessary and was hastily issued, at least it seems to have been hastily written. Among the things to be found in it is this: "The criticism of the department is against a few unscrupulous physicians who are not entitled to respect in any community." As the criticism was directed against those doctors who do not administer that proprietary drug, antitoxin, when treating cases of diphtheria, it seems to follow that every such doctor is an unscrupulous man, unworthy of respect. This assertion, coming from a public medical officer, leads one to the conclusion that it was hastily written, for to do otherwise would be to question the good sense of the writer. Here is another statement: "There have been some accidents through the in-

proper administration of diphtheria antitoxin and the proper administration of some badly prepared antitoxin." The "proper" administration of a "badly prepared" drug is a case for casuists, so let it go, but the first statement is one that ought to interest every physician who uses the drug, for it follows that if the drug is not at fault for the "accident" he, the physician, is responsible. The Director, or his assistants, ought to enlighten the profession on the subject of the "improper administration" of proper antitoxin, for, according to his statement, the responsibility for "accidents" lies between the man who makes the antitoxin and the man who injects it. Taking it as a whole, one might easily be led to the belief that the explanation needs an explanation, for it doesn't seem fair to the physician. It excludes the possibility of the substance itself being at fault even when "good."

There is still another question that might arise in the minds of some men, namely, as to whether it comes within the legal duties of the health officials to criticise the therapeutics and practice of physicians? If physicians may be officially condemned for adopting, or not adopting, one particular practice the same condemnation can be extended to all methods of practice the health officials may happen to fancy, or not fancy, thus making the physicians mere servants who must practice as the board happens to believe to escape official condemnation. That does not seem to be right.

TETANUS ANTITOXIN.

This preparation received something of a black eye at the last A. M. A. meeting. Dr. John F. Anderson read a paper describing its preparation, etc. In the discussion that followed Dr. W. H. Hutchings, of Detroit, said: "A large majority of manufacturers use either phenol or tricresol for preservation in various serums. The amount is usually 0.04 per cent. Consequently every time we give 10 c.c. of antitetanic serum we give at the same time a curative dose of phenol as recommended by Baccelli. Possibly some at least of the reported cures of developed tetanus are due more to the carbolic acid than to the serum."

Dr. T. R. Larned, of Detroit, thought it ought to be used early and often; he also quoted Erlach to that effect—early, often and in big doses. Dr. W. H. Park, of New York City, in effect, said

the same. Dr. J. McFarland seemed to think that if the case is booked to die the serum won't save it. Many cases recover without it. Dr. Hutchings gave the results of some experiments in which the serum didn't save as it ought to according to the claims made for it. He said: "This experimental evidence goes to confirm the belief of many authors, based on clinical observations, that after the symptoms of tetanus have become manifest, anti-tetanic serum is valueless as a curative agent, no matter whether it is used subcutaneously, intravenously, intraspinally or intraneurally. Antitoxin will neutralize the toxin present in the body which has not combined with the nerve cells, but it will not break up this combination, the results of which kill most of our patients."

Dr. Anderson, who read the paper, said in concluding the discussion: "I think the pathology of the disease shows us how futile is the use of tetanus antitoxin after the symptoms have fully developed."

It would be a safe gamble that *Hypericum*, case for case, would save a far bigger percentage than would this serum. In fact, serum as a whole is a rather uncertain foundation on which to build.

MY EXPERIENCE IN MALARIA.

By Dr. Trish Chandra Basu, L. H., M. S.

Editor of the HOMŒOPATHIC RECORDER:

Recently some correspondences on the treatment of malarial fever appeared in your journal, some advocating the use of Quinine, while others deprecated it altogether. As a medical practitioner in Bengal, which is perhaps the severest hot-bed of malaria in the world, I have opportunity of testing the value of Homœopathic remedies in the treatment of this disease, and I must say without reserve that it is not very hopeful, more especially in recent cases of intermittent type, where the intensity of malarial toxæmia is very great. Some well-placed Homœopaths, who are never face to face with the acute form of violent malaria and whose knowledge is derived chiefly from the reports of others, may pooh-pooh this view, but the fact remains that without quinine a violent case can scarcely be brought under immedi-

ate control. Sometimes a Homœopath may try this and that remedy and succeed in arresting this sort of fever for a time, but it is doubtful whether his treatment stops the fever or the fever gradually subsides, after spending all its forces, to lie in wait for another opportunity to appear again and torment its victim, but less mercilessly than before. It is for these reasons that Allopathy has got preponderance over Homœopathy in these cases, and a general belief has come among the people that Homœopathy is good only in cases of cholera and other intestinal disorders and not in fever.

When I say that the Homœopathic remedies are not very hopeful in the treatment of the malarious fever, I don't mean that the Homœopaths, as a rule, cannot score out success in these cases at all, but what I desire to assert is that there are too many disadvantages on his side that it is not easy for him to tide them over. First; as the victims of malaria are generally poor and ignorant people, they cannot or do not care to accommodate themselves in places which, according to the sanitary rules, they are required to live in. Secondly; where toxæmia is very great and the patient lives in malarial surroundings, the effect of the cure cannot be of a lasting nature. Thirdly; the sufferings of the patients are so violent and the progress of the cure by Homœopathic remedies so slow, partly due to the action of the medicine being retarded by the intensity of the toxæmia and partly to the inability of the prescriber to ascertain the exact potency of the drug in which it should act, that it is difficult to keep these cases in hand for any length of time. Fourthly; the bowels in these cases are so obstinately constipated that unless you can act upon them by some effective means, in which unfortunately Homœopathy is sadly deficient, the fever will obstinately cling to the patient. These are the disadvantages through which a Homœopath has to wend his way; to surmount them is neither easy nor always possible for him. Whereas quinine, though it often brings serious mischief upon the constitution of a man when injudiciously administered, is sure to check an ordinary intermittent fever more speedily and gives the patient immediate relief of the violent troubles which the next attack of fever is likely to bring upon him. You may call it suppression and not cure if you like, but I have found in my experience that this suppression remains in force for a considerable time—a year, sometimes two or more.

While I advocate the use of quinine in acute cases of malarious fever, I do not altogether undervalue the other remedies of our *Materia Medica*. They have, no doubt, their uses in certain spheres. Even in many uncomplicated cases, where quinine achieves success, the judicious use of these remedies may bring about similar results, but in that case special regard must be had to the sanitary arrangements as to the living of the patient or to his being removed to a place free from malarious influence. A well-placed Homœopath who has to deal with well-placed patients can brag of his skill in the selection of his remedies and defy his less fortunate brother as mongrel, ignorant or indolent, simply because his patients can afford to live in dry, well-ventilated and good houses or to make a change at his bidding, but if like his less fortunate brother whose lot is to work among poor and ignorant people who live in huts with damp floors, ill-ventilated and unhealthy and who cannot, even if death threatens them, make any change, he could not have done otherwise than to give quinine for immediate relief in order to satisfy his patient and to be happy himself. If it is the sacred duty of the physicians to see in what way cure can be speedily effected and that cure is retained permanently, you cannot accuse him of any dereliction of duty simply because he has given quinine, for quinine cannot or does not cure a case unless this drug is homœopathic to it.

You must not suppose me to advocate the use of quinine in heavy doses. In my experience I have found that three doses at 3 to 4 grains per dose per day are quite sufficient to arrest a fever, however violent the sufferings of the patient be, but you must watch the "golden opportunity"—as Dr. Keenan has very appropriately styled it—for its administration and see that the condition of bowel is free. By this treatment many a patient has been relieved of fever in a day or two. It was then necessary to give quinine in smaller doses for a week longer and later on *Fer-rum ars.*, *Nux vom.*, or *Cascara* for some time, if necessary. I do not think it is at all conducive to the welfare of your patient if you go on dogmatizing over a theory and renouncing over a drug and its dosage to find out an exact *Similia* while he is writhing in intense agony and pain. You must act at once, so as to give him immediate relief by some sure means.

Again I must not be understood as saying that quinine is the

panacea for all kind of fever, as some of our friends of the opposite school often declare. While it is good for some classes of fever, it is positively dangerous to complicated form of remittent type or chronic cases of intermitten type where quinine has failed or spoiled it altogether. If, in such cases, you persist in giving quinine, you are sure to lead your patient to a very serious condition, from which he can scarcely recover. In these cases I always give *Similia* a fair play and invariably find it working miracles.

DR. SRISH CHANDRA BASU, L. H. M. S.

25 Paunt charat Ghoses Lane. Calcutta, December 23d, '09.

THE KIND OF WEATHER THEY HAVE IN CALIFORNIA.

Editor of the HOMŒOPATHIC RECORDER:

We have been asked so frequently by the Eastern members of the American Institute "what kind of weather will we have in Southern California in July" that it seems best to say a word concerning it. Listen to what Uncle Sam says from the Southernmost Pacific Coast Government Weather Bureau Station, where climatological statistics are collected for Southern California. The following data for 1908 is given:

Temperature, Degrees Fahrenheit.

Annual mean.	Highest during year.	Lowest.
59.9	84	37

When we consider that the humidity is as low as 18 to 25 per cent. when the temperature is highest, during the so-called summer time; and the highest when the temperature is lowest, you can easily understand why even this variation is not noticed as much as the thermometer indicates. This is just the opposite of the Atlantic Coast climate, where during the hottest parts of the hottest days the humidity is often from 85 to 90 per cent., making existence intolerable. This is never feared on the California Coast, and there is no place more sought after by those who know than just such a place as the American Institute is going to hold its next session.

The terms "winter" and "summer," as commonly used in the Eastern States, have no application in California. The year is

more properly divided into "rainy season" (winter) and "dry season." The dry season is the best of all the year and July is the best of all the months in the dry season. Since 1884, the twenty-five years records have been kept, not one single drop of rain has fallen during the month of July during nineteen years, while during the other six years an average of .07 of an inch has fallen, hardly a mist.

So we plan our activities, knowing that neither rain nor excessive temperature will interfere with the participation of any one of the "doings."

If you crave an ideal vacation, under ideal circumstances, come along to the American Institute Meeting at Long Beach, California, July 11 to 16, 1910.

Fraternally yours.

WALTER E. NICHOLS, Pasadena, Cal.

Western Chairman Press Committee of the A. I. H.

PATENT URACHUS.

Editor of the HOMŒOPATHIC RECORDER:

On page 29 of the January RECORDER, under "Patent Urachus," one of your correspondents issues a call for help. He says he has consulted, among other books, Erichson's "Surgery" and Keene's and Holmes's "Surgery." If he will look in the literature of our own school he will find on page 489 of Dr. Carleton's "Urological and Venereal Diseases" that the subject is treated of quite fully.

Very truly yours,

BOERICKE & TAFEL.

New York, Jan. 25, 1910.

APPRECIATION OF AN EXCELLENT BOOK.

Editor of the HOMŒOPATHIC RECORDER:

I should feel as if I had been remiss in my duty toward Homœopathy if I did not express my appreciation of Shedd's *Clinic Repertory*. To that increasing number of young men in the Homœopathic profession who realize the value of repertorial work in prescribing, but who feel appalled at the seeming complexity of the ordinary repertory. I cannot say too much regard-

ing its simplicity of arrangement, its comprehensiveness, and its aptness in the choice of the keynotes of fifty polychrests. It is to be hoped that that careful prescribing which was the distinctive characteristic of the old guard, and towards which there seems to be an increasing tendency at the present time, will be very materially promoted by this recent acquisition to our literature.

FRANK C. WALKER, M. D.

Nantucket, Mass., Feb. 1, 1910.

OKLAHOMA CALLING FOR ONE HUNDRED PHYSICIANS.

There are one hundred physicians in the Eastern States looking for a good location and another hundred in the Northern States looking for a good location for Homœopathic physicians. In Oklahoma there are a hundred excellent locations, looking and calling for one Homœopath.

Oklahoma is a beautiful State to live in and the State is rich in coal, oil, gas and rich minerals. The soil is of the richest and most productive kind.

Below shows the names and population of a few towns and how few Homœopaths are practicing in them:

<i>City.</i>	<i>Population.</i>	<i>Number of Homœopaths.</i>
Oklahoma City, Okla.	48,000	6
Muskogee, Okla.	30,000	1
Lawton, Okla.	9,000	1
Chickasha, Okla.	15,000	3
Tulsa, Okla.	20,000	2
Guthrie, Okla.	25,000	2
Ardmore, Okla.	10,000	1
Norman, Okla.	4,000	1
Blackwell, Okla.	4,000	2
Enid, Okla.	15,000	1
Tecumseh, Okla.	1,000	1
Sulpha, Okla.	3,000	None
Shawnee, Okla.	20,000	None
McAlister, Okla.	12,000	None
Anardako, Okla.	4,500	None

City.	Population.	Number of Homœopaths.
Hobart, Okla.	6,000	None
Bartelsville, Okla.	10,000	None
Okemah, Okla.	2,500	None

For any information write Committee on Promulgation:

W. L. Bonnell, M. D., Chickasha, Okla.

Lottie S. Cunningham, M. D., Tulsa, Okla.

Dr. Arthur E. Gue, Oklahoma City, Okla.

THERAPEUTIC GATHERINGS.

Dr. J. B. S. King describes a case of pain in the abdomen which in addition to the usual pains had relief from stretching backward, or upward, instead of bending forward. *Dioscorea* promptly cured.

Dr. P. C. Sanderson, Philadelphia, Pa., dropped in the other day and among other things said that *Tabacum* 30 will prevent, and cure, seasickness almost every time. He has had repeated verifications of his therapeutic point.

"In a large experience with shock, due to the most violent explosion injuries and railroad accidents, I have found no help without our remedies that will equal the aid of *Arsenicum*, *Cuprum*, *Veratrum* and *Carbo vegetabilis*. The frightful anxiety and apprehension of profound shock are amenable to *Aconite* and *Arsenicum*. The fright that so often increases the actual physical shock of injury or surgery responds more readily to *Coffea* than to whiskey or strychnine. The terror of a dangerous operation knows no more soothing agents than *Aconite*, *Chamomilla* and *Ignatia*. And so on down the line." So writes Dr. C. E. Fisher in *The Journal A. I. H.*

"*Aconite* and *Arnica* are my constant helpers for pain, and they serve me well. No surgical case in my hands passes altogether beyond the realm of homœopathic prescription."—Dr. C. E. Fisher in *The Journal A. I. H.*

Dr. Moffat (*H. E., E. and T. Journal*) reports excellent results from *Prunus spinosa* θ pellets in severe pain in the eyes, or eye, as if it would burst; no redness or other marked symptom.

Tamus communis has some reputation in the treatment of chilblains. It is applied by painting the affected part with the tincture of *Tamus com.*

"Profuse perspiration arising from debility," is one of the late Dr. John M. Scudder's indications for *Rhus glabra*. The prover, Dr. A. V. Marshall, experienced such profuse sweat during sleep that he discontinued the proving.

Bayes claims to have killed many tapeworms with *Cina* 12 when all other medication failed. Also "*Cina* never fails to give relief to the constitutional symptoms induced by worms." This is not new—only covered up by too much laboratory flux.

Stoneham (*British Hom. Review*) writes of a case, worked out with Kent's *Repertory*, of dysmenorrhœa, in which the flow starts regularly, without pain, but soon stops and then there is severe pain until it starts again. *Cocculus* 3 cured the case and the cure still stands.

Dr. L. R. Kaufman (*Med. Century*): "I have seen all the pain and tenderness of appendicitis disappear on administering *Bryonia* or some other remedy." Dr. Kaufman is Lecturer on Surgery, N. Y. Hom. Med. College.

The rheumatism of those who do heavy work, according to Bayes, generally calls for *Arnica*.

Dr. Sarah J. Fenton (*Jour. S. J. and O.*) tells of a forceps, obstetrical case that developed into "mania, confessing all possible sexual crimes, first believing she was in an insane asylum, then that she was in hell, where she must burn forever; then again she would let out scream after scream." The remedies at first given did no good, but a reference to the materia medica showed *Cimicifuga* covered the case and "its effect was marvelous." The patient made quick recovery.

In the *Indian Homœopathic Review*, Dr. J. N. Majumdar describes a case of bubonic plague in a young child that came under his treatment. There had been high fever for two days, the axillary glands were hard and enormously swollen, there was delirium, restless sleep and inability to take the mother's breast. *Pyrogen*. 6-30 were given until fever subsided and then *Hepar*

sulph. until, aided by a poultice, the abscess opened. The child made a complete recovery. Under homœopathic treatment this disease does not seem to be so formidable.

“*Echinacea* is the remedy for blood poisoning. Its field covers all the infections. It corrects “bad blood,” boils, carbuncles, various form of septicæmia, tendency to formation of cellular abscesses, septic condition in general. *Echinacea* (on the lungs), purulent expectoration with increased temperature; pulmonary abscess, pulmonary gangrene, typhoid-pneumonia with evidence of sepsis on the intestinal tract. *Echinacea* is good for large foul-smelling discharges, vitality low, purplish or brownish-black colored tongue; swelling and suppuration of the mammary gland where there is evidence of sepsis and the usual symptoms of infection; in all the fevers when the conditions point to sepsis; syphilis.”—*A. J. Blaustein, M. D., in Eclectic Review.*

Case No. 1.—Mrs. D——. Soon after conception she called an allopath. He purged her severely without the slightest relief and I was called. I found her very nervous, irritable, weak and constant nausea. “Doctor, if I could vomit I would feel better.” *Nux* 30 cured her in 24 hours. Case No. 2.—Mrs. McS——. Very irritable, nothing would satisfy her, kicking over chairs, etc. “I can’t stand this any longer.” *Cham.* 6x put her to bed in less than 10 minutes, and labor completed at once. Case No. 3.—Mrs. E——. Miscarried under allopathic treatment. Was told that it was necessary to curette to stop the hæmorrhage. I was called and found her very weak, ringing in her ears, and fainting when attempted to get up to vessel. *Chin. sul.* 200 stopped flow in less than two hours, after passing small lump of the secundine.—*Dr. G. F. Thornhill, Paris, Texas, in Cleveland M. and S. Reporter.*

There may be a few who want *Mitchella repens*. According to some old authorities it is the drug to improve the power of reproduction in women, where there is abortion and all sorts of troubles, hæmorrhages, prolonged menstruation, etc. It is usually given in material doses, 5 drops to half a drachm of the θ .

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EDITORIAL BREVITIES.

ONE WAY.—Medical journals print many papers and editorials on the prevalence of syphilis, gonorrhœa, sodomy, eroticism and all the rest of that broth in which so much of humanity stews today, and call on the doctors to teach the people better, or the State to pass legislation regulating such things or clamor for boards to control it—and the rot continues in spite of all the outcry! Did you ever notice that families in which plain Homœopathy prevails—just ordinary sugar pill or “powder”—is singularly free from the rot? Not entirely so, but if you will look into it you will notice them to be markedly so. There is no need of going into the whys of the fact, for they are familiar to every man who comprehends the scope of similia. The fact points to one way to overcome the evil to a very large extent and the only feasible one, for laws and boards and officials would only add to the taxes and increase the number of office-holders. A good homœopathic physician is the best eradicator of innate depravity—for there is where the trouble lies.

DEATHS FROM SMALL-POX.—*Public Health Reports* for February has a paper on “Small-pox in Germany,” containing some very curious figures. In the year 1907 there were 345 cases of the disease in Germany, according to official figures, with 63 deaths. In the same year in the United States there were 17,220 cases of small-pox reported, with 74 deaths. Taking the difference in population into consideration there were more deaths from the disease in proportion to the population in Germany than in the United States, though the number of cases was enormously great-

er in the last named country. There is something curious in these figures. Is it possible that the Germans do not know small-pox when they see it, or do the medical profession of the United States diagnose cases small-pox that are not small-pox, or what is the reason for the difference in the number of cases?

“THERE ARE NO SPECIFIC REMEDIES.”—The following from an editorial in the *Buffalo Medical Journal*, for February, is prayerfully offered for the consideration of the Board of Health men who revile those doctors who do not make routine use of diphtheria antitoxin: “A physician would not be held legally liable if he failed to employ any particular remedy in a given disease, since there are no specific remedies, nor any one remedy upon which all authorities agree, and it is always possible that a sick person might recover without the use of any remedy at all.” It is a wise provision of Providence that patients can recover sometimes without (and some say in spite of) drugs, else there would be need for Deucalion and his wife to again repeople certain waste places.

BACTERIAL THERAPY.—At the conclusion of a very long paper by Thomas (U. Pa.) in *The Journal* (Jan. 29) the writer states: “Bacterin therapy, by virtue of its potency to do more harm than good, when unskillfully managed, will or should probably not become a universal therapeutic measure in the hands of the general practitioner, unfamiliar with bacteriology or work in the laboratory.” This is a polite warning to keep off the grass. It is a good warning, though, and it even may be that patients would be the better if bacteriologists themselves heeded it and refrained from injecting “dead bacteria” into the blood of those who go to them for help. Is there not danger in over-working the “antibodies?”

RATHER SARCASTIC.—The *American Journal of Dermatology* makes the following comment, on which no comment is needed: “The question of diagnosis is still a burning one. That of therapeutics is merely a matter of reading the list of diseases, that every new remedy will cure, backed up as it is by clinical reports from physicians of hospitals in the cities where the remedies are manufactured.”

THE INCREASE OF CANCER.—One does not realize the terrible increase in cancer until confronted by the actual figures. According to the statistics given by the Registrar General of England there were, in the year 1840, 2,786 deaths from cancer in England and Wales. Without a single pause this number increased to 30,221 in the year 1905. Or to take it according to the proportion of deaths one person of every one hundred and twenty-nine who died in 1840 died of cancer. In 1905 the proportion was one in every seventeen that was caused by cancer. This is one disease that sanitation has not touched. The sum of a long paper by Dr. James Ewing, of New York, on Cancer is: We do not know the cause, neither do we know the cure. How would it do for the Research men to prayerfully (and scientifically) consider the enormous, and ever increasing, amount of many kinds of nastiness that are injected into man's life current, as remedial and prophylactic measures?

“THE AGE OF ENLIGHTENMENT.”—That is what writers and speakers, with a touch of spread-eagleism in their make-up, term it, and all of us believe them to a certain extent—for are not we part of it? It gives us all a shock, however, to read in the newspapers that Colonel Swope, “the rich millionaire” of Kansas City, whose mysterious death puzzles us all, paid a negro doctor \$15,000 for his medicines before his death. “How can such things be in this age of enlightenment?” we exclaim. “How can any man believe in these so-called negro doctors, with their yarbs, voodoo methods and conjer?” Is not there, however, as much ground for belief in these primitive creatures as there is for belief in the spirit healers, the Christian Scientists, the Emanuel movers, not to mention others? Indeed (low be it spoken) is it not the same trait shown in the medical profession when it resorts to preparations taken on the words of the man who sells them? In a very respectable journal at the moment at hand are ten pages of laudation of remedies that we will bet a nickel the editor knows no more about than he does about the stuff the negro sold to Colonel Swope. Credulity reigns as much today as enlightenment, and in high places, too. The homœopath knows his medicines, but how about the gentlemen who prescribe things coming under trade-marked names or haphazard mixtures which combine into an unknown substance? Glycerine is known and so is nitric

acid; so is the drug resulting from the combination, and it is startlingly different from the two, from which it is made, but who knows what drugs result from the innumerable combinations found in prescriptions? All this seems to point to the conclusion that the follower of *Similia* is the only man in the business who is really of the enlightened age—an age that really is dawning but is only in its dawn.

CONCERNING THE DIFFERENCE IN SERUM.—The paper read by Dr. W. H. Parks, Atlantic City A. M. A. Meeting, on “Antidiphtheritic Serum and Antidiphtheritic Globulin Solutions,” contains one rather interesting point that explains why sometimes a dose of this remedy produces rather unlooked for results. He says: “The blood serum from different horses varies not only in antitoxic potency, but also in its liability to produce after effects.” Theoretically it is possible to detect this, “yet practically this would be so expensive as to be prohibitive.” Different lots from the same manufacturer will vary greatly, and “this causes some physicians and others to condemn the preparations of the same manufacturers.” It seems to be an uncertain drug to make or to give. He also states that “as is well known certain French and Viennese investigators have asserted that the curative value of antidiphtheritic serum was only partly in the antitoxin, and that even the antitoxin was the least important part. * * * It appeared from their results that the amount of serum rather than of antitoxin units was of saving value.” Their experiments were partly clinical and partly on animals. If this holds there will be a scramble! But Dr. Parks says that “these experiments were repeated by us” and “the results were exactly the reverse.” Dr. Parks in conclusion advocates the “globulin preparations” which “contain all the important curative substances of the whole antidiphtheritic serum.” Taking it all through it looks as if serum is too much of an unknown quantity to justify making its use compulsory, as certain health officials advocate, even going so far as to say that the doctor who refuses to use it does so because he wants to prolong the number of his visits and thus increase his bill. If it were not so serious to the sick ones, and their families, it would be amusing to see the haste of some men to get on “the latest,” whether they know anything about it or not. It is wise to keep the tried and true old remedies for diphtheria at hand.

ADVICE TO WRITERS.—The other day a grim and grizzled doctor—who he was is not for publication—after pawing over a pile of medical journals, transactions, pamphlets and the like, turned and spoke to the RECORDER man. “I wish,” he said, “writers of medical papers would stop quoting Jacquo, Elephantino, Bumbusto and Slinginkski, and tell us what they know themselves on the subject. If they don’t know anything why in—blank—do they write? I once knew a man who was asked to write a paper and he said, ‘I don’t know anything about it more than you fellows do, so what’s the use?’ I’d rather listen to what happens in any doctor’s practice, I don’t care whether it’s new or not, so long as it’s true and actually happened, than to hear a string of quotations taken from the books and papers of a crowd of fellows I never heard of, but would not dare admit the fact—neither would the other men at the meeting. Who is Slinginkski and the rest, that they should be quoted as authorities?” As the RECORDER man could not answer our friend took his hat and his departure, grumbling. Now the foregoing is not a short-hand report of what he said, neither are the names he used, but the substance is there, reported for the advancement of things in general.

SOMETHING MORE ABOUT SERUM.—The Report of the Committee, Drs. Hektoen, Weaver and Tuncliff, of the A. M. A., on certain vaccines and serums was of a nature to chill the enthusiasts who resort to them. “The pneumococci vaccines were inert when injected into rabbits.” The antistreptococcus serums gave no protective or curative effects, but—and the italics are ours, for you want to read them twice—“*the serums often seemed to reduce the natural resistance and to hasten death.*” In conclusion they said: “It is our belief that the claims for the usefulness of antistreptococcus and antipneumococcus serums rest on impressions from results in clinical cases in man, and have in most cases no foundation whatsoever in experimental tests.”

TUBERCULIN.—The following are some of the remarks of Dr. Joseph McFarland, of Philadelphia, at the Atlantic City Meeting of the A. M. A., as reported in the *Journal*: “Personally, I am opposed to the use of tuberculin in the treatment of tuberculosis and I base that opposition on the fact that no animal may be immunized against tuberculosis by any previous treatment with

tuberculin, nor can any animal already tuberculous have its life considerably lengthened by tuberculin. Therefore why we should infer that anything experimentally impossible in the lower animals should prove successful in human beings I cannot understand. We know tuberculin is injurious, it has its place in making the diagnosis of tuberculosis in cows, it is said to be harmless when used for that purpose, and in assisting in diagnosis in man, but beyond that I cannot see its usefulness. When Dr. Pottenger says that he has seen good results accrue from tuberculin, that is entirely a matter of opinion, there is no measuring rod, there is no standard of comparison. Some time ago in discussing this matter with Dr. Flick I suggested that if the Phipps Institute could definitely establish some standard of comparison by which the different classes of cases could be investigated with reference to what they would do if they were treated dietetically and climatologically without the use of medicaments of any kind, especially without the employment of tuberculin, it would be a most excellent work." Yet this "injurious" agent is freely used "for diagnostic purposes!" Verily straight Homœopathy is needed as badly today as when Hahnemann wrote and worked.

QUALITY AND QUANTITY IN THE BIRTH-RATE.—An English letter says that at a diocesan conference held recently the Bishop of Ripon asserted that it was "the stronger, the sturdier, the better men who refused to have families," while, on the contrary, "the unfit and the diseased were increasing rapidly." It is impossible to say whether the Bishop was stating facts or casting reproach on Darwin; probably both. Well, O philosophical reader, what is to be done about it? for what prevails in England prevails in the United States, they say. Perhaps, after all, those who do not care for children, who live but for themselves, are really the "unfit" to whom the evolutionists refer. Be it either way, the posterity of the fecund will inhabit the earth; that is a self-evident proposition. If they are diseased they, too, in time will perish, and then, perhaps, a new race will dwell in the land. Who knows!

THE CONDITIONS IN GERMANY.—Schjerner, the chief medical officer of the Prussian army, has published a pamphlet on the "Sanitary Statistics of the People and the Army," an elaboration

of an address delivered last July. He says the military strength of the army has not been materially reduced, though it requires every exertion to keep it up to standard. The reason for this is the high rate of infant mortality, and the fact that those who survive are so often physically below grade. He does not give a reason for this physical degeneracy. He states that contagious diseases have very largely decreased and small-pox has ceased—but the degeneracy is there in face of the fact that the people are better housed and fed than ever before in the history of the nation. The trouble may be below the surface of the skin. Putting things in the blood may make the surface fair, but within it may have a disastrous effect.

LEAF BY LEAF THE ROSES FALL.—“The Council,” the modern drug inquisition, has recently considered *Aletris farinosa*, *Dioscorea villosa* and *Baptisia tinctoria* and condemned them. “Reliable observers” say they are no good, so they are no good—in the eyes of the ultra-scientific. Men who do things—who cure their patients—find these drugs, when scientifically understood, to be excellent in their places. The difference is between laboratory science and the science acquired at the bedside; between theory and practical experience. The laboratory is a fine subordinate, but a poor master, as every practical man of the world knows. Things look different in the sick-room.

A MILD PROTEST.—Apropos of the action of “The Council” in putting its ban on many drugs, seemingly because it happened to feel like doing so, *Medical Notes and Queries* enters a protest against banning *Euonymus atropurpurea*, which is “too useful to die, though perhaps but a few are aware of its virtues. Its active principle, *euonymine*, is so uncertain as to be useless. *Cimicifuga racemosa* is another drug remedy which possesses therapeutic value.” As few are aware of the virtues of *Euonymus atropur.*, we quote a bit concerning it from Blackwood’s very handy *Materia Medica, Therapeutics and Pharmacology*: “This remedy is indicated in cases of *anorexia*, indigestion and constipation when they are dependent upon hepatic torpor. It is of service in those suffering from malaria when there is indigestion and biliousness. The bowels are constipated, the liver is enlarged, and the conjunctivæ and skin are tinted yellow.” Blackwood

says considerably more about this drug, but what is quoted gives its sphere of action. Please note what *Queries* says concerning the "active principle" of this drug, for it is true of many others, too often the result, it is to be feared, of active commercialism. It is well to recall the fact that the tincture of a drug contains its "active principle" unchanged and as nature made it, something that cannot be said always of the alkaloids as they are prepared.

THE TREATMENT OF HYDROPHOBIA.—From a general circular on the treatment of hydrophobia we quote the following: "Our price of \$75.00 for administering the complete treatment is lower, we understand, than is charged by any Pasteur Institute." These "institutes," of which there are many, each treat from one to two thousand cases a year, and so they absorb a goodly sum from the public for the treatment of a disease the very existence of which is denied by many men not altogether obscure. All of the benefits of this treatment, with none of the possible dangers attending it, probably can be obtained by administering *Hydrophobin* 30, or *Lyssin* 30, the potentized virus of the rabies. That there is danger in the treatment for which \$75.00 or more is charged, is apparent from the release from possible damages the patient or his guardians are required to sign in at least some of the "institutes." After the bite of an animal a course of *Arsenicum* IX is probably the best protective measure. In the early 70's, Dr. Ernest Guissan read a paper before the Faculty at Berne, Switzerland, in which he claimed prophylactic and curative power for *Arsenic* in this disputed disease, and backed his paper by evidence. Another protective measure, though smacking of "Christian Science," is to not believe in the disease. Has any reader of THE RECORDER ever treated or seen a case of this disputed disease? If so, will he not write this journal an account of it?

PREVENTION OF MALARIA.—*Public Health Reports* for January 21st tells the profession, and the world, how malaria may be prevented. There are three ways in which the disease may be exterminated, according to the government authorities. They are: "(1) Anopheline reduction, (2) case reduction, (3) isolation." This is further explained as follows: "In the light of modern knowledge it may be safely affirmed that malaria will not remain in a locality (1) unless the carrying agents (*anophelines*) are

numerous enough, (2) unless there is a sufficient number of infected persons to infect the carriers, and (3) if the insects are prevented from biting human beings." This may be the sum of scientific knowledge on the subject; if it is then it is a very hard thing to swallow, for according to it malaria originates in man and not in the locality. Unless the mosquito spreads it there is no spread in it. What causes one man to evolve malaria (from his inner consciousness apparently), and not another, is not explained. "The ideal way," *Reports* thinks, "to ascertain the amount of malaria in a locality would be to search for the parasites in the blood of every person in the place." One can readily believe that mosquitoes might convey infection from the foul places in which they breed, but one may be pardoned for doubting the scientific gentlemen when they tell us that malaria may be abolished by keeping the mosquito from the patient suffering from malaria, or, in other words, keeping the mosquito from being contaminated by human beings! However, medical science, as she is taught to-day, is but a fleeting cloud—the whole show to-day is forgotten to-morrow. Ben Butler wiped out endemic yellow fever in New Orleans by the simple process of cleaning that city.

WHAT THE PEOPLE FEEL.—Walt. Mason is a western newspaper man who writes jingling verse in the form of prose, and is much quoted by other papers because he pleases the readers. He strikes a popular chord, or, in other words, expresses what a great many feel but cannot put into telling words, hence they like him. One of his rhymed things is a version of Dr. Fell: "I do not like thee Dr. Fell," etc. The argument runs that people liked the old-time doctor, "though his pills were on the bum and he sent folks off to Kingdom Come, and though he liked to swell the hosts of skeletons and sheeted ghosts, it never was his foolish plan to use a saw on every man." Framed up a little differently the idea is that the old way helped the people to die but the method was pleasanter than the modern way of doing the same thing. Though it should not be counted, the fact is that one of the best side assets of pure Homœopathy is the fact that the people are not afraid of it, while they are of the other thing, as Mason voices. The older school have seen this and they speak much of giving but little medicine—small doses. The aspiring young homœopathic graduate (and older ones, too) should ponder this fact and not pride themselves too much on material dosage.

A DOCTOR SUED.—An exchange tells of a colleague who has been sued for \$20,000 damages from alleged improper use of the X-ray machine. The occasion was a fracture which was properly set and healed, but the rays burned the skin and the burn has never healed, hence the suit. So, oh, doctor, whose office is not fitted out with all the modern appliances, there are compensations. As a rule, suits for damages are ill founded and speculative on part of some lawyer.

A POINT ABOUT EPILEPSY.—The following is clipped from a post-graduate lecture by Dr. Giles F. Goldsborough, of the London Homœopathic Hospital, printed in the *British Homœopathic Review*, February: "I believe vaccination with cow-pox vaccine to be quite capable of inducing epilepsy. I have seen several cases in which the convulsions have begun about two weeks after the vaccination at the beginning of defervescence. In one case in private practice in connection with which there was no reason to think the child would develop a convulsive tendency, and the course of the vaccination appeared normal in every way, clonic spasms of the limbs began at about the time named, which developed subsequently into fits. These became very numerous, violent, and continued for many months. The growth of intelligence was retarded. The child became an idiot, lived for eight or nine years, and then succumbed. I do not wish to suggest that vaccination was the sole causative factor in this case, but that it was the apparent exciting cause there can be no doubt. In epileptic cases careful inquiry should always be made in reference to the patient's vaccination history and sequelæ, and treatment by *Vaccinium* or by *Thuja* considered and adopted if necessary."

NEWS ITEMS

The *Medical Century* editorially announces, concerning its annulment contract with the *Institute Journal*, that "any and all restrictions are hereby unqualifiedly removed," concerning advertising, papers, etc. The committee is free to publish "any sort of periodical it may please." This is surely the "square deal."

From private sources comes the information that the Brazilian Government is building a Naval Hospital that is to be under the medical control of homœopathic physicians.

Progress, of Denver, has suspended publication following the Denver Homœopathic College. *Progress* was always a courteous journal, and the RECORDER regrets the fact that it has suspended publication.

Dr. E. E. Goodwin has removed to the Central Hospital, 224 N. Main St., Brockton, Mass. Medical, surgical and maternity cases.

Died of pneumonia, January 4th, at her home, 88 2d Place, Brooklyn, N. Y., Cornelia Elanor, wife of Dr. W. W. Barden. Interment at Greenwood.

Dr. Edwin S. Munson has removed to 8 W. 49th St., New York City.

FOR SALE. Physician giving up specialty of gynæcology desires to sell operating chair in perfect order at buyer's own price. J. T. Mulholland, M. D., 16 Marshall St., Newark, N. J.

FOR SALE, A \$3,000 cash homœopathic practice in a live town of 6,000 inhabitants in northern Indiana. Address, F. B., care of Boericke & Tafel, Chicago.

Dr. John E. James, the well known homœopathic physician and surgeon of Philadelphia, died on February 16th. He was stricken in a court room just after finishing his testimony, and died inside of twenty-four hours.

Dr. E. Fornias is at work on a small book, to be published by Boericke & Tafel, on the interpretation of symptoms, not of drug symptoms but of disease symptoms. It will be immensely useful.

Editor of the HOMŒOPATHIC RECORDER:

There will be eighteen vacancies to be filled on the interne staff at the Metropolitan Hospital, New York City, on June 15th. Examinations for the positions will be held on April 1st at the hospital. Applications should be addressed to Edward P. Swift, M. D., Chairman Examining Committee, 170 West 88th Street, New York.

Yours very truly,

E. P. SWIFT.

Messrs. Boericke & Tafel have accepted the manuscript of a small work on Gynæcological Catarrh (Leucorrhœa), by Home-I. Ostrom, M. D., New York. It will include homœopathic, local and surgical treatment. It is a book that is much needed to-day.

PERSONAL.

"Opponents in whom the love of truth predominates over the love of victory are rarely met with," said Herbert Spencer.

"This fellow is wise enough to play the fool." *Twelfth Night*. But when 'tis done without art 'tis not wise.

He who "ne'er presumed to make an error clearer" must have been a true gentleman.

The trouble to-day is that there are no longer any "cheap cuts" of beef. Census Taker, "Unmarried?" Citizeness, "Yes, twice."

The man who "gets on" is generally "well off."

"A sand bag as a warmer is better than a hot water bottle."—*Ex*. Also as a quieter, they say.

"Into this placid sea of ointment the fly of department-storeism dropped creating red hot shoel."—*Ex*.

Curing warts by suggestion is reported in some of our scientific contemporaries. That's the country boy cropping out again.

"In five days they used just \$50 worth of antitetanus serum." "The patient died," the report concludes.

"There are 350 licensed embalmers in Oklahoma."—*Oklahoma Physician*. That gives one pause!

The phrase, "Correlation and conservation of energies," sounds fine, and goes, but no one really knows what it means.

The National Association on Tuberculosis spent \$8,180,621.60 last year?

We are now threatened with a race of "quinine-immune malarial parasites!" O region beyond the Styx!

A scientist has discovered how to make a hen lay eggs of any color. But why?

Reasons for the high rate of living are as plentiful as philosophers and about as useful.

They were talking of fishing and the truthful man said he only knew how one lobster was caught.

"If the story is really funny you have never told it to me before," said his friend to the chronic story teller.

"The homœopathic school for infantry, but the old school for adultery," said Mrs. Partington's descendant; at least, so they say the descendant said.

"It would be well to trust this matter to a committee of men, not exactly ancient nor freshly modern."—*Med. Notes and Queries*.

Man used to be scared at hell-fire, now he scares at microbes, and the medical priest is having his inning.

THE HOMŒOPATHIC RECORDER

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No. 4

CACTUS GRANDIFLORUS IN THE HANDS OF THE PHILISTINES.

This grand old homœopathic drug has been tried before the allopathic supreme court, The Council of Pharmacy and Chemistry, and banished from the company of respectable medicines, under the condemnation "worthless." One cannot altogether blame the Council for their action when it is known that their investigation was confined chiefly to the alleged alkaloids of the drug "cactina" and "cactin," two proprietary drugs sold for the "active principle," or "alkaloid" of *Cactus grandiflorus*. We have consulted the lists of the manufacturing chemists of Europe and America but failed to find any alkaloid of cactus in their pages. Those who are led away by the brass bands of "alkaloidal therapy" ought to make note of this fact, for the same may be true of some other alleged alkaloids. Pharmacists have often wondered where many of them come from, when they are not even mentioned in works of chemistry treating of alkaloids.

It is also a notorious fact that the great bulk of the "cactus" tincture sold is not made from the true *Cactus grandiflorus*, which is very expensive, but from the varieties easily obtained, costing no more than ordinary drugs, such as *Phytolacca*, etc. To condemn a drug on results obtained from another drug is neither fair nor scientific.

The Council from its own report is in the position of a body of men who would report on, let us say, the Bible by reading what Ingersoll has to say about it, but who never looked into that themselves; the Council quoted from nine allopathic authorities, but have never consulted the homœopathic authorities who introduced and defined the therapeutic sphere of the drug, or if they have do not mention the fact.

So it seems that the Council's decision is based (1) on an examination of an "alkaloid" or "active principle" that does not seem to exist outside of advertising literature, and (2) on second and third hand authorities only. Therefore, the unbiased man will not be influenced by it. These conclusions, in brief, are:

1. "It is uncertain what part of the plant contains the active principle if one exists." Quite true.

2. "Some of the experimental work and much of the clinical evidence has been obtained and published under proprietary auspices." That is to say, much of the evidence examined by the Council, quite properly, found faulty, was the work of advertisers, the evidence of the men who discovered the drug being ignored.

3. "The value of clinical evidence when unsupported by animal experimentation is much diminished by the tendency of enthusiastic and untrained observers to attribute to the drug given the effect really due to general remedial measures, psychic suggestion and so forth." It seems from this that the allopathic measure of a man is the measure of a dog, frog or cat. Presumably the mention of "psychic suggestion and so forth" is an allusion to Homœopathy, to which the medical world is indebted for this drug, as it is for about all in its therapy that is of any value to the patient.

Looking through the "clinical testimony" of the various "regular" authorities concerning *Cactus grand.*, one is struck by its vague and, one might truthfully say, formless character. It is, to quote Hamlet, "Words, words, words!"

That this is not overstating the case look at what is offered. The first witness experimented with the "active principle" of the drug, and claims to have found a "strychnine-like action" of the drug, but the second witness says that this either is "a pure fabrication" or something else was used, as there is no active principle of cactus.

The next bunch of witnesses experimented on, dogs, cats, frogs and other small deer, the results are as shadowy as a dream—"seemingly" this, "possibly" that, "and so forth," sometimes the heart of the frog was seemingly affected and sometimes possibly it was not; so with the blood and muscles. One pair of observers is deservedly ripped up because their results were obtained "from an alkaloid which no one at this day is able to prepare."

Clinically, some of the authorities say that *Cactus grandiflorus* is a "heart tonic," or a mild "cardiac tonic," while others say it isn't a heart tonic, "not even a simple stomachic tonic." So there you are!

That which asserts that it alone is entitled to the name "scientific medicine" is always "agin" drugs, and the more scientific it is the harder it is "agin," as witness the great Osler. The Council is doing much good work in exposing many of the pretentious proprietaries, but if its members are wise they will think twice before they condemn any more standard homœopathic drugs, for these have the medical law and testimony back of them—and that combination is greater than even the ephemeral Council.

A BAD DIAGNOSTICIAN MAY BE A GOOD PRESCRIBER.

Editor of the HOMŒOPATHIC RECORDER :

The cases published by Dr. Bailie Brown in your issue of February 1, 1910, are indeed interesting, especially the last of the series. But I beg mildly to suggest that, as a rule, a "pottie" is not required to carry away the product of the resolution of a "consolidated lung."

The mode of resolution so graphically, if not so eloquently portrayed by Dr. Brown, plainly reveals the site and character of the consolidation.

Dr. Brown should either learn to differentiate between a consolidated lung and an over-distended colon, gone septic (with possibly a swollen liver), or else submit his cases upon a simple statement of the symptoms. Had he been as discreet in this last case as he was in the preceding cases of the series, and refrained from offering a diagnosis, he would have been on fairly safe ground.

Every competent physician knows that a consolidated lung cannot be resolved in twenty-four hours by any remedy. But many homœopathic physicians know by experience, that some cases of partial or complete obstruction of the colon, even with septic symptoms, can be very promptly relieved by the homœopathic remedy, without any mechanical aid whatever. They also know that a high S. S. enema, judiciously administered, may also relieve

some cases quite as effectually. Either or both may be required, according to circumstances.

Let us try to do Dr. Brown justice. Arsenic may very well have been indicated in such a septic case, and may have brought about a speedy resolution of the fecal mass exactly as described. Any remedy truly homœopathic to the symptoms of such a case, by exciting a reaction and the consequent copious pouring out of the mucus and fluids of the intestine, might be able to soften and liquefy the impacted fecal mass, and cause it to be carried off in copious dejections. I have personally seen such an action several times. Granting the truth and sincerity of the published statement, Dr. Brown made a good prescription and reaped his legitimate reward. But in diagnosing the condition as a "consolidated lung," Dr. Brown made an egregious error, utterly inexcusable, except on the ground of diagnostic incompetency. He would have done well to heed the unprejudiced advice of his New York colleague, to tell nobody, and to speedily invest in some good work on medical diagnosis. In the meantime let him settle his score with the diagnosticians who taught him.

Such breaks as this would require no comment except for one thing. There are, unfortunately, many flippant persons in the medical profession who are only too quick to seize upon such an opportunity as this case seemingly offers to hurl their shafts of ridicule against Homœopathy. As a matter of fact, it has nothing to do with Homœopathy because the homœopathic prescription is never based upon pathological diagnosis. It is purely a matter of diagnosis. But these would-be critics are unable, or, if able, are too fond of their little joke, to discriminate between the man and the method. The merits of a system of medication are not invalidated by the short-comings or diagnostic failures of incompetent individual practitioners. To those who might be influenced thoughtlessly by our light-hearted "joke smiths," a fair criticism may appeal, and it is for their benefit that this criticism is offered. If there be, as some affirm, a few whose minds are so filled with prejudice, bitterness and venom as to find an unholy joy in gloating over such breaks, they are beyond the pale of either criticism or appeal. "Ephraim is joined to his idols. Let him alone." None of these things move the judicious. They know that in a case like the one under criticism, a remedy selected

according to the symptoms of the patient, under the principle of *Similia*, will do its work quite independently of anything the prescriber may think about the pathological diagnosis. They know that a man may be a very fair prescriber and a very poor diagnostician at the same time. Even laymen, totally ignorant of diagnosis, have often been able to make cures or mitigate suffering, simply by an elementary knowledge of the homœopathic relation between the symptoms of drugs and the symptoms of disease.

We should not forget, nor fail gratefully to appreciate the fact, that Homœopathy owed its rapid extension in the early days largely to the work of lay prescribers. But this is no argument against a broad and thorough education for physicians. Diagnosis and pathology and all the other branches of general medicine are important and useful. The standards of general medical education and the requirements for practice in our school should be raised and enforced.

We would then have fewer examples of the half baked sciolist among us, and we would see less of the frivolous, mechanical "symptom-chasing" by some men who are high in the councils of our long-suffering and much maligned school.

STUART CLOSE, M. D.,

Professor of Homœopathic Philosophy, N. Y. Hom. Med. College
and Flower Hospital.

248 Hancock St., Brooklyn, N. Y.

KEEP YOUR FEET ON THE EARTH.

Editor of the HOMŒOPATHIC RECORDER:

In the February number appears an article by Dr. Bailie Brown, of Jersey City, entitled "Some Interesting Cases." We confess to an agreement with the good doctor in his designation "interesting," but would go even further, and add the adjective "important." Interesting because the cases cited are typical of a certain class of medical literature, which, so far as Homœopathy is concerned, is a hindrance rather than an inducement to its acceptance by any rational mind. Important because the loose and inconclusive manner in which cases 2 and 4, at least, are reported, is sufficient to damn Homœopathy as unscientific, grotesquely absurd and on a par with the rankest kind of quackery.

In case 2, what did *Arsenicum* 30 really cure? Are we to believe that a uterus bound down by adhesions and firmly retroverted, was in nine hours restored to its normal state, or must we accept, as the recital would seem to imply, that a case of appendicitis has been miraculously cured? Who made the diagnosis, or any diagnosis at all, in this case? Are we to accept the dictum of some facetious interne that the "womb had grown to the backbone?"

In case 4 we are told that the lower two-thirds of the right lung were consolidated. The inference which we are left to draw is that the child had a right-sided pneumonia, but we are given no physical signs or symptoms to confirm such inference. We are within the bounds of justice when we seriously question the statement that within nineteen hours a consolidated lung had become quite clear. We do not for a moment question the rapid action of *Arsenicum* 1,000th in reducing to normal a temperature of 106 within the time stated, and restoring a sick child to health, but we most emphatically object to the verity of so wild a claim, which, in the light of pathology and diagnosis, is a simple impossibility. The cause of Homœopathy has suffered long at the hands of its ill advised and erratic friends, and surely it would seem to be time for its adherents to keep their feet on earth and not flounder wildly about in the mists and mazes of unscientific jugglery.

RUDOLPH F. RABE.

New York, Feb. 21, 1910.

EDUCATING THE PUBLIC, SAC. LAC., AND BELLADONNA IN TYPHOID.

Editor of the HOMŒOPATHIC RECORDER:

Regarding educating the public in Homœopathy, why cannot some one induce one or more of the great magazines, like the *Ladies' Home Journal*, the *Saturday Evening Post*, etc., to publish a series of well written articles by a master like Kent or some good writer? They now publish the wonders of the Emmanuel movement, which are not to be compared with what Homœopathy can do, and have good sound sense and reasoning to back it. If we could get some of these publications to see the great good they could do by educating the people in homœopathic principles it

would make our sailing easy, and we could save so many more lives and restore others to good health.

A short time ago I lost two children (babies) with pneumonia in about two weeks, while in my previous practice of thirteen or fourteen years had only lost one pneumonia patient. The second of the two lost ones was two years old and a beautiful little girl; this child may have died because the mother gave it *Sac. Lac.* for a few days before calling me, and when I saw it at 9 A. M., after a ten mile drive in the face of a cold snow storm, it was already very blue, anxious, and breathing was very labored.

Five weeks prior had been called to see the same little girl, who was then also suffering with pneumonia, as I thought, but the child was very cold to touch all over, although it had a temperature of 101. Prescribed *Camphor* m., two doses; and before leaving the house child had become warm, and next day was apparently well. After the *Camphor* had directed one powder of *S. L.* to be dissolved in water, and to give one teaspoonful every two or three hours. A couple of weeks later the mother got an office prescription for her, and I then gave also several powders of *S. L.* to be given in water after the remedy.

These powders of *S. L.* may have been the indirect cause of this child's death, for the mother depended on them for several days, and so we lost valuable time in the last sickness. That little girl died after about ten hours after I saw it in the morning, and it had just died when I made a very quick trip in the evening.

This teaches us a valuable lesson to warn our patients never to depend on any medicines which may have been left (over) from a former visit or prescription in a subsequent illness.

A paper regarding the article copied from the *Clinique*, by C. F. Wood, M. D.

He mentions *Belladonna* as one of the remedies indicated in typhoid, while Dr. Kent tells us *Belladonna* is not suitable for such a state; it has nothing to correspond to typhoid fever in its character, and he says that if given in typhoid the undertaker will get the patient in about ten days. Compare *Stramonium* when you think *Bell.* is called for.

A. A. POMPE, M. D.

Vancouver, Wash.

SERUM-THERAPY'S LATEST MARVEL.

By G. W. Harvey, M. D., Ripon, Cal.

History has no sooner chronicled and passed by some great and marvelous discovery of this twentieth century, than another appears, and some of them, yea, not a few of them, border on the ragged edge of the miraculous. The physical, scientific and mechanical world are sprinkled with them as thick as a June pasture with wild flowers, and still they come, and close upon their heels follow great and wonderful things in medicine.

From the days of Fulton and Whitney on down to the present, the most wonderful and marvelous inventions and discoveries have been made, not by men standing high in the institutions of science and learning, but by necessity, by mother wit in every walk of life, not excepting the medical profession.

The men in charge of endowed institutions of learning and science, medical and physiological research have been outdone by an obscure country doctor. In his field this self-made serunologist has achieved greater success and made a more marvelous discovery in physiology than did ever the now world famous Luther Burbank in his field, in his palmiest transmogrification of the plant world.

Dr. Deep Thinker, of Oro Pulex, Cal., has succeeded in hybridizing the human female with a serum made from the blood of a female mule, so completely that she can never become pregnant. His first experiments were made upon his own wife, and later upon the wives of his neighbors, and it has been found safe and certain in every single instance.

The doctor knew, as we all know, that hybrids are never susceptible to the impregnating influence of the seed of the opposite sex of any creature, and he reasoned logically, so it has proved, that a serum taken from the blood of a hybrid female and injected into a female susceptible to impregnation would so change the blood that it, the serum, would become operative and forever protect the female so operated upon from conception.

The doctor chose a female mule as the most perfect type of hybrid, and from this animal is now made the wonderful anti-

conception serum that will enhance the peace, happiness and possibly the rapid depopulation of the wealthier classes of the earth.

Like many other great discoverers, the doctor was well-nigh to give up his experiments at one time, for after all his painstaking and deep thought upon the subject, after his exhaustive studies upon the action of the lysins, alexins, opsonins, and other factors in the blood to be changed, his wife became pregnant, but at the fifth month she aborted in spite of all that could be done, and the fœtus was moribund.

Up to this time the doctor had given up his great idea, but when he beheld the fœtus with feet, ears and caudal appendage like a mule, and a distinct mane down the back of its neck, he took heart and continued his experiments, which have terminated so successfully. May his shadow never grow less.

Now any woman who has the necessary funds can take the anti-conception serum treatment with the perfect assurance that she will never conceive and give birth to anything, unless it should be a mule, during the first months of the treatment.

DR. McINTYRE'S "THEN AND NOW."

Editor of the HOMŒOPATHIC RECORDER:

Dr. McIntyre's communication, "Then and Now," is timely and valuable. The alarmists have been rampant, and many people have come to believe it is dangerous to live, and still others have come to the belief that it is not only dangerous to live but the only safety is in disease, *i. e.*, vaccines. Let the good Dr. McIntyre have our thanks. He is a pioneer and a homœopathic patriot.

Yours truly,

EUGENE COFFIN, M. D.

**A FORESHADOWING OF THE GREAT THINGS
PREPARED FOR THE EASTERN PILGRIMS
AT THE NEXT INSTITUTE MEETING.**

Editor of the HOMŒOPATHIC RECORDER:

Allow us to call the attention of the homœopathic profession to the program for the coming session of the American Institute of

Homœopathy as proposed by the Local Committee of Arrangements. All the essentials will be carried out, as we are going to spend about \$5,000 in entertaining our guests. The arrangements may, however, be changed by the "powers that be."

From July 6th to 11th the Reception Committee will meet every incoming train upon which members are expected, and extend all aid and welcome it is possible to give.

All trains that carry large parties will be met at the borders of the State with fruit and flowers.

Buy all tickets to Long Beach and have your trunks checked to the same place. Best way is to get in early on the American Institute specials, and be taken to the door of Hotel Virginia from your own home city without change, passing a glorious time en route with your best friends in luxurious surroundings, and being feted all along the line by the local homœopathic profession.

Sunday, July 10th.—Visits at South California State Hospital, Redlands and Riverside will probably be arranged, arriving at Hotel Virginia, Long Beach via Los Angeles, about 4 P. M.

8 P. M.—Memorial service in main auditorium, Hotel Virginia, and sacred concert.

Monday, July 11th.—Registration and Institute meeting. Informal meeting National Meissen.

8 P. M.—Reception and ball given by the Local Committee. During the intermission Spanish dancers will give their native dances in native costume.

Tuesday.—Institute meeting. Meissen Society's "Balloon Route" excursion.

Wednesday.—The Local Committee has chartered an ocean going vessel for the trip to the world-famed Island Paradise, Catalina, where glass bottom boats will be taken to view the wonderful submarine gardens and the gorgeously colored fishes. A typical Spanish Barbecue will then be provided as well as a unique entertainment, one worth coming 3,500 miles to see—especially as you have to pay only about one-half fare from any point the special trains touch. Think of a round trip ticket from Chicago to California and return by different route for about \$62, New York for \$88, and Boston \$92.

Thursday.—Institute meeting.

6:30 P. M.—Dinner and oratory. 8:30 P. M., California State Meissen entertainment and musical.

Friday.—Institute meeting.

Saturday.—Special cars to Los Angeles, Ostrich Farm, South Pasadena to Mt. Lowe (5,100 feet high), offering a view of fertile valleys, canons, mountains, inhabited cities and ocean, surpassed by none in the world. Dinner at Alpine Tavern; to Pasadena, the most beautiful residence city in the world, enjoying an auto ride around the city and environs furnished by the Board of Trade, boarding our special cars and returning to Long Beach via Oak Knoll.

Many other trips will be provided, notably an auto trip around Los Angeles and an excursion to San Diego.

The college medical fraternities and the different college alumni, as well as the Institute "clubs," will have their own special doings, which are being arranged.

Remember, ample meeting places for everything will be found at Hotel Virginia, Long Beach, and this hotel will be headquarters.

Personally, you cannot afford to miss this meeting. It will repay you in pleasure many times over. It will be the Institute meeting you will always refer to as the best ever.

You owe it to your wife, your daughters and yourself to take this glorious trip and bring them along.

You owe it to the Institute to support and aid in every way possible the homœopathic society by your presence.

You owe it to the California profession—who have travelled from 2,000 to 3,500 miles every year to attend the Institute meetings—to cross the Continent once in the sixty-six years of the Institute's existence. Show your appreciation of our efforts by aiding us in spending our hospitality money.

Remember the American Institute's specials will arrive in time for the session of 1910—July 11th to 16th.

Faternally yours,

WALTER E. NICHOLS,
Chairman Local Press Committee.

A DEFENSE OF THE L. H. M. P.

To the Editor of the HOMŒOPATHIC RECORDER:

Babu Amrita Lal Sircar, of the *Calcutta Journal of Medicine*, for motive best known to him, has fallen foul upon the L. H. M. S. men of the Indian homœopathic institutions for what he imagines to be their audacity in having their contributions published in your journal, and denounced them as "charlatans" because, according to him, "they are neither doctors nor in any way qualified men." The reason for his such assumption appears to be that there is no homœopathic school or college in India so-called, and the clerks, petty merchants and plucked matriculate student of the Calcutta University become students of such schools.

Had Babu Amrita Lal confined himself to bare truth I would not have been sorry at all, even though he has showered his choicest epithets on the devoted head of the poor L. H. M. S. The homœopathic schools and colleges which have ushered into existence within these few years were started by men who were mostly educated in Europe or America. Some of these institutions have been affiliated to some of the well known homœopathic colleges in America, and the licentiates hereof, can, after a study of one year in that country, compete for the M. D. degree, *i. e.*, to say, the license granted by these Indian institutions are recognized in American colleges. These schools are not in all cases a paying concern, but the sole object of these disinterested men is to turn out properly trained homœopaths, who can reach the mass of the people and thus help the spread of Homœopathy in India. To ascribe sinister motives to the noble efforts of these self-sacrificing men is really something amazing and past all comprehension. Babu Amrita Lal wants to weed out these "charlatans" from the field, so that the medicines may be handled by those who really deserve to do so. Does Babu Amrita Lal know that among the men who become students of these institutions there are many whose general education is in no way inferior to his, if not superior in some cases?

If he is pleased to refer to the reports of some of these institutions he will find that there are many graduates and under-gradu-

ates and some plucked medical students on the roll. If these students are trained in Homœopathy by men who have finished their medical education in Europe or America and taught in all the branches of the medical science and given opportunity to dissect dead bodies and to attend indoor and outdoor patients in a hospital, so as to enable them to grapple the subject thoroughly, cannot they be equally useful like, nay, do better than, their so-called "qualified" brethren who are turned out of a good medical college, after half a dozen failures, by some means or other, and who administer homœopathic medicines with allopathic idea on their head, and thus make a hodge-podge of everything? Some of these men who enter homœopathic colleges and schools might be "clerks or petty merchants," but what harm is there if they strive to rise from that position to that of a medical man?

Surely we do not find fault with a farmer's son if he strives to become a doctor or a lawyer by the dint of his energy and perseverance!

Are not some of these men whom Babu Amrita Lal calls "charlatan" making good practice in Calcutta and elsewhere, and have they not earned the approbation of the rich and poor alike? They are sought to be despised because they have now stood in the way of many so-called "qualified medical men" who have been brought on in the field of practice by their medical fathers or fathers-in-law. A dwarf is visible in a crowd so long as he manages to stand on a high table, but when that table is taken away he is then nowhere. The fate of this class of practitioner is exactly so. Having found that the high table on which they took their stand has been taken away, they are quite at sea, and gnash their teeth at those who overwhelm them from all sides.

An ignoramus is an ignoramus, be he turned out from a good college or a no-good institution. He can only hide his ugly aspect so long as some one shields him from back, but a man who has any real worth in him will shine like a diamond even if it were dug out of a dunghill. In the field of practice, the public will not be duped by the fascinating titles or degrees, but will be led to chose their man according to his ability. Similarly the contribution which may appear in any journal will be judged by its own merit. Base malice cannot snub a sterling merit.

The manner in which Babu Amrita Lal seeks to shut out the

L. H. M. S. from the field of practice and tie up their hands from contributing to any journal is a mean subterfuge and quite ungentlemanly. Notwithstanding all his vaunting for his knowledge in science and medicine, he is little cared for in this country, and has, therefore, gone out in foreign land to wash his dirty linen.

Mr. Editor, your remarks on his letter are very appropriate, for which the whole community of L. H. M. S. are thankful. It is hoped that Babu Amrita Lal should read them with profit.

Yours truly,

SRISH CHANDRA BASU, L. H. M. S.

25 Parvate Charan Ghose's Lane, Calcutta.

the 22d Feb., 1910.

THE QUESTION OF DOSE.

To the Editor of the HOMŒOPATHIC RECORDER:

The question that is uppermost in the mind of a homœopathic physician is that of dose. While some advocate the highly potentized remedy as the one to be used with success in the treatment of disease, others deny the efficacy of the same altogether, *e. g.*, Lippe is of opinion that "every case of intermittent fever *can, has, and must be* cured with the potentized remedy under the law of the similars homœopathically." But Hale, on the other hand, asserts that "boastful homœopathic physicians often claim that they can cure any case of ague with the high potencies. But those who practiced many years in malarious districts know that such assertions are false." Both have their votaries, who are not small fries, but are well informed and regarded as authorities by the profession. It is, therefore, invidious to make any distinction among them.

In the reports of cases that are published in our journal we also observe the same difference in the method of practice. For instance, while some think it almost criminal to use *Calcareo carb.* in any potency below 200th, we find such a veteran as Dr. Chahendra Lal Sircar advising the use of this remedy in the lower potency. In a case reported by Dr. Nripendahatt Sett, of Calcutta, in this journal some years ago, we find that he was using *Calcareo* 30, as it was indicated, but finding no improvement he called in Dr. Sircar for consultation, who advised him to give it in the 6th potency, and this had the desired effect.

When there is such material difference between the opinion and method of different authorities, it is well for us to go to the fountain head of our system—I mean to our great master and guide, Hahnemann—for the solution of this problem. The advocates of high potency seem to think that Hahnemann was exclusively in favor of the highly potentized remedies, but the careful readers of his *Organon* must have remembered that he insisted upon his followers not to be led by theoretical conjecture nor by sophistic reasonings. He desired them to mark with certainty the result of experiment and observation, as pure experiment and acute observation alone can solve the question. He has clearly laid down that “the dose of a homœopathically selected remedy should not be reduced so far as to be inferior in strength to the natural disease and lose its power of extinguishing and curing it.” From this it is quite evident that while the use of a potentized remedy is desirable, regard must be had to the fact that the selected potency should be equal to the natural disease in strength.

We should likewise take into consideration at what dose a drug can exhibit its toxic effect. There are certain kinds of drugs which do not show their real character unless administered in heavy doses, while in others a very minute dose is capable of drawing out its toxic result. If we ignore these facts and go on thoughtlessly raising the potency higher and higher, we will be acting contrary to the rules of nature, for the similitude can be deduced only by lowering the dilution in proportionate degree. It is, therefore, desirable that we should note with accuracy the dose in which provings are made and make judicious use of the potency, having regard to the strength of the drug.

Another point I desire to urge upon the attention of our brother practitioners, is that we must take the susceptibility of our patients into consideration. There are certain patients who are susceptible to a very minute dose, while others upon whom even a very material dose cannot make any impression. While it is folly to prescribe a large dose in the case of the former, it is equally folly to insist upon the smallest possible dose for the latter.

For reasons stated above, we are often confronted with obstacles in the way of success, but a true physician he is who is guided in each individual case by the toxæmia of the disease, the strength of the drug and the susceptibility of the patient. Hahne-

mann has rightly observed that a physician who knows in each case the obstacles in the way of recovery, and how to remove them, is the true master of the art of healing.

SRISH CHANDRA BASU, L. H. M. S.

25 Parvate Ch. Ghose's Lane, Calcutta.

the 5th January, '10.

NEW GLONOINE PROVINGS.

Under the heading, "Nitroglycerine Head," Dr. C. E. Laws, of Du Pont, Wash., gives a very interesting resume of the effect of nitroglycerine on those who are engaged in its manufacture. It fits in well with our homœopathic proving of that drug known in homœopathic pharmacy, as *Glonoine*. Here it is taken from the *Journal of the American Medical Association* for March, paragraphed for convenience:

* * * * * *

Symptoms.—Within a period ranging from a few minutes to an hour or more after exposure the person experiences a sense of heat with fulness in the head and possibly a flushing of the skin.

If the heart is examined now an increased action will be noted, but this is followed by a marked retardation.

One premonitory symptom noted by many is a complete loss of vision either in one or both eyes, the headache not coming on until complete restoration of sight.

The most distressing and dreaded symptom is the headache which rapidly supervenes.

Owing to the direct action of the drug on the muscular coats of the arteries there is a marked dilatation of these vessels. To this dilatation of the vessels of the brain and cord may be laid the cause of the throbbing which the poor sufferer experiences.

He holds his head between his hands to relieve it, and when he steps on the ground or attempts to stoop over he often cries out with pain.

Sometimes he becomes maniacal, running about, shouting and striking his head against obstacles.

The recumbent posture is often unbearable, and he must pass his time in the upright position, sleep being out of the question.

The pain is sometimes located in the back part of the cranium, sometimes it is frontal and at others general.

The duration of an attack is from a few hours to one or two days.

Nausea and vomiting with loss of appetite are frequent symptoms.

The genito-urinary system comes in for its share of disturbance, too, there being frequent urination with the passage of large quantities of light colored urine of low specific gravity. Nitroglycerine is a marked aphrodisiac, and most "glycerin men" have large families.

The effects of the drug are interesting. All who work in it are sooner or later troubled with dyspnoea and tachycardia on exertion.

Alcohol causes a flushing in some that very much resembles scarlet fever. Others are unable to touch it at all, and it is a well known fact that "powder men" become easily intoxicated.

I am unable to say what effect it has on the length of life, but I know several men who have been in the business for many years, one in particular who enjoys excellent health after twenty-five years' service, with the exception of shortness of breath on any undue exertion. There is an increase in the area of heart dulness and a rather slow pulse.

Some people enjoy a natural immunity to the action of the drug while others must acquire it, and the process is painful.

After being out of it for one day sometimes, a man goes back to work and becomes sick. This attack, however, is comparatively slight, and he can continue without much inconvenience.

Others, while not working, will rub a small amount into the skin or keep some on the hat band so that they may always be in condition.

Treatment.—This is most unsatisfactory, and there is apparently nothing that will give the poor sufferers relief. In slight cases in those who are more or less accustomed to the drug, a hearty meal and a good sleep will straighten them out, but in the severe cases all the remedies suggested, such as phenacetin, chloroform, morphin, etc., have little or no effect. Hot baths do well in some cases, but a warm atmosphere aggravates the symptoms. Many "patent medicines" have been recommended but none of them are of any use.

It is said that nitroglycerine was at one time exploited as a cure for headache, and it probably did well in chronic renal degeneration with high tension pulse.

I can find no mention of an antidote in the literature, and, if any one should discover it he would at least have the gratitude of many thousands of "powder men."

* * * * * *

The foregoing is the complete "proving," to use the homœopathic term, given by Dr. Laws. Hering gives as antidotes to nitroglycerine, or *Glonoine*, the following drugs: *Aconite*, *Camphor*, *Coffea* and *Nux vomica*. Probably the powder men could find relief in one of these drugs, probably *Aconite*, for quick work with the others for the lingering effects.

THE ACUTE AND CHRONIC REMEDY.

By E. N. Bywater, M. D., Anamosa, Iowa.

Some of you may be startled somewhat when you find the subject of "An Acute and Chronic Remedy" to be *Lycopodium*. But such is the case, and I trust the mission of this paper will be fulfilled. For I believe there are many physicians in our school of medicine who never think of *Lycopodium* as other than a remedy for chronic conditions and those of the most chronic, and as a last resort, as I did the first year or two in practice. So if I can bring to light one or two conditions where the remedy has served me well I shall feel that my effort has not been wholly in vain.

Lycopodium for acute conditions? Yes, and the most acute. It is the remedy that is called for from the cradle to the grave. The new born babe cries for it the first of any medicine in the materia medica in the majority of cases, and that chronic old chronic calls for it the last years of his life. Then youth, middle age and decline all manifest symptoms for it. So it is the remedy that appeals to all ages, all classes of cases and in all conditions of disease. Do not misunderstand my meaning, I mean where the symptomatology calls for it. But many times I think we are apt to overlook symptoms calling for a remedy, especially in children.

Read before the Hahnemann Medical Association of Iowa

because we do not think of that remedy coming in that class of cases.

First let us consider its acute conditions, and let us take up the first patient who calls for it. That is our baby. During the first few days after birth, baby generally gets the colic, cries and frets until mother and nurse have exhausted all home remedies and themselves, and then after the baby has cried himself hoarse, they resort to the doctor.

Upon examination you find baby's abdomen distended with gas and can hear it rolling in the bowels. You will sometimes notice small gulps of curdled milk, sour smelling and with quantities of gas, come from baby's stomach. Upon inquiry you find large quantities of flatus passing with the stool which relieves baby only a few moments. One more symptom which you generally find with this condition, though not always present to complete the picture, is a red stain on the diaper after urinating. They will generally tell you that the baby is passing blood. But upon examination you will find it to be small particles of sand. With your older patients you will get a history of burning in the urethra during micturition. Now with this picture of baby's case before you, give *Lycopodium*. Now don't get skeptical and give it in the 6th, nor 12th, nor 30th, nor 60th, if you want results. Give it in the 200th at least, and from that up to the C. M., D. M., M. M., and you will surprise yourself, the grandmothers of the neighborhood, and make everlasting friends with baby's parents.

Just a couple of weeks ago, I prescribed *Lycopodium* high for a colicky baby that had cried all day and all night, and in a few minutes after the first dose, the baby went to sleep, and slept so soundly that the parents were sure doctor had given their baby morphine, paregoric, or something to put it to sleep. But fortunately the nurse in charge had had some good homœopathic training, and assured them that the homœopaths never resorted to such practices with babies, so they contented themselves until my next visit to ascertain what I had given their baby to make it so good.

I have had such remarkable success with this remedy for baby's colic that when a case is reported to me for medicine, I at once begin to look for *Lycopodium* symptoms, and in 75 per cent. of my cases find my similimum in *Lycopodium*.

Another place I have found it quite beneficial has been in eczema of infants. This remedy and *Psorinum* high have cured the majority of cases for me.

Also in case where baby's bowels do not move without the use of injections, when the stool may be soft and pasty, but because of an atony of the intestines there is insufficient muscular action to expel it, by dilating the sphincter ani with the little finger well anointed with vaseline and prescribing *Lycopodium* high upon its symptomatology, you will be surprised at results.

My next acute condition for *Lycopodium* is tonsilitis, beginning on the right side and extending to the left; dryness of the throat without thirst; and the soreness relieved by warm drinks. A dose of *Lycopodium* will very often abort the case. So often so that I have had patients who were good, studious homeopaths come to me for the remedy to have on hand to abort tonsilitis.

Perhaps another place where *Lycopodium* would be a remedy for acute conditions, would be in that class of cases which eventually come to us as chronic catarrh of the stomach and bowels. But, as a rule, these cases in their incipiency are treated by home remedies, such as soda, and later by charcoal tablets recommended by the neighbors, until they become so chronic that the doctor wonders if they weren't born that way. You get them with some such history as the following: Pain in the left side which started over near the appendix (here, like with tonsilitis, pain in right side extending to left), tympanitis quite marked; belching of quantities of flatus, which causes a regurgitation of a sour fluid, which produces a burning sensation in the throat and along the œsophagus; excessive hunger, but after eating a few mouthfuls feels filled up so full that cannot take another bite; craving for sour pickles, which only aggravate conditions; constipated, with ineffectual urging to stool; most always feel worse from 4:00 to 8:00 P. M., although you now and then find a case with a morning aggravation which responds well to this remedy; constant sense of fermentation in the abdomen; stool hard, small, and difficult to expel, slips back into rectum because of atony of muscles of intestines; inactivity of intestinal canal which causes fermentation. Now with this group of symptoms you will find *Lycopodium* high a very efficacious remedy. Still with just such a group of symptoms I have known doctors to prescribe *Nux* and

Belladonna, and wonder why their cases did not improve faster. Also I have known just such cases advised to be operated upon for appendicitis that were later cured by *Lycopodium*.

About five years ago I had a case come to me suffering with about such a group of symptoms as the foregoing, which followed an attack of the la grippe. The old man had been under allopathic care at that time, and as he did not rally well, the doctor put him on large doses of quinine. He followed up with this for three or four weeks, and then drifted into the hands of an eclectic, who put him upon small dose of the same remedy, and after three or four weeks of that he came to me. He was so weak that he called me out to his buggy to take his case, not having strength enough to climb my office stairs. The bloating of the abdomen was so bad that the only way he could get relief was with hot bran stupes over the abdomen. After taking his case I put him on *Lycopodium* 1m, and awaited results. The fourth morning after prescribing he called me up and told me that he had slept all night without his bran mash; had gotten up that morning and helped milk the cows, something he had not been able to do for two months. He had been given up to die by all his neighbors. In about three weeks he came trotting up my office stairs, and with his thumbs in the armholes of his vest he straightened up and said: "Well, Doc, what do you think of me now?" He had made a complete recovery and works on his farm as before. By the way, a lupus over the left eye which had given him considerable concern for several years, entirely disappeared during the treatment, and has never recurred.

Now for *Lycopodium* in pneumonia, and here is where it has proven a friend indeed to me. It comes in here more as a chronic remedy. In those cases of badly treated pneumonia, which, when you see them you give them until morning to live. Your patient has that earthy, ashy paleness of death, veins are blue, eyes dull and hazy, lungs rattle as though completely full of mucus, so that the air has to surge through it, and the alæ nasi are fanning as though every breath were an effort. You look at your patient and wonder how much longer he can live. Now, doctor, put that patient on *Lycopodium*, and wait a few hours. You want it high and then give it a chance. Many times you will come back to your case and be very much surprised at the improvement you

find. Twice have I had just such cases, and had it not been for the timely aid of *Lycopodium* would have had to suffer the humiliation of having lost a case of pneumonia between the ages of one and seventy.

I was called in consultation with an allopath a few months ago to see one of those cases which answered the foregoing description, with an additional case of quinsy. Antitoxin had been administered; for what purpose I know not. The tonsil had gone on to suppuration, and the abscess had ruptured of its own accord. Upon examination of the throat found it full of thin creamy looking pus, making it very difficult for the child to breathe. After cleansing it out I examined the lungs and abdomen. The former I found full of mucus and the latter full of flatus, *alæ nasi* fanning with every breath. There it was *Lycopodium* as plain as the nose on your face. But what was I to do. I might just as well say *Lycopodium* *im* to the cannibals of darkest Africa. He would not accept that, so I had to do the next best thing. Here was cyanosis and quantities of mucus to be taken care of. I tried the next best thing. That was *Ammonium carb.* and *Tartar emetic* in alternation every two hours. These remedies appealed to him. I got him to put two grains of *Ammon. carb.* in six ounces water, and two or three 1-50 tablets of *Tartar emetic.* which he had, in another six ounce, and give it every two hours in alternation. The former to stimulate the heart and clear up that cyanosis, and the latter to take care of the mucus. Here was an overworked heart that needed a brace. The remedy appealed to him as all right; although far from my choice, still the best I could do under the circumstances. Imagine my surprise that evening upon calling with him again to see the case, to find that in addition to *Ammon. carb.* he had shot in a goodly quantity of *Verat. vir.* to act upon the heart, he said. Well it did before morning. Here a weak, flaggy pulse, and *Verat. vir.* as a remedy. Scientific medicine.

Now another class of cases in which I have prescribed *Lycopodium* with very gratifying results for from four to six weeks, after which time it has failed to act, has been in cancer of the stomach. I have had this success in six cases. The first one had had persistent vomiting for weeks, and had been given everything by the allopathic physician in charge. As a last resort they tried

Homœopathy. After a few doses of *Lycopodium* 1m, the vomiting ceased, and did not recur for over four weeks. Two weeks later a post mortem revealed a carcinoma of the pylorus. And in the other five cases have I had relief from very disagreeable symptoms for a varied period of time. But especially has it relieved the persistent vomiting, attending that malady.

Nash classes *Lycopodium* with *Calcarea* and *Sulphur* as Hahnemann's leading trio of antipsoric remedies. "It acts upon persons of keen intellect but feeble muscular development. Lean people leaning toward lung and liver troubles." But I find it indicated in just as many fleshy people as thin.

Lycopodium, like *Sulphur* and *Lachesis*, is a splendid intercurrent remedy. When the indicated remedy in certain conditions does not seem to act well a few doses of *Lycopodium* sets things right. In typhoid fever, measles, and any disease where there is a marked tympanitis and still other remedies seem to be indicated upon the totality of the symptoms, a dose of *Lycopodium* seems to correct the bowel symptoms and hastens the action of the other remedy.

Much more could be written about this remedy if I had the time to devote to it. So in closing my paper will give the characteristic symptoms and its modalities: Flatulence with sour eructations, craving sour things; ravenous hunger, which is satisfied by a few mouthfuls of food; feels worse from 4:00 to 8:00 P. M.; pain in left side, which originates in right; an atonic condition of the lower bowel causing constipation; brick dust sediment in the urine.

Modalities. Worse right side and from right to left, and from above downwards; aggravation from 4:00 to 8:00 P. M., better by motion, after midnight, from warm food and drinks; better from being uncovered and from getting cold.—*Iowa Homœopathic Journal*.

THE ETHIOPIAN HAS NOT CHANGED HIS SKIN.

Dr. John McLachlan, of Oxford, England, in a letter to the March number of the *British Homœopathic Review* on the attitude of the allopaths relates his experience with them in that old university town. It is not of a nature to make the homœopath

want to give up his distinctive organization as some advocate. Here are McLachlan's facts :

“(1) The Professor of Medicine (Professor Osler), who, I believe, limits himself to consultation work, will on no account go to see a patient of mine, either with or without me. To have the advantage of his opinion I must give up the case to an allopath.

“(2) None of the surgeons will help me, even in matters purely surgical, *e. g.*, a broken thigh. I have to make the case over to them before they will have anything to do with it. They are always quite ready to ‘annex’ my cases, and, at least, on two occasions have bungled them rather badly, which would not have happened had I also been in attendance on the patients.

“(3) It is understood that the two chief ‘nursing homes’ (indeed the only two of any consequence) will not allow any patient within their walls to be attended by a homœopathic physician. These ‘homes’ are open to all other physicians and surgeons in Oxford.”

From this it will be seen that the skin has not changed. When Osler was the shining light at Johns Hopkins, Baltimore, and his four drugs were the only ones used, many patients, so it is said, went from there to Washington and other places to invoke the aid of Homœopathy to relieve them, and generally with success. The man who confines himself to four drugs is very primitive.

EXPERIENCE WITH TINCTURE.

In the March number of the RECORDER, page 120, we published Dr. Neatby's experience with the 200th of *Thuja*, condensed from the *British Homœopathic Review*. In the succeeding number of the *Review* (March) Dr. T. D. Nicholson takes up the other side of the question, and while not denying the action of the higher potencies, inclines to the belief that the lower dilutions, or the tinctures, are better. In support of his opinions he gives the several cases, which are summarized below :

The first patient was himself when on a vacation. Diarrhœa, with some pain, persisted for ten days. After that time he took one drop of *Veratrum alb. θ*, which put a stop to the trouble at once.

A young lady had an attack of all-night vomiting of bile, and severe bilious diarrhoea; deathly pale, with much suffering. *Iris versicolor* θ , in half a tumblerful of water, frequent teaspoonful doses, stopped the trouble at once.

Lady, aged 80, had severe attack of lumbago, unable to arise without help, but felt no pain when quiet in bed. *Bryonia* θ , half a drop every four hours, quickly cured.

Lady, aged 70, severe cramp in calf of leg every night for two weeks, compelling her to arise and stamp about. *Cuprum met.* 3x, two grain doses, relieved after first dose.

Woman, aged 70, affected with nausea, vomiting, and furred, white tongue, for two weeks. *Ipecac* 1x, two drops, stopped the vomiting at once, and nausea gradually subsided.

Woman, aged 80, had several attacks of subacute mania, with illusions; sees strangers in the room; is excited, loquacious, and picks at imaginary things on the bed. *Hyoscyamine* 1-50 grain dose every four hours brought her around in two days, and afterwards always controlled these attacks at once.

Men have not got to the bottom of this potency question yet; men are prone to run exclusively to the crude drug, on the one hand, or to exclusively high potencies on the other. Much must depend on the patient and also on the nature of the drug, charcoal, *Carbo veg.*, for instance, being rather inert in the pure stuff or even in the 1x. The same may be said also of *Calcarea carb.*, *Lycopodium*, *Silicea*, and several other drugs, all of which seem to act better in the 30th or higher. *Aconite*, *Bryonia* and drugs of that nature seem to be efficacious in material doses.

Potency is still an open question.

STATE LICENSURE.

Dr. C. E. Fisher has written up his experience with State licensure in Wyoming for our esteemed Chicago contemporary, *The Clinique*. Wyoming and Colorado are the fairest, he writes, of any of the various commonwealths. Here is his experience—Dr. Fisher, by the way, is chief of the hospital, and has been in various parts of the country, for railroad construction companies, where the physician's work is decidedly strenuous at times:

“Of the thirteen State certificates possessed by the applicant

Wyoming recognizes but one for reciprocity purposes, that of Virginia upon examination (how many have it?), and it became necessary to prove up thereupon. The certificate itself is not enough; the Wyoming board must have the affidavits of the Virginia president and secretary to the effect that when the board issued the certificate they issued no falsehood. The Virginia board requires a proving-up fee of ten dollars, the Wyoming board a certificate fee of twenty-five dollars. Besides this a trip to Laramie was desirable, and this cost \$29.40. Then there had to be two photographs to be pasted upon the application blank and kept on file in the secretary's office, there had to be the affidavit of the secretary of the Illinois State Homœopathic Medical Association to membership therein, there had to be two affidavits as to good moral character, and the applicant's affidavit in general. Furthermore, the certificate had to come by express and then be sent to the county seat by registered mail, accompanied by a fee to the county clerk for recording the certificate, before it really became a license, the sum total of all the expenses before it was valid amounting to \$70.35.

"Two little features in this process seem deserving of mention in passing. First, the photographs. These are required to keep someone else from impersonating the applicant, it is said. In Massachusetts, when the State examination is in process, each candidate has his application upon the desk before him, where the examiner can compare it with the individual being examined, and upon the forehead is stamped the number under which the candidate is being examined. (The Bertillon system has not yet been inaugurated.)

"Who will be the Moses to lead us out of this labyrinth of tyranny, injustice and expense into Canaan of equity and common sense in the matter of medical licensure? Has not the profession, in its desire to elevate the standards and make it difficult for the charlatan to pursue the calling, also built around itself a Chinese wall of undue height and strength and thickness? It can hardly be gainsaid that simple justice to many an able practitioner demands very decided modifications of the medical laws of the United States, as they apply to men whose bedside work for years should be made to stand for something, no matter in which part of the United States they may desire to locate or be forced

by circumstances to move to. As it is to-day, a premium is offered for inexperience, in that the young graduate can easily pass the State boards, whereas the older practitioner cannot, while the expensiveness and unnecessary detail incident to reciprocity almost throws this relief outside the reach of many an able and experienced physician, who ought to be allowed to pursue his vocation anywhere within the boundaries of this republic."

To the foregoing it may be added that while the graduate of this year may be able to "pass" it is doubtful if he would be able to do so if, after a few years, he should desire a change of location. Examining boards ought to get off their high horses and permit a capable physician who holds evidence from one of them to practice wherever the American flag floats. To do this at present it is figured would cost \$3,220.00. The public is not protected by excluding experienced physicians.

THE JUICE OF POKE LEAVES.

The following is from a paper by Dr. Finley Ellingwood in the *National Eclectic Quarterly*:

"I will introduce this consideration by calling your attention to the use of the juice expressed from the green leaves of the poke (*Phytolacca decandra*) in the treatment of epithelioma. A number of writers have used this remedy for this purpose. One claims that it seems to have a special selective action for the morbid tissue which develops in this disease. By applying the juice freely, it seems to penetrate to and follow out all the irregularities of the diseased tissue, causing its liquefaction, as it were, and removal, and then it causes a natural cicatrization. This writer claims to have seen large masses of this tissue destroyed in a few weeks, and but a small scar remaining. He says that the application of the juice produces a great deal of pain, but, being non-toxic, is harmless. It would seem that the simple application of a local anæsthetic would do away with the pain, without interfering with the action of the remedy."

AN ECLECTIC ON DIPHTHERIA, ANTITOXIN AND LOBELIA.

The March number of *The National Eclectic Medical Association* prints a paper by Dr. Ernest Jentzsch, of Chicago, on the use of *Lobelia* in diphtheria that is rather warm in spots when dealing with the almost compulsory use of diphtheria antitoxin. Here are a few clippings that are interesting, at least:

“That the serum is not reliable may be ascertained by a perusal of the official mortality statistics of the disease, at this time, when the serum treatment is almost universally practiced. I have here a report from the Chicago Health Department, which gives for one week twenty-one deaths out of eighty-nine reported cases. The mortality of diphtheria has been very high, especially in Chicago; but our health commissioner says that this is the fault of the doctors for neglecting to give large and timely doses of the serum, and the fault of the parents for not calling the doctor on the first day of the disease.”

“Power-drunk it seems, he attempts a compulsory treatment on those who are not sick, he peremptorily orders physicians to soak the entire family with the serum where one happens to be sick with diphtheria, and proclaims that where attending physicians fail to do this he will cause it to be done; thus far, from what I know, the threat has not materialized; nevertheless, the statement is un-American and dangerous for an official to attempt to trample upon and disregard our cherished civil and medical freedom, and deserves the attention of not only every physician in the ‘Land of the Free,’ but also of every man and woman who cares to see this ‘Freedom perpetuated.’”

After a terrific upbraiding of the methods of the health board in the slum districts of Chicago, Dr. Jentzsch continues:

“For the sake of the sick children, who are pestered by these interfering parasite-hunting medicos, I hope it will dawn upon powerful health commissioners everywhere that the best way to prevent disease and destroy bacteria is by cleanliness; because it is the basis of sanitation and preventive medicine, and is much more effectual when actually practiced by a city government than the official talking-custom. I furthermore hope that the Lord Almighty will continue to protect us from pestilence in spite of the manifest incompetency of our bacteria-hunting maniacs.

“Again, I hope that the lamentable failure of the serum to save our children from the clutches of death from diphtheria will cause a desire on the part of doctors of all descriptions to look out for a better and more effectual remedy, if not in their heads then in their hearts, which can be found in hypodermic lobelia. It is really astonishing with what pitiable confidence health officials in general rely on the serum treatment in the face of the unmistakable evidence of failure presented by the great mortality rates; persisting in advocating a large consumption of this serum, and with what asinine and stubborn contempt they look upon all suggestions of therapeutic improvements which do not come from the ‘powers that be,’ in spite of the self-evident necessity for such improvement. I am confident that hypodermic lobelia will bring this improvement about.

“This medicine when given alone, without any other treatment, will cut the present mortality at least in half; and, if supported by skillful management, with other indicated medicines, hydrotherapy, etc., it will wipe it out entirely. This, I should think, is something worth while for any doctor to investigate, even though the arguments of smooth salesmen are missing, supported, alas, only by the honest pleadings of a plain doctor.”

In the discussion following this paper none of the physicians present seem to have had much experience with the drug used hypodermically. One said that the first used was too strong and it had to be weakened. Dr. Jentzsch closed the discussion, and among other things said:

“I wish you to understand that I am not speaking from the standpoint of the physician who has never used the serum antitoxin or knows nothing about it. As a graduate I went from school into practice. I was as enthusiastic a user of antitoxin as they could turn out, as the health officers could wish, or even a manufacturer of the serum. But I found that in my practice it did not give the results promised. I was told that the serum treatment was the only one to be depended upon, and the consequence was that I lost between seven and ten cases of diphtheria in a winter’s practice. At the end of the winter my own son took sick with diphtheria, and I used antitoxin, and frequently enough, but still the patient sank and sank, like the others had, and I knew positively that he was doomed to die. At that time I was at my

wits' end, and I thought of Scudder's advice to give lobelia as a stimulant. I prepared a hypodermic, and the results were marvelous. In a few moments the patient went into a deep sleep. That was the starting of my lobelia experiments. I did not believe at the time that lobelia would prove to be successful in every case, consequently I continued to use the antitoxin serum in a dozen or fifteen cases, but I soon found that the lobelia was much more to be depended upon, and consequently I have since abandoned the serum treatment altogether.

"In the last year I have treated some thirty-five cases, and out of them fully half were of a malignant type, and not a single patient died."

It might be well for homœopaths to look up this drug in their Allen's or Cowperthwaite's *Materia Medica*. Allen (*Handbook*) says it produces "most violent vomiting and profound prostration, failure of the heart and respiration, collapse and fatal stupor, it paralyzes the pneumogastric and vosomotor nerves." Hints of this sort are good to store away in the memory for possible emergencies. If the drug will act hypodermically there is no reason why it will not do as good and safer work given by the mouth.

DR. H. C. ALLEN AND THE NOSODES. A REMINISCENCE.

For fear some may become confused by what Dr. Allen really meant when he said certain conditions were tubercular, sycotic, psoric, etc., I will say he did not mean because a certain condition belonging to the tubercular diathesis you must give *Tuberculinum*, or of sycotic *Medorrhinum*, or if psoric *Psorinum*, etc., not by any means; but if we know to what constitution a certain malady usually belongs, it will often facilitate matters and help arrive at the indicated remedy more quickly; and to insist in this Knerr, in the back part of his repertory to the Guiding Symptoms has classified the remedies according to the constitution, and Dr. Allen taught *if*, after you have used your repertory and find your best selected remedies fail to relieve or permanently improve in syphilitic affections, try *Syphilinum*.

He also says in his keynote under *Tuberculinum*, "when, with

a *history* of tubercular affections, the best selected remedy failed to relieve or permanently improve, without reference to name of disease, try *Tuberculinum*."

Under *Anthracinum* "when *Arsenic* or the best selected remedy fails to relieve the burning pains of carbuncle or malignant ulcerations, try *Anthracinum*."

Under *Diphtherinum* "when the patient from the first seems doomed, and the most carefully selected remedy fails to relieve or permanently improve, give *Diphtherinum*."

And he also tells us the same under *Medorrhinum*, *Psorinum* and *Pyrogen*.

Much of his knowledge of these remedies has been gained by clinical verifications (he told me) when, after the use of the repertory and the best selected remedies, failed him, these remedies often helped him out.

He first prescribed them thus *because they were* in their primary stage of proving, and he gained much valuable knowledge the world will never know of because of the severe criticism he received from some who owe all they are to Dr. Allen.

A mention of a nosode given when the best selected remedy fails to relieve or permanently improve, it made no difference how remarkable the cure reported, with some was like waving a red flag in the face of a bull; but the dear wise man took all these severe and unkind rebukes from those who opposed him with a wonderful meekness and calmness, forgetting his own wounded feelings (for he *did* feel it keenly) and remembering only the good of the cause which was his very life and being.

He had store houses of knowledge and experience, he was very reticent about giving to the public for fear of causing a controversy and split in the medical profession.

I one time said, "Doctor, why do you not tell in your lectures what you tell me."

He replied, "They are not ready for it. It is better to keep some good truths to yourself than cause contention."

Last July he showed me a pile of manuscript and said, "This is the result of my last ten years' research on *Tuberculinum*. I expect to have my book on Nosodes in press this fall, but there are some of my friends who are good homœopaths whom I expect will never read it, even though I made them a present of it, and

who will never use my repertory because it is full of the Nosodes, but we must take their harsh criticism, even though it stings, in silence, forgetting everything but the cause we are working for.”
—*Dr. N. Campbell, in Medical Advance.*

THE GREAT REACTION.

Gentlemen whose hair is getting thin and who find some trouble in buttoning last year's trousers about their waists will remember Gilbert and Sullivan's opera, "The Pirates of Penzance," with its "most amusing paradox" and "the fallacy somewhere if we could only find it." The "Wassermann reaction" is something of the same nature; when it occurs "there's syphilis about if we could only find it." The reaction occurs steadily in paresis and tables, they say, therefore, there is syphilis about somewhere, if, etc. Probably there is, hereditarily, for one's ancestors multiply like the sum of the horseshoe nails as you go backward, but is heredity admitted by the great ones of medicine? But admitting Wassermann is right, what then? Can you do more or differently for that case under your care? The homœopath might but what about you, O Regular!

PRACTICAL GLEANINGS.

"I think there have been more relapses from over-feeding than from any other cause in typhoid fever. My rule now invariably is to give the patient nothing at all to eat so long as the tongue is coated and the fever high. He gets all the water he can drink. Pure water is the food for a typhoid fever patient, until his tongue clears, his fever disappears, and he asks for some simple, wholesome article of food, showing nature has reached a point when she is able to take care of food. As soon as the patient is able to digest food there will be an indication in his or her desire for food. Until that time comes, give nothing but water or fruit juices that you are sure are clear of microbes, and you will never have these set-backs."—*Dr. W. J. Hawkes.*

A young man came under my treatment for swelling, red and painful nose. There was slight fever. Thick and offensive discharge. Bowels constipated, tongue thick and indented. Pain, gnawing and throbbing pain aggravated at night. Perspiration copious but fever was not abated. History of catching cold followed by fluent coryza. *Merc. sol.* 30, three times a day, for three day's gave him great relief. He was cured in a fortnight with occasional doses of the remedy.—*Majumdar, I. H. R.*

Another case of an elderly gentleman. He had syphilis and was drugged with mercury. His constitution was very much run down. There was an ulcer which was spreading outside. Discharge thick and offensive. There was nightly pain. Bowels constipated. Very restless at night and great mental depression. Complained of headache and feverish feeling more at night. *Nitric acid*, *Thuja* and *Kali bich.* had been tried with temporary relief. Spreading of ulcers outside the nose, going up nearly the half of right side of ala nasi, had not been stopped. I fear the whole nose outside might be ulcerated. A few doses of *Merc. cor.* 30, morning and evening, retarded the progress of the disease and ultimate cure was effected.—*Majumdar.*

“Mr. S——, a Eurasian young man of broken down constitution, came to my house to consult me about obstinate constipation and terrible pain in anus. He suffered long from what he called ‘sluggish liver.’ His constipation was obstinate; he used to pass hard balls with very great effort and not every day. But his suffering had been unbearable from the pain in anus, especially after stool. I examined the parts thoroughly and no piles and protrusion could be detected. There were some cracks, and I believe the pain was due to that. On the 8th September, 1907, I gave eight powders of *Collinsonia* 3x twice daily. He returned after the powders were finished, and was much relieved of his pain, but his constipation was as bad as before. Another set of *Collinsonia* powders, one every evening, at bed time relieved his constipation.”—*Majumdar.*

Dr. McCandlish, of Dale Dispensary (*Hom. World*, March), tells of a school girl who one allopathic physician said had ringworm, while another said it was psoriasis of the scalp, who was brought for homœopathic treatment. He diagnosed the case to be seborrhœa, and gave her *Calcarea carb.* 30. The effect was so

marked on scalp and general health that the school teacher exclaimed, "Why, Margaret, what have they been doing to you?" Scientific medicine had been able to accomplish nothing, else the child would not have been taken to a homœopathic dispensary where they use the 30th potency.

Dr. P. L. Mackenzie, Portland, Ore., *Journal A. I. H.*, relates a case of epilepsy starting from frights occasioned by being cut off from the shore by the rising tide. She had received the usual allopathic bromides, etc., but, of course, they did no good. The symptoms, heavy sleep after attacks, with stertorous breathing, pointed to *Opium* which, with an occasional dose of *Ignatia*, cured the case in six months, and it has remained cured for eight years.

Patient susceptible to cold, tonsilitis, going on to suppuration, tonsils enlarged and indurated, this going on for ten years, *Baryta carb.* 30x permanently cleared away the trouble.—*N. A. J. H.*

Dr. Eug. de Keghel (*Journal Belge d'Homœopathie*) relates a case of alopecia areata cured with *Phosphorus* 30. Dr. Keghel uses the 30th in nearly all remedies.

Dr. A. R. Grant, Rochester, N. Y. (*N. A. J. H.*), had a patient who feared she would commit suicide by drowning, though she had no wish to do so. Under *Drosera* he found the symptom, "anxiety, as if it would compell him to commit suicide by drowning." Father and mother of patient had both been insane. *Drosera* cleared away this **haunting fear**.

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EDITORIAL BREVITIES.

"THE WISE AND THE WEALTHY."—The following from a paper, by Dr. John Fearn, Oakland, Cal., in the February number of the *Eclectic Medical Journal*, contains a point that it would be well for young graduates to ponder over. If the young homœopath goes in for "vaccines," "serums," "aspirin" and all the rest of the phantasmagoria of the modern allopath, he is entering into competition with a very large number of men who have been trained in all those fitful things, while if he practices plain Homœopathy he has far better chance for financial success because of very little competition. He will also have the satisfaction of curing his patients. Here is what Dr. Fearn writes:

"Homœopathy is succeeding and gaining favor, not merely because their remedies are pleasant to take, as many say, but because their prescribing is the result of close study, and this explains their success in dealing with the sick. It is this success that has opened for them avenues of practice among the wise and wealthy wherever they are found."

THE USEFUL HOBBY RIDER.—At every meeting of medical societies several topics come up that are said to be of "the utmost importance," every one who speaks says the thing is "of grave import," and then everyone promptly forgets all about it, unless some one makes it his hobby, showing that the hobby rider is useful even if he is a nuisance at times. A good many years ago at a medical meeting in Germany it was reported that "Von Bœnninghausen brought up vaccination at the meeting, and con-

sidered that as practiced now it is the chief cause of the disquieting spread of scrofulous diseases. All the physicians present agreed in this view, and promised to give special attention to this important subject so as to be able to follow up the matter next year." Doesn't that read natural!

A QUESTION OF PURITY.—Our esteemed contemporary, the *University Homœopathic Observer* (which we hope will become a monthly), discusses the question, "Will a man surrender experience for theory?" It concludes, "It is ridiculous to harp upon 'purity' of practice, to the thoughtful doctor of experience. Who is the standard of purity." This is a hard saying, and many will think "there is a fallacy somewheres if we could only find it."

We would suggest that the standard is not any man or body of men, but the Law our colleges and journals teach. As a concrete example, instead of giving *Aspirin* (for example) give the remedy the patient's symptoms call for. The old Indicated Remedy does not exclude adjuvant measures galore, but it seems to us that it, so to speak, ought to occupy the center of the stage and not something else.

If a man happens to think that he occupies the place of the Law he is amusing, and sometimes irritating to men really searching for truth. The heart of curative medicine is the Law for which the word Homœopathy stands. It is the standard of purity, and its mighty scope has never been comprehended by any one man. The Christian religion, though split up into many sects, has but one heart. So with every universal.

ECHINACEA.—A correspondent of the *Journal of Therapeutics* writes that the *Echinacea* was used by the Sioux Indians. How long they had known of its virtues is a question that can never be answered, but probably their knowledge of it runs back to the beginning of things Indian. They knew of it under the name "Cha Ha Poo," so A. W. F. writes.

HOW TO CURE CHILBLAINS.—A Paris correspondent of one of our esteemed regular exchanges enlightens his readers with the following advice, which he says was given out by the French Academy. Whether it is a French joke or one of the freaks the Academy fathers at times is a question:

“Hold your hand in the air for a few minutes and wriggle the fingers. Do this about ten times a day. Your chilblains, even cracked ones, will disappear, and the application of a little grease will help them to do so.”

It has the simplicity of greatness at any rate. Some reader with chilblains ought to try it and report.

ANTIDIPHtheritic SERUM AGAIN.—The Paris correspondent of *Therapeutic Record* after mentioning the “frequent reports of death following injections of diphtheritic serum,” mentions a recent case of anæmia in which it was employed and which “resulted in speedy death after an injection of antidiphtheritic serum. In all probability the death of this case was expedited by the treatment. It will take a long time for us to find out just what are the limitations of safety in the use of antitoxin. This must be ascertained, as are most of our facts, by experience.”

THE MATERIA MEDICA OF THE ELDER BROTHER.—The editor of the *Review of Reviews* credits the following warm stuff concerning the allopathic materia medica to Dr. Spence L. Davis, in the *Albany Medical Annals*:

“Born in Ignorance—Begotten by Superstition out of Chicanery—Suckled by Blind-Faith, the half-sister of Fanaticism—Wedded to Commercialism, the daughter of Cupidity—The parent of a motley brood of nondescripts whose main virtues consist in their fecundity—This is our present-day materia medica.”

This is respectfully referred to all who have a grouch against our own splendid homœopathic materia medica.

THE NEW VACCINATION BEING RECOGNIZED.—“The vaccination agitation throughout the State has brought the homœopathic system of giving potentized *Variolinum* internally into prominence. The health boards of several States recognize this vaccination, and it is growing in popularity throughout the country.”—*Oklahoma Physician*.

“RATIONAL” USE OF PHASEOLUS NANA.—One of our exchanges prints a communication on the use of *Phaseolus nana* introduced into Homœopathy some years ago by Dr. A. M. Cushing, of

Springfield, Mass. The case, summarized, was one of nausea, vomiting, thirst, blebs, pain in the small of the back, weak pulse, urine heavy with albumin, etc. The doctor injected "from 20 to 25 drops" of the tincture hypodermically three times a day. "After three or four days she could stand it no longer, and refused to consent to my injecting any more medicine." These injections "coagulated the albumen of the blood" and caused "a large hard lump after each injection." He then gave the drug by mouth and in time the patient "made a fine recovery, and to-day, a year later, is in good health." Would it not be better for men to regard the hypodermic syringe as a last resort rather than as the normal method of administering medicine?

THE STATUS OF CANCER.—That very able journal, *The Medical Times*, of New York, has an editorial on the cancer situation in its March issue. It summarizes what has been done to date. Among items worth noting is the fact that "the tuberculosis death rate is steadily decreasing year by year, whilst that of cancer seems as steadily to be on the increase." The statement is also made "that whilst tuberculosis gleans its greatest harvest from the enervated and the poverty-stricken, cancer takes its victims rather from the well-to-do in life, from the enlightened and those accustomed to sanitation." In New York "the crowded tenement sections are comparatively immune; whereas cancer thrives in the more sanitary parts of the metropolis." "It is found with comparative rarity in insane asylums, prisons and work-houses; there is little cancer among prostitutes." Cancer seems to "love a shining mark." But, on the bright side, "in thousands of laboratories biologists are at work," and funds to pay them are coming in lavishly—one gentleman, alone, having recently left \$1,500,000 for that purpose. This donation must be very gratifying to the biologists, even if they have arrived nowhere after a decade of investigation. If a tithe of the millions spent by the laboratory men could be diverted to treating cases of cancer strictly on the rules to be found in the *Organon of the Art of Healing* we might learn something. The result, at least, could be no more barren than has followed the work of the laboratory. It would vary the monotony of the study of cancer.

SURGERY VS. HOMŒOPATHY.—Dr. J. N. Majumdar, editor of

the *Indian Homœopathic Review*, contends that there are entirely too many operations, especially on women; cases that easily could be cured by homœopathic medication. "I know of an Indian princess who had both her ovaries removed by eminent specialists in Europe because they were chronically congested. But strange to say, this lady still suffers from similar congestion of the adjacent tissues with all the attendant trouble." It would seem to the average man that congestion is one thing that could not be cut out.

SOME OLD HOMŒOPATHY.—In a recent issue of the *Coast Journal* "W. B.," which initials the lynx-eyed reader will see stand for William Boericke, quotes a passage from Hippocrates on the therapeutic uses of *Hellebore* that is better Homœopathy than we occasionally meet to-day in some learned papers contributed to our journals. This is "W. B.'s" comment:

"Here is a passage worthy of a good homœopathist, for not only is the use of *Hellebore* indicated in the very diseases the similitude of which it is well known to be capable of producing, and is, therefore, homœopathically indicated, but it also takes cognizance of the moral phases of the remedy, and the moral causes of the morbid condition, in correspondence with which the remedy is, or is not, to be relied on. This is assuredly quite different from the practice of the allopathists."

King Solomon said that there is nothing new under the sun, by which he probably meant that there was no new truth even though man might not yet have made its acquaintance. But he was especially strong on "vanity," which he seemed to think was limited only by man.

KEYNOTES AND CHARACTERISTICS.—The following is from a paper by Dr. W. J. Hawkes (*Pacific Coast J. of Hom.*):

"The greater number of 'keynotes' a physician has in his memory connected with the drugs to which they belong, the more chances he has to 'strike a lead' while the patient is detailing his symptoms. Unless one does know a considerable number of such indices he will often be at a loss in his efforts to find a key to the remedy in the mass of symptoms presented; but, possessed of such knowledge, his task is made comparatively easy. Nor is it a very

difficult task to acquire such a knowledge; to be sure one must keep everlastingly at it. It is astonishing how easy it is to forget symptoms in their relation to certain drugs even while one is in active general practice. To keep fresh one's knowledge of materia medica it is absolutely necessary to continually read or study especially the characteristics. Otherwise such knowledge will surely slip from the memory. Reading over such a book as 'Nash's Leaders' is an interesting, effective and easy way to keep such knowledge fresh in the memory."

There is another excellent book of this nature which is worthy of mention, namely, "Hawkes' Characteristics," by the writer of the paragraph quoted above. The fourth edition is nearly sold out, we are told, and it will not be reprinted. It was a great favorite not so many years ago, and is still as sound on "characteristics" as ever—and characteristics are just as handy as ever.

PHOSPHORUS.—"The *Lancet*, for January 15th, contained an account of a fatal case of phosphorus poisoning in a woman, that is of interest. The poison was rat poison containing 4 per cent. *Phosphorus*, and a drachm was taken, *i. e.*, nearly 2½ grains of the poison. Abdominal pain was the first symptom, followed by vomiting with great thirst. Then swelling of left foot appeared due to subcutaneous hæmorrhage. For an interval of two days the patient seemed better; then the abdominal pain returned with profuse gastric and uterine hæmorrhage. At this stage she was removed to hospital, and it was found that from the waist downwards there were a series of very large subcutaneous hæmorrhages. There was incontinence of urine and constipation. She died shortly after admission, three and one-half days after taking the poison. Post-mortem the great feature was the extent of the hæmorrhage into the mediastinum, retroperitoneal tissues, mesentery, etc. The fatty degeneration of the liver characteristic of *Phosphorus* was most marked, but though *Phosphorus* is well known at any rate to homœopathists as a hæmorrhage drug, the extent of the bleeding here was very noteworthy and unusual."—*Homœopathic World*.

HE DOESN'T BELONG TO THE UNION.—The other day we ran across the following in an editorial:

"Don't blame Rockefeller—he has the old ideals. Then, perhaps, like some of the rest of us, he sees the truth, but has come to realize that it is as unwise to give all his money away as to deprive people of earning it."

To admit that some one else may see the truth shows that the editor who penned the foregoing is remarkably modest, for an editor, but the last part of the paragraph, about disposing of super-abundant money, betrays the writer—he is a non-union editor, else he would not write about giving away that which he had not and never will have.

ANSWER, SIR!—The Chicago Health Department will no longer tolerate ordinary death certificates; you must know the reason for the death or face the music. An exchange prints the department's *Index Expurgatorius*. It is interesting. For instance, if the death is reported to be from "ascites" you must state the cause; if from "asphyxia" they must be told whether it was accidental or suicidal; if from "child birth" what caused the death; if "denti-tion" what disease caused the death; if "old age" what disease caused the death; if "tetanus" state cause of (and probably vaccination as a cause will not go); if "weakness" what disease; if "feebleness" what disease; if "cardiac," "asthenia, debility, failure, weakness, not accepted;" if "inanition" state cause, and so on through a long list. Whether a truthful, "I don't know," would go sometimes is a question some one could answer better after trying it on. There have been cases of men going to various great ones and getting a different diagnosis each time.

AN ARTIFICIAL OLIVE BRANCH.—An esteemed contemporary prints a paper from which the following is taken, the subject being the coming together of the two medical opposites:

"Truly it seems that the antagonism between small and large doses is being comprehended, and the only question is as to how small the dose may be and yet afford appreciable results. Possibly we may find it advisable to meet our elder brethren half way, and ask ourselves whether the results attributed to infinitesimal doses have any other basis than chance or suggestion. We may ask ourselves if there is not a legitimate place for the big dose, where we may secure results somewhat more promptly than we do from the similitum."

After the man with a degree from a homœopathic college has shaken hands with the "regular brother," hobnobbed with him, split the difference on dosage, or as most likely adopted the habit of giving the patient all he can bear (as the railroads do with the traffic), and come to the allopathic conclusion that the results of Homœopathy are due to chance or suggestion, why, after all this, he has become, let us hope, an ideal physician, in his own eyes, at any rate; what he is in the eyes of the allopath, or the homœopath, depends on the psychic make-up of each individual.

CONCERNING HOMŒOPATHIC BOOKS.—There is some interesting correspondence in the late numbers of the *Homœopathic World* on the books a man must understand in order to know what Homœopathy is. A correspondent who signs himself "Nicodemus" is referred to in the following extract, which is clipped from a letter from Dr. Edw. Mahoney:

"First, I can cordially endorse all he says as to the value of the works referred to, and the *necessity* of starting with Hahnemann's works, and emphatically the first volume of the *Chronic Diseases* in which he explains how he reached the *philosophy* of his system—really the proved truth of his theories. I should like to add, especially for the benefit of those who take up gynæcological work, the really classical volume of the late Professor Guernsey, *The Application of Homœopathy to Obstetrics.*"

The first volume of the *Chronic Diseases* was recently issued as an independent volume by Messrs. Boericke & Tafel, who are also publishers of the complete work. The first volume, or didactic part, is really supplementary to the *Organon*, and the two ought to be always companion volumes.

A CONNECTING LINK.—M. Metchnikoff gives the world the results of his recent investigations, in the *Annale de l'Instut Pasteur*, December. He has been studying "the large fruit eating bat of the tropics," which he says is the "connecting link between birds and mammals." Whether this is the connecting link that Darwin failed to find is not clear, but it seems to be a link that was missing before M. Metchnikoff discovered it. This bat digests its food without the aid of "intestinal flora" or microbes. "The absence of intestinal flora in the bat explains the lack of aromatic

substances in the excreta." The bat's digestion is exclusively done by its digestive juices. If Metchnikoff could tell man how he could get his excreta free from "aromatics" it would be a very good work, æsthetically at least.

SOME LAW POINTS.—The case of Holland vs. Briedenstine before the Supreme Court at Washington developed some points of interest. A woman, the plaintiff, went to the doctor's office for a physical examination; said she contracted gonorrhœa from unsterilized instruments; presumably sued in a lower court, and recovered \$4,000 damages. The Supreme Court affirmed the award of the jury but considered the damages excessive, and gave her a choice of \$2,000 or a new trial. The woman testified that the doctor took his instruments, wrapped in a towel, from the repository, and immediately used them. The doctor testified that they had been sterilized. Two other women patients testified the same concerning the instruments. Another point was by expert witnesses who said that the gonococci could not live four days on a nickel-plated surface at a temperature as low as 50 degrees Fahrenheit, which was the temperature of the office during the night with the steam turned off. That is the case boiled down from considerable small type in the *J. A. M. A.*, of Feb. 19.

LITHIA WATER.—At a recent meeting of the Philadelphia County Medical Society, Dr. Henry Leffman discussed Lithia water, that once held a proud position, achieved, he seemed to think, largely through the emotional element in human nature that made the doctrine of "signatures" so attractive. It is not safe to say there is nothing in the old ideas simply because the man of to-day says so, for he is sometimes as prone to not believing in anything but himself, as was his ancestor in taking up with "superstitions." The modern man takes a newly discovered, and, perhaps, small fact, on which he builds a theory which his followers dub "science," when in reality it is no more science than was the doctrine of signatures. Be all that as it may, Dr. Leffman points out the fact that if any one wants genuine Lithia water the best way to obtain it, pure from the many other mineral elements in the natural water, is to dissolve some lithium carbonate tablets, say five grain to the gallon in distilled water. By this means you get "pure Lithia water."

THE BALLOON.—A goodly, silk skinned balloon was once highly inflated with gas ; it was so very big, it filled so much space and was so impressive in appearance that all things in the neighborhood were awed by it, until a bright, keen blade touched it jocularly, and then the poor balloon (which had its use) slowly flattened to the earth.

POOR EDITORIAL POLICY.—It is not only bad taste, but poor policy, to hold up the errors of unmalicious ignorance to ridicule. The very learned *Journal of the American Medical Association* of late has been doing this ; it selects errors made by reporters and prints them with witty comments. For instance, a reporter wrote that “Dr. —— is quite ill of a threatened attack of fever,” and *The Journal* comments “Made him ill to be threatened.” Several other blunders about things medical are quoted and ridiculed in like manner. The bad form is apparent to all ; the poor policy lies in the fact that when it comes to holding things up to ridicule these same reporters probably could pin *The Journal's* pelt to the barn door with darts of ridicule that would be unpleasant. Then, too, remember that the stately language of science is but the folk-talk of the Greeks. “Tachycardia” sounds more learned than “quick heart,” but isn't the sense the same? Some men live in words, others in the sense of words.

SATIRIZING THE MEDICAL PROFESSION.—French writers from the earliest days of literature have mercilessly satirized doctors, and, perhaps, never more than at present. Recently Dr. Pasquier has asked the various satirists the reason for their attitude. Here is one from Octave Mirbeau :

“I have no enmity against physicians. If I have sometimes directed some sallies against them it is because the medical profession, like all other professions, is open to criticism and satire—more than the others perhaps, for the higher the standing of a profession the more merciless satire should be against those who fail to recognize their social role and their great duties toward humanity. I have on the contrary a very lively sympathy, rising to a very lively admiration, for physicians, by whom I mean, of course, properly educated, hardworking, conscientious physicians. There is no profession which I find finer, more elevated and more

noble in its ideals. There is none which demands more disinterestedness, more real renunciation, more self-sacrifice. I speak, be it understood, of practitioners, not of those teaching bonzes who despise medicine, consider therapeutics a low charlatanism, and whose whole life is devoted to the chatter of congresses and to the intrigues of salons and academies."

This fairly voices the attitude of the others. The real doctor is not included in these satires, only the bonzes.

CANCER.—"The Campaign Against Cancer" is the title of a very elegantly printed pamphlet of 36 pages, made up of papers read at the annual meeting of the Medical Society of Pennsylvania. The second paragraph of the introductory paper reads: "It is hardly ten years since we entered the experiment period of cancer research. We are in the beginning of our work, and, therefore, not yet in a position to give definite answers to the most commonly asked questions."

TABARDILLO.—Tabardillo, according to the learned Dungalison, is "an adynamic fever of South America, probably typhus." According to our efficient public health and marine hospital service it is also "the typhus fever of Mexico." A long article on the subject in February 15th issue of *Public Health Reports* is summarized in the following practical point: "We are of the opinion that the evidence against the body louse as a transmitter of tabardillo is sufficient to demand that prophylactic sanitary measures directed against this disease should take into consideration that insect." Drs. J. F. Anderson and J. Goldenberg investigated the disease. There is the old story of the Turkish school teacher, who, when a boy needed thrashing for a particular deed, didn't bother to single out the culprit but lambasted the first boy he caught, saying "they all need whipping." The same may be said of vermin.

NEWS ITEMS.

The strike? Any one could have come here from the start to the present time and have found no trouble unless he was hunting it. "The battle of Independence Square" was a masterly piece of fiction, as were nearly all the reports sent out. It was all

the same old stale story of strikes—"beating up" of some who worked, stoning of cars, dispersions of the mob by lusty clubbing by the police and all that. The young medicos here ought to be skillful minor surgery operators by this time, for there were many bruised by clubs and stones. The "sympathetic strike" was a fizzle, so far as the on-looker can judge; if it spreads you may have a chance of seeing it. The extreme claim by the strike leaders was that 175,000 men struck, the lowest claim was 10,000; probably the actual number was between twenty-five and thirty thousand, the most of whom have gone back to work. The cause? Well, causes are as thick as blackberries. Stripped of buncombe and spread-eagle oratory, the cause, we think, was a battle royal between the Captains of Labor and the Captains of Industry for power, with the people and the strikers as pawns, for, we believe that individually the strikers have about as much influence in the fight as you, reader, have in Washington. Theoretically, the people are "sovereign" in politics, strikes and other disturbances; practically, they are men who must do as bid or take the unpleasant consequences. You are sovereign as long as you obey orders. The English laborer in *Punch* expressed "the people" and "the strikers" place very truly when he said: "I hexpressed my hopinion hopenly by 'eaven an' arf brick. Now they can settle hit to suit themselves." Reader, in conclusion, we can state that you will be as safe in Philadelphia as though you were in Kalamazoo, unless unlooked for "rivers of blood flow," "volcanoes" break forth, "social earthquakes" or "cataclysms" occur or fire and fury and vengeance and all that sort of thing come to pass. But "we all" have heard so much of that lately that "each particular hair" absolutely refuses to longer stand up.

Messrs. Boericke & Tafel have in press a materia medica work by Dr. W. Ide Pierce, of New York, that will be new in arrangement, up-to-date and very practical. It will run near 900 pages.

The same firm have also a work by Dr. Homer I. Ostrom on *Leucorrhœa and Other Forms of Gynecological Catarrh*, in press that will be a very useful book, being both very modern when modernity is required, and also giving all there is in Homœopathy on the complaint.

Much interest is being manifested in Pittsburg and vicinity on

the approaching opening of the new hospital. The situation is charming, being in a fine residential quarter of the city, and much benefit to the patients is anticipated from the environment as compared with the downtown location of the old hospital occupied for so many years. On February 22d, a reception is planned for the purpose of introducing the building to the public, after which date patients will be received and treated there, and it is expected that the capacity of 150 beds will be taxed to the limit, and Homœopathy have a building worthy of itself.—*R. Blackmore, Jr., New England Med. Gazette.*

It is with sincere regret that we learn from the March issue that the *British Homœopathic Review*, of London, England, will cease publication. It is said, however, that a new journal under another name will take its place in a few months.

The death of a patient under stovain in England has not increased the popularity of that pain-killer.

Dr. Blackwood's *Contagious Diseases* is approaching completion. It will prove to be a very useful book in the hands of the practitioner.

Dr. John V. Allen, of Frankford, Philadelphia, who has a magnificent electrical office, or rather equipment, in his office, prepared the *X-ray* remedy (see H. C. Allen's *Nosodes*), from which the potencies were made by B. & T.

BACILLINUM AND TUBERCULINUM.—What is the difference between *Bacillinum* and *Tuberculinum*? Of these two the first named is a remedy peculiar to homœopathic practice alone; it is made from the diseased tissue of the lung, as coughed up, of one with a virulent case of consumption, or tuberculosis; this mass is triturated and then potentized, according to the methods of homœopathic pharmacy. *Tuberculinum* is the preparation used in allopathic practice, and is made from pure cultures of the tubercle; this preparation for homœopathic use is potentized according to the same methods as used in *Bacillinum*. An experienced homœopathic bacteriologist told us that he used both preparations—*Bacillinum*, when there were other micro-organisms present besides the tubercle bacilli, and *Tuberculinum* when the tubercle alone show in the sputa, or wherever the disease may be seated. He claimed that this was the true differentiation between the two drugs.

PERSONAL.

"Strike, out!" "Kil! der empire!!!"

When "we, the people," divide into two parts, the under one is "the mob," and the upper one the "ruthless," etc.

Men who never work should be called perpetual motion.

If Neptune is ever forced to pay water rates there'll be a storm.

Oh, you English tongue! Man chops a tree down and then chops it up, and even then is up a tree!

One spring, according to its frank proprietor's card, furnishes "drinking," "sparkling" "Vichy" and "Lithia" water.

It isn't so much a question of the State regulating railroads as of the other way about.

The bald man earnestly endorses all the scientists say concerning the iniquity of the house fly that is now getting ready for "the season."

The South in fighting the hook-worm ought to enforce the law of Moses about a man carrying a paddle.

Once uric acid was the king, but now none so poor as to do him reverence!

If every man said what he himself thought there would not be much conversation.

"A doctor after all is but human."—*Exchange*.

"You ought to take something for that cold." "Thanks; where shall we go?"

An esteemed con, treats of "The spread of infection by means of eating utensils."

"We do not like mongrel eclectics."—*E. M. Journal*. Sounds like a plagarism, doesn't it?

Remember, Claude, that Progress is a two-faced Janus—upward or downward.

Only optimistic boys buy skates any more.

Women are better fitted for dictators than to be voters.

Investigating the cost of high living is but an added straw to the old camel's back.

Wonder what will be the next anatomical mistake of the Creator's to be discovered?

When she has nothing to wear they say she goes to the opera.

If you cannot discover a bacillus, invent a new medical word.

"The truth, the whole truth and nothing but the truth," would raise nothing but Hades.

"It isn't fast horses that ruin a man," said Binks, "it's the slow ones."

There is a short supply of four legged hogs.

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LIMITATIONS.

Under the title, "The Ever Lengthening Chain of Medical Literature," Dr. Edward Jackson, of Denver, Colorado, contributes a very thought provoking paper to the *Journal of the American Medical Association*, February 26. It is especially interesting because it shows what is known as the scientific medical mind and its attitude towards medicine as a whole. Here is the gist of it:

"A man attempting to carry a chain to which new links were being continually added would, in time, find himself fastened to a certain spot by the accumulation, his movements restricted to a circle, the size of which would be determined by the number of links his particular physical development would enable him to lift and carry. No matter how much the chain might be lengthened, the space over which he could move would be in no way extended. The added links would only serve to fasten him more securely to the spot. Medical literature is such an ever-lengthening chain. Hippocrates could arrange and join together all the existing links. Galen could lift and polish and use the whole of it. The schoolmen of the middle ages might count its links, and be somewhat acquainted with them all. But their attempt to carry the whole—the paralysis of original thought caused by trying to learn all that had been written by their predecessors—checked any further progress and prevented any important development in the healing art for centuries."

The result of the inability of any one man to carry this enormous, and ever-growing, heavy chain is that the task of carrying it of necessity has been divided among many—each specializes a link or two, and as new links are added of course new carriers must be added.

The simile reveals the point of view. It is absolutely material. When something goes wrong with your house you locate the fault and send for the roofer, plumber, or whichever mechanic is needed; so, according to the view quoted above, when any bodily ill assails a man the mechanic for the part affected must be sent for according to the analogy, inasmuch as no man can be a carpenter, bricklayer, roofer, plumber, gas fitter, etc., etc., so neither can one physician attend to anything save that part of the body which he has studied.

The fallacy here is in viewing the human being as a house. The truth is that when one part of a man is ill the whole man is affected. For instance, the eyes may be affected, but does any sane man believe that the trouble begins and ends in the eyes? When there is anything wrong with the windows of a house the glazier is properly called in, but should the same be true of the windows of the soul?

Even though, as Dr. Jackson says, there "are over 30,000 octavo pages" printed in one year on one particular specialty, no one believes that a man must master all this in order to be a physician. In Homœopathy it is different, for the homœopath is necessarily a specialist in all diseases. It does not follow from all this that there is no room for specialists, for there is room for a limited number, but if the student is to select one link of the chain Dr. Jackson writes of and know nothing of the chain as a whole—and especially where is its weakest link, which is the measure of its strength—he will surely be one of many who are killing the goose that lays the medical golden eggs, small and few though they be. Too much specialty drives the people to Christian science and the like.

The primary want of the public is physicians who know the chain as a whole. These are the men who know Homœopathy.

GELSEMIUM IN ACTION.

To the Editor of the HOMŒOPATHIC RECORDER:

Wishing to be rid of the March winds I migrated to this quiet, healthful place. In order to pass away a little time I am going to write you of a little experience.

Some three years ago I was called to see a man of ninety who

had during the past fifteen years had three paralytic shocks, but had been able to walk some with a cane, but his vocal organs were so paralyzed you would think he was a great stammerer. When I was called he had large ulcers on both legs. Thinking the hospital was a better place a doctor from there was called. As the patient was too old and bad he objected to taking him, fearing to enlarge the death rate. A nurse trained in this and other counties was called. The next morning she said she had all she could do to keep from using her "hypodermic needle" (one of the requisites of a trained nurse). I told her if she had used it probably we could not have healed the wound.

He suffered from severe pains, but I could see but one clear important symptom, the paralysis of the vocal organs.

(Many years ago a doctor gave an acquaintance of mine a teaspoonful of *Gelsemium* tincture, supposing he had given *Geranium*. Very soon the vocal organs became completely paralyzed and she died able to write her farewell to her friends.)

I gave the patient *Gelsemium* 3x. The next morning and many other times the nurse expressed her surprise at the way it would relieve the pain when it appeared. During the time till the sore was entirely healed occasionally there would be frequent and painful urination, but *Sabal serrulata* quickly relieved that. The above is simply a preliminary to tell why I gave the remedy in the following interesting case. One morning a table waitress was limping and as no one was near I asked in a joking way: "Got a corn?" She replied: "I have thrombosis of the internal veins of the leg." (The answer almost took my breath away), and I went to Dr. X. (a leading physician in the city old school) and he said nothing could be done. Soon there would be a sore that could not be cured. As I love to beat those who know but little of curing diseases, I asked her to come to my rooms. I am ashamed to say I did not measure the limb, for I did not expect it would ever be much smaller. It was twice the size of the other from knee to ankle, overlapping the ankle, and she said at night you would not know it was a foot. It was very hard, shining red: so sore I could not touch it. She then told me that three years before she went to the Baltimore Hospital and Dr. Osler said nothing could be done but amputate the limb. She refused and had dragged the limb around, working when

she could, sleeping a little by applying a cold wet bandage, but walked the floor and cried the most of the night.

I was dazed at my opportunity and ignorance of what to do. Knowing what *Phaseolus nana* will do to arteries thought it might offset the nerves, so gave her a dose of the 200th and ordered her to add cornmeal to the water and on the bandage.

Next day she reported a better night. I then gave *Rhus tox.* 200 and ordered a decoction of *Calendula* applied, but this did not agree with it. Remembering the case of the old patient I gave *Gelsemium* 3x with much relief. As there was considerable burning and I wished her to rub it, I laid aside all prejudices and instead of the washes in market I ordered a weak solution of Absorbine Tr. manufactured in Springfield by a man well versed in medicine and I knew the ingredients, this to be used at night if necessary. Six weeks later the swelling was largely gone, hardness, tenderness and redness much better, and though she was on her feet fourteen hours a day, much of the time she could get from five to seven hours of good sleep at a time and constantly improving.

Six weeks ago I left her some *Gelsemium* and Absorbine Tr., to use if necessary, a couple of powders of *Plumbum met.* and she promised to write me *at once* if there was any return of the trouble. As I have heard nothing I feel assured that I have done better than the doctors who said I ought to have been killed forty years ago.

A. M. CUSHING, M. D.

Sisco, Florida, April 3d. 1910.

**SOME MORE INTERESTING CASES FROM MY
PRACTICE WITH SOME COMMENTS ON
"KNOCKING" AND "KNOCKERS."**

By Bailie Brown, A. B., M. D.

And first let me again reiterate that despite Professors of Homœopathic Philosophy and Materia Medica . . . HOMŒOPATHY is a GIFT of GOD to poor suffering and sick humanity, and God's way and method of cure is so beautifully simple that it doesn't require either a "Professor" or a smart and competent "Diagnostician" to assuage suffering or heal the sick.

And second I would like to state for the benefit of THE HOMŒOPATHIC RECORDER's readers that it was at the request . . . no, let me be very careful how I make my statements . . . it was at the suggestion of some of the members of the faculty of the N. Y. Homœopathic Medical College—one of whom was Prof. R. F. Rabe—that I wrote out the "interesting cases" in the February RECORDER. I wish here to humbly apologize for the "loose" and "inconclusive manner" in which I reported cases "2" and "4." . . . If the cause of Homœopathy has suffered at my hands because I have proved to be one of Homœopathy's "ill advised and erratic friends," I want to assure Dr. Rabe, at least, that I will desist in the future from ever again reporting any "interesting cases." I am sure, however, I love the homœopathic cause and system of practice fully as well as either Rabe or Close.

And, third, one great reason why I acted on the suggestion of some of my colleagues to report a few "interesting cases" was that notwithstanding the fact that Dr. Stuart Close is Professor of Homœopathic Philosophy and Dr. Rabe of Materia Medica, . . . I say notwithstanding these two able men in our N. Y. College, it doesn't seem in any way to put a stop to the majority of the young graduates rushing off to the nearest allopathic drug store for a prescription pad and pencil and in the early years of their practice at least practicing a bastard system of cure—a little Homœopathy—some Eclectism—and a great deal of Allopathy. And I reported—Oh, woe is me—I reported those cases just to encourage the young men—who, because of the allopathic proclivities of so many of the faculty, are not sound in the *Organon* when they receive their diplomas.

And fourth I had no thought of posing as any kind of a "Diagnostician" either good or bad, competent or incompetent—my main thought in recording the cure in cases "4" and "2" *was to extol the remarkable healing powers of Arsenicum* . . . and yet I still think I am competent to diagnose a "consolidated lung"—I still think I could make out the area of a "swollen liver," and as for knowing an "overdistended colon" when I meet one I still think—in diagnosing the aforesaid case I did not as Stuart Close charges make an "egregious error, utterly inexcusable, except on the ground of diagnostic incompetency." I think I shall suggest that Dr. Close be given the chair of "Physical Diagnosis" instead

of that of "Homœopathic Philosophy." I am wondering if Samuel Hahnemann, or Boenninghausen, or Hering, or Dunham or Lippe were alive *if they* would have given me such a "knocking" and sent me off to buy some works on "Diagnosis?" If as Dr. Close unkindly intimates . . . I am "a half baked sciolist," or as Dr. Rabe would give the RECORDER's readers to believe I am "an ill advised and erratic friend to the Cause of Homœopathy," all I have got to say in reply is, that this "half baked sciolist" and "ill advised and erratic friend to the cause" he espouses is living in the enjoyment of a fairly large and lucrative Homœopathic practice with patients scattered from Maine to California and from Canada to Mexico and among the missionaries in far off Eastern countries and whose secret of success lies largely in his ability to "take the case" and "chase symptoms."

Case "5." In reporting this and the following cases, believe me brethren, I will try my damndest (with apologies to Shakespeare) to be neither loose nor inconclusive lest I may double-damn Homœopathy as unscientific, grotesquely absurd and on a par with the rankest kind of quackery.

Mrs. M., æt. 49, a widow. Now had I been much on "diagnosis" I believe I would have "diagnosed this case as a cancer of the stomach—but the *Organon* being my BIBLE in matters homœopathic I just "noted" the following "symptoms." Her hunger was simply fierce—she was depressed in mind and body. She kept insisting I would never be able to cure her. I thought she was one of the most "ill-humored" patients I had ever been called to treat—the announcement of a call from the doctor or a visitor makes her "tremble all over,"—loud eructations,—is constipated,—she gets so "hungry in the middle of the night that she must get up and cook herself a meal."—great itching of the skin all over her body,—chilly,—very nervous,—very easily startled. Two years ago I cured her of a gouty rheumatism of the right knee in three days (after she had been kept in bed for nigh onto nine months by another homœopath who carries a prescription pad and pencil), with a single dose of *Apis mcl.* (Her drug-store bill under the aforesaid homœopath's treatment during the nine months I believe was \$123.) I gave her one single dose of *Psorinum* 200 B. & T., put her to bed and ordered a diet of sliced raw apples. On the 21st day while at supper, I was

hurriedly sent for. On reaching the house I found my patient smiling and happy,—and, rather irritated at being summoned from my supper, I asked, “Well, what’s the trouble now,” and, with the pleasure of a mother exhibiting for the first time her first born, she commanded “Lizzie” to show Doctor the pot. Well, bless my soul! I know I am not much on the “diagnosis business.” What it was—I don’t even dare to suggest—but there lying in the chamber was the nearest thing I had ever seen to an after-birth. For Heaven’s sake! I am not saying it was an after-birth. No! No! No! No more than I said the consolidated lung was passed off in the “pottie.” But the blamed thing, whatever it was, looked the nearest to a good-sized after-birth of anything I could liken it to . . . and she vomited it on the 21st day. Talk about your merry widows—well, she was one that night. Some weeks after, continuing right well, I sent her off on an ocean voyage.

Case “6.” I was called one morning to see Mr. H., aged 52. Occupation, janitor—German. Suffering great and excruciating pain,—has had “similar attacks,” so he tells me, for which his allopathic doctor has always prescribed morphine. Wants me to prescribe morphine. I told him I thought I knew a better way. Now of course if I was in the habit of “going much” on Diagnosis I would have said . . . here is a case of renal colic and, had I been like some homœopaths I know I would have “chucked in” a dose of morphia and let it go at that. But I had not so learned the *Organon*. I said: “My man, describe your pains,” and between howls of frenzied pains and contortions of his face and body he said: “Ouch—shust like a knife—wow—so sharp like.” Then he would ease up—and start all over—every motion made him worse, a touch or a jar would aggravate his symptoms. He had had rheumatism a number of times. He seemed easier by bending double. Now I see every day lots of pain and I have learned the inestimable value of *Magnesia phos.* as a “pain killer,” and so I prescribed from my buggy-case some *Magnesia phos.* That was about 11 o’clock in the morning. At four in the afternoon I was hurriedly sent for and found him weak and loosing his grit, but sitting down alongside of him I began to feed him the *Magnesia phos.* in hot water a teaspoonful every 5 minutes and in less than 25 minutes he passed as pretty

a piece of—well it looked just like coral—as I had ever seen. It came through his penis, with just a drop or two of blood,—it measured one and one-sixteenth inches in length and was almost as thick around as my lead pencil. The next day he was at work and has continued well and happy now for almost two years.

Case "7." Mrs. L., aged 45, married, no children. This case was seen with me in consultation with Dr. D. E. S. Coleman and diagnosed as scirrhus and an operation for same was advised. But the patient refusing most positively to submit to the knife I had no alternative but to try and do my best with the indicated remedy. On the recommendation of Dr. Coleman I secured some of Swan's *Schirrine uteri* 1000, and medicating a tiny vial of pellets ordered a dose to be taken each night at bed-time. Amazing to relate, before the end of the week I was again sent for and the patient proudly produced two Mason jars in which were the major part of the scirrhus. This was nearly a year ago, since which time the patient has continued in fair health and is being treated,—shall I say,—Constitutionally!

Case "8." This was an interesting case indeed. One summer morning I received a "hurry call" to go out in the country about three miles from my office. I had visiting me at the time a friend who is a Professor in the N. Y. Eclectic Medical College, whom I invited to jump into my buckboard and go along. On arriving at the home of the farmer I learned that they had been razing an old barn that morning and had broken into a nest of "bumble bees," and before an escape could be made the farmer with a hired hand and his nephew were all badly stung in the face, legs and abdomen. They were all in bed in different rooms—and such a sight as met our eyes. Their features were absolutely undistinguishable—the œdema of all three faces was awful—they laid across their beds vomiting in pots and chambers—and their bowels were "running off" like they had the cholera. I think my Eclectic friend was almost if not quite unnerved by the sight. . . . I poured out a few drops of *Apis mel.* in a glass of water for each patient, directing a teaspoonful taken every hour until improvement set in and then quit. . . . Next day they were all about their work as if nothing had happened the day before.

88 Bowers Street, Jersey City, N. J., April 19th, '10.

THE SECONDARY ACTION OF ANTITOXIN.

Many daily papers published the following Associated Press dispatch on March 23d:

MINNEAPOLIS, Minn., March 22.—Mrs. Guy E. Smith, of this city, is dead, as the result of being inoculated with antitoxin today. She died in convulsions five minutes after the antitoxin had been administered by a physician.

Mrs. Smith was visiting at the home of Mrs. Benjamin Franklin, Jr., who had been ailing for several days. A physician pronounced Mrs. Franklin's trouble diphtheria.

He inoculated both women with antitoxin and Mrs. Smith's death followed.

Really the A. M. A. ought to exert its great power to have a medical censor established to regulate the daily papers in such things, for is not Antitoxin the therapeutic trump card of Modern Scientific Medicine? That this much-heralded (and advertised) product is not gaining ground is clear to all who read current medical journals. The recent effort of the Health Board officials to force its use on the profession brought out a letter from Dr. Edward Willard Watson, of Philadelphia, that was published in the March number of *Medical Notes and Queries*—both journal and writer are "regular." Here is a quotation from it:

"We all admit that antitoxine in the laboratory is practically a sure cure for diphtheria. If a dozen guinea-pigs are each given a lethal dose derived from a pure culture of diphtheria bacilli, and any selected number of the dozen immediately receive the proper dose of antitoxine, these last will live, but the rest will die. But this is not all. If guinea-pigs are given antitoxine at intervals during two weeks they remain lively and kicking, but after that if they get another dose they will probably die incontinently, or have a hard struggle for life, for they have become 'sensitized' and this condition lasts indefinitely.

"Now the same thing happens in the case of other animals and in man, and herein lies the danger of 'immunizing' families and whole institutions as is done now (and under recent orders in

spite of the attending physician and in utter disregard of his consent). If one of these immunized persons, who did not have the disease, and who might not have contracted it at all at that time, should subsequently contract it, perhaps six months or a year or two years afterwards, and antitoxine be given (perhaps 'against the advice of the attending physician'), the patient would stand a good chance of adding one more to the list of sudden deaths after antitoxine which its ardent advocates explain as heart failure or renal disease, and the same danger attends those who suffer second attacks after having antitoxine administered in the previous ones. If they do not die then they are liable to develop a profound anæmia for which no remedy has as yet been found. We have made no mention of the perplexing and annoying eruptions which so often follow its use, as they are, after all, seldom dangerous to life, but where they develop after immunizing doses, the patient certainly suffers a good deal for the little safety he may have gained."

There are many other points in this letter to the same effect, that "one by one the claims of antitoxin to be an absolute cure are taking a back seat." At first it rarely failed in *any* case; then, when failures grew plentiful, it was because the injections were not made early enough; then, when deaths after early injections showed up, the cry arose that the dose was too small and it was run up from 500 units to many thousand units; still failures appeared and the health officials lost their temper and put themselves in a ridiculous position by asserting that the many deaths occurred because physicians did not use the stuff they had grown to dread and proposed to exercise their police power and force it on the people. If it were not for the tragic element, as in the dispatch quoted, the whole thing would make a good plot for a comic opera.

The case of the Health Boards is not without a parallel in literature. Readers of *Gil Blas* will remember that eminent physician, Dr. Sangrado, to whom Gil was apprenticed, whose treatment consisted in giving the patient copious draughts of hot water and then bleeding him; if the patient died, which usually happened, the doctor stormed and declared it was because he had not drunk enough hot water nor been sufficiently bled. When it was hinted that his treatment was at fault and that it would be

well to abandon it he shouted, "Perish all in Valladolid, first!"

Dr. Watson remarks that Loeffler, one of the men after whom the bacillus of diphtheria is named, never uses the antitoxin in his practice now-a-days.

VARIOUS MORE OR LESS INTERESTING THINGS FROM OHIO AND MICHIGAN.

The last meeting of the Homeopathic Medical Society of Ohio, and also that of Michigan, was held in partnership last year at Toledo, the golden rule city. The "Proceedings" make a book of 360 pages. We do not know how it is with our readers, but there is always something interesting to us in such volumes; so, assuming it is the same with you, here follow some items gleaned from this volume:

A Militant Temperance Town.

Discussing the place of the next meeting Dr. Beckwith related the following incident that occurred at a meeting of the Society once held at Springfield, O., which was one of the towns proposed:

"I must tell you a little story. Years ago we were entertained at Springfield. During the meeting a paper was presented on 'Alcohol,' and two very strong temperance men and myself took the opposite side, and there's where I got into trouble. There was an old lady in the town who was a strong temperance woman—I cannot recall her name. When I was at supper that night the waiter came in and said: 'Dr. Beckwith, you are wanted in the parlor. There are some ladies awaiting to see you.' I walked into the parlor, and there stood the good woman with twelve girls. Well, they sang temperance hymns and then she said 'Let us pray!' Now, I had not been on my knees for twelve years, but down I went, and we prayed. When she wound up she said to me: 'I hope this will do you some good. I understand you are a liquor man.' I said: 'I never tasted a drop of liquor in my life, except in medicine.' We finally compromised the matter, and I took her to the banquet that night. Still I have an antipathy against Springfield for getting me into such a 'pious' condition as I was in that time. (Laughter.)"

The members decided to meet at Cleveland in coming year 1910.

Doesn't Want "Benevolent Assimilation."

President Sieman (Ohio) was strong on the "benevolent assimilation" of Homœopathy by the allopaths. He doesn't want to be assimilated. No one does—who is a follower of *Similia*. He said in part:

"I wish to protest—to sound a warning—against the tendency that is altogether too current in the Homœopathic profession to-day, namely, that we are likely to receive due and proper treatment from our brethren of the old school, and that there really is not very much difference anyhow between the two schools. These gentlemen of the other side have been preaching the doctrine of 'benevolent assimilation' for no good purpose so far as we are concerned." . . .

"The old school never did, do not now, and never will have any other than hostile intentions so far as the integrity of the Homœopathic school is concerned." . . .

"If we have anything that is fit to preserve, or worth preserving, it behooves us at this time, and right straight along, to make earnest efforts in its preservation." . . .

"Away back in the foundation of these United States, one of the slogans which served as the means of rallying men to the standard of the Revolutionists was 'Taxation without representation is tyranny.'"

That last is a telling point. If the allopaths want to do the brotherly love act let them share, at least proportionately, their State patronage. Homœopaths are taxed to support many things medical and ought to be proportionately represented. Nicht wahr?

Sexual Ignorance and Depravity.

President Ball, Michigan, took for his topic a subject of really great importance, but also one very hard to tackle in a practical way—impossible some think—namely, things sexual:

"Do you think that if any ten leprous patients were known to be walking the streets of New York or any other city in this country that the people and the press would not rise up in mighty wrath and demand that those in charge of the department of health protect the public from this danger of infection? Yet we are told that 200,000 persons are daily walking the streets of

New York, infected with diseases equally as loathsome as leprosy and far more easily transmitted to others."

Seventy-five per cent. of the operations performed on women are made necessary by the gonococcus which many men regard as a joke. So too with blindness in the young, born of a father who has had his "dose." Dr. Ball's point is a strong one. He urges the instruction of children in such matters, but—nothing will come of it. If the eleven million dollars spent last year in "fighting" tuberculosis had been spent in fighting "clap" and "syph." some returns might have been shown for the money, but, oh prunes and prisms! the other named plagues must not be even mentioned in polite society or in the press. In countries where leprosy prevails extensively lepers (it is said) do household work, etc., and we are horrified at the fact; but we let our diseased ones work in kitchens, food shops, barber shops, etc., and never worry about it—just as our brethren the "heathen" do with their "unclean." But then we are very virtuous and smug—on the surface. Let us wish Dr. Ball success in his Quixotic ideas.

Getting Members for the Institute.

Dr. E. A. Smith, who had blank applications for membership, had something to say to the "country practitioners:"

"Many of these men are afraid to say 'Homœopathy' in the presence of some member of the old school. They seem to be timid, and I believe the work for us to do is to encourage them in the idea of utilizing the name 'Homœopathy' whenever the opportunity presents itself, in order that they may be known as Homœopaths. We are not at all alarmed relative to the situation of affairs and we want them to announce themselves as Homœopathic physicians. I do not mean we should make ourselves obnoxious. There is a vast difference between making ourselves felt, and making ourselves disagreeable to others."

That is all right, but it also might be said "City physician, heal thyself!"

Something About Babies.

Dr. Mary Thompson-Stevens discussed babies in her paper, a good one. Here are a few points from it:

"You know the wise Carlyle said: 'Man is by nature an un-

clothed animal,' and many a poor baby, so uncomfortable in its tight, heavy, woolen, or starched finery, has cried for hours in a futile attempt to teach his mother that fact."

"Dr. Page, of Boston, wrote of his happy experience in leaving his own babies unclothed in warm weather, resulting in the greatest peace and comfort to the babies, and an unusual muscular development compared to other infants of equal age."

The following is, some may think, open to discussion:

"The mother that had a violent quarrel with her husband, and then nursed her healthy baby, thereby 'causing it to die in convulsions, before a physician could arrive, killed her child just as much as though she had given it a dose of strychnia."

The following, however, isn't open to discussion and it is quite probable that many a young one has gone out, dying of thirst:

"Many babies suffer from lack of frequent sips of cold water."

Also this, which every old-time reader of the RECORDER well knows is endorsed by this journal:

"The old Greeks could teach us hygiene, as well as art and philosophy, in their free use of olive oil internally and externally. It is of inestimable value in constipation and in malnutrition."

In the discussion of this paper Dr. W. H. Pulford gave the following very practical points—not new to homœopaths, but then the RECORDER goes quite extensively outside:

"Now for instance: I am called to see a baby, which is very defective. Skin wrinkled, head sweat, feet cold and damp. The baby sweats much about the head, has damp feet, vomits its milk, in curds or of stringy consistency, and sour, and its stools are very irregular—chalk-like and slimy. In such a case I use the indicated remedy—*Calcareo carb.* If I find ulcerations in the mouth, or ulcerations in the rectum, I use *Calcareo iodide*, and so on, according to symptoms. I will recite one case I treated a long while ago. I had eleven cases to attend to before dinner one day, and at 9 o'clock I was called to see a baby. The baby was crying and the mother did not seem to know much about it, but said it was very cross, and I noticed one cheek red, so I thought I would leave a little *Chamomilla*. I found the next day that the baby was no better; learned it cried all night. I said to the mother, 'Pick the baby up.' She picked it up. She wondered why I said 'pick it up.' Then I told her to put it down in cradle.

It seemed afraid of falling. I looked in its mouth. Its mouth was sore—so sore that it had cried all night. I gave it three powders of *Borax* 6x, one on the tongue, and one to be given at 4 o'clock P. M. The child slept all night and did not require the third powder."

"If I treat the baby in such a case, and it is at the breast, I give the mother the same medicine."

That symptom of *Borax* "worse from downward motion" is a time-tested verity.

Arnica.

Such was the title of Dr. A. S. Rosenberger's paper. Here are some *Arnica* points:

"The restlessness of an *Arnica* patient is a very prominent symptom. And it is often misinterpreted for the restlessness of *Rhus tox.*, or an *Arsenicum* patient. In the *Arnica* patient he keeps turning and turning just like a *Rhus tox.* patient; you ask him why he moves when *Arnica* is the remedy and he answers 'I am so sore I must move, for the pillow is so hard.' The *Rhus* patient says, 'I must move, I just cannot lie and get relief from turning.' The *Arsenicum* patient keeps turning and looks up in a wild delirium and can give no satisfactory reason for his uneasiness and especially for his anxiety. The fear attending the *Arnica* patient needs especial study,—a horror and fear of sudden death, with or without cardiac troubles. This may be followed or attended with stupor, coma or insensibility. The discharges from bladder and bowels may be involuntary and a low type of typhoid intervenes, full of delirium. In these low forms of fever we find a delirium similar to delirium tremens. The fear brought on by some one approaching him is both mental and bodily fear. A mottled appearance of the skin is an indication for *Arnica*, especially after an injury or cut when the wound fails to heal readily. A passive hemorrhage with a general tendency to blood disorganization, a remedy for boils and abscesses when attended with extreme soreness of the parts."

Argentum Nitricum.

Dr. Luther Peck treated of this drug:

"The drug is one whose sphere of usefulness is somewhat limited. Limited in the sense that the drug is not called to my mind

as often as a polychrest. I do not use *Argentum nitricum* as frequently as I do *Belladonna* or *Bryonia*. And why? Because its chief attack is toward one focus. It is a drug I first think of in nerve affections; and when I get a nerve case I always look for *Argentum's* subjective and objective symptoms. Its chief assault is upon the cerebro-spinal system, producing a trail of symptoms from general weakness to paralysis, and thus it becomes a curative agent in many forms of nervous disease. It also has great powers in producing organic changes in the body."

Bedside vs. "Bugs."

Dr. C. E. Hetherington read an able paper on "A Defence of Drug Therapy." Here are some vigorous periods from it:

"Find me today the young physician or medical student deeply imbued with the importance of laboratory method and I will show you one scoffing at all attempts to cure by drugs."

"To begin to understand a disease by the study of its bacteriology and its pathology is an egregious mistake violating all regard for logical mental processes. I want to insist here that the first conception of a disease given to the student should be its clinical aspect."

"Says a prominent writer, 'We are becoming the victims, as it were, of too much science and too little art in medicine.' Further, 'We must not be in a hurry to believe absolutely the results of the best laboratory findings applied to the art of medicine until thoroughly tested and proved to be true by the actual daily work of the clinician.'"

"Defending drugs a recent writer says, 'No experienced practitioner will deny that nine-tenths of our professional usefulness is based on pharmaceutical remedies. Not only do our patients crave active, militant protection and relief in the hour of suffering, but the physician knows through the teachings of practical experience that drugs are his legitimate and often trustworthy weapons of warfare, the strongest shield he has to interpose between his patients and the fell destroyer.'"

"Dr. Abraham Jacobi, who, in accord with the great bulk of the profession, considers expectancy as a synonym for loss of time and opportunity, characterizes this nihilistic attitude as a compound of ignorance and indolence, and as 'a sin of omission which frequently arises to the dignity of a crime.' He further

emphasizes, "The truth of Dixon's doctrine that, 'the tendency of all disease is toward death,' and sustains by illustrative cases—'that lack of timely treatment is accountable for much loss of life.'"

In conclusion Dr. Hetherington said:

"First. We are convinced of the futility of the effort to base therapeutic procedure upon pathological evidence."

"Second. Of the inadequacy of physiological knowledge and the difficulty of reconciling the results of physiological experimentation and clinical observation."

"Third. The studies of immunity and the role of drugs in the enhancing of the auto-protective forces of the body, elevates medicines to a loftier plane. They are no longer mere germicides or even mere stimulators of function. The opprobrium formerly attaching to the minute dose has at last been lifted."

"Therefore, finally the Homœopath, seeing that out of much laboratory experiment there comes little but misconception, and out of too much erudition only confusion and skepticism, may well take comfort in his simple satisfactory law of similars which is after all one of Nature's most obvious teachings. And this satisfaction increases as he hears from high places the approval of conclusions drawn from clinical experience and personal observation."

Two Silicea Pointers.

Here are two items worth noting, from Dr. A. L. Ruffe's paper on *Silicea*:

"There is a train of symptoms that I often meet where a person has been exposed to damp and cold, perhaps he has been out for some time in a cold rain or wet snow and has become chilled. In from five to twenty or thirty hours he is taken with a severe facial neuralgia. It may be on either side of the face, supra or infra orbital or both, with sharp pains through the eyes, eyes tender to touch and worse when closed. Face red, pain throbbing, tearing, unsupportable. Holds the face to the stove if there is one and applies hot flannels, cannot tolerate cold of any kind, nervous and excitable. I have cured this condition with one dose of *Silicea* so quickly that it seemed the medicine had hardly touched the tongue."

"New-born babies that refuse the breast (or the mother for

some reason has no milk) do not thrive. They look old and withered. They are hungry and take any food offered greedily, but do not increase in weight. The bowels are costive and the stool light in color, very fretful and sleep only a few minutes at a time, have no vital warmth. A few doses of *Silicea* will put them in condition to thrive on any reasonable food and they soon become fat, strong and healthy."

That Famous Club.

In his paper on "Success in Obstetrics," Dr. Chas. Hoyt got off the following that has the true T. R. ring:

"Contrary to the assertions of some physicians who from ignorance or because they are members in good standing in the Ananias club say they have never had a ruptured perineum since they have been in practice, I hold that such accidents are unavoidable."

Too Much Microscope.

Dr. Lincoln Phillips' paper was "Where Do We Get Off?" the "we" being the useful but too much neglected general practitioner. Here is a bit from it:

"By the way, have you read about this new 'Name Harmony?' The ills of the flesh are brought about by parents giving their offsprings names that do not tune up right to their soul vibrations, or something of that sort. Should the maid answering to the name of 'Kate' or 'Mabel' be out of tune with the universal order of things, by re-naming her 'Beryl,' 'Edythe' or 'Charme,' harmony, health and peace of mind will reign."

"So 'Bill' and 'Mike,' if you are wobbling in the matter of making a howling success out of life, try being re-christened 'J. Mortimer' or 'R. Percy,' and go out and trot your rivals to a dead heat. Seems to me to be built on the lines of wireless telegraphy."

"Coming now to specialism. It does seem to me that too much rust is accumulating on our telescopes, while our microscopes are too carefully polished. The tendency is to look at man piecemeal, and not as a completed whole."

"There are some specialties that are a positive necessity, but."

"I don't know how it is in the smaller cities and towns, but in the large cities the principal function of the plain doctor is, to answer to 'Doctor, do you know of, or can you recommend a good specialist?' There is no money in it either, for it takes all they have to pay the specialist."

"A fellow came to me the other day, and I began to have visions of a dollar. It proved to be visions, too. He said: 'I've nearly been the rounds of one of the big office buildings down town. Went to an eye specialist for a while, and then he turned me over to the stomach specialist next door. In due course of time he handed me over to the nerve specialist upstairs, and when he was through he advised the skin specialist, up another flight of stairs, but as that sounded just a little bit suspicious, and since I was already 'busted' I concluded to come to a plain ordinary doctor, but say, Doc! I'll have to stand you off for a while.'"

There was not much discussion of the paper, but Dr. A. B. Schneider is credited with this cryptic utterance:

"In connection with this paper it occurs to me that an eastern savant, finding something wrong with Christian science, administered a dose of Worcester sauce. The Emmanuel movement was the result."

Believe in What You Practice.

We will close with the following from the paper of J. W. Overpeck on things to be learned in the treatment of skin diseases:

"I believe that Homœopathic medicine in the hands of a skillful, enthusiastic doctor will make more converts to the Homœopathic side of medicine, in the treatment of diseases of the skin, than in the treatment of any other disease—with the possible exception of diseases of digestion. I say enthusiastic doctor because I believe every Homœopath ought to be an enthusiast. If he has the proper knowledge of his medicines and applies them in accordance with that knowledge he will get results that will make him an enthusiast. I had rather see him enthusiastic almost to the point of fanaticism rather than find him to be of the milk-and-water kind."

THE SCIENTIFIC TREATMENT.

We'd a scientific treatment,
 It was our joy and pride;
 We gave it to a patient,
 But he laid down and died.

Then we took that little treatment,
 We could no longer keep,
 And we flung it through the window
 On the old scrap heap.

Now we seek another treatment—
 The search we'll not abate—
 For come what way we must,
 Be always up-to-date.

—*Lemon Merangue.*

DIVIDENDS 700 PER CENT.

The last appropriation by the State of Pennsylvania to its health department was three million dollars. In a speech delivered by Dr. Dixon at a banquet given by the Pittsburgh Chamber of Commerce, he made a sort of semi-official report of what was accomplished by this money. As summarized by the press he claims to have saved 13,907 lives in 1908-9 which, at the economical value of \$1,700 per head, made a saving to the State of \$23,641,900 or a dividend on the three million invested of over 700 per cent. These figures were arrived at by the reduction of the death rate in that period from 16.5 to 15.3 per 1,000 persons.

If Dr. Dixon's department is to be credited with this life salvage during the past two years, would it be proper to charge it with any increase that might possibly occur in the future? Death rates as every one knows rise and fall, and always have. On this point Dr. Dixon said:

"It may be asked by skeptical people, and there are many such, why take this credit to the work of the State, because there have been in the past lean years and fat years, so far as deaths are concerned? Granted. But there have been no years quite so lean as 1908 and 1909—and there must always be some reasonable ratio between cause and effect."

This saving the speaker attributed to the work done in handling diphtheria, typhoid and tuberculosis. Among these he gives the foremost place to antitoxin, a credit that is at least open to question, judging from reports coming in from various quarters hitherto favorable to that peculiar agent.

In the matter of typhoid the work of the department in stopping the pollution of water is worthy of the highest praise; it is the putting away of an evil; it is on a different plane from putting an uncertain product of a disease into the blood where, while it may seemingly check a disease, it may also do something far worse; *i. e.*, act for the degeneration of the race, for instance.

The work of doing away with tuberculosis is slow, a very slight decrease being shown, but hopes are held out. Tuberculosis is a disease that cannot be put away with any degree of rapidity.

In conclusion Dr. Dixon said: "If there be any who appreciate none of these things, then the works of both God and man are well nigh futile." According to this any criticism is in a manner an opposition to God and man, a rather uncomfortable position for the critic!

The day the newspapers printed Dr. Dixon's speech the mail brought us a copy of the Indianapolis *Sun*, containing a letter from Dr. W. B. Clarke, of that city, on the subject of a pension to a soldier who served in the Spanish war. Dr. Clarke quoted the figures given from the official reports. The men enlisted in that war were what are sometimes called "the flower of our young men." They were all able-bodied and in a healthy state when enlisted. The greater part of them never left our own country or suffered any hardships. The Surgeon General gives the mean strength of the army, 167,168. Between May and September, 1898, "the admissions to sick report were 158,460"—nearly the entire army—and this exclusive of the Philippines.

These are the facts from the Surgeon General's Report. What was the cause of those facts? Not even McClelland's army in the terrible Chickahominy swamps before Richmond, fighting desperately, showed such a sick roll. It is doubtful if any army ever showed such a roll. No hard marching; no undue exposure; no suffering from lack of food—in a word, nothing to cause such a sick roll and yet there it was!

Dr. Clarke's explanation is that the cause of this sickness laid

in the fighting of "imaginary foes." There are various weapons used in this fight, as, for example, cow pox against small pox, typhoid serum against typhoid, tuberculin against tuberculosis, horse serum or antitoxin against diphtheria, besides as many other serums and vaccines, nearly as many as there are names in the nosological tables. Some of those weapons were used on every man in that army. Dr. Clarke says that is the reason it is so hard to get recruits for the army today.

This brings us back to the health boards. As long as they abate the many nuisances in city and country, take care of those needing quarantine, or keep the streams and sources of water supply pure, they are doing noble work. But when they enter the field of therapeutics, the province of the physician, the world would be better without their work.

THE L. H. M. S.

To the Editor of the HOMŒOPATHIC RECORDER :

I have read Dr. Amrita Lal Sircar's article headed L. H. M. S. in the January number of your valuable journal with some interest. I confess I must agree generally with what he says and I would not doubt his sincerity of motive in the cause of Homœopathy.

No doubt Homœopathy is rather cruelly abused in Bengal, but it is no good decrying the Institutions or the L. H. M. S. The proper and dignified way would be for men like Dr. Sircar to come forward and remedy the defects, and have at least one Homœopathic Institution in India worthy of its name. But without money, co-operation, energy and zeal nothing can be done.

I know from experience several of these L. H. M. S. make excellent prescriptions and succeed brilliantly where the best known Allopathic and Homœopathic M. D.'s have failed.

That Homœopathy in Bengal is succeeding by leaps and bounds is due to the fact that people realize that they are cured so much more cheaply, effectually and in such a simple and harmless way. It behooves these Institutions all the more, therefore, that they conduct themselves in such a way as not to make too much of a good thing.

Yours, etc.,

N. F. NALLADAROO, B. A.

A REVIEW OF THE STATUS OF THE L. H. M. S. IN INDIA.

To the Editor of the HOMŒOPATHIC RECORDER:

I read Dr. Amrita Lal Sircar's letter to you dated 8th Nov. last in *re* L. H. M. S. and quite agree with him that Homœopathy has been degraded in our country by a large number of people practicing Homœopathy who have not any knowledge in the science, but he has classed L. H. M. S. students amongst the above class, against which I strongly protest.

He said "that Homœopathic schools in Calcutta are kept for the benefit of a few medical men and not for the benefit of the public." He has condemned the whole lot on the ground that clerks, petty merchants and very few students who could not pass even the matriculation of the Calcutta University become the students of such schools and they, after a nominal examination, passed out as L. H. M. S. "They have no knowledge in Anatomy, Physiology, Pathology and Histology. They never know what hospital practice and operations are."

I fail to see how Dr. Amrita Lal Sircar could make such a statement about these schools. I think the whole world will agree with me that the general public is greatly indebted to the founders of the Homœopathic schools in Calcutta. For want of funds they cannot afford to make arrangements for elaborate education as is given in American colleges, which requires a good deal of money and patronizing of the government.

However, what education is given in these schools is more than sufficient in a place where there were no school at all. If we compare the present state of India with what it was thirty years ago, we would see that much has been done towards the spread of Homœopathy in India, and it has been done purely from disinterested motive of those enthusiastic followers of Hahnemann and not for their own benefit.

There was no stir about Homœopathy in India till the year 1851, when Dr. Tonnerre, a French physician, came to Calcutta and began to practice. With the help of the Governor of Bengal he established a Homœopathic Hospital and charitable institution in Calcutta. Our wealthy and generous Balen Rajendra Lal Dutt, being dissatisfied with allopathic treatment and see-

ing the marvelous effects of homœopathic medicines, began to study Homœopathy. Dr. Mohendra Lal Sircar, an allopathic M. D., seeing the brilliant success of Dr. Tonnerre, and Balen Rajendra Lal Dutt, was converted to Homœopathy in 1867. In 1865 Dr. Berigny came to Calcutta and began to practice. In conjunction with Dr. Mohendra Lal Sircar and Rajendra Lal Dutt, Dr. Berigny did much towards the propagation of Homœopathy. At this time Dr. B. L. Bhaduri, a graduate of medical college, was converted to Homœopathy. Dr. Protap Chender Mazumder, Dr. B. N. Banerjee, who graduated in 1878, were converted to Homœopathy in about 1880. Dr. C. S. Kali, B. B. Maitra, Dr. P. N. Chatterjee, Dr. A. K. Dutt, Dr. G. C. Dutt were also converted at this time. Dr. Baikunto Dutt and Dr. R. D. Chakubutty, disciples of Dr. Mohendra Lal Sircar, commenced practice in about 1870, and both of them were very brilliant and successful practitioners.

I studied the science under the above Dr. R. D. Chakubutty and commenced practice in 1880. About this time Dr. D. N. Roy and Dr. M. M. Bose became graduates of New York Homœopathic Medical College, and came to Calcutta to practice. There were several laymen who without knowing anything about the science were practicing in town and villages and consequently Homœopathy was being abused in their hands. In order to remedy this evil Dr. P. C. Mazumder, Dr. C. S. Kali, Dr. A. K. Dutt, Dr. D. N. Roy, Dr. M. M. Bose, Dr. B. B. Maitra, Dr. B. B. Chatterjee and Dr. S. B. Mukerjee put their heads together and established two schools of Homœopathy in Calcutta in 1883. The schools although elementary for want of proper funds, yet much good has been accomplished by them in spreading the system of *Similia*.

All necessary education is given in these schools except surgery. Never mind that the students of these schools are petty merchants, clerks or plucked students of Calcutta University. It cannot be expected that students coming out of these schools will be fit for taking up difficult cases. In order to become a good physician such students after passing the examination should confine themselves in some charitable dispensary or serve as apprentices to some good physician for a year or so and keep up a regular habit of studying Homœopathic literature. In the

same way allopathic graduates of the Calcutta Medical College cannot be expected to handle difficult cases unless and until they acquire some experience in actual practice. In surgery of course it is quite a different case. Two relatives of mine holding certificates L. H. M. S. were apprentices in my charitable dispensary, where three to four thousand patients are treated yearly. After a year they have started as practitioners and are doing good work. I know about a dozen of L. H. M. S. men who are practicing for about eight or nine years and are doing very good work also.

Homœopathy is a very deep science and nobody can say that he has mastered it. As for myself I have been practicing for the last thirty-one years and have all along kept up a regular habit of studying Homœopathic literature, but for a moment I do not think that I have learned all. The more I read the more new it seems to me. Of course, every one must agree that study and practical experience make a man perfect. I do not agree with those who think that all M. D. doctors from American colleges are good physicians. I must accept that they have received good education there as regards medicine and surgery, but unless they gain some experience in practice they cannot be called good physicians.

Here I recite a case treated by an M. D. A female child of a rich man, aged six years, was suffering from fever attended with severe griping pain in bowels, passing fetid soft stools eight to 9 in number. Restless at night on account of the increase of pain. Had moist cough and pain in the limbs. On the third day at 6 P. M. I was called in to see the child. When I finished my examination the M. D. doctor came in. He also examined the patient, opened his case and gave four globules of *Bryonia* 200. I asked the doctor what medicines were given on first and second day. He said *Bry.* 6 and *Bry.* 30. I suggested to him that it was a *Rhus tox.* case. He replied that he would think of it next morning. The family had a firm belief in my prescription, but could not help it, as the medicine was given by the M. D. doctor, and I had no degree. After the doctor left I told the father that this pain might increase during the night, so much so that there might be no sleep for the family. It happened that at 1 o'clock in the night the father sent me a note by a durwan that the child is very restless and the whole house much

disturbed. I went there immediately and saw the child, which was screaming with pain. I gave her a dose of *Rhus tox.* 30 and no sooner was it administered than the child became quiet. Every member of the family was surprised at the wonderful effect of the medicine. I left another dose with instruction to give it should the pain recur. Next morning the gentleman sent me word that within an hour after taking the medicine last night the fever left with profuse sweat and the child was free from diarrhœa, pain and fever.

I am glad to read your reply to Dr. Amrita Lal's letter, which is exactly to the point. I am also surprised to see how you could surmise the real state of affairs with the people of India from such a distant country.

HARI DARAL CHAKUBUTTY.

Calcutta, India, Feb. 24, 1910.

OFFICIAL ROUTE OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

The Transportation Committee of the American Institute of Homœopathy takes pleasure in announcing to its members the selection of the following as the routing of its own official train to the California meeting in July:

Burlington Railroad—Chicago to Denver.

Missouri Pacific-Union Pacific—Kansas City to Denver.

Colorado Midland—Denver to Salt Lake.

San Pedro, Los Angeles and Salt Lake road to Long Beach.

This selection is the result of a great deal of investigation and deliberation, and the committee sincerely believes it has chosen the itinerary of the largest number of attractions, scenic and otherwise, and one that will give the membership the greatest degree of comfort and pleasure while journeying across the continent. There was some advocacy of a more Southerly course, as also of a more Northerly route, but it was not thought best to try to take the Institute farther away from its point of destination, nor to run the chances of a hot and tedious journey over long stretches of uninteresting prairie and sandy plains in July. Therefore the "Heart of the Rockies" was selected, as offering more and better scenery than any other line—more and higher

mountains, a uniformly cooler altitude, more waterfalls, cascades, snow-caps, gorges, splendid vistas and a wider diversity of pleasure, while at the same time avoiding long stretches of heat, sand storms, alkali plains, and tedious days without special interest, the only opportunity for real scenery by a somewhat expensive side trail which some have felt they did not wish to stand in addition to the already heavy cost of the journey.

In addition to the scenic pleasures of the trip, the committee has arranged its course to include brief sight-seeing and missionizing stops at Omaha, Lincoln, Denver, Colorado Springs, Leadville, Glenwood Springs, Grand Junction and Salt Lake, thus affording an opportunity to those of our members who have not visited the West to get a passing glimpse of its important cities, several of them possessing special interest, while at the same time the local profession en route will have the Institute's helping hand as it goes. Our colleagues in the far West do not have the Institute among them. They have no large State nor prosperous local societies, few medical clubs, no colleges, no commencements, no alumni reunion, no interchanging of visits of eminent men from nearby cities. They are alone, and need our visit. A cry has come from their Macedonias for us to stop and help them. Many of them will enroll themselves as members if given an opportunity, and some of them will go on to the meeting with us. They have asked us to let them show us their cities, receive us at their stations, join with their Chambers of Commerce in extending us welcome, and the schedule of the "Institute Special," to be so known, advertised and operated, will be so arranged as to admit of most or all of the stops suggested.

At Omaha a two hours' auto ride over the city is in contemplation; at Lincoln Dr. Bailey and colleagues and the Chamber of Commerce will show us Nebraska's capital city, including the Capitol building and Green Gables; at Denver the profession is already organized for our coming, and among the possibilities is a side trip to Corona and return, on the new Moffat road, whose scenic attractions are said to rival anything to be seen in the Rocky Mountains or in Switzerland—where the snowdrifts in July are thirty feet deep and where violets, buttercups and daisies grow at their feet. The visits from Corona and the ascent are held to be the most sublime in America. If this side trip is

taken, as is now fully expected, the Denver profession and their wives will be our chaperones for the occasion.

At Colorado Springs there are Manitou, the Garden of the Gods and Pike's Peak. At Leadville, with an altitude of 11,000 feet, an hour will be given to visiting the greatest gold and silver mining city and camp in the United States. At Glenwood Springs, the chief Rocky Mountain watering resort, the splendid hot springs open pool in front of the excellent hotel and the hot water and steam cave-baths in the heart of the mountain afford a chance to refresh and enjoy ourselves for an hour or so. At Grand Junction the train will be "fruited" by the Chamber of Commerce and local profession from the finest fruit valley in Colorado, one of the finest in the United States. At Salt Lake, the desert having been crossed in the night—always cool in Colorado—the Institute will be received by the Utah Homœopathic-Eclectic State Society and the local profession, will be shown the Mormon capital by auto and trolley, and it is hoped we will have a chance to hear the six hundred voice choir of the great Mormon Temple. At the lake opportunity may be afforded for a plunge in the heaviest body of salt water known, and the lake will be crossed and skirted for several miles.—a railroad trip on an ocean.

The Committee's demands of the selected route carry the idea of one of the finest trains ever run out of Chicago, personal attendance of railway officials, splendid observation car or "lounge," library, our own diners—in fact, the most thorough equipment that can be had. The train will be despatched as "The American Institute of Homœopathy Special." Five Pullmans are required to constitute a special. It is hoped we may have ten, or more, possibly two trains. Should the Institute split up and travel in independent parties the special will not be possible. Under such deplorable conditions, which are not anticipated, the propaganda part of the journey would also have to be largely abandoned. But the Committee has confidence that with the hearty approval of its work and selection which has been accorded by President Ward and other officials of the Institute, and because of the excellence of the route chosen and the many advantages and attractions which it offers, there will be no division of forces and that the Institute will be able to go across

the continent as one party, with all the opportunities for fraternal interchange, social enjoyment and Institute consultation that the few days together will afford.

The members are earnestly requested to notify Dr. Costain, secretary of the Committee, No. 42 Madison Street, Chicago, of their intentions in regard to the Long Beach meeting at the earliest possible moment, that we may know about how many to provide for. The special will not be limited to members of the Institute. The entire profession is invited to avail itself of this opportunity for a visit to California and the coast, members of your families are invited, and your patrons and homœopathic friends are also cordially welcome.

Let the secretary hear from you at once.

C. E. FISHER,
Chairman.

March 20, 1910.

N. B.—The regular summer excursion rate to the Pacific Coast has been accorded the Institute, viz., \$62.50 for the round trip to Los Angeles, San Diego and San Francisco, with a differential of \$15.00 for return via Portland. Consult local agents about tickets.

NICCOLUM SULPHURICUM.

By J. C. Fahnestock, M. D., Piqua, O.

Synonyms—Nickel sulphate, Nicolli sulphas.

Formula— $\text{NiSO}_4 \cdot 7\text{H}_2\text{O}$.

Sulphate of nickel is formed by dissolving Carbonate of nickel in dilute sulphuric acid, concentrating the solution, and setting it aside to crystallize.

Carbonate of nickel is produced by taking ten parts of nickel and treating it with eighty parts of pure nitric acid, specific gravity 1.185, so that a small portion of the metal remains undissolved. The solution, after being filtrated, is evaporated to dryness, heated to about 302 F., and the saline residue dissolved in 120 parts of distilled water, filtered and precipitated by a boiling solution of fifty parts of crystallized sodium carbonate.

The precipitate is thrown upon a filter, well washed with warm water, and treated with hydrochloric acid in considerable excess.

The solution is now saturated with hydrogen sulphide, set aside for several hours, then filtered if necessary and heated to boiling, then two parts of barium carbonate are added, the mixture repeatedly agitated and set aside for a day.

It is then to be saturated with chlorine gas, filtered, and the filtrate treated with dilute sulphuric acid, as long as any precipitate continues to fall.

The solution is again to be filtered and decomposed with a solution of about fifty parts of crystallized sodium carbonate, or as much as may be required to make the reaction of the liquid alkaline.

The precipitate is collected on a filter, washed with hot water and dried at a moderate temperature.

Nickel sulphate is an emerald green, salty, prismatic crystal, efflorescent in the air, soluble in three parts of cold water, but insoluble in alcohol or ether. It has a sweet, astringent taste.

The solution gives black precipitate with yellow sulphide of ammonium, slightly soluble in excess, forming a dark brown solution, and with caustic potash a pale green, bulky precipitate.

Boericke & Tafel kindly furnished the 2x, 3x and 6x trituration for these experiments.

In August, 1908, I made a proving of Nic. sul. 3x, taking five grains every two hours until symptoms were produced, then stopping.

I took sixty grains. That night I dreamed I had a very disagreeable taste in my mouth, which caused me to spit all the time. I awakened and found my mouth full of saliva, with a coppery taste, and sure enough, I was obliged to spit.

I fell asleep again, and when I awoke in the morning there was the same coppery taste and mouth full of saliva. The next night I was awakened at 2 A. M. with pains in the occiput, sore pain in the eyes, coppery taste, and much saliva. After falling asleep was awakened with a desire to urinate. Urine increased in quantity. Next morning had shooting pains in my hands and fingers.

The dull pains in the occiput and eyes continued. Then there appeared a soreness in the cervical region, going down the spine. In the afternoon there was a hot feeling in my face as if standing before a hot fire.

Full sensation temples.

Dull pain in both zygomæ.

Fine shooting pains in upper row of teeth.

Fine shooting pains in upper part of face.

Tongue red, elevator papillæ sore to the touch. Increased thirst, at the same time mouth full of saliva, with coppery taste.

On the third night was obliged to urinate four times. Was aroused at 3 A. M. with burning of soles of feet. The dull pain in the occiput, neck and eyes continued just the same as the day and night before.

Loss of appetite, dizzy, with a general weakness.

Every night for a week was obliged to urinate three or four times during the night. Every night for two weeks was aroused once or twice a night between the hours of two and three with burning of feet. Coppery taste, pain in the occiput, neck and spine, continued for over two weeks then gradually disappeared.

Face flushed and feet hot every afternoon for ten days.

In January, 1909, I made a proving of *Nic. sul.* 6x trituration, using five grains every two hours. I took the remedy for three days, and the very same symptoms appeared again, but did not continue as long as when taking the 3x.

April 13, 1909, I began the proving of *Nic. sul.* 2x. After taking it one day the same old story was repeated, but much more marked and lasting for three weeks.

Miss F. began taking five grains of 6x trituration of *Nic. sul.*, July 27, 1908, and continued it for two days. On the morning of the 30th complained of bad taste in the mouth, coppery taste, etc. At noon "head felt big and heavy."

Legs and arms felt heavy and weak. Unsteady when walking.

Face flushed. Face felt hot. Eyes began to burn and ache.

Head felt heavy, as if it needed a prop. Wanted to lie down.

Obliged to lie down all afternoon.

Slept well, and next day was able to be about, although same symptoms continued, yet not so marked. By the fourth day felt herself well again.

August 20, 1908, began a proving, using the 2x trituration for one day. The same symptoms were produced, lasting for three days.

On January 25, 1909, Mrs. E. took five grains of *Nic. sul.* 3x

every two hours until 9 P. M. On January 26, 1909, she began with five grain doses every two hours. At 2 P. M. began to have dull aching pains in both ovaries, then to have hot flashes, which came on every half hour to an hour. Hot flashes all over the body, often lasting ten minutes. Afterwards would break out in a perspiration over entire body, this only lasting a few minutes. When the flashes came on she wanted to fan herself or have the doors wide open. Did not take cold, although the weather was very severe. Flashes continued just the same through the night as during the day. When flashes came on would throw off covers. Would remain uncovered until perspiration came over the entire body. After a few minutes this perspiration would dry off and disappear as suddenly as it came on.

Then she would get chilly and would cover up again. This was repeated every one or two hours during the night. Always waking up with hot flashes. The burning flashes were just like heat from a hot oven. Pain in ovaries continued for two days, with a sensation as if the menses would appear, although not having menstruated for a long time. The menses having stopped and the symptoms accompanying the change of life all being past.

On the second day there was great pain in the cervical region and in the occiput, which extended to the eyeballs. There was a pulling sensation from the eyeballs to the occiput.

A sensation as if strings were pulling the eye back to the base of the brain. This pain was made worse by turning head from side to side, also at night by lying on the back.

Could not lie on the back but a few minutes as it aggravated the pain in the occiput and down the spine.

The spine became sore the entire length. She could not lie on the back. If she fell asleep on her back, would soon arouse in great pain, and would be obliged to turn on side at once. This afforded partial relief.

Urine was increased. She was obliged to get up three or four times during the night.

Stiff, numb feeling in neck and back, but worse in neck. Temporary relief obtained by rubbing.

Coppery taste in mouth, loss of appetite, weakness and increased thirst. A continued tired feeling over entire body.

Tongue at first had a white furry coat. After a few days it was coated brown

Was nervous, uneasy, would not settle down to any occupation.

Another strange feature of the proving was a breaking out of sweat when one part of the body came in contact with another part, *i. e.*, one limb crossing another, and the parts in contact would be wet with sweat instantly, all the rest of the body remaining dry. If clasping hands the palms would be wet with perspiration. Removing hand, the parts would dry immediately. If the hand were placed on any part of the body the same thing would occur.

Could scarcely bear any clothing, owing to these hot flashes and perspiration. Many times, when the weather was frosty or snow was on the ground, and the window was up, could bear scarcely any covers at night. With all this condition never contracted a cold.

This state of affairs lasted about six weeks when an antidote was sought. Two powders of *Sepia* stopped the flashes within two days, but not until after trying *Glou.*, first, the remedy which stopped the flashes when passing through the climacteric period.

The pain in the occiput, spine and eyes was relieved by *Picric acid*.—*Journal A. I. H. Read at Institute Meeting, Detroit.*

THERAPEUTIC EXPERIENCE.

“Five years ago I gave a woman *Hydrastis* as a stomachic tonic. I found it reduced a ten-day stunt of excessive menstrual flow to three and four days of normal flow. She used it about six weeks and now she reports five years of normal menses following several years of excessive flow. Will the finding of alkaloids or the results of animal experimentation make *Hydrastis* give better results?”—*Henschen, Ellingwood's Therap.*

Dr. L. Carl Smith, Chico, Cal. (*Pacific C. J. of H.*), reports three surgical cases: 1st. A man whose arm had been amputated became delirious and kept exclaiming: “At 6 o'clock I will be dead.” *Aconite* relieved in fifteen minutes. 2d. A tramp woman, ulcer on foot, nails thickened and callosities on soles. Amputa-

tion set for about a week hence. The internes, however, gave her *Antimonium crud.* during the interval and the effect was so striking that the operation was not performed. 3d. Carpenter had a bad blow on nose and eye. *Arnica* externally and internally prevented ecchymoses. Modern surgeons could get an immense amount of good points from Helmuth's *Surgery* or any old homœopathic surgery.

Dr. Willella H. Waffle, Santa Ana, Cal. (*P. C. J. H.*), says that *Apis mel.* is the remedy most often called for in cystitis of pregnancy; also for scanty urine and œdema of the vulva. *Bryonia* oftenest indicated for the vomiting of pregnancy, and *Belladonna* for the second stage of acute nephritis with cerebral symptoms. *Calcarea carb.* for the cold and clammy, *Calcarea fluor.* for veins too much in evidence, *Coffea crud.* for insomnia. *Cuprum* for the cramps, *Lycopodium* for heavily loaded urine "uric acid," and *Lachesis* for those who always awake worse after a sleep. There are many other remedies, but these are rather marked.

A CACTUS GRANDIFLORUS CASE.

The following we copy from a letter from Dr. Hunter Beattie, Glasgow, Scotland:

"The *Cactus grand.* 1000 came opportunely. A young woman of 22 was very ill with some heart trouble. Allopaths could not say what was wrong, but said that they could do nothing for her. She had great weakness; pain shooting from heart down left arm to fingers; unable to lie on left side. Five of her brothers and sisters had died of some heart disease. Mother a chronic sufferer. One powder of six or seven globules on tongue (*Cactus grand.* 1000). Slightly worse an hour after. Exactly twenty-four hours after had slight shocks of hysteria, right arm raised over head and nervous twitchings, with tremors through the body; sense of choking. This lasted two or three minutes. Since then has recovered splendidly. No more pains."

BOOK NOTICES.

Traite Pratique de Medecine Astrale et de Therapeutique. Permettant a chacun de connaitre ses predisposition

mordedes et de leur apposer les moyens thérapeutiques les plus appropriés. Dr. M. Duz, Paris (V.), La Médecine Pratique. 4 Rue Maitre—Albert, France.

This little book, red paper bound, as is the custom with French publications, contains 181 pages of curious matter. It is Homœopathy, Biochemistry and medicine generally, based primarily on astrology, or on the sun, moon and planets in which the signs of the Zodiac play a great part. Dr. Duz, who, we believe, is a homœopathic physician, has worked out his system very skillfully. Any one who believes that the planets, the sun and the moon play any part in the origin, cure and diagnosis of disease should, by all means, get a copy of this book. There is much in it that is curious and much that is a blank to the average man who does not understand the signs and the "houses" of the astrologic physician. Dr. Duz contends that you cannot get to the inner meaning of medicine until you comprehend this astral system, nor cure disease save accidentally, as it were. Every great scientist admits that he soon comes to a door that he cannot pass, beyond which lies in immensity the incomprehensible, the origin. That Dr. Duz has found the key we very much doubt, but he is, at least, interesting, and that, to-day, covers a multitude of objections.

The Examination of the Functions of the Intestines by Means of the Test Diet. Its Application in Medical Practice and Diagnostic and Therapeutic Value. By Prof. Dr. Adolf Schmidt, Hade, A. S. Authorized Translation from the second revised and enlarged German edition. By Charles D. Aaron, M. D. 126 pages. 8vo. Cloth, \$1.50. *net.* Philadelphia. 1909. F. A. Davis Company.

Here is a book written with German thoroughness on fæces and illustrated with several microscopic views of same. The author says that the average physician pays little attention to the fæces: "he inspects it and smells at it, and, at most, stirs it with a stick." Now, if any reader wants to go into this subject thoroughly this seems to be the best and the latest book on the subject.

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EDITORIAL BREVITIES.

ANOTHER DISCOVERY, APOCYNUM.—Our misguided allopathic brethren have discovered, and announced, in a cloud of technical terms backed by the names of medical gentlemen who presumably are regarded as eminent, that our ancient friend, *Apocynum cannabinum*, is useful in certain forms of ascites and other dropsical states. The eminent gentlemen who are quoted as authorities, are Kramer, surnamed Felix; Robin, Go'ubin, Pawinsky and Aleksjew, whose surnames are not mentioned, presumably because there is none to dispute their eminence. One case is reported in which "digalen, digatalis, digatalis with diuretin, alternated with caffen, strophanthus, theocin, theophyllin, fluid extract equisutum, infusion of juniper, and treatment with calomel" were employed, but notwithstanding this heavy artillery of scientific medicine (the patient must have had strong constitution) there was no improvement in the œdema until *Apocynum* was given, "with surprising results." Good! you're learning.

THE POTENCIES USED BY HAHNEMANN.—Dr. Richard Haehl, who lately visited this country has been engaged for several years in gathering material for a "Life of Hahnemann" to be published in German. Commenting on this work the *Homœopathic Eye, Ear and Throat Journal*, says: "It has been asserted that in the latter part of his life Hahnemann used high potencies predominately if not exclusively. Dr. von Bœnninghausen allowed Dr. Haehl to examine Hahnemann's medicines. and these

proved to be in and below the sixth centesimal, with the exception of a few thirtieths—such as *Sulphur, Silicea, Natrum muriaticum*, etc.”

THE FIVE YEARS' COURSE.—Reports of the twentieth annual meeting of the Association of American Medical Colleges, show that the sentiment was unanimous for making the course at the medical college five years. Theoretically, this is all right, for the longer a man studies the more learned he should be, and the more learned the better fitted to be a physician—theoretically. But what about the practical side? Would a man who had spent five years in hard study and a large sum of money, be willing to settle down in any of the tens of thousands of little villages? These places need medical men, but cannot afford to pay for the product of a five years' course. What then? Perhaps the country will have to come to two classes of physicians, or medical men—licensed practitioners and M. D.'s. Or will the rural sections go back to herb doctors?

INJECTIONS FOR SYPHILIS AND TYPHOID SERUMS.—The following is from the London Letter in *The Journal*, April 16: “A new edition of Hutchinson's work on syphilis has appeared in which he again condemns the use of injections of insoluble preparations of mercury in the treatment of syphilis. He says that only a small part of the evil resulting from it is ever reported, and adds that in certain cases this method is followed because it is more profitable than prescribing mercury by the mouth.”

The Paris letter also has the following peculiar statement, based on experiments by Metchnikoff with typhoid bacilli: “There will be, hereafter, therefore, a means of learning whether the vaccines, the employment of which had been proposed for man, can prevent the disease, and if the serums for typhoid are really efficacious.” So it seems that the typhoid inoculations are still uncertain. Some gentlemen, if we remember correctly, are even now for making them compulsory. The armies in various places and under various flags have also had a big dose of them.

ANTIDIPHTHERITIC SERUM AGAIN.—Apparently things are not what they seem in the matter of diphtheritic antitoxin if one

may judge from a recent editorial (April 16) of *The Journal* on "The Intravenous Injection of Antitoxin Serum." If the old method did all that was claimed for it, why this new and it seems possibly dangerous method, for the editor says: "The one objection of any consequence against the intravenous method is the increased danger of anaphylactic shock in susceptible persons." Exactly what an anaphylactic shock is we must confess is not clear to us, as the word is not to be found in the dictionaries, even one just off press. Possibly it is from "phylaxin" defined as "a defensive proteid detected in artificially immunized animals," or it is "prophylactic" with the "ana" prefix. At any rate, whatever it means, "anaphylactic shock" is the one danger "of any consequence" to be feared from intravenous injections of diphtheria antitoxin. If any one goes in for serum and science, he must be prepared to change his treatment at a moment's notice or else be left hopelessly stranded among the "up-to-date" methods and be classed among the medical derelicts.

Surely Homœopathy is better for patient and physician.

QUITE UNSCIENTIFIC.—The utter lack of science, of any guiding principle, in the therapeutics of the allopaths is demonstrated in a late issue of *The Journal*. The editor says that to judge from current medical literature one must conclude that the treatment of tuberculosis by drugs has been abandoned, nothing but food and fresh air being available. He then takes up creosote as being the one drug having some friends, but apparently very few, for, writes the editor, "many physicians who are looked up to as authorities on the subject" "ignore it entirely," others mention it in a perfunctory way as something that was once recommended, while a few advise its use. It is all hopeless drifting, for want of the guiding compass of the great Law.

INJECTIONS OF MERCURY IN TUBERCULOSIS.—At the last meeting of the International Congress of Tuberculosis the injection of mercury was one of the many sure cures heralded. It seems that Dr. J. Placak, of Cleveland, tried it and reports the result to the *March Cleveland Medical Journal*. His experience was limited to twenty cases, but as none of them showed improve-

ment, and a number of them refused to continue the treatment on account of the pain it caused, the thing was given up. "One more unfortunate" treatment gone up salt river. Truly is there any treatment but the homœopathic that will stand the crucial test at the bedside?

AN X-RAY ROOM.—The London Hospital has built an X-ray safety room. A writer describing it says "so soon as the patient is in position the doctor leaves the room. Then only can the current be turned on. The patient is observed through windows of Bohemian lead glass. The room itself is built of two layers of half-inch boards, having between them two sheets of lead and iron. That there may be no possible risk for the doctor, it is so arranged that the mere opening of the door of the safety room cuts off the electric current." All this must read rather queer from the patient's point of view.

THE ORDER OF DIVORCE.—From an analysis of the report of the Bureau of Census the following professions come in order named as showing the greatest proportion of divorces. At the head of the list stand actors, followed by musicians, telephone operators, and physicians and surgeons, in order named. Competing for the last place are agricultural laborers and clergymen. Lawyers stand in the twenty-fifth place, though whether from superior morality or because of professional ability is not stated.

PROPOSED WIPING OUT OF THE HERDS.—The March issue of the *Providence Medical Journal* has an approving editorial on a bill before the Rhode Island Legislature making "compulsory the tuberculin test" on all dairy cattle in that State. It is said that twenty-six out of every forty-six of these cattle are tuberculous, or what is the same thing in the eyes of the supporters of this proposed law, they "respond to the tuberculin test." If the tuberculin test were accurate, and if the cattle which respond were a "menace," there could be no objection even to such a terribly expensive proceeding; but who can say that the test is a true one? Also we all know that Koch very positively affirms that "bovine tuberculosis" has nothing in common with

the disease met with in the human being, and that there is not the least "menace" in beef, milk or butter from even the cows which respond to this so-called "test." Tuberculin is the virulent tuberculous poison of human beings; how it can safely be used as a "harmless" test passes ordinary comprehension. The slaughter of nearly 60 per cent. of the cattle in a State (that is the estimate in Rhode Island) will not tend to reduce the cost of living, nor will it have the slightest beneficial effect on the public health. The whole thing looks like an exceedingly expensive fad of a lot of theorists.

THE FIRM FAITH IN SERUMS.—An exchange in lamenting the action of a recalcitrant school board in the matter of not compelling the children to be vaccinated recites a list of the various diseases that have been prevented or "conquered" by "serum vaccination." Among these are diphtheria, snake bites, anthrax, chronic gonorrhœa, hæmorrhage, cerebro-spinal meningitis, scarlet fever, plague, typhoid and hydrophobia. Surely this is a fine exhibition of faith, in the face of the weekly bulletins of the health offices.

THE CLAIMS OF THE OSTEOPATH.—A practitioner with a D. O. degree writing for the *Journal of Osteopathy* says that "there is a feeling of unrest and dissatisfaction in the ranks of our osteopathic profession." He then reproves them for their dissatisfaction and tells them that of the thousands of cases treated by him eighty-five per cent. "received complete cures," and of the remainder the most of them were materially benefited. None died or, at least, he signed no death certificates. Naturally, he asks why this lusting after materia medica and surgery when he can show such a really magnificent record in cases of "acute and chronic diseases, some of which were various nervous troubles, skin diseases, venereal diseases, urinary troubles, digestive disorders, circulatory disturbances, dislocations and fractures, diseases of women and obstetrical cases, typhoid malaria, pneumonia, and many others too numerous to mention."

After contemplating the miracles of universal healing performed by the learned D. O.'s, the disciples of Mother Eddy, the marvelous circles for the healing of physical and spiritual dis-

eases spreading from the Emmanuel movers, of the many wars against disease waged by the bacteriologist and health boards and various national and international organizations, one wonders that there are any of the sick, the halt, the lame and the blind, left. But for all that the cry goes up for more asylums, for more money, for more everything with which to fight disease and to care for the human wrecks.

One fact stands out in all this mess, namely, that the homœopathic physician alone can face an epidemic and stay it; he cannot cure everything, but he can come nearer to it than any other medical man.

“WHEN DOCTORS DISAGREE.”—Ernest Seeker after Truth has a hard road to travel when his quest is the truth about germs. Within a week he could have read the advice of an eminent physician that if he moves into another house he should first fumigate it to kill the germs of tuberculosis; and, also, the statement of another equally eminent physician that neither a blow with a sledge hammer, nor a bath of bichloride, will kill this germ. Would it not be well to hold a convention of eminent bacteriologists to formulate the facts on which they all agree, if there be any, and thus save Ernest much confusion?

SOME POSSIBLE CHANGES IN THE PRACTICE OF MEDICINE.—*The Clinique*, Chicago, has been told on what it considers trustworthy authority of several things the fathers of the A. M. A., sometimes known as “the bosses,” are contemplating. One of the proposed changes is to take away from the State Boards of Health the power to examine and license physicians and give it exclusively to physicians, presumably the A. M. A. This, *The Clinique* thinks, would be like giving any other profession, or business, the power to regulate itself independently of the State. If the whole power were to be given to physicians it would require no seer to foresee a very positive quietus put on the minority.

It is also proposed to shoulder out the small, or independent medical colleges and concentrate medical education in the Universities, as is done in the monarchical countries of Europe. Maybe it would be a good thing, but if so, then class, caste, and

the other things that distinguish monarchies are equally desirable.

Another thing *The Critique* hears, is of a move for "the education of physicians by those who are themselves not physicians in active practice but merely highly salaried specialists." etc. Modern medicine is built on the germ theory (mark the "theory"), so, logically, the man in the laboratory knows more about it than the man who goes direct to the bedside and sees the patient, how he looks, what are his surroundings and other quite useless details.

The words of Job might be applied to the high priests of The Theory—"ye are the people and wisdom perisheth with you."

A DEFENCE OF VACCINATION.—The *Journal of the American Medical Association*—the official journal—devotes a large amount of space, running through two numbers, to a paper by Dr. Jay Frank Schamberg, defending vaccination. The work is well done, no one could do it better, but for all that it is very weak—but this is not Dr. Schamberg's fault. We will only take up one point from the "summary:"

"Vaccination, in order to confer protection, must be genuine: the mere production of a sore arm is of itself no proof that the subject has been successfully vaccinated. The vaccination must run a definite course before a protective substance is left in the body."

Here is a new element in the old question. What is that "protective substance?" Has it ever been isolated? How is the vaccinated person or the vaccinator to know when it is formed? Can Dr. Schamberg, or any one else, answer these questions?

AN ELECTRIC BELT CASE.—The Paris letter to the *Journal A. M. A.*, March 19, contains a report of the court proceedings on charges of fraud and illegal practice of medicine brought by three medical organizations against an "electric belt" concern, Electro-Vigor by name. The Court did not uphold the charge of fraud, but on the ground of illegal practice fined each of the directors of the company \$100. The medical organizations bringing the suit are not named, but each claimed \$10,000 dam-

ages, but were awarded \$200. There is a trace of humor in this case, the patients having resorted to the belts only after having employed one or more physicians without obtaining relief. The Court, it would seem, would not convict the company of obtaining money under false pretence in the face of such testimony.

THIS EXPLAINS MUCH.—The following is from a paper (*Therapeutic Gazette*, March) by Hare, Professor of Therapeutics in the Jefferson Medical College, Philadelphia: "It has become a custom in some instances to place in charge of the chair which bears the title of 'Therapeutics,' men who are not clinicians, but who pride themselves upon being experimental pharmacologists. Often they have not had any bedside experience to qualify them for the consideration of practical therapeutic problems, and not uncommonly they are physiologists and chemists rather than medical men, at least so far as the trend of their minds is concerned."

Learn to swim, young man, "but don't go near the water."

AN INCIDENT.—At a meeting of the Philosophical Society of Philadelphia, subject, vaccination, Dr. Jay F. Schamberg made the assertion, on the authority of Dr. W. M. Welsch, who has charge of the Municipal Hospital, that out of 10,000 cases of small-pox received in that hospital in the past thirty-four years there was no case of a recently successfully vaccinated person contracting the disease. After the paper was read a prominent Philadelphia lawyer, Mr. Earle White, addressed the chairman, Dr. W. W. Keen, stating that he would be obliged if Drs. Schamberg, or Welsch, or any others, would tell him just what constitutes "a recent successful vaccination." The reason for the question, he said, was due to the fact that during the recent epidemic he had been vaccinated by one of the most eminent physicians in the city: the vaccination took beautifully and was said to be successful, yet within a month he was taken down with the disease. There was, of course, no answer to this question.

It had been also stated that at the Municipal Hospital 58 per cent. of the unvaccinated died. Another gentleman arose and asked what was responsible for the high death rate, as it enor-

mously exceeded the death rate that prevailed before vaccination was known.

After the meeting it is reported (not officially) that one of the three eminent physicians asked the others "How did those fellows get in here?"

It was all politely done, but was just a bit funny, even if it occurred in the grave Philosophical Society founded by B. Franklin. But then Franklin himself was something of a humorist.

MORE TROUBLE FOR ANTITOXIN.—At a recent meeting of the Hamburg, Germany, Medical Society there was a noteworthy display of the growing skepticism regarding the virtues of antitoxin. The cause of the debate (*J. A. M. A.*, 3, 19) was a severe epidemic of diphtheria now prevailing in Hamburg, "characterized by its extent, the large number of adults attacked, by intense symptoms in the throat and frequent involvement of the nose, a frequent hæmorrhagic tendency, many late heart lesions, a high infectiousness for physicians and nurses, a marked tendency to relapse, and a higher death rate." While it is not stated it is evident from the context that the diphtheria antitoxin is doing very unsatisfactory work in this epidemic.

The learned medical gentlemen of to-day might learn a lesson from old Rademacher's book, recently translated, *Universal and Organ Remedies*. Rademacher notes that a certain remedy for one or more years would do great work in epidemics, but in succeeding years it would be worthless for what was apparently the same disease. But the learned medical world is tied fast to the idea (scientific fact some of them say) that disease is the result of its germ, therefore each case *must* be the same, varying only in intensity, and, therefore, there *must* be a specific remedy for it. It was proclaimed from the medical housetops that this specific for diphtheria had been found and many believed but, alas, this seems to be going the way of all specifics. Many have always looked with suspicion on it for it was born in a proprietary cradle and nourished on advertising subsidy.

At Hamburg the serum's defenders pointed to the lower death rate that prevails of late years as compared with those of the pre-antitoxin period, but the skeptics replied that in former years

nothing was termed diphtheria that was not the genuine thing, whereas, after antitoxin came in anything in the way of a sore throat, came in under that name. It was admitted that "more mild cases" are included now than was formerly the rule.

The opponents of the serum were in the decided minority and were overwhelmed by figures and testimony, but as the letter writer says it is "A remarkable evidence of the critical spirit of physicians and of their skepticism in regard to therapeutics is shown by the fact that even to-day, nearly twenty years after the introduction of diphtheria antitoxin, a debate in regard to its efficiency can be held in which there are many expressions of doubt."

VACCINATION IN GERMANY.—Dr. Boesser, of Weimer, Germany, contributes a long paper to the February issue of the great German homœopathic quarterly, *Berliner homœopathische Zeitschrift*. The subject is "*Vaccination and Vaccinosis*." He admits the prophylaxis by vaccination, but points out the many dangers to which the vaccinated person is subjected by the operation, laying especial stress on the recent experience in the United States of America with the foot and mouth disease caused by vaccine virus. He also quotes many medical authorities to prove the inoculation of syphilis, tuberculosis, and other diseases through the agency of vaccine virus. In conclusion, he points to the fact that the German officials in charge of small-pox prophylactics "are seeking for a prophylaxis of that prophylaxis, and this from a scientific standpoint indicates the bankruptcy of the obligatory system."

TROUBLE IN THE A. M. A.—The RECORDER has received a letter for publication concerning "the reform movement in the A. M. A. The stability of the organization is menaced by the fact that its elections are illegal and unfair, and its government monopolistic, or, at least, oligarchic." The RECORDER appreciates the honor of being requested to support the reformers, even if the request is made in a type-written circular letter, but must decline taking a hand in the row. Our neighbor's big mansion is one with which we are not on visiting terms and certainly one

on which we would not venture to call when we hear loud voices and the smashing of hurled crockery ware. Furthermore, there is an uncertainty on our part as to whether a benevolent despotism is not the best form of government, for the sake of the peace of the community, that could prevail in the house of our neighbor. It is a household that has been governed so long by authority that it is hardly fitted for any other form of government.

WHO DISCOVERED ANÆSTHETICS?—Victor Robinson, treating of the discovery of anæsthetics, writes

“Thomas Middleton, in his *Women Beware Women*, wrote:

I'll imitate the pities of old surgeons
To this lost limb, who, ere they show their art,
Cast one asleep, then cut the diseased part.

Still another Elizabethan poet—the youth who flung away his genius in a tavern as carelessly as a fisherboy casts a pebble in the sea—makes Barabas in the *Jew of Malta* say:

I drank of poppy and cold mandrake juice,
And being asleep, belike they thought me dead,
And threw me o'er the walls.

But we can go much farther back. In the thirteenth century mandragora was extensively used as an anæsthetic by Hugo de Lucca, and a full thousand years before this time Dr. Hoa-tho anæsthetized his patients during surgical operations. Dioscorides and Pliny wrote of anæsthetics.”

ADVICE OF AN EXPERIENCED PHYSICIAN.—An exchange (*Critic and Guide*) prints the following sardonic advice from Dr. La Mettrie, physician to Frederick the Great:

“Distrust your professional brother—*medicus medicum odit*. If you are in a fix lay the responsibility on the backs of the consultants. Never try an active remedy on a person of high position; it is better that a great lord should yield to human destiny, even prematurely, than that the doctor should be compromised. In the case of consultations try to arrive on the scene a quarter of an hour before the others, in order that you may see the patient alone and gain his confidence, while seeming to study his disease. Visit the patient during the time the remedy is display-

ing its effects; make some small change in the mode of administration; thus you will supplant not only one or two brother practitioners, but the whole Faculty. Take care to stand well with the surgeons and pay court to the apothecaries. Do not give medicines to those who do not like them. In the case of the others order only drugs that are anodyne, well known, and have not a bad taste. Do not pay too many visits; this would gain for you the reputation of being eager for fees. Always have the air of being busy. If you are asked out to dinner, arrive late and look as if you had been hurrying, and arrange that you shall be sent for at dessert. If women discuss the causes of a disease, do not contradict them but agree with them. If women advertise you, your fortune is made. Above all do not despise the support of ladies' maids and nurses."

NEWS ITEMS.

Dr. W. C. Thompson has removed from Brooklyn to Stonington, Conn.

Dr. Homer I. Ostrom has removed his office to 130 W. 57th St., New York.

Dr. John B. Garrison will remove his office from 115 E. 71st St., New York, to "The Sydenham," 616 Madison Ave., Telephone, 1470 Plaza, on May first. He will, with his family, occupy his country home, at Hopewell, New Jersey, during the greater part of the year.

WANTED, partner, at once. Over \$12,000.00 a year practice. Plenty of surgery in connection. One of the finest equipped offices in the South. \$3,000.00 cash required. This will stand a rigid investigation. Address, Box No. 105, Station "A," Houston, Texas.

As it was written for page 176 of the April RECORDER "The reaction occurs steadily in paresis and tabes," the type man made it "tables." Due notice of his funeral will be given.

Dr. W. U. Reed, Topeka, Ind., can give you some good locations for homœopathic physicians.

PERSONAL.

Every man knows that the millennium would at once come if the world would follow his advice.

A gentle cynic hints that the rude term, "you're a liar," is generally the truth.

"If I ran into you I beg your pardon; if you ran into me don't mention it," said the polite man to the angry one.

The trouble with the "booster club," if it be honest, is to find some one to boost.

It is just possible that some of the martyrs deserved what they got.

A man may be so aggressively good, virtuous and superior that his fellows feel justified in roasting him.

"I never forget that the sun does not stand still." F. Hopkinson Smith, not Rev. I. Jasper, said that.

Does any one (cross your heart now!) know what "Nature forces in the cure of disease" are?

The "sense of humor" is a feeling of secret elation that you see the point.

The Sage Brush coroner's jury found the deceased met his death from not pulling his gun quick enough. A just verdict!

The objector to "Is it hot enough for you?" has become a bigger nuisance than the amiable questioner.

"Tschernognbow thinks," etc. Good for Tschernognbow!

If every one "had enough money to live without work" then every one would have to dig or starve.

Stock brokers, Claude, live on lamb.

Making a bad smell in the house is the modern man's method of exorcising devils.

Carnegie and Rockefeller don't know what to do with the huge and, to them, useless pile of money they have gathered.

Is there any hope in cases of tachydidaxy?

"Faultily faultless, icily *regular*, splendidly null."

When a Russian says "I love" he puts it "Ljublju," a Swede "Jag älskar," and a Volupukist "Lofob."

"Merger" is the financial name for watering pot.

Politeness consists in the ability to call a man a "liar" without being knocked down for it.

The base ball days are here, my brother, the gladdest of this glad new year.

Why not subscribe for the HOMŒOPATHIC RECORDER? Only \$1.00 per year.

THE HOMŒOPATHIC RECORDER

VOL. XXV

LANCASTER, PA., JUNE, 1910

No. 6

THE FLEXNER-CARNEGIE IDEA.

Birds of a feather flock together.

Water seeks its own level.

Similia Similibus Curantur.

The three are but a few semi-proverbs of a great law that permeates the universe, including the Carnegie Foundation.

Mr. Carnegie started in life at two dollars per week. Poverty is no disgrace, as has been remarked several million times, but it is rather inconvenient. In time Mr. Carnegie became an iron-master at Homestead, and, again, in time, he had a very big strike there which, with the aid of five thousand soldiers of the State of Pennsylvania, was broken. This gave him the whip-hand, and he discovered the great economic principle that it is cheaper to have the work of many mills done in one plant, and also much more profitable—for the one owner. So energetic was Mr. Carnegie in carrying out this principle that Mr. Morgan built the U. S. Steel Corporation around the Homestead plant and gave Mr. Carnegie enough inside and secured income to net him, so they say, about twenty-five million dollars a year. A fairish income for one man to receive for his services to the world.

With some of this money Mr. Carnegie established, the Carnegie Foundation.

Mr. Flexner, of this institution, now proposes to apply the same successful principles to turning out doctors that Mr. Carnegie applied to turning out steel rails, *i. e.*, to bunch the colleges in a few big concerns. In this you see a shadow of the great Law spoken of above. But Mr. Flexner unwittingly slips a cog in his mental mill, for doctors are not steel rails nor is

their production governed by the laws that govern the production of steel rails.

This is a slip that many scientific gentlemen make in medicine. Men are not steel rails.

Now to come down to the point at issue, Mr. Flexner would reduce the number of medical colleges in the United States to one-fifth of their present number—as Carnegie did the rail mills. If he had confined himself to broad generalization no one would have cared, but when he, with what looks a little like arrogance, states which colleges should live and which be suppressed he makes a—well, a spectacle of himself.

The homœopathic colleges (so far as they are named) are *not* among those which are to survive, and this, taken in connection with the proposed National Allopathic Department of Health, shows that even though men are not steel rails it is proposed to treat them as such; to turn out doctors on one pattern, and in a sufficient number to not over-stock the market. This is the proposal, but it will end, sooner or later, in an inglorious fizzle, like all other schemes of the allopathic leaders, for mankind, civilized and otherwise, objects to superfluous bossing by men like themselves.

Dr., or Mr., Henry S. Pritchett, President of the Carnegie Foundation, is a sort of chorus for Mr. Flexner in the newspaper reports. He says, among other things (in the newspaper reports), that “there has been, for a quarter of a century, an enormous over-production of ill-trained doctors,” and “this over-supply of ill-trained men is to be ascribed to the existence of independent or proprietary schools, commercially managed, and dependent on fees for support.” Also more to the same effect. Assertions like this, without proof, are unworthy of such eminent scientists as Messrs. Flexner and Pritchett. The only “scientific” way to ascertain the truth of what they assert would be to take the graduates in a given period from all the colleges and follow them in their lives. Such an investigation might show some curious things; for instance, of a man making an absolute failure in practice; and then becoming a mighty man in determining how successful practitioners must be turned out. One takes a fearsome joy in speculating on how these giants would

fare if set down unknown, and entirely on their own bottoms, before, let us say, the "wild and woolly" Oklahoma Examining Board!

(No disrespect, Mr. Okla.)

In the annual crop of freshmen there are a certain number fit to become physicians and others that are unfit. Four years High School, five years in the Great and Only Medical College, with any amount of post-graduate cramming, will not make real physicians of the latter, while any college in the country will turn out a good man from the fit material, even though it does not have the Carnegie millions back of it.

Here is a grand idea! Let Mr. Flexner discover a serum by which the unfit freshman may be detected.

One of the standard jokes of the professional funny man, which ranks with the mother-in-law joke, is the doctor who is more dangerous than the disease; but this is no longer in the joke class for the Carnegie Foundation.

Messrs. Flexner and Pritchett have given it the scientific stamp of approval,* which removes it from the funny class, when they'asesrt that the medical schools (or the men they graduate) of "Maryland, Kentucky, Tennessee, Arkansas, Texas, etc.," mark the "etc.," are "menaces to public health," as Mr. Pritchett asserts they are. What a vast territory is "menaced!"

No one wants illiterate boors turned loose on the community as physicians, but to intimate, as these Carnegie men do, that this class is what makes up the majority of the physicians graduated by the small colleges of the United States is going too far even for the Carnegie concern, whose varnish is hardly dry.

AN INQUIRY INTO THE DIFFERENCE.

With considerable frequency, if your taste runs to medical literature, you read of the marvelous advances, the great strides, the wonderful achievements, and so on, of modern medicine. When one reads this it carries him along in a state of enthusiasm, and he is unconsciously thankful to be one of such an age; but if he mentally pulls himself up and coolly considers these wonderful things his enthusiasm receives quite a chill, that is, if he re-

gards medicine as the art of curing disease. It will dawn upon him that many of the most salutary advances have really been retreats—the ceasing to do the wrong thing—reformation, as it were.

The lancet, the cupping glass, leeches, blisters, the seton, etc., are laid aside and rarely used; all this putting away is of great benefit to the patient, but isn't it a cause for thanksgiving (with somewhat of humiliation) rather than for pride, this abandonment of practices that were of no use to the patient?

Also, patients parched with fever are no longer condemned to die of thirst, or to suffer want of pure air, as was once the case. This is a mighty revolution for good, it is a long stride away from things that never should have been, but is it a cause of pride?

Great epidemics no longer sweep through civilized lands (at least not of late, what will occur in the future no man knows), thanks to the work of the sanitarians, but if an epidemic does get a foothold what more can modern medicine do more than did the medicine of the last century towards curing whom it attacks? To be sure there are the various serums, but it is quite possible that the men of the future will "advance" in respect to them as did the men of yesterday in respect to the lancet, the seton, etc.

The surgeons, general and special, have really advanced; in fact, it is hinted that they have advanced too far in supplanting clinical medicine. Surgery, however, is quite a different thing from the art of healing. It deals with tangible facts, with bones and tissues.

The diphtheritic antitoxin is given as the "crowning achievement of modern medicine;" therefore, it may be taken as the measuring rule wherewith to measure those achievements; in Germany, its home, and elsewhere, the number of those who distrust it, yes, even fear it, is steadily growing.

The old time men drew off the blood, their successors load it with chemically preserved animal serums, with millions of dead bacteria, with lymphs and viruses, with morphine and a whole new pharmacopœia of other "ines" and many other things. Between the two practices it looks as though it would be the part of wisdom to choose the old, if forced to a choice, provided the bleeder left enough blood to maintain life.

"The blood is the life," wrote Moses, the lawgiver, and it is

curious that the old school men cannot learn to let it alone and thereby acquire the beginning of medical wisdom. The most expert chemist cannot make blood, the life of the body, so why should man intrude his gross matter directly into it? There is quick action when you touch the quick of man, but what sort of action it is no one really knows.

Taking all things into consideration it is safe to believe that the one great stride made in curative medicine—in the use of remedies for the cure of disease—was, and is, Homœopathy. And it is not a “stride,” it is truth.

EGO SCIENCE.

Dear Mr. Editor:

Does cutting a man's leg off mar his personality, or ego science? As soon as man first began to find himself to be an entity, that heart, and stomach, and lungs, and legs were only parts of a machine governed by some unknown force in the brain, he set himself to worry about it. Carlyle in his easy chair, in the garden, under the trees, once said that the healthy man did not know that he had a stomach. Perhaps he had an inkling of this ego science. Ribot's and Dr. Shedd's book consists of prefaces and chapters on conscience, organic troubles, affective troubles, mental troubles, dissolution of personality and zoologic individuality.

In these chapters he discusses many interesting questions regarding our personality, normal and abnormal, tells us about monsters, about diseased sexual types, about dementia, and says the “ego” is only a co-ordination. To any one who has puzzled over the many forms of mental erracity, this book must be of very great interest.

Ribot writes: “Personality being the highest form or development of psychic individuality, the preliminary question arises, what is this thing dubbed an individual?” This, however, has

A most interesting book has recently been issued from the press of Boericke & Tafel: *Diseases of Personality*. By Prof. M. Ribot, Paris. Translated (with homœopathic annotations) by P. W. Shedd, M. D.

been the fifteen puzzle of the ages. It would seem that Dr. Ribot wishes to eliminate a divine origin from this ego. He discusses lower forms of animal life, and says that "in descending the animal scale, we observe the psychic individual being formed by the fusion more or less complete of simple individuals—a colonial conscience develops from the co-operation of local consciousness," etc.

Now this notion of life resulting from atoms, cells, etc., is open to objection. We were sent here by the Omnipresent, Omniscient ONE, not dropped like a marble out of the dread abyss of space. No, dear masters, materialists, guessers, erudite theorizers, ye who have spent your lives looking into a microscope to find proof that man has no God-sent soul! There is behind the mystery of the ego science *its origin*. We need not go to the spiritualists, but while we theorize now, some day the marvel will be explained—when we are able to understand it. You can not teach a nursing child algebra!

Ribot in his introduction proposes to demonstrate the radical impotence of the spiritist to explain the inconscient life of the spirit.

In the introduction Ribot divides his hypotheses into A and B. Hypothesis A admits the soul as Divine. Hypothesis B is used to prove that our life here has no Divine Being behind it. The book proper begins with "Organic troubles." The importance and complexity of the body-sense; variations of personality in the normal state, double personality, personality in double. The organic basis of personality is insisted on. He seeks the elements of personality "among the most elementary phenomena of life."

There is a picture extant of a young man trying to run with a chain around his waist, and holding on the other end are a dozen or more of his ancestors; one looks like a pirate, one is holding a glass to his lips, one wears prison stripes, they are about to hang another, one seems to be a mild and saintly minister of the Lord. It is intended to represent how we are chained by heredity to the past. Is not each of us a composite?

Sons in their children live—we can see in some action of the child the action of the father or grandfather. Dr. Ribot, is it true that all this composite humanity is but a growth of cells from

nowhere and going nowhere? We quote from page one: "The millions of human beings that compose a great nation are reducible, for themselves and for others, to a few thousand individuals which form its conscience (ego science), which includes its social activity in all its phases; politics, industries, commerce, intellectual culture. It is these millions of ignored beings, born to a limited and localized existence, living and dying without hubbub, that do everything else; without them the nation ceases to exist." From the labor of millions we get a few who can control. It is a question of the most intense ego. A gentleman in Philadelphia has a picture called "The Conquerors," in which a few of the conquerors of the world, on horseback, are riding down the way from the past over myriads of corpses—the *hoi polloi*.

Curious deductions are made through the first chapter of this book. On page eight we find dreams and the complex beauty of Hahnemann's *Materia Medica*, on their symptoms, making the book of value to our school. It is no new thought that a diseased organ makes the patient dream of disease in that organ, and there is a pathologic basis to the fantastic tracing of sleep. And Dr. Shedd has placed in footnotes Kent's Repertory of ten pages of dream symptoms.

Dr. Villeneuve dreamed of being bitten on the leg by a dog; a few days later a carcinomatous ulcer developed on the limb. Gessner, in a dream, was bitten on the side by a serpent; an anthrax appeared in the place, resulting in death. Macario dreamed of a sore throat, awoke without one; he soon had tonsillitis. And other examples are given.

The doctrine of temperaments is commented on, and Dr. Shedd in footnotes publishes the division by Grauvogl of temperaments into the hydrogenoid, oxygenoid, carbo-nitrogenoid, with subdivisions, and gives the remedies adapted to each.

Hallucinations, upon whose origin spiritualist, scientist, the man who sees them, have been greatly puzzled. Here Dr. Shedd has interpolated in brackets in the text the homœopathic remedies useful in each given alternation of cenesthesia, and in footnotes our remedies for different delusions. These, specializing the many forms of distorted personality, make the deductions of Ribot valuable to the homœopathic school, outside of any psychic interest. No doubt as Ribot asserts these delusions are purely physical.

But we not only are interested in the delusion, but we wish to cure it, and Dr. Shedd's valuable repertory from Kent's large one makes this little book more valuable.

A queer case is cited from Foville: "A soldier believed himself dead from a serious wound received at Austerlitz. When his health was asked after, he would say, 'You wish to know how Pere Lambert is? He is dead; he was killed by a cannon shot. What you see before you is not he, but a miserable machine made in his likeness. You should ask them to make me another.' In speaking of himself he never said 'I' but 'that.'"

This is dual ego consciousness, for though there was but one body yet he thought another person was with him. When poor Lambert's soul was knocked out of that body by the cannon shot did it enter another body similar, and delight in its power to remain even as Lambert? Of course not. Yet who knows? By the by, Dumas made a charming story out of the case. Here is Ribot's explanation. We quote:

"The case cited seems interpretable as follows: Before the accident the soldier, like every one else, had his own organic conscience, the sense of his own body, of his physical personality. After the accident a profound change occurred in his nervous organization. Of the nature of this change only hypotheses, unfortunately, can be formed, the effects only being known. The result is the evolvment of a second organic conscience (ego conscience), viz., that of a miserable machine. Betwixt this and the other ego science no fusion has occurred."

On page 26 Ribot says: "Each case, so to speak, demands individual interpretation." And Dr. Shedd in a footnote from the *Organon* of 1810 calls our attention to the facts that these sentiments were believed by Hahnemann!

In part 3 Ribot mentions teratology, and says nature does not multiply monsters, and that there are in all but 70 or 80 classified. Double headed babies in bottles are of more interest to the gaping curious than to real science. Of course, the Siamese twins are mentioned, and the case of Millie Christine. The author apologizes at the end of the chapter for taking so much time to it. "As is the organization so is the personality." The relation of insanity to the normal ego science is most interesting, and here we are reminded that Hahnemann's master mind again looked forward

much beyond his time. Many of Hahnemann's mind symptoms are placed as indices to these aberrations of mind, and we wonder how his thought reached out from that dark period when the insane were chained and tortured as are savage beasts for some distortion of their ego science, hopelessly condemned to worse than hell, when mild methods might have restored them. Wonder how, at that ignorant period, that master mind of Hahnemann knew there must be a better, kinder way. We remember the time when the mind of his old friend, Counsellor Klockenbring, became distorted, and he was shut behind prison bars in his lonely castle and how Hahnemann went to visit him, watching him quietly a few days, thought out the psychic and medical connections, and then, with a dose of internal medicine, cured him!

The chapter on affective troubles (changes in personality, transformation of character, basis of personality) appeals especially to the thoughtful pædologist. For the normal ego science of the man is made in the first seven years of child life. When does a baby begin to think, and when to think crooked? Does the child kicking in the womb have instinctive notion of its growing body—know it may be a future ego? Is its first earthly cry an indistinct mama? Interesting questions, my masters, and ones that this chapter will set us thinking anew about. These first years are the times when malnutrition must be corrected, and many a man or woman who has carried through life the burden of crank, hysteric, fanatic, might, under proper care, have developed a normal ego science and become a happy person. It is delightful to watch the half crazy, irresponsible child, frantic at the least opposition, the cachectic, anæmic, malnourished, slowly develop into a smiling, good-natured parental delight. And it can be done by nutrition and tissue building remedies. Here again does Ribot make us his debtors by setting us to thinking.

Dr. Shedd has given us a repertory of these emotional states, not insanity, but bordering upon it. These alterations in personality so charmingly discussed are of great interest. Ribot says that "At puberty a new group of sensations, and, therefore, of sentiments and ideas, makes its appearance." Are not all multiples of seven in our lives critical years? (7, 14, 21, 28, 35,

42, 49, 56, 63, 70.) Are not these the periods when extra care must be taken to preserve the equilibrium of our ego science? Chapter III. is devoted to mental troubles (parasthesias, hallucinations, cerebral dualism and double personality, memory, the "possessed," the mystics). And chapter IV. is devoted to the dissolution of personality. (The demented, real, double personality, periods in the dissolution, alienation, alternation, substitution.) There is a general summary of the theories in a concluding chapter, and a bibliography.

Dr. Ribot lays down no dogmatic law like certain others, he states his ideas leaving for others to deduce. He presents lucid opinions and deductions. There *is* a soul, or there is *no* soul behind the ego. It is hard to realize that something can be educed from nothing. There remains at the end of the "Riddle of the Universe" the primitive atom. It is related that Ingersoll visiting Beecher, and stating some of his particular views to the great preacher, seeing a very large globe of the world in the study, said: "Why, Mr. Beecher, what a beautiful globe; who made it?" Mr. Beecher, with his characteristic humor, replied: "No one made it, it made itself." Let us theorize, but understand that these whirling globes of space are not held together and in place by chance, but by the design and will of an all-pervading and mighty power, named by man in many tongues, but everywhere the same eternal God.

Dr. Shedd, in his own preface, pertinently remarks: "Unconsciously Ribot has placed upon the tomb of Hahnemann in Pere la Chaise a magnificent wreath of laurel, for those familiar with the Organon will recall Hahnemann's unique valuation of the mental symptoms and conditions in the individual case. This will be alluded to in the homœotherapeutic annotations of the text."

And again: "Careful study of the psychology of personality, volition and memory might fitly precede the consideration of homœopathic philosophy."

Mr. Editor, pardon this very long letter, but the subject is interesting. And please say to Dr. Shedd from me that the homœopathic profession of the United States owes him a debt of gratitude for this charming book.

THOMAS LINDSLEY BRADFORD.

Philadelphia, April 26, 1910.

THE MATERIA MEDICA AND ITS MANY SYMPTOMS.

J. Kay, Long Reach Buildings, Brisbane, Queensland, Australia.

I am a lay homœopathic practitioner in Queensland, Australia. The great Constantine Hering was only a name to me for some years. Some years ago, however, I picked up three volumes of his *Guiding Symptoms*, and commenced a careful study of them. Like most practitioners, I have to prescribe off hand and sometimes in reply to letters, but having a keen hunger for the knowledge of what a drug *does* in a case I always note what has occurred in patients whom I see and what is reported in letters. Learning what a drug had done in these ways I began to turn to *Guiding Symptoms* to see if such doings were recorded there, and again and again I was astonished to find how correct and full the knowledge of the great Hering was. as I was able to put marks of verification against hundreds of the symptoms recorded as caused or cured by a drug. In this way my respect and reverence for this master increased, as did also knowledge of the extensive and varied powers of a single drug.

Dr. J. H. Clarke, of London, was one of Hering's champions, and when the late Dr. R. Hughes made some most contemptuous observations upon the *Guiding Symptoms* I was a little taken aback, and was glad to feel that so great an authority as Dr. Clarke worshipped still at Hering's shrine, as it so helped to neutralize in me the effects of Dr. Hughes' heavy blow in my solar plexus that I could still keep up a trembling faith in Hering.

But I sometimes—in livery times, I suppose—felt a bit irritable with the great variety and richness of the “symptoms” of a single drug, and the constant recurrence and refrain, as it were, of pathologic names of disease at the end of symptoms records. The symptoms caused or cured were in “dyspepsia,” “pleurisy,” “gastric ulcer,” “asthma,” “hypochondriasis,” “subacute pleuritis,” “typhus,” “cholera,” “during catamenia,” and so on ad infinitum. I could not see the necessity for these disease names or the use of them, and they used to get on my nerves at times as occult yet ever-recurring sounds disturbing one's preoccupation.

Still worshipped, upon the experience of the truth and wisdom

revealed to me in the great man, and tolerated the mystery pretty well, irritating as mystery is to me. My reward has come. The irritating mystery, after some thoughtful facing of it the other night, was transformed into a beautiful revelation of the wisdom of the master. "Ah's me!" I said, a la Deerslayer, "the master was right; yes, the master was right. And how splendid the report of these pathologic states of the cases treated are as showing disturbances enough to confuse all but the very elect in parts that are remote from the seats of trouble and often perfectly healthy, too!"

This really presents the everlasting problems confronting the practitioners, few symptoms or a multitude of the most confusing symptoms, rendering it so difficult to locate their cause or causes, so that even if the symptoms are modified or extinguished it is only often for a time, and more frequently, of which I had a striking example the other day, the practitioner has to confess that he does not know what is at the bottom of the illness, can do nothing effective, but proposes an operation or spree.

Well, Hering clearly found out what was really wrong amid the confusing symptoms in his cases, and so cured them; and one great beauty of his *Guiding Symptoms* to me now is that they give the disease states in which the most different, varied and unexpected symptoms may be present in any part of the economy in any patient. Thence the absolute need for individualization, keen observation and inductive thought upon the phenomena to discover what they mean in any given patient. And, when this is accomplished, how beautiful it often is to see the most remote and long-endured symptoms fade on the action of a medicine upon the disturbing centre. Then you get, perhaps, the same group of symptoms, and the disease state is different altogether, unless, as it is said, as the body is a unity, so disease is a unity, although in different localities. Anyhow, it talks differently in different patients and at different times, and that is what keeps physicians on the qui vive and tension of mind. Then, what is it? is a question many minds must, if possible, answer to themselves as well as observe the phenomena caused by the something.

Some day some one on this suggestion may select one of these pathologic names, such as dyspepsia, for instance, and gather up around it all the symptoms in these works of which it is the

father, so that its progeny with all their various characteristics and localizations, may be identified and their progenitor held in contempt, if not banished forever, at least from some individuals. And what a babel of symptom-tongues would result from that one disease. To use another figure, a squid-like inky darkness, as if designed to effectually prevent discovery of its cause, and, at least, showing the absolute necessity of skill in translating many tongues and the greatest mental light to penetrate the darkness and attack the foe. At all events, Hering's pathologic names have at last further exalted him in my estimation, and I wish I had the rest of the volumes.

MERCURIALISM.

By Dr. N. Bray.

In the treatment of chronic diseases for many years my attention has so often been called to a train of mercurial symptoms that I am accustomed to examine the teeth for information for a cause of the trouble. History of the case often reveals heavy drugging. I will speak more particularly of the silver filling of the teeth, so much in vogue in the past and at present. While mercury in its natural state is supposed to be practically inert in its action on the system, we have grave reasons to believe that the amalgam filling of the teeth often becomes active agents of mischief to the health of many people. There are conditions which often arouse this slumbering agent from its inertia, to a most potent activity. These conditions are capable of taking place in the mouth, and are the direct cause of diseased conditions which often so stubbornly resist treatment. Even though mercury be amalgamated with an alloy it still retains, under, favorable conditions a mercurial medicinal action, and is taken into the system, both by absorption and ingestion. The characteristic discoloration of the teeth invariably occurs in due time after its insertion into them. Corrosive chloride of mercury is prepared with sulphuric acid and sodium chloride, both of which have a natural home in the system. Sulphuric acid originates from the oxidation of sulphur contained in the proteid molecule. The different salts of mercury have each a different nature according to the basic acid used in its preparation.

Acetic acid, the acids of the various fruits, as well as the acids of the fermentation of the particles of food allowed to remain between the teeth, many of these are quite strong enough to attack and destroy the teeth, and, together with chloride of sodium, so freely ingested, would naturally attack the mercurial fillings more or less, and produce different salts of mercury according to the nature of the acid in the mouth. This condition of things naturally complicates matters and renders it difficult to select the indicated antidote, as well as the indicated remedy to follow. I will present a few cases taken from the history records:

Case 1.—Twelve years ago Fr. B. came to my office suffering from stomach trouble and slight salivation for thirteen years. He had been at the State University at different times to have the fluids of his mouth examined for germs, with negative results. He had a small vial filled with saliva taken from his mouth, and which he requested me to smell. I had an idea that my nose was well educated to all kinds of stinks, but I was very much mistaken. The emanation from that vial is beyond my powers of description; every time I think of it I can still smell it. He complained sorely of his stomach. He was thoroughly mercurialized. I had all his teeth removed, gave antidotes, and he made a very satisfactory recovery. It is needless to say that his mouth was well filled with mercury.

Case 2.—Mr. H. J., bookkeeper, aged 34, apparently in robust health. Mouth well filled with mercury for twelve years. Had been suffering from necrosis of the septum of his nose for many months, with a perforation as large as a dime. Was treated by a specialist, who was burning it out with electricity. The perforation was enlarging so rapidly that he became very much alarmed. Had the mercury promptly and entirely removed. Gave antidote according to indications. Recovery complete in six weeks. Used neutral oil for local application.

Case 3.—Mr. J. H., blocky, husky, healthy. Family history good. Thirty-seven years old. History negative, except having his teeth well filled with mercury two years ago. Nine months ago his mouth began to get sore, his teeth became loose, gums receding, pyorrhœa, ulcerated patches in the mouth and under tongue. Later, throat swelled almost to choking. Teeth coated heavily with tartar, lower lip ulcerated. Inside of nose ulcerated on either

side. Three molars gold capped. This gold has mercurial discoloration. This discoloration can be eliminated only by heat. It may not be out of place here to remark that gold has an affinity for mercury, therefore the discoloration. This man had treated with twenty-three doctors for this case before arriving at my office December 29, 1909. I treated his mouth daily with H_2O_2 , followed with a wash of neutral oil. Gave *Nit. ac.* 30 until the soreness was sufficiently reduced to have the fillings removed. I afterwards gave *Hepar* and *Kali iod.* He is gone to work to-day, April 11th, and his mouth is almost well. I should not forget to mention that three weeks ago his toe nails fell off and new nails are growing in nicely. I am satisfied that mercury in the teeth is a mischief maker.

Dubuque, Iowa.

SEVERAL CLINICAL CASES.

By H. L. Gupta, Homœopath, Calcutta.

Typhoid After Cholera.

A boy aged about thirteen was in a collapsed condition when I first saw him (20th September, 1908) three days after the attack. The extremities were icy cold. There was cold perspiration on the forehead. There was also coldness about the trunk. The eyes were a little congested and turned upwards. The boy had had no urine for the last three days, although discharges from the bowels were still going on. There was slight pain before purging. Intense thirst was present. On my first visit I found the boy in an uncovered condition. The patient could not bear to be covered, although he was icy cold, especially at the extremities. There was no cramp. The pulse was perceptible at the wrist, though it was very feeble. *Secale cor.* 6x was prescribed every hour. Six doses of the said remedy brought no change. *Secale* in the 30th potency was then administered, which brought about the desired effect. The temperature of the body improved after the administration of six doses of the remedy. The boy not having urinated for the last four days, I had then to direct my whole attention to the secretion of urine. But there being no symptoms whatever to point to any of the remedies for the secretion of urine, I at first hesitated to prescribe anything at all. But

there having passed full four days without urine I had to prescribe three doses of *Cantharis* 6x without any indication whatever. I directed each dose to be used every two hours. After the administration of the second dose the patient voided a large quantity of urine. The boy having urinated and there being one formed stool nearly twenty-four hours after the disappearance of the above discharges, we were most sanguine, nay, almost sure of his speedy recovery. But we were mistaken. The worst was still to come. The boy showed slight increase of temperature, and with the rise of temperature coma began to set in. In the evening of the 22d of September I was informed that the boy was in a comatose state with his half-closed eyes turned upwards. The boy in this state did neither want any food nor any water to drink, which he was doing very often before the coma had supervened. I was also told by the patient's father that the eyes were a little congested. The boy was at times found to turn on his sides. He passed large quantities of urine involuntarily during sleep. I administered *Phos. ac.* 30. But it had no effect. The fever and same state of coma continued. The boy then got *Arnica* 30, but this, too, had not the least effect.

I was then informed by the father that three or four round worms had been passed by the patient during sleep. He also told me that the boy seemed to be irritated when handled. The boy got *Cina* 30, *Santonine* 3x, *China* 3x in succession, but without any the least improvement of his consciousness.

On the 24th of September I was requested by the father to see the patient once for all, and to do all I could, for he thought that his boy was sure to die very soon. I saw the boy at 4:30 P. M. As it was getting dark in the room I requested the father to bring his boy outside where there was more light. The boy was in a profound coma. His gaze was fixed. The father tried to call his son several times, but the patient did not at all respond to him. Nothing seemed to arouse him from the comatose state he was in.

He passed one stool quite involuntarily in my presence, which was very offensive. The thermometer indicated the temperature of the body to be 102° F. The eyelids were stiff and did not at all respond to the touch of my finger. The tongue was dry and stiff like a piece of wood. The lower jaw having dropped, the boy lay with his mouth half open. The eyes were half closed.

The part of the conjunctiva which could be seen appeared to be covered with a thin, hazy layer. The pulse at the wrist was full but soft. The case appeared to be all but hopeless. But we homœopaths are not quite at sea, as the men of other schools are, when the brain is gravely involved. I prescribed *Phos. ac.* again, but in the third decimal potency, to be exhibited every hour.

The next morning the father being late in his attendance I thought that the boy had surely succumbed. But I was very much astonished when I was informed by the father that the boy was much better, and all the more so when the father told me that the boy wanted something to eat, which he did not for the last three days. The boy was gradually improving when an ulcer, which had its origin from the hurt of a bamboo splinter nearly a week before the attacks of cholera, began to wear an angry aspect.

The whole of the left leg became erysipelatous with burning pain in the ulcer, which was ameliorated by the application of heat. He also had had fever due to the inflammation every day afternoon. A few doses of *Ars. 30* removed the pain as well as the swelling of the leg. On the 27th of September the boy was discharged as cured.

Aconite in Colic.

A young man, aged about 24, was attacked with colic. The colic came on all of a sudden. When I saw the patient he was fully in his senses. On asking him about the nature of the pain he burst into tears, and said that the pain was in the upper abdomen, and that it was of a cramping nature. The pain came on by fits and starts. It was ameliorated a little by pressure. On inquiry I came to learn that the day before he took only two pieces of bread more than what he used to take every day. As I went on making these queries, the pain began to increase. My first prescription was *Puls. 3x*. But the pain, instead of showing any sign of abatement, became so very violent that the young man became quite frantic. He began to bite his own flesh and tear his own hair. At last he began to beating with his fists all his nearest and dearest relations who were about him. It was as if were a sudden storm. The man got a dose of *Aconite ix*. The whole scene was changed within five minutes. The violence of the sudden storm, so to say, gave place to a calm.

The man, then having some fever within half an hour, got a few doses of *Nux vomica* 30, according to indications, and was all right in twenty-four hours.

Aconite in Cholera.

A short young man of a strong make was attacked with cholera. I was called in when he had already passed four or five stools. As cholera was raging with great violence at the time in the town, the relatives of the patient did not hesitate to call me in, although the vomitings had not still made its appearance to make it a true picture of a cholera case in the eyes of laymen. The urine was retained. The pulse was full and hard. Some chilliness was felt by the patient. The eyes were congested. The stools that were passed were like the watery pulp of an overripe watermelon, *i. e.*, they consisted of bloody water with a few pieces of mucous floating in it. The temperature of the body was 100° F. There was not much thirst. On asking the patient if there was any pain in the abdomen he answered in the negative. My prescription was *Aconite* ix. Only two doses of the remedy checked the purging. He also urinated under the action of *Aconite*.

The next day the man, having complained of a bruised pain all over the body, which was aggravated by motion, got three doses of *Bryonia* 30, which cured him completely.

HAHNEMANN MEDICAL ASSOCIATION OF LOUISIANA.

The second quarterly meeting of the Hahnemann Medical Association met in this city with good attendance.

The president, Dr. C. R. Mayer, reported progress along all lines.

The treasurer, Dr. F. N. Jones, reported that there is a handsome balance to the credit of the Association.

The secretary, Dr. John T. Crebbin, reported that since the last meeting Dr. H. M. Howe, of Lake Charles, had died, and suitable resolutions had been spread on the minutes. Also that a number of physicians had taken the State examinations, and had located in Louisiana. He further reported that he had received numer-

ous letters from physicians wishing to come to this State, and that reciprocity had been arranged with many of the other States, which would be the means of bringing many desirable men here.

These reports were all adopted.

The following officers were elected to serve the ensuing year:

President, Dr. C. R. Mayer.

Vice-President, Dr. E. Harper.

Secretary, Dr. John T. Crebbin.

Treasurer, Dr. F. N. Jones.

The chair appointed the following chairmen of committees:

Publication, Dr. C. Edwin Verdier.

Membership, Dr. R. S. Moth.

The following delegates were selected:

To the Institute of Homœopathy, Drs. E. Harper and J. Belden.

To the Southern Homœopathic Medical Association, Drs. C. R. Mayer, R. S. Moth, E. Harper, and John T. Crebbin.

Drs. F. N. Jones and E. Harper were selected to prepare papers for the next meeting, the subject being "Surgery."

Dr. C. Edwin Verdier read an interesting article on "Epididymitis."

Louisiana has two boards of examiners, and the State has many openings. Any who contemplate locating here would do well to communicate with Dr. John T. Crebbin, No. 1207 Maison Blanche building, New Orleans, La.

PROVING OF BELLADONNA.

A contributor, Dr. W. Young, to the October number of *Ellingwood's Therapeutist*, relates his experience of the "Physiologic Action of Belladonna." By mistake he took "a teaspoonful of *Belladonna* at one dose. He always held the belief that such a dose would be fatal, so he determined to watch the effect, and made no effort to antidote the drug; he "simply braced up and worked hard." Here is the result:

"A short time after taking the medicine my face became flushed, the pupils dilated, and the surface of the entire body assumed a bright, scarlet red color. The tongue was dry and parched; the fauces were dry, sufficient to produce choking; I could articulate only with great difficulty, and the voice had a croupal sound as it had when I would cough; there was vertigo with unsteady gait; with a feeling of not being secure when walking, there were

hallucinations with illusions; there was an inability to concentrate the thoughts perfectly on any one subject which was brought to the mind."

"The effect on the vision was peculiar. There was a constant, rapid change of colors before the eyes, especially the changing of black to that of a fascinating blue, altogether unlike the ordinary indigo blue, but of a beauty that I could not possibly describe."

"There was frequent micturation with a scanty deposit, with a burning and tingling in the urethra and bladder, with considerable tenesmus when making the effort. These effects were long drawn out. For months and even after the immediate effect of the remedy was gone, there was still some of those peculiar influences on the vision, remaining. The total recovery was quite slow."

THE COMMUNION CUP AND THE GERM THEORY.

A gentleman, apparently doing work in the churches, writes to *Medical Notes and Queries* for positive data showing that the communion cup has been a means of conveying contagion. His reason is that he and others find it difficult to convince the clergy that there is danger in the cup. Alvin Davison, of Lafayette College, assumes the burden of replying. He says that the diseases most to be feared from this source are grip and tuberculosis, but as the last named may incubate for from three to thirty years it is difficult to trace any case of this disease to the cup, which seems to be a self-evident proposition. As for grip, he says that in Easton last year, after communion services, there was quite an epidemic of that disease, but he does not do more than state the fact, leaving the reader to decide for himself whether the cup spread the disease or not. He also writes that Dr. Anders, of Philadelphia, and Dr. Price, of Saranac, have proved that a tuberculous person leaves the germs in the cup, and that he himself has demonstrated their presence in the drinking cups used in public schools. To all this he adds: "Either there is no truth in the germ theory of disease, or else disease is transmitted with certainty by use of the common communion cup."

The quotation seems to show that men are beginning to realize that the germ theory is after all but a theory and not the demonstrated fact on which they have so long founded themselves, just as they have on the theory of evolution as a solid rock when it,

too, is but a speculation. It is a wonder that the skeptical man of science has not applied the same rules of analysis to it that he does to so many other things and long since hung it up among the things man once believed but have outgrown. It seems quite plain that the development of the latent qualities inherent in each particular man, beast or vegetable is a different thing from evolution as taught by the followers of Darwin. The Oregon apple is very different from its primeval ancestor, but it is an apple and always will be an apple. The inherent possibilities in the primeval apple were developed; there was no evolution in the affair. They were apples from the beginning. So with every thing else, including the human race.

Now as to that old germ theory on which Dr. Davison casts the nuance of a doubt, what of it? The common people (from whom the scientist is developed) wonder, when they think about the matter, how it is that any one escapes disease when they read of the countless billions of virulent germs of every variety that beset them everywhere. If one of the people asks his developed brother how it is in this matter the reply is a cloud of words that in the last analysis neither understand, though the developed product may let the undeveloped one remain in the belief that to him, the scientist, it is all very clear.

The bacillus of influenza is well known (so they say, at least), and when, twenty years ago, it or the disease swept this country it showed that it was something very positive and very dreadful. It swept the land, killing many, physically wrecking many others, and giving the remainder a most distressing bout with illness. One in a family, or two, or all, were stricken, and again none in a family contracted the disease. If germs were the cause of this epidemic they must have hung over the land like a fog, so why did any man escape? The same question arises concerning all other germs; why haven't we all tuberculosis, or one of the many other diseases said to originate from germs?

Some men say we do not contract a germ disease because the vitality is strong enough to ward it off or overcome it. If this be so, why was it that the influenza did not attack the weaklings only? If you recall those days you will remember that the strong came down just as did the weak, and also escaped it just as the weak escaped. Others say, and they seem to be nearer to reason, that

the predisposition is essential; without it, therefore (assuming this to be the case), the germ is harmless. This being the case, does it not follow that in that very vague term, "predisposition," or in the unknown thing it stands for, lies the real disease? Bacteriologists find the germs of nearly every disease known in, or on, the persons of those who walk our streets, and many of these live for years and often die of old age or something for which no germ has ever been discovered.

Then, again, we all know that most frightful epidemics have swept civilization in the days when there were no health boards, or isolation, or fumigation, and then these epidemics have absolutely disappeared after killing off a certain number of the people. Whence did these germs come and whither did they go, if germs were the cause of those epidemics?

There are many hard facts to be advanced in support of this germ theory that seem to be unanswerable. Health men will trace an epidemic to a certain case and no one can dispute their facts. But did you ever note that very frequently a case of a virulent germ disease will originate without apparent cause—sporadic cases they term them? How explain them? Is it not just as much within the realms of reason to believe that each case is self-generated, "spontaneous," as to believe that they all come from moist germs (all germs in their beginning are moist, we believe) thrown off by some one case the origin of whose germs is unknown?

Then, too, take one of the oldest known germs, the one of tuberculosis. Gather all the literature given out on the subject, and what do you find? A medley of contradictions, nothing more. These germs come from the patient in a mucous mass. One man says they infect the people by being dried on the street and blown about in the dust; another says an hour's exposure kills them. Again germs of all sort lie in wait for years apparently deathless, and then we read of twenty millions of "dead" germs being injected into a man as a therapeutic measure.

If this theory is true it follows that all diseases originate outside of man, from which again it follows that if a man could prevent them from entering his system he would forever remain free from all disease. Bacteriologists tell us that all germs are but a low form of vegetation, hence it follows that a sick man is

a species of human garden into which noxious weeds have crept. This follows from what the world is taught on the subject. Is it rational? Is it scientific? Isn't the old idea of miasm much more in accord with common sense? There are no Klebs-Loeffler bacillus in sewer gas, but there is plenty of diphtheria in it—though this has been denied of late when it came to the point of throwing either sewer gas or germs as a cause overboard, for the one excludes the other.

A man over-heated sits in a draught and contracts a condition in which germs swarm. Were they the cause? Isn't it more reasonable to believe them to be an effect?

That germs are very real things no one denies, but their part in the causation of disease is a very open question. One thing, however, stands out clear, namely, that whether germs or miasms or something else are at the root of disease, whatever its primal cause, the law *Similia Similibus Cuarntur* is the scientific law by which drugs are to be used to effect a cure. The fundamentals of cure are known to the homœopathic physician, no matter what may be the cause of disease, and for this science may we be duly thankful.

OFFICIAL ANTITOXINS.

A correspondent of the *Journal A. M. A.* (May 7) inquires concerning the antitoxins which are official in the U. S. P., and how they are standardized. The editor replies that "there is but one official antitoxin: Serum antidiphthericum." Concerning the standardization of this product the editor writes:

"The method of determining the potency of antidiphtheritic serum is substantially as follows: 1 c.c. of a standard test serum, diluted so that each c.c. contains 1 antitoxic unit, is mixed with various quantities of diphtheria toxin and injected into guinea pigs, weighing each 250 gm., and the least amount of the toxin which will neutralize the 1 c.c. of standard antitoxic serum and just kill a guinea pig within four days is determined. This amount is called the 1. + or lethal dose. The serum to be tested is then mixed in varying but definite quantities with 1 L + dose of the toxin and injected into guinea pigs weighing 250 gm. From the guinea pig which dies within four days under the largest dose of the serum to be tested is determined the amount of serum, which

is equivalent to a single antitoxic unit. From this the antitoxic strength of the serum is calculated.

"The standard for tetanus antitoxin is defined as follows: 'The immunity unit for measuring the strength of tetanus antitoxin shall be ten times the least quantity of antitetanic serum necessary to save the life of a 350 gm. guinea pig for 96 hours against the official test dose of a standard toxin furnished by the Hygienic Laboratory of the Public Health and Marine Hospital Service.' The standardization of tetanus antitoxin does not differ radically from the standardization of diphtheria antitoxin. The toxins and antitoxins are measured against each other reciprocally, so that change or deterioration of either the standard toxin or the standard antitoxin may readily be determined. Duplicate toxins and antitoxins made from time to time will act as checks against deterioration of either the standard toxins or antitoxins. The value of an unknown serum is measured indirectly through the toxin, using the L + dose as the test dose. The L + dose is the smallest quantity of tetanus toxin that will neutralize one-tenth of an immunity unit, plus a quantity of toxin sufficient to kill the animal in just four days."

From this it seems that the guinea pig is, as it were, the standard of man; also, while the above is definite it does not seem to be what might be truthfully termed "scientific."

It seems to assume that all guinea pigs are the same, that all horses are the same, that all toxins are the same, that all human beings are the same, and that diphtheria is always the same; granting all these assumptions, the product and its theory is very scientific, but if a link breaks in the chain the whole becomes more or less confusion. Then, too, the disease does not enter human beings via a hypodermic syringe.

The longer you look at the matter the more it appears to be a thing of "Hurrah!" rather than of calm science. And the "Hurrah!" has been so strenuous that it is safer to let a patient die under antitoxin than under other remedies.

AN ORIENTAL HOMŒOPATHIC COLLEGE.

The third annual report of the Central Homœopathic College, located at 18 Murzapur St., Calcutta, India, has been received. We are not familiar with what is sometimes known in this country as "medical politics," and especially of Indian medical politics,

but judge that the Central is a split from the M. M. Bose Homœopathic College, as according to the report it was in 1905 that "Dr. J. N. Ghose, late principal of the Bose College, severed his connection with that college" and established the Central. The number of students increased so rapidly that in 1905 the present quarters were secured, which "are fitted up with electric lights and fans."

"To suit the convenience of all classes of students, such as teachers, clerks and others serving in different offices, the classes are held in the evening," but the rooms are open throughout the day for demonstrations, etc. The college has a library attached with chemical apparatus, skeletons, anatomical charts, etc. "Lectures are given regularly on *The Organon* and the *Chronic Diseases* of Hahnemann, even during the long summer vacation." Arrangements have been made with an allopathic college in which the students are allowed the privilege of the dissecting rooms and demonstrations of anatomy and physiology.

A native gentleman has donated a valuable lot on which it is hoped in time to erect a homœopathic hospital.

Homœopathy is popular in India for two reasons: 1st. "On account of the wonders it has been working in the diseases common and peculiar to this country, such as cholera, plague, small-pox, beri-beri, etc., and 2d. because "it is much cheaper than other treatments—no mean advantage to the poverty-stricken people" of the country. Also because "it does away with unintentional medical injuries, which are not very rare in other systems of medicine." Homœopathy also "has been rapidly making converts in the highest rank of people, and the different provinces are constantly feeling the need of good Homœopaths."

The study covers a course of three years and embraces about all the medical colleges in this country teach except bacteriology. Here is the run of the first year lectures:

Materia Medica	120
Organon	40
Anatomy	120
Physiology	60
Chemistry and Pharmacy	40

Hygiene	25
Botany	25

The number of students have increased from 60 the first year to 137 in the last year, 1909-'10. But the proportion "passed" is rather small—20 of the first class, 18 and 16 each year since, from which it may be inferred that a student must "make good." Various prizes are offered to the first place students.

We should like to see reports of the other Calcutta homœopathic college. Hope some one will send them to this journal.

CHANGE IN THE MEETING PLACE OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

The following circular explains the reason why the place of meeting was changed from Long Beach to Pasadena, California: *To the Members of the American Institute of Homœopathy:*

The Local Committee of Arrangements have been obliged to make a change in the location of the meeting place, and desire to lay before the members of the Institute the reasons and advantages of the change.

While Long Beach was very desirable with the Hotel Virginia accommodating the larger part of the members and all the meeting places under one roof, there were even then going to be some who would be obliged to take rooms outside; but when, under the new management, it was found that no adequate number were to have reservations in the hotel and no adequate extra accommodations were to be found in Long Beach or other proper place at any other beach, the Committee felt themselves confronted by a problem which involved not only the hospitality of California, but also the success of the meeting itself, and were correspondingly relieved by finding not only meeting places provided under one roof, but also capacity to take care of all the members with their families and friends in the Hotel Maryland, Pasadena, or within one block of the hotel, in quarters equally as good as the Hotel Virginia, and far better as to the ability to care for them and at better rates than before.

We are now assured of every convenience for the use of the meeting and the sections in a city whose climate is much like that of Los Angeles, only nine miles away, during a month which, last year, gave the Elks the most delightful weather they ever experi-

enced, and we can promise that the weather will be equally as good this year, and certainly far ahead in comfort of anything ever obtained east of the Rockies during any recent meeting of the American Institute of Homœopathy.

The Committee feel relieved to find their problem so easily settled and in such a satisfactory way, and only regret it was not discovered sooner, so that all might have been better advised of its many advantages.

All who wish, may now engage reservations by either writing or wiring Hotel Maryland, Pasadena, California, direct. The management of the hotel will have everything arranged for occupancy on advised date of arrival. Comfortable, commodious rooms, accommodating up to four hundred people, may be had in The Maryland. Others, unable to be taken care of in The Maryland, will be accommodated in equally desirable apartments adjacent to the hotel. For the week of the convention, the management of The Maryland have made a special rate of \$19.25 for each person two in one room without bath, or a rate of \$21 for each person two in one room with bath.

Fine golf grounds will be at the disposal of those who wish to bring their golf clubs along.

The programme of entertainment will be both unique and entertaining, and not tedious or tiresome.

The meeting rooms are well apart from one another and will not interfere one with another.

The Maryland is in a quiet and yet central part of the city, and there will be nothing to detract from the work of the Institute.

It is but a few minutes' drive from The Maryland to the old Mission San Gabriel, the Lucky Baldwin Ranch, Sierra Madre, and many other places of interest; while special cars will be run direct from The Maryland to Los Angeles and the beaches for the accommodation of the guests.

Signed: F. S. BARNARD, M. D., *Chairman*.

W. E. WADDELL, M. D.

W. J. HAWKES, M. D.

H. M. BISHOP, M. D.

W. E. NICHOLS, M. D.

T. C. LOW, M. D., *Secretary*.

622 Auditorium Bldg., Los Angeles, Calif.

OPENINGS IN OKLAHOMA.

Editor of the HOMŒOPATHIC RECORDER:

The Oklahoma State Board of Medical Examiners have repealed the reciprocity clause of their rules to take effect after the July meeting. I shall appreciate it if you will announce this in your journal, the HOMŒOPATHIC RECORDER. Also that there are many fine openings for homœopaths in Oklahoma towns of 1,500 to 15,000 that are growing rapidly and have no homœopaths.

I shall be pleased to furnish any further information to any one that may be interested. Oklahoma is a State of wonderful resources and is being rapidly developed, and is fast approaching the 2,000,000 mark in population.

Yours fraternally,

D. W. MILLER, M. D.,

Blackwell, Okla.

P. S.—Frank P. Davis is Secretary of Board. Enid is his address.

DR. CUSHING'S GELSEMIUM CASE.

Editor of the HOMŒOPATHIC RECORDER:

When in Florida I sent you an article on the action of *Gelsemium* (see May RECORDER). Now at home I am able to make a further report. The patient was under Dr. Osler's care in the Baltimore Hospital three months; had consulted quite a number of doctors, all with the same result. One was the celebrated surgeon, Dr. Richardson, of Boston. She says he said nothing could be done; the veins were liable to burst at any time, flood the heart and cause death. Here is the difference in the two schools. Four months under homœopathic treatment; on her feet every day, waiting on tables; has gained a number of pounds in flesh; looks ten years younger and *is well*.

A. M. CUSHING, M. D.

Springfield, Mass., May 22, 1910.

WELCOME NEWS FROM ABROAD.

Editor of the HOMŒOPATHIC RECORDER:

The Homœopathic Medical Academy, of Barcelona, like all the homœopathic institutions and societies of the world, has been celebrating with great solemnity and enthusiasm the anniversary

of the publication of the "Organon of Healing," the greatest and most influential work of Hahnemann.

The programme of the celebration, which took place in the great hall of the medical college, was, in its literary aspect, as follows:

1st Conference. By Dr. Valentin Moragas, *On Hahnemann and the Organon.*

2d Conference. By Dr. Javier de Benavent, *On Experimentation on the Healthy Body.*

3d Conference. By Dr. Derch y Marsal, *On the Law of Similitude.*

4th Conference. By Dr. R. Comet y Fargas, *On Dynamization.*

These conferences were public and well attended by the best educated classes of Barcelona, and the orators were not only eloquent but convincing.

We have also received the excellent article of Dr. Ricardo Moragas on the *Evolution and Adaptation of the Microorganisms—Therapy of Infection*, on which we expect to comment favorably in the near future.

DR. EDUARDO FORNIAS.

CONCERNING FICUS RELIGIOSA.

Editor of the HOMEOPATHIC RECORDER:

I have read with some interest the *Ficus Religiosa* controversy written by Dr. Sarat Chandra Ghosh in the last October number of THE HOMEOPATHIC RECORDER. In that contribution, Dr. Ghosh has said that *Ficus Venosa* (not Religiosa—which is evidently a printer's mistake) is no name for *Pakur* and has quoted a lot of references, among which he mentions the *Dictionary of Economic Products* as one. He goes further to say "that the editor of the *Calcutta Journal of Medicine* has committed a sad error in publishing this false name of *Pakur*." If he is even a superficial student of botany, he would observe that a plant not unfrequently has received different names at the hands of the different botanists. I know *Ficus Infectoria* is a name for *Pakur*. But *Ficus Venosa* is as well a name, as will be evidenced by the *Economic Dictionary*, to which the learned doctor has made a suicidal reference, because there Dr. Watt mentions *F. Venosa* as

one of the synonyms for *Ficus Infectoria*. When he posed as a critic, Dr. Ghosh ought to have made sure of his references; and if he had, he would not have been thus hoisted with his own petard. I also refer him to another book which unfortunately like Roxburgh's book is now out of print—I mean Voigt's *Hortus Suburbanus Calcuttensis*, p. 287, where he will also find *F. Venosa* as a name, for *Parkur*.

Yours faithfully,

J. PAL, M. A.

25 Jugal Kissore Dop Lane,
Calcutta.

A SUIT BROUGHT FOR NOT USING ANTITOXIN.

The following is taken from the *Berliner Homœopathische Zeitschrift*, Vol. 1, No. 2, April, '90:

Dr. Bootz, of Stettin, was called to treat a case of diphtheria, the person treated being a boy of eleven years, son of a banker in Stettin. The child died after fourteen days' treatment. A few days later the second son was taken ill, and was found also to have diphtheria. After five days' treatment the case was withdrawn from Dr. Bootz and given into the charge of two allopathic physicians, who treated it according to the best known methods of serum therapy, and after fourteen days this son also died.

Dr. Bootz was sued by the parent of the sons on the ground that he had not used antitoxin, and had otherwise neglected the cases, which ground was given as the cause of the death of both sons. The accusation was read to the doctor by the judge and he was given one week's time to make his reply. Dr. Bootz made a complete reply, incorporating a diary of his treatment throughout. The case was decided in favor of the defendant on the ground that he had from the very beginning given notice of the seriousness of the case and of his position in regard to the injection of serum. He had expressed himself as quite willing to surrender the case to other physicians if the parents persisted on the use of antitoxin. After due notice the parents had decided to continue the case with Dr. Bootz, and therefore he could not be held responsible, he having treated the case according to his best knowledge and experience.

THE KIND OF WEATHER THEY HAVE IN CALIFORNIA.

Editor of the HOMŒOPATHIC RECORDER:

We have been asked so frequently by the Eastern members of the American Institute "what kind of weather will we have in Southern California in July" that it seems best to say a word concerning it. Listen to what Uncle Sam says from the Southernmost Pacific Coast Government Weather Bureau Station, where Climatological statistics are collected for Southern California, the following data for 1908 is given:

Temperature, degrees Fahrenheit.		
Annual mean.	Highest during year.	Lowest.
59.9	84	37

When we consider that the humidity is as low as 18 to 25 per cent. when the temperature is highest, during the so-called summer time; and the highest when the temperature is lowest, you can easily understand why even this variation is not noticed as much as the thermometer indicates.

This is just the opposite of the Atlantic coast climate, where, during the hottest parts of the hottest days, the humidity is often from 85 to 90 per cent., making existence intolerable. This is never feared on the California coast, and there is no place more sought after by those who know than just such a place as the American Institute is going to hold its next session.

The terms "winter" and "summer," as commonly used in the Eastern States, have no application in California. The year is more properly divided into "rainy season" (winter) and "dry season." The dry season is the best of all the year and July is the best of all the months in the dry season. Since 1884, the twenty-five years records have been kept, not one single drop of rain has fallen during the month of July, during nineteen years, while during the other six years an average of .07 of an inch has fallen, hardly a mist.

If you crave an ideal vacation, under ideal circumstances, come along to the American Institute meeting at Long Beach, California, July 11 to 16, 1910.

Fraternally yours,

WALTER E. NICHOLS,

*Western Chairman Press Committee of the A. I. H.
Pasadena, Cal.*

A PROVING OF MERCURIUS CORROSIVUS.

A young married woman hurriedly called on Dr. Burnley Lanford, of Norfolk, Va. She was very nervous, crying, and had awful pains in her head. Two hours before she had inserted two bichloride of mercury tablets (gr. 7.3 each) as far into her vagina as possible, because she thought she was becoming pregnant, and another women had told her that the tablets would prevent it. Dr. Lanford did what he could for her immediate relief—a copious vaginal douche and the insertion of the white of five eggs into the vagina, etc., and then turned the case over to her family physician, as his was an emergency call. A week later he was called again and gives the effects of the poison in the following words:

“The change in her was pitiful. She had been an unusually pretty woman, but though I had known her for years, I could not have recognized her in the woman before me. The entire face, neck and chest, for several inches below the clavicles, were tremendously swollen, the eyes practically closed, the tongue so swollen and protruding that the lips were forced far apart. The tongue and buccal mucous membrane were a grayish black, and were sloughing; the teeth were loose enough to have been spit out; the breath emitted a most horrible odor. There was not much flow of saliva at this time. The bowels were moving very frequently, small, bloody, mucopurulent stools; for the passage of each, the patient would jump out of bed, and had done so for a week. Her mind was fairly acute, though she could not articulate because of the swelling. She did not complain of pain in her abdomen, nor was she tender or tympanitic at any time while under my observation. Pulse at this time was 130, temperature 101.5 F.”

Under treatment the patient improved very much and there were hopes of recovery, but on the tenth day there was a change. “The pulse grew quick and soft, the skin would not sweat, the secretion of urine seemed to have stopped, and she no longer attempted to get up for her bowel movements. Her mind grew cloudy and she began to be drowsy, though she had previously slept very little.” This drowsiness on the eleventh day deepened into sleep from which she did not awake.

This is reported in *Journal American Medical Association*, April 9.

THE SUPPRESSION OF TYPHOID.

The *Monthly Bulletin*, N. Y. State Department of Health, bearing the name of our respected Dr. Eugene H. Porter on the title pages, makes the following very sensible comments on the prevention of typhoid:

"We cannot hope to successfully suppress this disease until the attending physician learns and is willing to report its existence in its early stage. It is a surprising fact that nearly one-half of all such cases are not reported to the local authorities until many days after the advent of the disease. Statistical data are not wanting where actual epidemics of typhoid fever have arisen before the existence of the disease has been reported to the local authorities. This is surely grossly negligent and is worthy only of condemnation."

"Proper attention to the first case existing in any community often saves an endless amount of trouble and spares many lives. No case should be allowed to pass without the most exhaustive investigation into its source of infection and the most rigid prophylactic measures to the people of the community."

"It is manifestly the duty of the local health officer to make the occurrence of *every* case of typhoid fever within his jurisdiction a matter of special investigation. He should not rest until he has located its cause and suppressed its source of infection. He, above all others, should guard vigilantly the purity of the private and public drinking water of his community. He should fully appreciate that the greatest service which he can possibly render to the people dependent on his wisdom can be performed *before* rather than *after* an epidemic arises."

STRAMMONIUM. HEROIC PROVING.

The following is from *Critic and Guide*, April, by Dr. John V. Shoemaker, of the Medico Chi, Philadelphia:

"This patient is suffering from the toxic effects of a drug which he had taken for the purpose of improving his condition. The patient is a colored male, J. D., age 26 years. Nativity U. S. A. Occupation laborer."

"His family history is entirely negative concerning his present condition."

“Previous history:—He had grippe two years ago; was ruptured seven years previous (double inguinal hernia).”

“Present illness:—His present illness began on March 29, when he was feeling unwell and had pain in both inguinal regions reflected towards his kidneys and across his back. He was told that Jimson weed was an excellent Spring tonic. Not being told the proper dose, he made a quart of tea from about three ounces of weed to about a quart of water, then boiled to a half pint, strained and drank five ounces. In about ten minutes after drinking the fluid, his mouth became very dry, he could not swallow, and his eyes became very weak and nervous. He likewise was dizzy, could scarcely walk and had difficulty in remembering what was said to him. He could not urinate, although he had frequent desire to do so. He was so weak that he could scarcely walk, staggering for blocks, fearing that he would collapse any minute and barely remembering anything. After reaching the hospital his mind was clouded. He also had spasms of the neck and head, clonic in form.”

“In numerous cases of poisoning which have been produced by the use of this drug, the symptoms have been precisely those of belladonna poisoning, except that the sympathetic system is more influenced by stramonium, the heart becoming more irregular and the delirium becoming more manifested. Large doses of *Stramonium* produce the poisonous symptoms in a very short time. The first symptoms are dryness of the throat and mouth and dilatation of the pupils. However, when still larger doses of this drug are taken, the dryness of the throat becomes more intense, the fauces become reddened and painful, pupils still more dilated, and there is disordered vision and possibly diplopia. The pulse becomes rapid, respiration hurried, restlessness, talkative delirium, skin covered by an erythematous rash and finally stupor, paralysis and collapse. The cerebral symptoms are due to a direct action of the drug upon the brain. The patient becomes giddy and restless; his thoughts become confused and his gait staggering. Occasionally the patient sees spectral illusions. Wild delirium succeeds the above symptoms, accompanied by convulsions, and followed by stupor, muscular relaxation and paralysis.”

THERAPEUTIC GLEANINGS.

In *Eclectic Review* (April), Dr. Jones relates the case of a woman sent to him. "She had a big abdomen like a woman about eight months pregnant. Her doctor had advised pessaries, supporters, etc. Now an operation was the only 'cure for her,' so they said. Upon examination I found an enlarged uterus." Two months of *Fraxinus Am.* 10 drops, three times a day, cured the case and obviated the operation. *Frax. Am.* is one of the "Burnett remedies" (see his *Organ Diseases of Women*) that is well worth knowing.

"In gangrenous conditions *Echinacea* is one of our most efficient remedies. For topical use a compress wet with a 20 to 50 per cent. solution is best, and internally two to ten drop doses are advised. In many cases it will be found a curative agent, and a powerful means of retarding the progress of incurable cases."—*Fyfe*.

"The remedy that has been oftenest indicated in the grippe cases in my neighborhood, the last winter, has been *Gelsemium*. The symptoms very frequently met were 'aching all over,' 'chilly, cold chills running up and down the spine,' later fever comes without much thirst. The ache in the back of the neck is often prominent—restlessness not marked. Under these symptoms a few doses of *Gelsemium* 30th in water will promptly bring the temperature to normal with amelioration of all the other symptoms. After two or three days in bed, the patient will get up without the lingering prostration and depression that marks many cases of grippe."—*Lydice Webster Stokes, Med. Advance*.

"But there is a use for it (*Symphytum*) that you hear but very little about, and that is in the field where medicine comes to the aid of surgery. Five years ago I had a case of fracture of the radius that would not unite; I consulted other physicians, we took the splints off, and we reset the fracture, all to no purpose. So, finally, I thought of the old homœopathic use of *Symphytum*; I put one drachm in four ounces of water and ordered the patient to take one drachm every hour. I used the pure tincture exter-

nally, and much to my surprise the fracture consolidated very rapidly."—*Webb, Jour. Therat. and Diet.*

Dr. J. H. Hess, Chicago (*Jour. A. M. A.*), was criticized by the Health Board for permitting children under his care with whooping cough to go on the street. He argues that much of the severity of the paroxysms is caused by vitiated air, and that outdoors is the place for the patients whenever practical and weather permitting. He also suggests having them tagged, so that all may know what ails them.

Dr. Werley, El Paso (*Med. Record*), contends that the fatal factors in pneumonia are that the patient is not put to bed and kept there early enough, and does not get "half enough water, half enough air, half enough rest, and too much meddlesome medication." "The body will take care of the pneumococcus if we take care of the body."

OBITUARY.

Dr. Herbert C. Bradford.

On January 24th, 1910, Dr. Herbert C. Bradford died at his home on Pine Street, Lewiston, Maine.

Dr. Bradford was the son of Dr. and Mrs. Richmond Bradford and was born in Turner, Me., August 24th, 1833. He was educated at the Lewiston Falls Academy and at Bridgeton, Me. His medical training was obtained at Bowdoin Medical College, where he spent two years, and at the Hahnemann Medical College, of Philadelphia, where he graduated in the Class of 1857. He married Miss Julia M. Fales, of Rockland, in the same year and settled in Lewiston, where he became associated in practice with his father.

Dr. Bradford was a member and a faithful worker in the Pine Street Congregational Church, being one of its first members. He was also active in educational matters, serving for many years on the City School Board.

He leaves one son, Dr. William H. Bradford, a prominent surgeon, practicing in Portland; one sister, Miss Clara F. Bradford, and one daughter, Miss Carrie A. Bradford, who have resided with him since the death of his wife, twenty-five years ago.

Dr. Bradford's straightforwardness and integrity were no less characteristic of him as a man than as a physician, for he was long known to be a most dependable and untiring worker for the interests of the Maine Homœopathic Medical Society, which he served for many years, both in office and as a member. He practiced homœopathy in Lewiston for more than a century, and was widely known as a well-read physician and careful prescriber.

During the last two years of his life, it was our pleasure and good fortune to personally know Dr. Bradford, and that acquaintance was rich in helpful suggestions and ever enlivened by that rare humor so well known to those who knew him.

The ranks of the Old Guard are fast being mustered out. May the future Army of Homœopathy be renewed with that quality of manhood and professional ability which has thus characterized Dr. Bradford. W.

BOOK REVIEWS.

Practice of Osteopathy. Its Practical Application to various Diseases of the Human Body. Illustrated with half-tone engravings. By Chas. H. Murray, A. B., B. D., D. O. 338 pages. Elgin, Ill.

The object of this book, so the author says in his preface, is to enable practitioners of all schools to add, at least, the primary principles of osteopathy to their fund of knowledge and put it in practice if they see occasion. Of the 338 pages, 107 of them are taken up with pictures of "osteopathic technique" which, with text describing that technique, takes up the first 159 pages. After which follow the diseases in their alphabetical order. Now, in the treatment the practitioner is referred to No. so and so of the text describing the half tones, which cover the whole body. Whether this book is orthodox osteopathy or not we do not know. If any one wants a "look in" on osteopathy perhaps this is as good a book as any.

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EDITORIAL BREVITIES.

SIMILLIMUM vs. SIMILIMUM.—Dr. Thos. G. McConkey, of San Francisco, writes a little note to *The Journal A. I. H.*, May, on the spelling of this word, a subject that has been in a state of intermittent dispute for many years. Dr. McConkey sent a manuscript to one of our journals and spelled the word when used in his manuscript "simillimum," but the proofreader changed it to "similimum," which latter form is generally used. The question is, in a manner, officially settled in the supplement of the *Century Dictionary*, just issued, which spells it "simillimum," although in all other forms derived from the root but one "l" is used, as "similitude," "similar," etc.

ANTITOXIN AND MENSTRUATION.—Dr. Collier, Denver, writes (*Journal A. M. A.*, 5-7) that she was surprised, on becoming an interne at the Steele Memorial Hospital for Contagious Diseases, to find that the nurses refused to take immunizing doses of antitoxin. The reason assigned was that the antitoxin caused "profuse clotted menstrual flow which amounted in many cases to a hæmorrhage." She then reports seven cases in each of which the statements of the nurses were verified. Probably the closer the effects of this peculiar remedy are observed the less anxious the observers will be to use it.

AN ADVANCE IN THE PRICE SCALE.—The gentle Christian Scientist is a source of delight to those inclined to look on the humorous side of life. Not many moons ago Mrs. Eddy issued

a statement, which, coming from her, was equivalent to a command, to the effect that Christian Science healers ought to adopt a scale of prices equal to that adopted by "reputable physicians." In consequence, the Boston, New York and Philadelphia unions (if the term be permissible) have advanced their consultation fees to \$3.00 in New York, and \$2.50 in the other two towns. Considering that "mind is all" and matter is nothing but a projection or conception of the mind, this act must be somewhat puzzling to the honest Christian Science layman, as, indeed, it is to the outer barbarian. However, ladies' hats cost much money and "they *must* be the *latest*, my dear!"

AN EPIDEMIC OF GOITRE.—There is an epidemic of goitre in San Pedro, Iron, Sevier and Cache counties, Utah. The State Board of Health found in the town of Monroe "that 80 per cent. of the females and 5 per cent. of the males were affected. Careful investigation, and analysis of the water, reveals no reason for this condition. It is dawning on many that the real cause of epidemics is still a mystery which bacteriology cannot explain. For a time men rested in the belief that the discovery of the microbe explained all. As a matter of fact that discovery explained nothing, for the microbe is ever with us, but epidemics come and go, and the wisest cannot tell how or why they come or go. "London is threatened with an epidemic of cerebrospinal meningitis" is the ominous head-lines of a recent letter. How and why?

CANCER.—Dr. L. D. Rogers, of Chicago, of "Pan-path" fame recently visited London and made special investigation of cancer hospitals while there. From his lecture on the subject (*Pan-path*, April 16) we clip the following as bearing a little on the "Pottie:"

"My attention has been called repeatedly to the fact that it does not seem to be the tumor that kills the patient, but the toxemia that results from the disease. In treating cancer I believe that this is a point that should be kept uppermost in mind, and which heretofore has not been sufficiently emphasized."

"A London physician related to me the case of a patient to whom he gave a single dose of a simple indicated remedy, and

in about six hours after its administration the most profound collapse followed, the temperature dropping to 95. The elimination that took place through the bowels and other emunctuaries was so great as to be scarcely creditable. Other physicians report similar experiences, with the recovery of the patient. I have noted in reading the reports of fatal cases that the patient sometimes died unexpectedly, as if some drug had been taken which acted directly upon the heart. An excessive amount of toxemia accumulating in the system is a rational explanation."

The orthodox purge will not let loose this mass, it seems, it requires the indicated remedy to open the gates.

OFFICIAL FIGURES IN DIPHTHERIA.—Dr. Samuel G. Dixon, Health Commissioner of Pennsylvania, recently lectured before the students of the College of Pharmacy, Philadelphia, and was reported in the daily press. The doctor stated that the Health Board had treated 19,926 cases of "diphtheria" and of these only 1,725 died. He also stated that under the old treatment 10,000 of the cases would have died, which is a very severe reflection on allopathic treatment in the pre-antitoxin day, and is not even remotely true of homœopathic treatment, for under it to-day it is doubtful if even the total of 1,725 would have died. It must be borne in mind that "diphtheria" to-day includes a vast number of cases that would have been simple "sore throat" a few years ago. Dr. Dixon also stated that the average cost to the State for the antitoxin in each case was \$7.00 or, if we figure correctly \$136.092 for this one medicine. Quite a goodly sum, but well spent provided it saved 10,000 lives as Dr. Dixon asserts.

BOILED WATER.—Whenever typhoid is about the health boards issue semi-commands, "boil your drinking water." Nearly every one believes it should be done, but only the earnest ones do it, the others are, perhaps, too lazy. The other day we met a man who, with emphasis, disputed the wisdom of the health men's stock advice. Whether he was right is a problem the reader can solve for himself. This man said that boiled water was dead water; that dead water will rather give one typhoid rather than prevent it; that its taste proves it is unfit to drink. He then went on to name about half a dozen families in his circle who, in a

typhoid epidemic, refused to permit anything in the house but boiled water; each family had one or more cases of the disease develop. All this is reported for what it is worth. We do know, however, that expert tea-men refuse to make tea from any water save that which is freshly boiled, as water that has been boiled too long spoils the tea, they say. So with coffee.

ANAPHYLAXIS.—Dr. F. P. Gay, of Boston, at the meeting of the Congress of American Physicians and Surgeons explained what "anaphylaxis" is. Here is the explanation taken from the *Journal A. M. A.*, May 14:

"The great interest in anaphylaxis lies in its close association to phenomena of increased resistance or immunity, and the question of greatest ultimate interest is the exact relation between anaphylaxis and immunity. The greatest advance in recent years in immunity has been due to the study of conditions of resistance which occur following the injection of harmless protein substances like red blood cells, rather than the studies in immunity to bacteria. It is found also that the greatest advances in knowledge of anaphylaxis have been obtained by studying anaphylaxis to non-toxic proteins. The study of anaphylaxis to non-toxic proteins, such as blood serum and egg-white, has shown us that the processes vary markedly in accordance with the animal species chosen for treatment. In the guinea-pig, anaphylaxis shock, which is produced on the second injection of a given protein substance, would seem to depend on an intracellular reaction between the antigenic serum and sessile precipitins which have been formed in the cells following the first injection. This reaction is accompanied by a disappearance of the reactive alexin (complement) from the blood. In rabbits the intensity of the anaphylactic shock would also seem to run parallel to the formation of precipitins in the circulation. The shock itself is due to separation of some toxic substance from this precipitin reaction as it occurs in the circulating blood, and the effect on the cells is secondary rather than primary, as is the case in guinea-pigs."

There is much more in this lucid style, but those who want more must go to *The Journal*. It seems very learned, but sometimes one wonders if the gentlemen who reel it off really comprehend it themselves.

VACCINATION CONTROVERSY.—Mr. John Pitcairn, one of the country's "captains of industry," takes up two pages in the May issue of the *Ladies' Home Journal* discussing "The Fallacy of Vaccination." Mr. Pitcairn is "President of the Anti-vaccination League of America." The editor announces that in June Dr. Jay Frank Schamberg will write on the subject "What Vaccination Has Really Done." As the *Ladies' Home Journal* has a circulation of over one million copies this discussion will arouse much interest. After reading Mr. Pitcairn's paper one can realize that Dr. Schamberg has work before him. What might be termed the central point of Mr. Pitcairn's paper is that the blood is the life stream and you cannot preserve health or prevent disease by contaminating it.

DEATHS UNDER ANESTHESIA.—Owing to the rapidly increasing number of deaths from anesthesia a committee appointed by the English Government is investigating the matter. In 1866 there were five deaths reported from this cause and in 1908 there were two hundred and thirty-five reported, and these did not represent the total by any means. At present there is no law regulating administration of anesthetics; any can do it. A law regulating the matter seems to be needed, for anesthetics in the hands of an amateur are dangerous.

HYDROPHOBIA.—The London correspondent of the *Journal A. M. A.*, May 14, writes of two soldiers at Gibraltar who were bitten by a dog last September. Some unavoidable delay was experienced in sending them to the Pasteur Institute at Paris, but they finally received the treatment. One died inside of a month and the other some time later, with all the symptoms of hydrophobia. The correspondent makes no comment on the cases beyond stating that the muzzling of dogs is a wise measure. Naturally some will indulge in the futile speculation as to what would have been the result if these men had remained at Gibraltar.

THERE IS A DIFFERENCE.—The *New England Medical Gazette*, May, prints the excellent Presidential Address of Dr. Chas. R. Hunt, delivered at the April meeting of the Massachusetts Homœopathic Society. Dr. Hunt said: "Some professed homœopaths are declaring smilingly that there is practically no dif-

ference between our school and the old school of medicine.' When a professional man says this he, as it were, gives himself away as being a man who does not quite understand what he professes. It is true that the practice of many men of both schools is practically the same, and no liberal man has any kick coming on that score, for it is up to each individual to act by the light he has, but he does object to any one saying that the principles of the two schools are about the same, for as a matter of scientific fact the two schools as to their fundamentals are as opposite as the two poles of the magnet, and it is, as remarked before, perhaps a little inelegantly, a give-away for any one to say they are practically the same. It shows mental confusion, which is not desirable in a physician. Let a man practice what he thinks is best for each case that comes under his care, but for the welfare of science don't say that there is no difference between opposites.

CROWDING OUT THE DOCTOR.—For good or for evil the general doctor is being slowly shouldered out of things. The microbe of a disease is discovered; its "catching" nature proved, or assumed; laws are passed, placards appear, and the official doctor very quietly has taken charge of another class of cases. The wiseacres of the daily press herald this as a thing that is "for the good of the body politic." They do not seem to see that the whole movement is a reflection on the competency of the general practitioner, and an ousting of him from his own field. Just in the ratio that a disease becomes "alarming," just in that ratio does the general practitioner lose it, when he is most needed by the people.

Last month a case of smallpox, or skin disease (mistakes, you know, are made) was discovered in a section of Philadelphia. At four o'clock A. M. an army of police and official doctors threw a cordon around the place for blocks and no one was allowed to leave without being vaccinated. Orders were enforced by burly policemen. The care with which the operations were performed and the physical examinations made, which the general practitioner deems necessary for the good of his patient, may be imagined. The many physicians under whose care those people were had no more to say than the people had themselves.

To be ill of certain diseases (the number increases) is to be-

come a State's prisoner, in many cities, because of the bogeys on which State medicine is founded.

Pardon this addition, but when the last foregoing word was penned a paper loomed up on "the campaign against malaria in Italy," which proved to be too big a straw to ignore. The gist of it is that it is now very strongly urged that the use of quinine as a prophylactic against malaria be made compulsory. When we consider the "beneficence" of official medicine it is amazing to note the dread of falling into its hands that possesses the poor people. The paper states that "extensive experimental" research is being conducted to determine the effects of quinine on human beings. Perhaps this accounts for the fears of the poor.

ONE ILL DOETH SUCCEED ANOTHER.—The authorities, according to a Berlin letter, have ordered the investigation of the Bavarian army to determine whether it, or the soldiers, are not carriers of the germs of cerebrospinal meningitis. Out of 2,763 examined 52 were found to be "carriers" of the disease. The letter states "the germs of this disease settle on the mucous membrane of the throat and may remain there for many months, even more than a year," without producing the disease. This being the case, it looks as if the obvious course of medical science is to now study the disease itself irrespective of these alleged germs. There are typhoid carriers, cerebrospinal meningitis carriers, and carriers, most likely, of the germs of all other germ diseases, who remain in an apparent state of health, so it would seem that the germ in reality is a very small part of the disease and not its primal cause.

WHY NOT ANOTHER WAR?—The country is now spending about as much money every year in its war against tuberculosis as nations used to spend in carrying on wars with each other, but the enemy still holds the fort. Quite a number of physicians of late—Wood, for instance, at the Detroit meeting, and Ball, at Toledo—have said that there is another disease that it would be profitable to fight, namely, gonorrhœa, which is responsible for the majority of the operations on women, to say nothing of blindness and many other things. Sanger, in *Pacific Coast Journal of Homœopathy* (May), is the last to touch on this subject. Here is an abstract of a case he relates: A young girl of six-

teen, very nice and clean looking, came to Hahnemann Hospital, San Francisco. Her thighs, etc., were covered with moist, pedunculated warts and she had a discharge full of gonococci. The point of the case is that the doctor told her she should not get married, but she did, and gave her husband a "dose." They then separated and each again formed a new alliance and so passed the disease along—and, probably, on the side, to several others. "They took it as a matter of course, as most people take an acute rhinitis." Now the *casus belli* here is plain, more so, indeed, than in the case of the tubercle bacillus.

ALKALOIDAL CHEEK.—Replying to the objection that the alkaloid of a plant may not represent the full medicinal power of a plant as used heretofore in a tincture, that some curative virtue may be lost, an alkaloid man writes: "— very well; get them out and let us examine them, try them out, ascertain their actions and uses and apply them intelligently." This request, we respectfully submit, is broad, expansive and gorgeous cheek. The alkaloidal indications for "bryonine," "gelsemine" and the rest of the tribe are lifted bodily from homœopathic text-books. Very, very few provings of the alkaloids have been made, but the promoters of this so-called therapy use the provings made from the tinctures and then insinuate that these are in a manner "adulterated." Then with an expansive cheek they tell the homœopaths to bring out other virtues and "let us try them"—meaning lift them. And then what about the assertion of "The Council" (which is honest if it is arbitrary) that there are "alkaloids" of plants advertised and sold which chemistry knows not nor can discover? There may be such a thing as commercialism growing too—too—

RETURNING.—An Associated Press dispatch from New York begins as follows: "There is, apparently, a well-developed tendency among physicians to abandon many of the compounds put on the market in recent years, and to take up once more the 'roots and herbs' of the old-time doctors as healing agents." The dispatch is based on a paper in the *New York Medical Journal*. This return from a long excursion into the realms of chemical compounds, which was thought to be an advance in the science

of medicine, but was not, is a good thing for the patients and for the doctors. If the returning ones will confine themselves to one drug at a time, restrain their exaggerated dosage, and give the drug on the lines of the effects it will produce on human beings when taken to excess, they will have made a real "step in advance" in the science and art of healing.

AFTER EFFECTS.—The following is taken from *Therapeutic Notes*: "Closely allied to serum sickness is anaphylaxis. This is a condition of hypersensitiveness which may be induced in animals, the guinea-pig for instance, by the injection of blood serum, egg-albumen, or other soluble proteid substances. It is manifested by certain characteristic symptoms, and death may be produced by a second injection of the same substance. The first injection, although producing no symptoms, does so affect the guinea-pig as to make it especially sensitive or susceptible to a second dose. We cannot say very much about the relation between serum sickness and anaphylaxis, since these conditions are so little understood at present, but both are reactions of the system to the injection of a foreign proteid substance. The peculiarity of the former is that it often follows the first injection, whereas anaphylaxis in animals is seen only after a second injection. In animals the first dose may be very small, one-millionth of a gramme of egg-albumen sufficing to sensitize a guinea-pig, while the second injection must be quite large, from four to six cubic centimeters. These subjects are extremely interesting, though not yet fully worked out; we shall probably know much more about them in the near future." Perhaps when they have been thoroughly worked out the profession will advance from serums as it did from bleeding.

THE WHIRLIGIG OF TIME.—Things come and things go, and then they come again and each age thinks itself the wisest. In an old book by that homœopathic dissenter, Dr. William Sharp, F. R. S., the law is laid down that:

"The use of preparations of disgusting substances, such as products of disease, etc., which some homœopaths have attempted to introduce as remedies, are disliked and rejected. It is very true that such things have been greatly resorted to in old times, but their use is very much laid aside, and must not be

again revived. The tendency of an improved system of medicine should be to get rid of the objectionable things which still cling to the old method."

And yet here we are today reading learned papers on the injections of one, two or three hundred millions of "dead bacteria" into the bodies of patients, and of the usual "brilliant" results that forever and forever follow every new medical method, or, as in this instance, the revival of some ancient method. Alone, in medicine, Father Hahnemann's therapeutics stand unchanged from generation to generation. Things medical come and go with each crop of ardent young investigators, but *Aconite*, *Belladonna*, *Bryonia*, *Rhus* and the rest remain unchanged and unchangeable. They are the fixed stars that serenely shine, unheeding the little rockets that fizz upward as though they would reach the empyrean burst, and, behold, the stick comes back—as did the cat.

THE ILLUSTRATION OF THE ACTION OF TRITURATING.—Dr. William Sharpe in his *Review* gave the following illustration of the effect of triturating drugs, which is at once clear and convincing. He writes: "It is well known that mercury, in its ordinary state as quicksilver, has no effect upon the human body beyond what is due to its gravity. In mercury, therefore, we have the type of the inert drugs used by homœopathists; and in this process of the trituration of mercury we have the type of the trituration of all other drugs." He then points out the fact that this action of trituration on mercury was well known to pharmacists and physicians before Hahnemann's time, but none of them thought of it as a rule that could be applied to other drugs.

WHAT THEY SHOULD DO.—"The men of greater opportunities, whether surgeons, internists or specialists, should go more frequently to the State, district and county societies. They should get off their scientific high horses and talk more about the little things of their work—the things that touch the general practitioner in his daily practice—and not always about the big operations, or the procedures and technic to be employed in the difficult and the rare cases."—*Journal A. M. A.*

PERSONAL.

Nearly all the world is on the quest of something for nothing.

A thing "that is true to life" may be almost anything or any shape.

If men ever get to wearing ties to match their hair, what will the bald man do?

What is, exactly, "a natural death?" Would the officials recognize it on a certificate?

"The Roosevelt clamp simplifies gastroenterostomy and enteroanastomosis," says the *Am. Journal of Surgery*. We refer this to Washington.

Imagine a type-written love letter!

"Give reasons for not using clothing, etc., used by other people," is an Examining Board question. "The cash" would be a correct answer.

Some believe in raking the muck, others want it let alone. Whether raked or left it remains muck. Now?

"However carefully you count the fools," thinks *Sourire*, "there is always one you've overlooked."

Borrow money from a pessimist, for it will jar his creed if you repay him.

What is "the artificial life of modern civilization?"

"Sparking a lady patient," Arthur, isn't meant in the youthful sense when used in medicine.

"Four aces" is a very good safety razor.

"What is a septic tank?" asks an examining board. To cite illustrative examples might lead to a libel suit.

A woman fears a mouse and man (usually) fears woman.

Montaigne said it is as hard to live under a free government as under a monarchy.

"It was not I," said Archelaus, "whom he threw water at, but the person he supposed I was."—*Plutarch*.

Doctor: "Good morning, Mr. Schmidt." *Janitor*: "Howdy, Doc."—*Life*.

"It's too much worry to join a Don't Worry Club," said Binks.

The U. S. Treasury Department has ruled that corn plasters are "wearing apparel of wool."

"What kind of a crime does hanging point?"—*Oklahoma Examining Board*.

"Pardon me——" began the polite man. "What for?" broke in the rude man.

Does a fly buzzing in, but not touching the sides of, a closed glass jar add to its weight?

The Congregationalist (honest) remarks, "One of the greatest problems of the church today is to learn how to be decent."

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WHICH WAS FIRST, THE EGG OR THE CHICK?

The United States Public Health and Marine Hospital Service is doing much work in the line of investigating the cause of the spread of the plague in California; or, perhaps, it would be truer to write, the means by which the plague may be spread, for the disease can hardly be said to exist in that State. The reports of what is done are published from time to time in the official weekly, *Public Health Reports*. Without going into details it may be said that it has been found that rats, ground squirrels and fleas are carriers of the plague bacillus. This bacillus has been found on all three of the creatures named, and, while it is not so stated, it is reasonable to infer that all other vermin who may be said to associate with these are also more or less carriers of this dreaded bacillus and others of the bacillus tribe.

The Government, and, for ought we know to the contrary, the City of San Francisco, has been carrying on a war against the rats for a long time. This is a righteous war, and all good citizens will wish them success, but what about the infected fleas, to say nothing of kindred vermin like bugs, lice, flies, etc.? War against them would be a big undertaking, and while the RECORDER would wish success to the warriors, it is of the opinion that in the end the vermin would triumph; that the only ultimately successful war would be one that would reform all mankind, for we do most strenuously hold that filth in its most extended sense is the cause of disease and its "carriers." When mankind becomes clean there will be but little cause for wars against the origin of disease or bacillus. When contagious diseases break out it has always seemed to us that an army of scrub women, washer women and scavengers would do more towards checking it than does vaccinating with the many serums, fumigating and

quarantining. The laws of Moses and the Books of the Prophets contain many commands and exhortations to wash, purify and put away evil doings. Modern medicine has been peering through the microscope at the origin of disease, burning joss sticks and other things in its habitation and putting incantations into the blood to shoo it away, for a long time, but, as all know, about the only successful efforts against it have been those of the sanitarians who in their work follow in a measure the Divine commands.

Scientific men may hoot at this, but then, you know, the scientific gentlemen have often found themselves to be on the wrong side of the fence in the past.

STATE MEDICINE.

By **W. B. Clarke, M. D., Indianapolis.**

Certain medical facts and tendencies of the immediate present demand candid consideration. It is a time of troubled and restless inquiry among the bona fida medical practitioners of the United States, due in great part, first, to the great general distrust of medicine engendered by the rapid increase and enormous vogue of the so-called health cults (often fascinatingly mixed with "religion"), and, second, to the, perhaps, more alarming encroachments of that which, for want of a better name, we may call state medicine, brass buttons medicine. (And the former, the cults, by derationalizing these people, have also made serious inroads upon the long-established churches.)

While the skirts of the homœopathists are clear of both charges—from the first because of our clearer recognition of the sick-making power of drugs as such, our closer and finer characteristic study of *materia medica*, and more scientific use of the minimum dose, as compared with any other branch of the medical profession, and from the second because of our minimum, almost nil, representation in state medicine, we are nevertheless unjustly and proportionately the greatest sufferers.

From the first half of this presentment of duo disturbers has developed a truly formidable movement to abolish, through psychology and psychurgy, the use of drugs as medicines. The fact

that true Homœopathy uses no drugs, but only their potentized spirit power, seems unknown or overlooked by these iconoclastic disbelievers in drugs, and so the innocent not only suffer with the guilty, but more severely than the guilty.

The mere enumeration of some of the sects or branches of the cults which, with such intense religious enthusiasm, advocate complete immunity from and absolute deprivation of medicine for self and family makes an astonishing array of force—millions of people to a few, thousands to others.

While we cannot here attempt to enumerate them all, some may be mentioned: Christian science, the Emmanuel movement, osteopathy, new thought, metaphysical thought, soul cure, faith cure, divine science, spiritual healing, theosophy, Dowieism, Ralstonism, Fletcherism, vegetarianism, psychotherapists, naturopathy, and the variations of the Our Lady of Lourdes, Father Kneipp, millenniumites, Holy Ghosters, Schlatter, and Adam God class, *et id omne genus*.

It is, perhaps, for our purpose now, idle to say of all these that their modicum of benefit is infinitesimal compared with the harm they do, for restless spirits must fly, must have change, and only learn truth by bitter experience, when they hear the terrifying words, "Too late!" And so it must eventually be with these shallow-reasoning victims of incredulity regarding the virtues of true medicines, for when these are administered according to the true and inflexible law of Similia they bear healing on their wings.

To this already long but only partial array of cults that are militating against the maintenance, even survival, of the doctor may be added some that have inherent value of their own, such as physical culture, movement cure, chiropractic, vibration, hydro-pathics, mud baths, mineral spring baths and waters, lights, electricity, and many others that you can readily call to mind, some of which you may believe in and use, but which are also often availed of by other than medical men, and applied without medicine or medical advice.

Decline in Medical Incomes.

The spread of the doctrine of exclusively mental healing by these therapeutic nihilists and the improved sanitary condition of our cities and large towns resulting from the education

of the people along sanitary lines are among the vital causes for the decline in the average of medical incomes. When universities, such as Harvard, establish departments of rational preventive medicine, the general public becomes physically richer and the patient and plodding practicing physician becomes financially poorer, and this, not because people refuse medicine, but because they do not need it.

Medical colleges are consolidating themselves out of existence, with small attendance of students for the survivors, in their "laudable efforts" to "elevate the standard of medical education," and while blowing the whole thing skyhigh, in sheer temporary self-protection, have to maintain student-hunting cappers and ropers-in at all the medical society meetings to a little postpone the date of their own near demise.

Well educated and competent practitioners without financial qualifications are sinking out of sight, living on their children or relatives, or seeking a precarious living in other fields, to which age and fierce competition unfit them, while a few turn advertising "specialists," or in a month become "skillful operators," well versed in the art of urgent insistence on "immediate operation." Even patent medicine, that eventual enhancer of the general practitioner's income, has felt the "cult" and "state medicine" influence, many retiring entirely, others weakly grinding with the water that has passed. Then we have the frequent drug store, purveyors of gin and jim-cracks, with their skillful prescribers always on duty, night and day, always ready to snap up the unattached peripatetics who have accidentally escaped conversion by one of the cults.

When to this incubus is added to our necks the millstone of state medicine it is small wonder that so many deserving medical men go down or need a life preserver. For, as the cults seek to prevent the use of drugs and medicines, state medicine works to order and control their use, and as far as possible restrict most of its use to its own favored few.

As it is true that "we live in a small, bright oasis of knowledge, surrounded on all sides by a vast unexplored region of impenetrable mystery, and from age to age the strenuous labor of successive generations wins a small strip from the desert and pushes forward the boundary of knowledge" (Lord Salisbury),

it is to me impossible that so stupendous a change as I have described and will further describe can have occurred so quickly and so silently if it is to be permanent. The sun may yet be shining, as through a glass darkly, but its full medical effulgence can only be brought out along the line of the application of the principles of true Homœopathy.

The chief boast of the so-called dominant school is that medicine as a practice is without a law and devoid of principles, but our school, despite the other's ridicule, takes just pride that it is firmly grounded on an unassailable law of nature, the law of Similia, and stands for *freedom* and *individualism*. It is the difference between slavery and freedom. And yet we are asked to uncomplainingly occupy the inferior and menial position our slave-driver assigns us to—the tyranny of this medical octopus. But this I have not yet told you of.

Vast Power of State Medicine.

This medical oligarchy, state medicine; this medical inquisition, answerable to no one; this medical priestcraft of political doctors with its modern tendency to paternalism, assumes judicial functions that are absolutely tyrannical, and leaves official injustice, disease and death in the wake of its acts. Fortified by cupidity and upheld by custom, it is rapidly growing in power, and makes tens of thousands of physicians mere unconscious instruments in the furtherance of its designs.

State medicine controls the army and navy, the Government departments and institutions, soldiers' homes and Indian schools, immigration, and a whole raft of government jobs too numerous to mention, the insane and orphan asylums, police and fire departments, prisons, jails, work houses, poor farms, the institutions for epileptics and many for consumptives, water supplies, veterinary appointments, animal and meat inspectors, pure food and drug law work, the general hospitals, coroners, and the so-called boards of health. It is now invading the public schools with its callow medical examiners.

State medicine always has charge of, and in many sections takes entire control of small-pox, scarlatina, measles, diphtheria, tuberculosis, pneumonia, trachoma, croup, and many other diseases, and is insidiously working to officially introduce a full

line of compulsory serum treatments for all. It oracularly tells us that these or some diseases can be prevented or cured by these bogus nosodic specifics, vaccines, serums, et al., and as state medicine generally means *compulsory* medicine, *orders* them used, often over the protest of the practicing physician, whose place they usurp, and who believes differently.

State medicine juggles and falsifies statistics. It "tests" diseases and kills our cattle with immunity (as we see in tuberculosis, vaccinia, foot and mouth disease and other diseases), and ditto for our children (as we see in the many cases of tetanus, blood poisoning, eruptions, erysipelas, acute Bright's disease, etc., following vaccination, and the sudden deaths from antitoxin used as a "preventive"), and makes us ask, "Why this vast increase in tuberculosis and cancer these later years?"

Vaccination an Abracadabra.

State medicine is always ordering and enforcing its superstitious abracadabra, vaccination, in the public schools, with law and without law alike, making eligibility to education therein absolutely incumbent upon the acceptance of this ghastly risk. My only son has thus been driven from the public schools in two states of this "free republic" because I would not allow him to take this risk. State medicine accomplishes this dastardly act through its controlling power over our so-called "health" boards. These, supposedly created by the people, as the *servants* of the people, soon prove to be their *masters*, and usurp, at times, more power than the Legislature itself, and which the Legislature itself would not dare to take or attempt to take. These health boards, in turn, more often do this by their usurped power to compel the school boards to do their dirty work, and to drill the police as their able enforcing assistants, and they strip school children for purposes of nefarious inspections, though all laws for such a procedure have been held unconstitutional by the United States Supreme Court as "never known to the common law in the administration of justice between individuals" (Justice Gray, 141 U. S., 250). And these health boards know as well as I do that vaccination is an unsettled, mooted question in the medical profession, and that its enforcement is a grievous offense against fundamental personal rights.

State medicine causes, spreads, introduces and transfers diseases, its latest great feat along this line being the widespread foot and mouth disease experience of a year ago, which it cost the people, via the National Department of Agriculture, more than \$300,000 to suppress or eradicate, including the slaughter and destruction of thousands of animals, and necessitating the confiscation and destruction of all the vaccine virus in the ———— and ———— plants near Philadelphia and Detroit, proved to have been the original cause of the trouble among the cattle. Other than the spirited discussion of the whole matter in the United States Senate, February 25, 1909, as published in the *Congressional Record*, did state medicine allow the news to be given to the public in the newspapers?

In an article in the *New York Medical Record*, a physician (Dr. W. R. Fisher) previously says: "A glance at the situation will satisfy the most casual observer that throughout our country the feeling of opposition against vaccination is not only widespread in extent, but that it is growing in intensity. Muttering discontentment is rapidly assuming the proportion of open and forcible resistance."

To this I may add that were it not for the general public repugnance and continued open opposition to vaccination it is more than likely that, through state medicine, the whole country would now be passing through the serum injection era—that the school children would have to take, along with their other education, in addition to vaccination against small-pox, a hypodermic dose of antitoxin to prevent diphtheria, the Pasteur treatment to prevent hydrophobia, tuberculin to prevent consumption, or the "Detre test" to reveal it, tetanus serum to prevent lockjaw—in fact, all the germs from Germany, parasites from Paris, microbes from Ireland, cultures from Boston, and a course of dope and bichloride of gold to prevent a possible case of drunkenness.

State medicine is always scheming to pass laws under which it can further operate, some only with "jokers" in them, which often serve their malign purposes well enough, and, if it can't get them, it works by calling into service its three P's, its specious police power pretext, and always works along the *Oliver Twist* line of more public institutions, more money, more places for its obsequious underlings.

A local instance is this newspaper reading recently: "Health board wants \$200,000 for hospitals," and a list of twenty-six health board attaches, one salary of \$2,500 a year, three of \$1,300, one of \$1,200, and so on down to \$75 a month, and another list of twenty-two school medical inspectors, on part time, at \$50 a month, and a signed dispensary contract calling for \$12,000 a year. A pretty fair list for only two branches of a small city, to say nothing of the State health department here, and many other plants that could be mentioned.

American Medical Association.

The American Medical Association, the patron fiend of state medicine, with perhaps 30,000 members, and as many sympathizers, is a political machine of vast power and rigid discipline, and is dominated by a tyrannical clique that has created a medical despotism which Dr. Lydston, of Chicago, publicly styles "the Russianizing of American medicine. One man, an ex-newspaper advertiser, Dr. Simmons, holds the three offices of secretary, general manager and general editor by virtue of a constitution and by-laws drawn up by another advertising man, and the rank and file of the society have been ignored in all their requests."

This powerful rule-or-ruin element, this unscrupulous ring, which is exploiting the unwitting profession, seeks to bring about a centralization of its power by "the so-called ethical control of the opinions and utterances of its devotees, the suppression of the wholesome correctives of criticism and argument, and the establishment of a spurious authority in matters where authority has no legitimate place." (*Medical Brief.*)

This society has the power to ruin almost any doctor in the land of any school, and has done the job for many—in its usually ethical way, or by revocation of license, if it must—for it has the bread-and-butter clinch on all. When the Association succeeds in its latest ambition to create a national health department, with its head a member of the President's Cabinet, we will all have to walk a narrower plank than the one we use now, for as United States Senator Gore said at the last Jackson Day banquet, "Long use of power leads inevitably to the abuse of power."

One surgical society under its wing seeks to make compulsory

the operation for appendicitis, another wants to emasculate all confined criminals, and another wishes to make compulsory a physical examination of all candidates for marriage. A Nebraska law requires indigent consumptives to submit to the serum treatment, and the Oklahoma State Board of Medical Examiners forbids a physician practicing if he has or has had tuberculosis. The latest scheme is the attempt to deprive physicians of their right to dispense their own medicines. No wonder the people are rebelling, if the doctors are not!

Separate State Licenses.

Why should we have separate examinations and licenses throughout the United States? It is a loose confederacy system, rather than that of a nation. Any one who has succeeded in securing a license in an Eastern State (as I have in one) will know that he has had a hard time. To very many it would be an impossible feat to scale this gigantic Chinese wall, so severe are the requirements. An ex-president of our national society, who has had to represent a railroad enterprise in several States, says his cheapest license cost him \$70.35, and that to get one in all the States would cost \$3,220—a reversal of the old system of bleeding—bleeding the doctors instead of the patients—and for the benefit of other state medicine place-holding doctors.

If a man is a good blacksmith in Indiana he can be one in New York, but if a doctor in Indiana the chances are that he couldn't be more than a poor blacksmith in New York, Pennsylvania, Massachusetts, California and many other States.

The claim that such a law, such an instrument of oppression, "protects the public" is a fraud. It is the home doctors and the State medicine place-holding doctors that are protected, while all others are restricted. One says, "*I* am fit, but *you* are not!" It is a slam on the medical colleges, too, notwithstanding the high educational standard now in vogue, that their diplomas "cut no ice" (except for "influential" reasons), and that of graduates from the same class in college some are doctors and some are—nothing, or cross-road doctors for life.

At the present time our school has but one consulting representative (Dr. Cowperthwaite) in the great Cook County Hospital, Chicago; so rigid or "exclusive" have the "examinations" been,

made recently that no one has the temerity to attempt to run the gauntlet.

Hospital and School Charity.

The vast increase in hospitals, with the lavish abuse of medical charity, is another reason for the poverty of the average or independently inclined doctor. As it is in Germany, so it is here; and in Vienna, in 1908, there were treated in nine hospitals 750,000 patients out a population of a little more than 2,000,000. We hear of the ambulance chasing lawyer, why not of the ambulance chasing or hospital walking doctor, who is thereby drumming up business or advertising, driven by the la wof self-preservation to do it? Perhaps I personally do not have the right kind of grip for wire-pulling, and do not possess a good log-rolling cant-hook, but I know I don't like the modus operandi of some of these medical operations.

That the new country-wide plan of school medical officers is a business drumming scheme, operating against the welfare of the general practitioner, you can see from this extract from a letter in the *British Medical Journal*, February 26, 1910: "These school medical officers, through their knowledge of the children's health, are often sent for by the parents as the most suitable men when their children are ill." Twenty-two of these have recently been appointed in this city. Does the general practitioner like it? And doesn't the proper medical society wire puller have the say as to the "appointment?"

It is the spectacle maker's harvest, and a sad spectacle it is to see the big four-eyed or goggle-eyed little children peaking their wary way about the streets, deprived of joyousness and proper exercise.

While this is the sordid side, there is a tragical side, the instances where the blood poisoning fetiches have been enforced, and where other operations are ordered, both of which, in many instances I could quote, have resulted fatally.

While there are a few small grains of wholesome meal in this mass of school medical inspection chaff, the whole contains too much professional leaven. For the school age is, statistically, the healthiest age of childhood, the most immune to disease, if left alone. (I believe "immune" is a good health board word.) And the children's parents would naturally be supposed to be the ones

most interested in the physical welfare of their children, and to be competent enough to select their medical advisers.

The Vaccination Inquirer and Health Review, London, April, 1910, says of these officers: "Any little good they may accomplish will be in spite of and not because of their medical attainments, and it is bound to be outweighed by the evils they will produce in other directions, such as insistence upon unnecessary surgical operations, or the recommendation of questionable methods of medical treatment, based on wrong diagnoses."

While the tendencies we have spoken of, and the skillfully officially-worked-up smallpox, diphtheria and tuberculosis scares do not belong to or originate with the rank-and-file of the profession, but to this small but powerful rule-or-ruin element in high places, which the general profession must obey, they are the primal cause of the growing distrust of medical priestcraft, doctors and all medicines which we have just considered and portrayed.

The reform should come from within, and not be forced by the outside public. We want no Commune upheavals, but will have them soon if reform does not occur, just as happened in Germany, where (as I quote from the *Medical Brief* of a year or so ago) "the physicians gradually secured very restrictive medical laws, and became arrogant in their demands for further privileges, whereupon the people arose in vehement protest and wiped from the statute books all laws of every description protecting the practice of medicine."

Only Hope for Relief is Through Homœopathy.

In the correction or overcoming of this profession-destroying cult or no-medicine belief, and of the abuses of State medicine, the only hope is through the Homœopathic branch, of the profession, for the Allopathic branch, the State medicine branch, is to blame for and the cause of this erratic and demoralizing swing of the pendulum. It is a glorious opportunity for Homœopathy to get into the limelight before the public and properly and descriptively present its Similar spirit-power message to the world, and its abhorrence of blood-poisoning inoculations, extend our sympathy to the oppressed ones, and help them arise in their might to overthrow our joint oppressors or bring them back to Nature's paths.

To those of you who *must* have vaccination, I say, Give o'er the crude State medicine brand and adopt the far more scientific Homœopathic use of the agent Variolinum (but not Vaccinum), remembering the words of the Father of Homœopathy, Dr. Constantine Hering, 30 years ago, regarding the other, the State Medicine kind, viz.: "Vaccination is a poisoning of the blood!"

My whole paper may be the lay of the croaker, the last minstrel, or the dying swan, just as each of you may feel, and my estimate of the cause and remedy for the condition (which you know exists) may be defective. The great subject is now before you as completely as the short time allotted to me will allow. Do with it as you will.

William Crookes, of the Academy of Science, of the Royal Society, London, recently said: "To know a truth and not spread it abroad is an act of lese humanity." In this case it is as Heine says: "We do not take possession of our ideas, but are possessed by them; they master us, and force us into the arena, where, like gladiators, we must fight for them."

In conclusion: Justice Brewer, of the United States Supreme Court, but a few months before his recent death declared: "I am a firm believer in the largest possible measure of freedom for the individual. He must be permitted to have the widest scope of action in carrying out his own life. There must be no stifling of effort, no checking of initiative."

And of the medical slavery of which I have spoken we may quote the immortal Lincoln's allusion to physical slavery in his great "Lost Speech," the speech that made him the only logical candidate for the Presidency, a nomination made May 18, just 50 years ago this very day: "It is a violation of the eternal right. We may have temporized with it from the necessities of our condition, but, as sure as God reigns and school children read, that black, foul lie can never be consecrated into God's hallowed truth."

Byron says: "Who would be free, themselves must strike the blow."

And so of this essentially human quality of freedom we can say, with John Hay:

"For always in thine eyes, O Liberty!

Shines that high light whereby the world is saved;

And though thou slay us, we will trust in thee!"

GENERAL "CUSSEDNESS."*

By W. E. Reily, M. D., Fulton, Mo.

This title may be a little strange and peculiar, appearing as it does under this bureau, but as viewed by one who has had various and sundry experiences with the cause of education and legislation both on and off of this committee we are inclined to think it strictly apropos here and now.

We as Homœopaths are very much inclined to apply such epithets to our friends, the enemy across the way, who have from time immemorial thought it the larger part of their Christian duty to swell, and grow, and appropriate, and accumulate to themselves all medical prerogatives and eliminate and obliterate as far and as fast as possible everything Homœopathic.

But—poor little homœopaths—we have fought a good fight—as long as we fought the greed and avarice of the dominant school—and we have commanded the respect of even our bitterest enemies—when we were harmonious and not fighting one another. We have built up Homœopathy, its cause and its institutions, and—we have then proceeded to demolish our own handiwork.

Query: What are you doing today to advance the interests of Homœopathy? Are you doing *anything* beyond reaping the benefits and emoluments of a practice which depends for its very success upon the truth of the Homœopathic law?

Most of you are enjoying far better than an average practice for the community in which you live and some of you have even more than you can do, but are you spending one moment of time or one cent of money in order that the principles taught you and practiced by you may be perpetuated?

Are you spending one single little thought on the possible result of the establishment of a national secretary of health in order that the mighty octopus whom we look upon with dread and inveigh against with fear and trembling may have a duly legalized and authorized head?

Have you ever thought what it means to our school when one

*A paper read before the Missouri and Kansas Homœopathic Societies, May 19, 1910.

old and honored school and two of our best hospitals have been wrenched from our control practically in a single breath and without a struggle.

Can you stand acquitted at the bar of judgment when the time comes when we must all stand up and give an account of our stewardship? Have you done what you could to furnish students for these colleges in order that the field of their usefulness might be enlarged and the crying need for more Homœopathic physicians be satisfied?

Are you afraid to stand four square as a Homœopath in the presence of your influential patrons and use whatever influence you may have with them for the advancement of our cause in every way possible?

How much have you spent, in all the years of your Homœopathic practice, for the propagandism of Homœopathy? And what was the measure of that "Grouch" you put up when somebody wrote you or asked you to help do something for the advancement of our cause?

We have written letters and you neglected to even answer them. We have appealed to you and you said: "Oh! what's the use of me spending any time or money on this proposition for somebody else to reap the benefits?"

What account can you give for your poor little selfish stingy souls?

Suppose you were paid as grudgingly as you pay? You cannot expect to reap the benefits of good government without paying your share toward its expense. Your safety and security in your rights and property depend on the soundness of the government, and no government ever tried to run without revenue and loyal citizenship. Neither can we expect to exist much longer without more loyalty to the cause we espouse and better support both morally and financially of its institutions.

What we need is honest, manly men and noble women, sun-crowned and high-minded, whose souls are not cramped and whose view of life extends beyond their own little petty personal interests to where the golden fields of opportunity lie ripe for the harvest. Men and women who are willing to live for the mutual welfare of mankind and sacrifice something in order to make their lives of more than selfish benefit.

We have prospered in times past. We have had two colleges and several hospitals, but where are they now? We have had political prestige and controlled an insane hospital, but where is it now? We have worked together as one man for a common cause and with an eye single to the advancement of the cause we loved, but how about it now?

Why is it that with more Homœopathic physicians in this State than ever before we are doing less for Homœopathy than ever before?

Is it necessary that such a condition should exist? Can you find any better name for it than the one suggested by the title of this paper?

If you would accomplish something select the best man you have for a leader and follow where he leads. If you expect results you must render unwavering support to your committees and officers.

Select men for your officers who are most eminently qualified for the work in hand. Select men for your committees who will sacrifice the time and energy to attend to the work in hand and, wherever possible, men who have had experience in the work you expect them to do.

Remember that the possibilities for good reach beyond the possibilities for personal benefit to the individual. Before our generation was another generation and before that another, and so on back. Suppose they had adopted the same general rule of conduct that we are running by here and now? What would be our condition? But for the self-sacrificing devotion to the cause they espoused, there would be no school of Homœopathy today. But for their untiring zeal and the burdens that they bore unflinchingly for the sake of truth we could not enjoy even the small measure of tolerance that we do.

Shall we continue to wreck the common interest of Homœopathy on account of some little personal consideration. Shall we continue to get mad and say things and do things to hinder the march of progress because some other man was preferred when we thought we should have had the place?

The time is ripe and now is when we *must* get down to business and put our little grouch on the shelf, yea, even, I would say put it away in moth balls, for we hope it will be a long time

before it is ever brought forth again. This is a democratic convention, so let's be governed by the will of the majority. Do what you can to get your man selected for the position of leader, but if the majority is against you be game and don't kick.

There is no better way to kill an unfit man than to let him try it; so if you are right and the other fellow wrong this time, he will find out from experience what you already know.

This is a campaign year and we have a very desirable condition in this State. Let's use it. Let's have a good, strong committee on education and legislation, and then let's do what they find for us to do and help them in every way possible. Let's take up the work laid out for us by the council of the American Institute of Homœopathy and work in perfect harmony with them. Let's all get in the traces and pull together once more and just see what will happen. Say, now, are you a member of the American Institute? If not, why not? Do you know that it is all we have between us and the supreme domination of the American Medical Association?

Quit kicking and go to boosting. Quit knocking and go to rooting. Quit "cussin'" and go to complimenting. Quit your meanness and give the other fellow an opportunity to quit his.

There is only one road to success and that lies straight ahead. There is only one way to succeed and that by concerted action. There is only one hope of success and that is in common consent.

Selected with care and made up of men who are able and willing to do and to dare, your committee on education and legislation will be just what you choose to make it. If you give them proper support, answer their correspondence, use your influence locally under their general direction and back them as you should they will accomplish much. But, on the other hand, if you neglect to do these things they can accomplish nothing.

Are you guilty of this General "Cussedness?" If so shake off your lethargy, quit looking through green goggles at everything that doesn't primarily involve your personal interests and get busy.

If we would accomplish anything, now is the time to do it. If we would advance the interests of our school, now is the time to strike. If we would even survive as a school we must get busy here and now and support its every institution.

(It is possible that Dr. Reily's blunt talk may be read with advantage outside of Missouri. Back up your State Society! —EDITOR OF THE HOMŒOPATHIC RECORDER.)

DR. H. C. ALLEN ON NOSODES.

Dr. John Hutchinson, of New York, in rummaging through some of his old correspondence came across the following letter from Dr. H. C. Allen, which he kindly permits us to print. We believe it will be of genuine interest to every homœopathic physician.

* * * *

The Medical Advance,
5142 Washington Avenue.

Chicago, August 16, 1907.

Dear Dr. Hutchinson:

A rush of college business, with its numerous and embarrassing complications, have kept me busy since I saw you at Jamestown, but I hope next week to get at the work again and hasten it to the printer.

For the last twenty-five or thirty years I have used these remedies extensively, and many times without a pathogenesis when I was in extremis. The more I use these remedies the more I feel my utter inability to cure many obstinate cases without them.

Here is an instance: A doctor from San Diego came into my office yesterday on his way East. He graduated in the University of Michigan, when I was teaching there twenty-five years ago, and I had not seen him since commencement day. He has been a pretty good student, and a single remedy man, but knows little or nothing of the *Nosodes*, and has rarely ever used them. His limit is about the 200th and from that down to the 3x embraces his range in practice. Now he has retired, a chronic invalid. He has suffered for twenty years with a peculiar painless diarrhœa that comes on fifteen or twenty minutes after eating his dinner at mid-day; profuse, gushing, watery, offensive, exhausting, borborygmus; emaciation. Craves fruits which disagree; craves meat and sugar which also disagree. Has been treated by _____ and several of the best homœopaths on the Pacific coast without any result. His family history is very

free from malignant diseases. I gave him a *Nosode* and await results. In my opinion it is the only remedy that will cure him. Has had *Aloe*, *Nux. Sul.*, *Gamb.*, *Crot.*, etc., etc., no >.

This question of heredity, studied in the light of Hahnemann's chronic miasms, is a vast one, and today probably unknown or unused by nine-tenths of our homœopathic physicians. Our colleges do not pay any special attention to Hahnemann's Chronic Diseases, and very little to the *Organon*, and here in its widest significance, and its greatest power to cure the ills of human kind, is a field almost wholly neglected, or at least cultivated very little.

There is another question which you ask, and the *Nosodes* probably will solve it: their use in incurable cases, as tuberculinum in the last stages of phthisis. You can give them with wonderful results, when apparently the best selected remedy simply leaves you in the lurch or makes a bad matter worse. Best remedies we have in Euthanasia, by far.

In the case reported, after improvement under the 10M, if the symptoms remain the same, I repeat the remedy, same potency, in frequent doses for a day or two, and then, if improvement continue, give a higher potency. I have cured many so-called incurable cases in that way.

I am going to do my best to make this volume a working materia medica, for those who will use it: but I am painfully conscious that it will be subject to much criticism, and the better I make it the more severely it will be criticised; that is the way of the world.

Faithfully yours,

(Signed) H. C. ALLEN.

Dr. John Hutchinson,
78 East Fifty-fifth St.,
New York, N. Y.

THIOSINAMINE IN THE TREATMENT OF TINNITUS AURIUM.

By Alfred M. Moore, M. D., Brighton, Colorado.

The treatment of tinnitus aurium has long been so unsatisfactory that the rule to make no promises has been fixed among men who have had any experience with that distressing condition. I

have made many attempts to give relief to those applying with the various noises in their ears, but not until I began the use of *Thiosinamine* was I able to get any result whatever in the cases of long standing. My attention was directed to this drug by an article published in *Practical Medicine*, page 304, issue of 1906, since which time I have been gratified with the results in the treatment of chronic catarrh of the middle ear with or without the tinnitus. However, the greatest result is in cases with the noises which are so annoying; that is, the patient expresses such satisfaction from the relief and also the improvement in hearing. The article referred to is credited to Dr. McCulloch and his findings are stated as follows: (1) That it exerts a marked beneficial action on ear disease accompanied by the formation of new connective tissue; (2) that this beneficial action is due to an increased pliability of this tissue; (3) that its administration should always be accompanied by mechanical measures; (4) that better and more prompt results may be obtained in recent cases; (5) that it exerts a beneficial action on vertigo; (6) that better results may be obtained with it in the relief of tinnitus aurium than with any drug used heretofore.

I have verified the above, and in some cases, without the mechanical means for vibrating the membrana tympani, rapid relief has followed its administration. I looked up the literature on this drug, but found practically nothing. Squibb gives its dosage as $\frac{1}{2}$ to $1\frac{1}{2}$ grains three times daily by the mouth. However, I have found that even $\frac{1}{2}$ grain doses produce undesirable symptoms in some individuals, such as nausea, vomiting, pains in the head, and general muscular twitchings; but the general statement is that the head is cleared of the fullness and tinnitus, the mucous membrane of the upper respiratory tract being affected beneficially by lessening the secretions, producing a dryness, etc. And I believe that by triturating this remedy to remove it from the crude effects and giving it in the divided dosage, which would doubtless increase the curative effects, we will have found a remedy which will benefit a larger percentage of cases of middle-ear diseases, with or without tinnitus, than any heretofore used.

May 20th, 1910.

(Messrs. Boericke & Tafel have triturated this drug—1X to 3X.—EDITOR OF THE HOMŒOPATHIC RECORDER.)

A QUERY AND A CHALLENGE.

Editor of the HOMŒOPATHIC RECORDER:

A student's reply in a quiz, and his written answers in an examination, are indices to his knowledge on the subject on which he is examined. Not only this; his replies indicate, to a very great extent, the clearness and thoroughness of his teacher or preceptor. 'Tis true, some minds are so dull of comprehension that with all teaching possible their examinations will be far below par.

In a medical college the examinations and quizzes should give the keynote of the real things taught in that college. If the college has a point, if it has a theory, or a determination, if it has a practice it proposes to inculcate; such things should be brought out with one or the other examinations held during the senior year.

In a Homœopathic college, every student should know clearly and without question the meaning of Homœopathy. He should be able to define and exemplify the immutable law of similars. If, in the course of his college career, this is omitted or he fails to grasp the central idea, such a student will be a detriment to the college that has given him his diploma.

A student without a purpose is worse than no student at all. A practitioner of medicine going out into the world to heal the sick, without a conception or knowledge of the laws of cure, is a disgrace to the profession. Because of these things, it was the writer's purpose to impress upon his students a thorough knowledge of the leading factors of Homœopathy. After considerable thought on the things that pertain to Homœopathy, a quiz was held to ascertain how much the students had absorbed. This quiz was in a measure satisfactory; an examination was then held to learn with what clearness the students could put their thoughts in writing. As they were all students in a Homœopathic College, and it was my good privilege to teach them Homœopathy as well as *Materia Medica*. I put this question in the final examination:

"Define and exemplify the law of similars?"

The answers to this question were both amusing and amazing. Some were very good and clear, others showed a lack of a clear

conception of the meaning of the question. There was one answer, however, which impressed me so intensely that I here-with give it to the public :

“The law of similars is not a THEORY of cure, nor is it a method by which disease MAY be cured. It is by the application of this law that disease IS cured.”

“This law applies not only to therapeutics, but to the entire scope of medicine. Disease itself is a reaction, so it must be cured by a reaction. The only way in which the system can show a diseased condition is by expressing that condition in symptoms. These symptoms represent the reaction of the system against the disease, plus the expression of the individuality of the patient. To meet disease, therefore, and in accordance with the former premise that disease must be cured with a reaction, the only rational and scientific procedure is to cause the system to react against the symptoms it shows, which are the protest against the disease. It is obvious that this procedure cannot be successfully executed by *toxic* doses, nor by a remedy that is CONTRARY to the condition. For when a remedy is applied according to the law of contraries the result is *the action of the drug*, and if disease, a reaction, is cured by a reaction, which is in accordance with the law of similars, by what right do we give a toxic dose, or a remedy that is contrary, producing only an action, leaving the reaction to take care of itself?

“To cure, then, a disease, which is a reaction, by a reaction, we must cause the system to react against its diseased condition. Since the system expresses itself against a disease by means of symptoms, we must cause the system to react against these symptoms. And to do this, we select that remedy which produces similar symptoms in the healthy individual. When the symptoms as represented by the patient, and symptoms as represented by a remedy, are fit together, and are found to be similar, the remedy is applied, with the result that the patient reacts against these symptoms, or in an opposite direction to his diseased condition, AND THERE IS HEALTH.”

“R. C. D.”

The student has, in answering the question, asked a very important one in turn. This question is hereby submitted to the profession for an answer :

"If disease, a reaction, is cured by a reaction, which is in accordance with the law of similars, by what right do we give a toxic dose, or a remedy that is contrary, producing only an action, leaving the reaction to take care of itself?"

The question is doubtless intended for the homœopath (?) who gives toxic doses of *Aspirine*, etc., and for the allopath who prescribes on the law of contraries.

At all events—here is the challenge—answer the question: By what law are toxic doses given in disease, or why practice the law of contraries if the law of Similars is a correct law?

G. E. DIENST,

Prof. Materia Medica, Hahnemann College, Chicago.

DOWN AT CAPE MAY.

The New Jersey State Society.

Down at the southernmost point of New Jersey, Cape May, in the palatial steel, stone and brick Hotel Cape May, the homœopaths of that State met June 23 and 24 in their Fifty-Seventh Annual Session. The setting was all that could be desired, a large, cool, well-lighted and carpeted hall in the hotel, where members could come and go without disturbing the speakers and where eating, drinking and entertainment were all under one roof.

The meeting was fairly well attended, though the Specialists were in a big majority, the materia medica chairman having sent word that he could not get any papers. But if the meeting was shy on materia medica and Homœopathy it was well favored with many really excellent and original papers on the many other branches of medicine and surgery.

This is the day of the specialists, not only as was shown in this meeting, but as may be heard on all sides by the man who keeps his eyes and ears open. Everywhere you hear scraps of conversation running like this, "Yes I called in" or "I consulted Doctor So and So, who, you know, is an eminent specialist on" — whatever the disease happened to be. It is coming to be, as Dr. Lincoln Phillips put it at the meeting of the Ohio and Michigan Societies last year, "the principal function of the plain

doctor is to answer to 'Doctor, do you know of a good specialist?' " A man will not lose his reputation as a prophet who foretells that the day of specialism is nearing its high-noon and this for several reasons. The old specialist arrived at his position after a long schooling in all-round practice, but now the specialist springs fully equipped from his college and the result will be an uncomfortable crowding soon. Furthermore, if it ever becomes fashionable among the people (as may happen any year) to look to "constitutional treatment" for their ills and it becomes no longer the "proper thing" to boast of having undergone "an operation," medical matters may undergo a change. If a school of doctors on the lines of Burnett ever springs up there will be many rusty instruments about. Specialists are, and always will be, needed, and many of them, but it would seem that the part of wisdom for the recent graduate would be to devote a reasonable period to acquiring the invaluable experience of a general practice before coming out as a specialist. All this is not a rap at any person, or any body of persons, but merely the opinion of an old looker-on in the medical Vienna, where fashion flirts with science quite frequently.

The elections of our New Jersey brethren are things of beauty, as they move up the officers (barring secretary and treasurer) and add one new one each year. Thus the first vice-president of last year, Dr. C. H. Wintsch, of Newark, was elected President, while Dr. A. W. Atkinson, of Trenton, and Dr. F. P. Ekins, of Paterson, were moved up to the office of First and Second Vice-Presidents respectively and Dr. W. H. Phillips, of Cape May, was elected to the office of Third Vice-President. Secretary, Alfred Drury, Paterson; Corresponding Secretary, Dr. C. F. Hadly, Camden; and Treasurer, Dr. L. E. Hetrick, Asbury Park, were re-elected. There was only one candidate named for each office and Secretary Drury "cast the vote," which, let us hope, he did with due formality all by himself.

Dr. V. A. H. Cornell, Trenton, made a verbal report on legislative matters, this, in short, was that they got their bill through both houses but Governor Fort vetoed it. Drs. Cornell and Atkinson both stated that the Governor was an osteopath, employing no other treatment. What with lecturing the lawmakers, flouting the wishes of the medical profession, trying to "re-

form" Atlantic City, and several other things it looks as if the Governor was bent on a short but merry political life.

Among the papers that especially attracted the reporters' attention was one by Dr. A. W. Atkinson, Trenton, on Dystocia, which, on being translated into our tongue means "difficult labor." The essayist maintained that 95 per cent. of such cases are avoidable if the woman will obey orders (and, of course, the physician knows what to do). He claimed that over-eating, corsets and lack of exercise plays a large part in dystocia. He dwelt at some length on the desirability of the woman taking exercise, such as domestic duties that do not involve too severe a strain. Any one who has to undergo a severe physical strain does not bind up his muscles (corsets) or let them become flabby by lack of use; a pregnant woman has a severe physical strain ahead of her and should keep in training, so to speak.

Incidentally, Dr. Atkinson mentioned a fact worth knowing, namely, that if the urine of any one who has been eating maple sugar is examined it will show sugar in the urine in a manner to alarm the physician.

In discussing Dr. Barrett's paper on Eclampsia one member, whose name we failed to catch, said that *Cuprum ars.* 3x was a good remedy to ward off the convulsions where they are to be feared.

In closing, a vote of thanks was tendered to the retiring president, Dr. Lee E. Griscom, Camden. One member paid the retiring officer the compliment of saying that Dr. Griscom had made the president's office prominent and not his own personality. The members also did what sometimes could not be done at medical meetings, *i. e.*, they passed a vote of thanks to the Hotel Cape May. There have been hotels we know of that could not have received such a vote.

All told the meeting was harmonious, interesting and profitable and the men pleasant ones to meet.

E. P. A.

CONCERNING REPERTORIES.

If now you will pardon a few words of personal testimony from one who, though wishing still to be regarded as a young man, yet

has his third of a century of practice behind him, I will say that to these I have mentioned (Bœnninghausen and Kent), and to the special repertories like Allen's "Therapeutics of Fevers," Lee and Clark's "Cough and Expectoration," Bell's "Therapeutics of Diarrhœa," Morgan's "Repertory of the Urinary Organs," Lutze's "Facial and Sciatica Neuralgias," King's "Headaches," and some others, my own debt is so great that it is with no small compunction of conscience that I am now reminded how late I have been in making due acknowledgment.

More than to any other circumstance, I think my early espousal of repertories for whatever professional success I have had, for what familiarity with *materia medica* I have acquired, and, finally for this, that as age and experience have increased I have not learned to expect less of our medicines, but more. And this preservation of faith has not been purchased, either, by shutting the eyes to my many failures or to the numerous errors and deficiencies of our recorded drug provings. Who, indeed, should know so well the faults of the *materia medica* and its repertories as those who make most use of them? And, on the other hand, none *can* know so well how good a fruitage they are of the heroic toil through which they have been produced.

Yet it is with repertories as with all other tools, however well adapted they may be to the work for which they are designed, the first wielding of them can hardly be expected to yield the finest results of which they are capable. With tools of any complexity of mechanism there usually come instructions for use which it is the would-be user's part of wisdom carefully to read. So with the repertory, which is far from simple in what is required for its best employment: it has its rules for use, which appear as preface or introduction to the volume. In the case of some, no small education in the groundwork of Homœopathy is provided for in such prefaces. Notably is this done in the first thirty-nine pages of Allen's "Therapeutics of Fevers" and in the first half dozen pages of Bœnninghausen's "Characteristics and Repertory" (translated, brought up to date by additions and published by Dr. C. M. Boger in 1905). Few there can be among us who in an equal length of time could do more to increase their value to the sick than to read these two introductions once a month for the rest of their professional lives, for therein are condensed very much of

the philosophy of Homœopathy as well as much incitement to the mixing of brains with the use of repertories.

Who will gainsay that if all that Hahnemann brought us of wisdom in the healing art is not destined to perish out of the minds of men it will be only by reason of the timely turning of our medical body to faithful discipleship, and, in our medical schools, to the teaching of the transcendent value of precision in prescribing and the use of repertories as an indispensable means thereto?—*Dr. A. H. Tompkins, Jamaica Plains, Mass., New England Medical Gazette.*

ANTITOXIN COMPARED WITH HOMŒOPATHY.

That we might know just what the treatment of diphtheria by antitoxin has done in our State, I tried, through the State Board of Health and Bureau of Vital Statistics, to obtain the total number of cases of diphtheria reported to the Board of Health each year since 1892, but found that they did not have them tabulated and that it would require so much work that it could not be done, but they did send me the number of deaths from diphtheria each year, and the death rate. Antitoxin was used but little in this country until 1895, and in December of that year the State Board of Health sent out a circular letter to physicians strongly urging its use, and while it was used to a certain extent in the year 1896, still the total number of deaths from diphtheria were thirty-five more this year than in the year 1894, when antitoxin was not used. Consequently I have grouped this year of 1896 with those where it was not in use. In the years from 1892 to 1896, inclusive, there were 874 deaths from this disease in the State, an average of 175 each year, with an average death rate of 2.59. For the next four years, from 1897 to 1900, inclusive, when antitoxin was in very general use, the total number of deaths was 823, an average of 206 per year, as against 175 for the five years before antitoxin was used, while the death rate was 2.99 instead of 2.59. There was no marked change in the death rate until the year 1901, where it decreased till the close of 1907, the last year available. In these seven years there were 870 deaths, an average of 123 a year, with a rate of 1.75. Now I cannot believe this reduction is all due to antitoxin, because if it were, it should have been

noticed several years earlier. Another reason is that either from good luck or better care in preventing the spread of the disease, there has been a marked decrease in the total number of cases in the State, and consequently decreased number of deaths.. My reason for this is that during the last three years 36 physicians from all over the State report a total of only 125 cases, while three years ago 44 physicians reported for the three previous years a total of 319. Now to compare the two periods we find that in the five years prior to the use of antitoxin there averaged to be 175 deaths per year, with a death rate of 2.59, while in the eleven years since, that is, from 1897 to 1907, inclusive, the average number of deaths is 165, just ten less per year, with an average death rate of 2.37, and this with a marked decrease in the total number of cases during the last few years of this later period and consequently fewer deaths. I fail to see any wonderful claims for antitoxin in these figures. But now to compare the cases reported by members of this society for the last three years under the two forms of treatment. As I said before, the whole number of cases is much smaller, but the death rate is much higher under both modes of treatment than it was for the three years previous. For the last three years there were only 34 cases reported as treated with homœopathic remedies alone, with four deaths, or a death rate of 11.76 per cent., while there were 81 cases reported as treated with antitoxin and our remedies, with eight deaths, or a rate of 9.88 per cent., or an advantage of 1.88 in favor of the combined treatment. While in the three years before this period and previously reported, there were 114 cases treated with our remedies, and eight deaths, or a rate of 7.02 per cent., while under the combined treatment were reported 205 cases, with sixteen deaths, or a rate of 7.80 per cent. For the last six years there have been reported 148 cases treated with our remedies alone, with 12 deaths, or a death rate of 8.11 per cent., while for the same period there were reported 286 cases under the combined treatment, with 24 deaths, or a rate of 8.39 per cent., an advantage of 28 per cent. in favor of straight homœopathic treatment. If we still add to these figures the 383 cases treated with our remedies and reported previous to the last six years, with ten deaths, or a rate of 2.61 per cent., and the 76 cases under the combined treatment, with one death, or a rate of 1.32

per cent., we shall have a grand total of 531 cases treated with our remedies alone, with 22 deaths, that is, with a rate of 4.14 per cent., and a total of 362 cases under the combined treatment, with 2 deaths, or a rate of 6.92 per cent., which shows a rate of 2.78 per cent. in favor of our remedies.—*Dr. E. S. Abbott, Bridgton, Me., in New England Medical Gazette.*

AN EXCURSION INTO THE PAST.

The *American Journal of Dermatology* is running a series of papers, somewhat controversial in character, by Dr. A. S. Ashmead. With the controversial part we have no concern, but there is such a wealth of matter brought in from ancient and other writers that a little culling from it may be of interest to the readers of the RECORDER.

One bit of controversy is over the nature of an epidemic that carried off about 200,000 of the army of Huayna Capac, who seems to have been the Alexander of Peru and raised the dynasty of the Incas to the height Pizarro, the Spanish conqueror, found it. Dr. Tello, a French writer, says this was an epidemic of syphilis, which Dr. Ashmead disputes. Here is a quotation from the writings of Cieza de Leon, 1544-48, who writes what he learned of this epidemic from the natives:

“They recorded that there came a great pestilence of *viruelas*, very contagious, which killed more than 200,000 souls, in all the places, because it was general, and there was given to him who took the evil, as was said, nothing but death to be rid of it, because the Great God was not its servant. And when he, Huayna Capac, was thought to be stricken with it, he commanded that they make great sacrifices for his health, in all the land, and in all the *guacas* and temples of the Sun, as it laid him down most grievously.”

This gives us an insight into the character of the nation, and when you have read the following account of an idol described by Felipe de Medina, *Archivo de Indias*, you will lose some of the sympathy (if you had it) for the Incas who went down before Spaniards:

“There is an idol, Carquin, which was worshiped as late as 1650 in an ancient town of Peru, near Huacho, to whom the In-

dians offered sacrifices, 'because unless they did so they were filled with *viruelas*, *sarna* and *lepra*' (smallpox, itch, and leprosy). And according to the relations about the sacrifices of children they say that these little ones must be free of 'lepra.'

In primitive times men ascribed the origin of disease to evil, or evil spirits, and they made the mistake of sacrificing others instead of themselves (or their own evil). Perhaps their etiology was much nearer being correct than was their therapeutics.

Now concerning this epidemic which followed the conquests of Huayna Capac, Dr. Ashmead writes:

"But could, may I ask Dr. Tello, an epidemic of syphilis, which he believes this was, destroy 200,000 souls so quickly without there being some awful mutilations beforehand which would have startled the forces of government into action against it, as was done in the Middle Ages of Europe, when leprosy appeared there; 2,000 leprosari in France alone were quickly found necessary to relieve the human distress resulting from the invasion of that disease after the Crusade, long before the return of Columbus. And Excavations of the Madelienes (old leper cemeteries) have proved that it was not leprosy alone that had caused the epidemic devastation there, but syphilis and leprosy together, brought back from the Orient, and misnamed the one disease."

Pedro Pizarro is quoted at length as to the customs of the natives when the army was in service. A huge following of women and children accompanied it. Every night when it did not rain they would go to the field with the women. There they would dance in a circle and ever and anon a man would take a woman aside: "then they would return to the dance" and "thus they used all." It reminds one a little of affairs of this nature described in *Quo Vadis*. It also accounts for much disease, something not very difficult to do when the patients tell the truth. The professors in our great universities were quoted not long ago by Mr. Bolce (*Cosmopolitan*) to the effect that morals are merely sanctioned customs, having nothing to do with the "thou shalt not" of the great Law of Sinai. Well, in Peru the cause was followed by effect, as always. The evils, or "the devils," or the "evil spirits," got in their work so effectively that the ancient pottery of bears universal testimony, according to the authorities, of the beauties of syphilis.

Two old authors, Crunbeck, 1496, and Steber, 1497, are quoted who describe "syphilitic pustules in confluent eruption."

That diseases change with the centuries seems unquestioned, and especially the mighty epidemics, as is shown by the Plague of Athens; the Antonine Plague; the Plagues of the 3d and 6th centuries; *epidemic variola*; *epidemic measles*; *epidemic scarlet fever*; *epidemic gangrene*; the Black Plague of the XIV. century; the sweating sickness of the XV. century; besides Epidemic Syphilis of the XV. century which was mixed and confounded with leprosy. And there is cholera of the XIX. century.

That these epidemics seem to blend and also to split up is shown by the blending of leprosy, syphilis and possibly smallpox. It is stated that when smallpox first came to Europe from Arabia "measles and scarlet fever and smallpox, all three, were one and the same disease. They gradually developed types of separation and gradually showed themselves as three distinct diseases." (How about their germs?)

As to the origin of syphilis and the dispute concerning whether it was introduced from the new world to Europe the most plausible theory seems to be the following, which we summarize:

The disease certainly was very prevalent on the two American continents because these were peopled by the races of eastern Asia—so runs the theory—and Europe was kept free from it by reason of the racial hostility between Asiatics and Europeans that has always existed and because of the seclusion in which the Mahomedan religion keeps its women. But at the time of the Crusades the crusaders seem to have acquired this, and a lot of other diseases, which they brought back to Europe.

In reference to this question, and another that is of far greater importance, Dr. Stille (University of Pennsylvania) is quoted—from a letter written to Dr. Ashmead shortly before Dr. Stille's death—"leprosy and the question of its existence in America, at the time of Columbus, is as thorny a question as the American origin of syphilis. The origin of all communicable diseases is mysterious. I have tried unsuccessfully to discover the *causa causans* of typhoid fever. *I do not mean the specific microbe, but that which engenders the microbe.* * * * In the question of a racial immunity or pathological sudden predisposition to any disease, the supreme puzzle is the primary source of each specific

morbid germ. As yet no Darwin has arisen to show even the possibility of the evolution of such germs. To name the bacteria and assign to each disease a specific bacterium only removes the difficulty one stage backward."

It is an indisputable axiom that nothing can exist without a cause. The microbes exist. What is their cause? It may be said that a knowledge of the microbe is all sufficient for practical purposes; certainly many think so. We will close this rather rambling matter with a quotation from Dr. Ashmead:

"How little we know of diseases and the humanity's frailty to them, excepting *outside of our own organisms*. What really takes place within us in changing our flesh's resistance to certain germs, to whose attacks we are immune at one time, and especially susceptible at another, we know very little about. We talk very big about phagocytes, and opsonins, and toxines and anti-toxines, etc., and with as much authority today as did those ancient Peruvian sooth-saying doctors, the *ichuri* and *curanderas* in the semi-religious priestly and medical hospitals, of those temples of the Sun. We make our own, just as superstitious sacrifices by order of some Berlin medical profession or priesthood of today, and have identical confidence in them, as did those ancient Indians in the olden time of Peru, in their pagan temples."

The Peruvians sacrificed clean children to the small-pox idol at Carquin, how many we do not know. They died to prevent small-pox. The British Registrar General's Report, covering a comparatively small period of time, gives over 1,100 deaths from vaccination. They died to prevent smallpox.

The thing that seems to stand out in all medical history is a never ending "Do Not." It is the things done rather than the things left undone that do harm. As Carroll Dunham said, the greatest therapeutic measure is the command in the Bible, "Cease to do evil."

CONCERNING VACCINES.

Perhaps not every doctor who makes his daily rounds knows exactly what a "vaccine" is and how it acts; for the benefit of these we clip a little from a paper by Dr. W. G. Dwinell, read before Providence Medical Association and printed in the *Providence Medical Journal* for March. Dr. Dwinell says:

“A vaccine is an emulsion in salt solution of dead micro-organisms which, when inoculated into the patient, induces in the organism an elaboration of protective elements.”

* * * * *

“To explain the action of vaccines we may call into use the law of hypercompensation of Weigert. Weigert in 1896 in discussing regeneration advanced an hypotheses, the essential features of which are that physiological structure and function depend upon the equilibrium of the tissues maintained by virtue of mutual restraint between their component cells; that destruction of a single integer or group of integers of a tissue or a cell removes a corresponding amount of restraint at the point injured, and therefore destroys equilibrium and permits of the abnormal exhibition of bioplastic energies on the part of the remaining uninjured components, which activity may be viewed as a compensating hyperplasia: hyperplasia occurs indirectly as a function of the surrounding tissues that have been excited to bioplastic activity through the removal of the restraint hitherto exerted by the cells destroyed by the irritant. In the application of this law the vaccine becomes the irritant; its immediate effect, destruction of equilibrium, is shown by the lower immunity phase, negative phase: the compensating hyperplasia corresponds to increased immunity or positive phase.”

Further along Dr. Dwinell—the paper is a long one—says:

“With each inoculation of vaccine, as I have shown, there ensues in the organism a negative phase: should this phase be prolonged by an excessive dose, the second dose probably of larger quantum still would accentuate and still further prolong this phase, resulting clinically in an aggravation of symptoms and failure. If the dose is too small the machinery of immunization will not receive stimulus to set it in motion, and the end result will be the same except we will have done no harm. The opsonic index steps into the breach, as it were, and supplies us with the necessary information, so that we are enabled to give the right dose at the right time.”

The paper concludes as follows:

“We must not by our inoculation accentuate nature’s negative phase. And we must constantly bear in mind in septicæmic disease the possibility that by the incorporation of a bacterial vac-

cine into a body of a patient who is already staggering under severe bacterial intoxication, such a further quantum of poison might be added as would just suffice to overtax his power of resistance. Let us therefore in infections where time is an important element have recourse to the opsonic index. The index will accurately determine the right dose, the proper spacing of the dose, and it will also help us in prognosis."

"In conclusion: I think you will agree with me in the statement that we must not institute treatment on the unscientific and unsafe ground that if a given vaccine will do no good it can do no harm, for in tubercular disease a dose sufficient to act beneficially in one case, might in a second case be instrumental in awakening a latent infection to such an extent as to prove very disquieting to the immunizer. And furthermore we must remember that failure many times results from an error in the bacteriological examination in such cases as lupus, disease of the bladder and septicæmia where a mixed infection may exist."

"Given the correct diagnosis, the right dose and the proper spacing, we will find that the use of bacterial vaccines in therapeutic immunization will increase in rate in inverse ratio to our proper application of these principles."

The part of this paper explaining the action of vaccines may appear to some like a terrific splashing of words. Perhaps it is, who knows? The delicate hint that unless you know all about it the vaccines *may* have a "very disquieting" effect is clear, but how are the numerous clinical cases given in this and similar papers that are appearing monthly in the journals to be explained?

Long before this vaccine therapy was heard of a homœopathic doctor told us of a case that "had been the rounds," homœopathic and allopathic, with no results. It was a skin case. He took some of the diseased tissue, had it thoroughly triturated and "run up," gave the resulting potency and cured the case. In this instance there was not the slightest danger to the patient, but had he attempted to put the dead micro-organisms into the patient's blood there would have been considerable danger.

It looks very much as if this whole vaccine therapy that has such a run today is nothing but old Isopathy in an allopathic disguise and run to the point of admitted danger, unless you are skilled in opsonines, bacteriology, and all that sort of thing, which

would require another course at college. That this will last no reader of medical history believes, something else will arise and sweep it aside, but in the meantime if any homœopath wants to take a hand let him have the pus, or whatever else it be from which the vaccine is made, triturated up to the point of safety and he can have all the good of this therapy with none of its very real dangers.

Of the wonderful cures of this therapy reported there is no end. Has any reader seen any evidences of the other side of the picture? They would be interesting if reported for the RECORDER.

SUNDRY POINTERS.

Aconite, the alkaloid of *Aconite*, says the *Therapeutic Gazette*, is so variable that safety lies in keeping to the tincture when prescribing that drug. The same is probably true of the other alkaloids.

Hookworm generally begins with "ground-itch" or "foot-itch" among the bare-footed. Apparently the one remedy is *Thymol* preceded by a purge. Don't let patient have any oils while taking the drug, as it is very soluble in oil and rather poisonous when absorbed. Dose of *Thymol* varies according to age and strength from 5 to 40 grains. These points from Dr. S. B. Strong, Freeport, Fla.—*Chicago Med. Times*.

Dr. B. K. Ashford (*J. A. M. A.*), writing of Porto Rico, which is badly infected with hookworms, says: "Five doses of *Thymol* given a week apart are sufficient to practically cure nearly every patient and reduce the power of infectivity of the patient to the soil about nineteen-twentieths."

On the subject of administering *Thymol* for hookworm, Dr. C. H. Lindeman, Tampa, Fla. (*J. A. M. A.*), after noting the disadvantages of giving the crude drug, writes that when triturated with sugar of milk the disadvantages were overcome and "the results were all that could be desired." The 1x ought to be the best.

Dr. J. D. Quinn, Newport, Ky. (*Ec. M. Jour.*), writes experience of *Cactus grandiflorus*: "It quiets the palpitation and pain, quiets the nervous system and controls the action of the heart. Where you have spasm of heart muscle, where the pain is con-

strictive, feels as though it was being held tight or squeezed, it is a prompt remedy. In tobacco heart it is the remedy that gives best results. In rheumatism, where the heart is weak and bruised feeling, give *Cactus* in alternation with *Arnica*."

Don't forget *Allium cepa* in hay fever.

Dr. T. G. Stonham reports case, in a man of 71, of nasal polypi and continued bad colds, cured by *Formica rufa* 2x. The drug, with intercurrents, was given for a period extending over a year.

Dr. J. Sutcliffe Hurndall, the well known homœopathic veterinarian, has reported results in the *Homœopathic World*, June. The *Sassafras oil* kills the pests very quickly, but if used too freely it produces, in the animal, staggering, loss of appetite, inability to swallow, retention of urine and difficult breathing. It seems to arrest normal functions.

Geranium maculatum in 5 or 10 drop doses of the tincture is a remedy to be considered when you run across a case of diarrhoea that will not yield to the indicated remedy.

BOOK NOTICES.

LECTURES ON CHOLERA AND ITS HOMŒOPATHIC TREATMENT.

Second edition, revised and enlarged. By L. Salzer, M. D. 280 pages. Cloth. C. Ringer & Co., 4 Dalhousie Square, East, Calcutta, India.

This is an interesting book, one that suggests several things. For instance, the author in his preliminary chapter refers to an epidemic of cholera that had just passed over India which, "owing to its unusual virulence, has more or less baffled the practitioners of Homœopathy no less than the practitioners of the old school of medicine." The author points out that Homœopathy had gained its foothold in that country, and elsewhere, largely in the success of its treatment of this disease. Yet here was failure, though *Camphora*, *Cuprum* and *Veratrum alb.* had been given in conformity with Hahnemann's letter to his followers in the days when the disease was new. This letter stated that the symptoms named called for the remedies named, but what Hahnemann writes about individualizing each case seems to have been forgotten by the Indian practitioners, as it is else-

where. Theoretically, cholera, being the product of a specific germ, ought to be the same at all times and places, like a dose of *Arsenic*, but it seems it is not, which looks like a body blow at the germ theory. It also proves what old Rademacher says about epidemics, that a certain remedy, or group of remedies, will act beautifully for a few years and then utterly fail, even though the disease superficially seems to be unchanged. The homœopath, as the sage old founder said, must not be guided by the name of the disease but by that which the patient exhibits.

Dr. Salzer's book is very complete and will be of the greatest value to all whose practice includes this great Asiatic plague. The publishers, however, have made a mistake in not supplying an index to this otherwise excellent book. They could add one to this edition.

PHYSIOLOGY AND PATHOLOGY OF THE SEMI-CIRCULAR CANALS.

Being an Excerpt of the Clinical Studies of Dr. Robert Barany with Notes and Addenda Gathered from the Vienna Clinics. By Adolph E. Ibershoff, M. D., with a Foreword by Royal S. Copeland, A. M., M. D. 64 pages. Cloth. \$1.00 net. Paul B. Hoeber, 69 E. 59th St., New York. 1910.

This little book is devoted to the latest discoveries concerning nystagmus, which, as all know (who look in the dictionary), is an involuntary rotary, or oscillatory, motion of the eyeballs. When a man not up in eye lore is turned loose in an eye book of this nature he feels like a stranger in a strange land, but when such an one sees the estimable names of Ibershoff and Copeland on the title page he feels that he can confidently say to his readers that if they want the last word in nystagmus they will find it here and all in ship-shape order.

HAND-BOOK OF OBSTETRICS. By R. Cadwallader, A. M., M. D.,

Assistant in Obstetrics, University of California, Medical Department, San Francisco. With 104 Illustrations in Text. 370 pages. Flexible cloth. \$2.00 net. F. A. Davis Company. Philadelphia, 1908.

This goodly manual, dated 1908, seems to be a little late, as review books are regarded, but time does not detract from good work. The author claims it to be a small volume containing "the essential facts of obstetrics." It seems to be a useful book.

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EDITORIAL BREVITIES.

THE PROPOSED NATIONAL DEPARTMENT OF HEALTH.—If our allopathic friends displayed as much ability in office as they do in getting there all would be well. The glowing promises of what would be done by them with a Government Department are fine, but they cannot fulfill those promises. If they were given absolute power, and the money of Rockefeller and Carnegie, they could easily spend the money, but disease would prevail just the same. One gentleman in their *Journal* points the late foot and mouth disease as a case where such a department would be very useful, but he forgets its origin was in a manner under governmental auspices. With their theory of disease, and their fondness of putting all sorts of new things into the human blood, no one need be surprised at any day to see something akin to the experience with the cattle happening to humanity. In fact, there have already been several incipient outbreaks that nearly gave them heart disease, as at Camden, St. Louis (?), and other places a few years ago. Had these things happened under the "irregulars" they would have been struck and blasted by the "regular" lightning and thunderbolts. In this republic there are too many voters who do not believe in allopathy to have all medical power given into the hands of one medical sect—for in reality that is what our esteemed allopaths are. Every such sect has a central idea: the central idea of the "regular" is authority, which by the way is by no means fixed, but changes with each decade. Scientific truths are *fixed*, as truth does not change. If one looks at the matter from this point of view the homœopaths are the only medical body to whom the proposed department should

be entrusted, as being the only medical body founded on an unalterable base.

It is hardly possible that the House and Senate can be brought to see the matter in this light, but they ought to at least see the impropriety of giving entire power into the hands of one of the many schools of medicine. Do the fair thing or let the matter die.

A FORESHADOWING OF THE FUTURE.—The official organ of the American Medical Association, in a highly laudatory editorial (June 11) on the report sent out by the Carnegie Foundation, says: "The actual facts, in the end, will be more helpful than the poetry of medical school catalogues and advertisements, especially State licensing boards, some of which are now endeavoring to ascertain the actual character of the medical schools that send them applicants for license." Probably you have heard of the old Arab story, of the camel that pleaded with the man to let him put his head in the man's tent. The man granted the request with the result that the camel, head, hump and tail, entered and the man had to get out. Licensing and examining boards were granted the "regulars" to protect the public from incompetent practitioners of medicine; now, as may be seen by the above quotation, they propose to examine colleges instead, though who gives them the power is a mystery. In the same editorial reference is made to "sectarian medicine," and it is said "the foundation has taken the only logical position, namely, that, regardless of treatment employed, all practitioners alike should have a thorough grounding in the fundamental medical sciences." A very plausible platitude, but conveying the subtle insinuation that the "sectarian" does not receive those fundamentals. The examining board camel after a bit will see to it that the tent is carried away from the "sectarians" unless the latter get together, come out flat-footed for their great Law, and "make a noise" among the law makers. "Regular" medicine is too narrow and sectarian itself, too hide bound, too much the slave of the dictum of those who lead its members, to be entrusted with absolute medical power. When their big men announce that so and so is the right thing, it is the right thing until it is proved to be wrong, which proof, however, does not

affect the status of the leaders, who announce what follows as a sort of evolution of "medical science" towards higher things, and no matter what is to the fore the lightning hits the smaller man who rebels, and takes up with, Homœopathy or anything else not sanctioned by the leaders. If the Medical Trust grows unchecked the time will soon come when a man's ability to heal the sick will have nothing to do with his legal right to heal them.

THE NEW TITLE.—Once they were termed "allopaths," later "regulars," but now the term that seems to be favored is "organized medicine;" being but one branch of medicine, they reluctantly realize that there must be a distinguishing name. The president of the Texas "organization" has been telling of all the things done down there. He says, among many other things: "Never have the 'schools' of medicine, the quacks and the medical bunco steerers had so many things to worry about." Also: "Height standards of requirements are eliminating the low-grade medical schools and putting out of business the 'isms' and 'pathies' in medicine." It looks as if "organized medicine" is determined to have the "business." Curing? Oh, you know it isn't scientific to use that term any more; nature cures while "organized medicine" looks after the rest, such as putting down "quacks," shouldering out the non-union doctors and collecting the fees. It is a pity this estimable organization cannot realize that in medicine it cannot have a monopoly; that if it cannot draw patients by merit it cannot get them by drastic laws. The cry of "protecting the public" is a telling one from a purely business point of view, but ethically it is fallacious, as statistics have ever proved.

ANTITETANIC SERUM. CURIOUS LOGIC.—A subscriber writes to the *Journal A. M. A.* to inquire whether the virtues of antitetanic serum have "been sufficiently demonstrated to merit its use in that disease." To this the editor answers: "It has not been found that antitetanic serum has any particular effect on the symptoms of tetanus because these appear as the culmination of the disease when it is too late for anything to have much effect. As a prophylactic, however, antitetanic serum is markedly efficient, especially if accompanied with a free opening of

the wound," etc., etc. The longer you think of this proposition the mightier appear the possibilities in it. When the symptoms of the disease appear the serum is useless, but it is great on prevention. The inquiring correspondent might think over the matter and recall how tetanus has followed everything from a trivial scratch to a nail run through the foot, and conclude that every abrasion of the skin called for a course of the serum as a guard against the locked jaws. A mighty field that! How the editor knows that the serum is a prophylactic he does not state. Quite likely it is on "they say."

A MILD WARNING.—The lamented Mark Twain, in *Innocents Abroad*, tells us that the inhabitants, the negroes of Bermuda, make an honest living by taking in each other's washing. A philosophical friend remarked that a somewhat similar condition would prevail in this country if all of the fancies of the men who claim to be scientific medical men are put in force, for in that case one-half the country could be employed in quarantining the other half. If you question this "work" you are accused of hindering the prevention of disease, for, "you see, these men assume their premises, thus making their position impregnable—granting their assumption." It all makes comfortable jobs for many who would find it hard to eke out a living otherwise. These jobs will in all likelihood remain undisturbed provided some earnest soul does not try to push things to their logical end and quarantine every man with a microbe, in which case that huge beast, The Public, might rise up and shake itself. That would scatter things!

MILK, ETC., AND TUBERCULOSIS.—Dr. William H. Park, of New York, is reported as siding with the late Dr. Koch in declaring that milk and beef do not spread tuberculosis. Dear! Dear! Just think of the millions that have been spent in "fighting" tuberculosis in this quarter, to say nothing of the increased cost of living the fight has entailed. Well, live and learn.

SEEKING RAINBOW GOLD.—Homeopathic journals of the present, as in the past, contain many well-meant papers criticising our materia medica, pointing out its weakness, and calling for

a reform. Taken as a whole no one can deny much of what is said in these papers, and yet they have no effect, because, unknowingly, the error is in the minds of their writers, who are looking towards making medicine an exact science, something it never has been nor (with apology for the dogmatism) never can be. You can determine with exactness what may be done with wood, stone, steel and other things like them, but you cannot do so with human beings, each built on an independent model in one sense at least, though on one general plan. Homœopathy as we have it today is the best known means at man's command for correcting the ills of humanity, yet it is not perfect (in our understanding) in the sense of being scientifically exact. Men of the old school look back over a long life and are apt to exclaim, of things medical, in the words of The Preacher. "All is vanity." The homœopath can look back and realize that while he has had many failures he has also had many successes, cases where diseases have been routed from the patient's system by Homœopathy. All of the men who make complaints admit of the general excellency of Hahnemann's work with a big "but." "It acted wonderfully in this case, *but* in that it failed." There are limitations even in physicians; also there are several things the wisest of men, even Solomon, did not know. Why should not the critics in the future in place of going over the old well-beaten paths of criticism that hundreds have trodden before them, until the paths have become dusty, devote their energies to constructive work? Give the world something better than Hahnemann gave, or fill out his work as he urged? Granting that a man professes a belief in the homœopathic law, is it not a bit weak for him to go through the materia medica built by the men who proved the drugs, pick out a symptom here and there, and then make complaint of them? or in bad taste to grow funny (in his own mind) about them? Give the world something better!

SANTONIN.—The patient was a girl two years of age: the reporter is Dr. C. S. Neer, Vinita, Okla., *Critic and Guide*, June. The parents had dosed the child, overdosed her, with a worm medicine of *Santonine*. "A few hours after the last dose was given, general convulsions began which continued at intervals

until death. There was no fever, and no evidence of digestive disturbances, meningitis or any other common causative condition. The child never regained consciousness. The pupils were dilated, there was some sweating and in the intervals between the spasms there was complete muscular relaxation." Death occurred on the second day. The vermifuge had been given for hypothetical worms. In building his materia medica Hahne-mann made use of such cases.

INJECTIONS IN VENEREAL DISEASES.—In a paper in *Critic and Guide*, June, Dr. Victor G. Veeki, of San Francisco, writes: "And many a physician would have a clear conscience if he just knew that any solution which could not be applied to a person's eye has at no time any business in anyone's urethra."

A SELF-EXPLANATORY TITLE.—"The epidemiology of poliomyelitis. A plea that it may be considered a reportable quarantinable disease." Such is the title of a paper read by Dr. Joseph Collins, of the Neurological Institute of New York, before the Association of American Physicians, May 2. Now we will suggest the title for a still more advanced paper: "A Plea that All Diseases from A to Izzard be Made Quarantinable and Put Under the Care of Official Medicine."

THE BASAL PRINCIPLES OF VACCINE THERAPY.—This is the title of a paper read by Dr. Adami at Washington and published in *Journal A. M. A.*, June 11. Dr. Adami may understand what he writes, but this is doubtful, and, indeed not expected by the writer that the everyday doctor should understand, for he says in his concluding paragraph that "vaccine therapy is not to be undertaken by the ordinary practitioner; there are too many dangers attaching thereto." Also that the employment of stock vaccines "far and wide deserves the condemnation of this Association and of all interested in the well being of their fellow men." So it seems that vaccine therapy with its dangers is to be confined to a small circle. The smaller the better. Before leaving this subject we give a quotation from the paper for the benefit of our readers with a tendency towards the medicine yclept "scientific." "*Vaccinations should never be directly into the blood stream, but should be subcutaneous.*" The italics are as written.

PAROXYSMAL TACHYCARDIA.—One of our exchanges, "regular," recently contained a long paper on this condition, citing two illustrative cases. In giving the history of the cases the writer remarks, incidentally, that the first case had undergone two operations, the last being a complete hysterectomy, while the second had her tubes and ovaries previously taken out. In each case the severe form of the disease came on sometime after the operations, but the learned writer seems to regard them about as he would a hair-cut. In the sum-up the reader learns that the disease, though alarming, usually terminates in abrupt recovery; that medicine is of no use and the only thing to be accomplished is in position and external application. Thus the reader, if a homœopath, realizes how much the old school men have to learn in the healing art.

MORE QUININE.—There seems to be what is sometimes called a "movement" among our esteemed "regular" friends towards more quinine. Evidences of it appear in many of their journals. One of the latest of these is a paper by Dr. C. W. Craig, of Washington, D. C., in *Archives Int. Med.*, April. He contends that much of the disease in malarial districts is directly "traceable to improperly treated patients," by which he means patients who have not received enough quinine, for he contends that every patient should be kept on quinine for a week or two after all symptoms of the disease have disappeared to kill the malarial gametes. Men have been known to visit new lands where no human beings lived and to contract malaria, the whole ship's crew sometimes, which seems to show that at least the origin of the disease is not in human beings. The idea that mosquitoes can be infected by human beings and carry the infection to other human beings is a curious one, and the number of authenticated cases on which it is founded are very few. The fact that the extermination of mosquitoes puts an end to yellow fever seems to prove that the mosquitoes are the cause of the disease, but as a matter of fact is it not more reasonable to believe that the dead water in which they breed is the cause? It is not so very long ago that the belief was quite generally held by those living in mosquito-infected countries that the mosquitoes rather acted as a prophylactic against the swamp diseases. That they, as it were, absorbed the more malignant emanations of the

swamp just as maggots act in a dead carcass. One thing is sure, that if the dead water is abolished the disease and the mosquitoes go. Whether a thorough saturation with quinine is not worse than the disease is a question that should be left to the individual and his physician, and not forced on all by legislation, as is now being hinted at from several quarters.

The strenuous efforts of the "regular" medical bodies to have laws passed to "control and prevent disease" look fair on the surface, but when one remembers that the enforcement of these laws is in their hands exclusively, things look different. Some of these laws are essentially good, but a law to compel the sick to receive a certain drug or substance into their bodies is essentially evil and rotten.

A HOMELY HINT ON THE ORIGIN OF DISEASE.—A poultry raiser once told us—the story is given as told, the reader must judge of its probability or truth—that if a rooster is given too many hens, to attend to the whole flock will contract something that appears to be gonorrhœa and die. The man gave this as a fact demonstrated by actual experience. The fowls may be perfectly healthy, but this does not prevent the disease from developing if the conditions are as noted above. Now the query is: May not the same thing develop in a healthy woman if she is continuously used too often by a number of men? Some of our exchanges contain of late long papers on the origin of venereal diseases, and the above is contributed for what it is worth, which may be nothing. Still, sometimes, "great oaks from little acorns grow," and gravitation came to knowledge from the falling of an apple.

DON'T THINK YOU KNOW IT ALL.—This is the story boiled down told by Dr. Robert Gray, an American physician in Mexico, in *Ellingwood's Therap.* The patient was a wealthy German, with smallpox; the case so bad that the doctor told him to write his farewell letters, etc., which he tried to do but couldn't, his mind wandering. An Indian boy said it was too bad for the good man to die when his mother could cure him. Dr. Gray said "bring her in." She came, an old Indian witch, looked sneeringly at the doctor and turned him out. Then she gave

the man some unknown herb or herbs and he recovered completely. The old woman, quack-like, refused to tell what remedy she used. Addenda. The man being native German was well vaccinated. There are odds and ends of curative medicine lying around that we do not know.

FASHION VS. ADVANCE.—Every now and then some one waves the year's medical class flag, or shouts through the megaphone, to call attention to what a wonderful year this is when compared with all that have preceded. The things heralded by these periodic ebullitions of medical freshmen are merely changes of fashion, the results being the same, just as the dandy in ruffles and knee-breeches of other days was essentially the same (perhaps a little more virile) being as is our own dude of to-day in his crow suit and white shirt. There are a few medicines in the allopathic household that, like old servants, never change (quinine, the mercury family, iod. pot., etc.), but the others change with the year and you can follow them in the advertising pages of the leading medical journals, just the same as you can follow the whims of clothes fashion in the supplement to your Sunday newspaper, or in the chart on your tailor's wall showing you what is allowable this year. To be sure once past the portals guarded by those censors of medical fashion, the examining boards, you can wear any old thing, but unless your garments are of the latest cut, you are passed by with a shrug of the shoulders, or a supercilious lift of the mug. Some day, perhaps, these flag wavers and megaphone shouters will discover that there is a law governing all the things which they so lightly change from year to year; in that day they will be wiser, but quieter men.

THE DEATH OF KING EDWARD VII.—The *British Medical Journal* in reviewing the details of what led to the King's death, says:

"The King, in short, had what is known as smoker's throat. This and the congestion and thickening due to this cause, combined with the loss of elasticity in the lungs, made it increasingly difficult for him to clear his chest. The strain thrown upon the heart by the obstruction to the passage of blood through the lungs, caused by the collection of secretion in the bronchial tubes, had its natural sequel in the dilation of the right ventricle, and the

natural cause of death was heart failure due to increasing difficulty in the pulmonary circulation.

"In short, it was a case of a type to be seen every day in thousands of elderly persons. The cause of death in such cases is purely mechanical, the overlain heart being stopped by the increasing resistance in the lungs. Could the king have been induced to spare himself more he probably would have lived many years longer. He had, indeed, suffered from glycosuria of a varying degree for a long time, but this does not, so far as can be judged, tend to shorten life.

"Another condition which must have caused considerable discussion at times was a certain weakness in the abdominal wall at the site of the operation for appendicitis which was performed in 1902."

KILLING IMBECILES.—A certain Dr. Pisek, of New York, is reported in the dispatches as getting a round of applause when he, at a clinic, suggested the putting away of imbeciles. There is no doubt but that Dr. Pisek meant well and spoke from the goodness of his heart, but the practical carrying out of his idea would be quite difficult. We can imagine a convention of grave and learned doctors discussing this question and growing hot and personal as to whether Dr. Pisek himself was one of those who should be put away, or whether it should be those who advocated putting him away. The newspapers would heavily head-line such a discussion, the public (each individual of which thinks himself a patient) would take it up, and nearly everybody would be called "an imbecile," and, therefore, worthy of death—and there might be a good deal of truth in it all. It would be a "problem."

EVIDENTLY A HOMŒOPATH.—In the Correspondence of Field Marshall Von Moltke (Harpers) on page 73 we read, in a letter from Milan to his sister, Auguste: "I had caught a severe cold on the journey to Munich, became feverish and went to bed. Stienaeker sent me some homœopathic drops." It is not much, but shows that the great ones of Europe take to Homœopathy in a sort of matter-of-course way. It is not officially recognized, but the crowned heads and nobility do not care for that: they are a little more independent than some of our public men, in such matters. We once heard a Governor of a State remark that he had to resort to Homœopathy "on the sly."

NEWS ITEMS.

Dr. Arthur Peake has removed from Valley City, N. D., to Stern Building, Fargo, N. D.

Dr. C. C. Curtis has removed from San Luis Obispo to San Pedro, California. The doctor now occupies a suite of four offices.

Dr. J. Piero Comes has removed his office to Paces de Gracia, 110, bajos 1 a., Barcelona, Spain.

A meeting and banquet of the New Jersey Alumni of the New York Homœopathic Medical College was held at Newark, May 19th. Dr. J. H. Bryan, Asbury Park, N. J., was elected President; Dr. C. B. Holmes, Rahway, N. J., Vice-President; Dr. C. H. Church, Newark, Secretary, and Dr. C. H. Wintsch, Newark, N. J., Treasurer. There were twenty-five at the banquet.

Dr. John G. Sperling, 52, University of Breslau, Germany, announces that he has retired from a successful practice of fifty-eight years. He retires leaving as his successor his son Dr. Fred J. E. Sperling, who has been practicing with him for the past four years.

Dr. Fred. J. E. Sperling announces that he has removed his office from the Laning building to a suite of especially equipped rooms in the Savoy Theatre building, Public Square, Wilkes-Barre, Pa. Office hours, 10 A. M. to 1 P. M. Other hours by appointment. No hours on Sunday.

Dr. John Arschagouni, translator of Jousset's "Practice," who has been practicing in New York for the past eighteen years, has sailed for Constantinople, where he will plant the banner of Homœopathy in the capitol of the Turkish Empire and spread the principles of similia in his native land. Dr. Arschagouni was connected with the out-door department of the Flower Hospital for ten years. His address is c/o The British Post Office, Constantinople, Turkey.

Dr. L. D. Tebo, of Bordentown, N. J., died in June, in his sixty-fifth year. He had been practicing in that city since 1873. There is a good opening for a good homœopath there. For particulars, address Mrs. L. D. Tebo, Bordentown, N. J.

PERSONAL.

Next time the census man ought to take No. of hat and shoes, your favorite author, "what will you take," etc., etc.

The California ex.-board asked the applicants to state the causation of sleep. Does the board itself know?

"What would yez do if yez lived to be 200 years old?" "Oi don't know yet." Brooklyn Life Irishmen.

They say a certain general retired without losing a gun, or a minute.

The national disease of the American's is not nervousness but nerve—so we have heard.

Men hysterically seek to save life—and deeply study its prevention.

Tell the lady she has neurasthenia, and it pleases her because the word sounds musical and the thing is fashionable.

A man may be so tolerant as to be intolerant.

An antivivisectionist with a bird in her hat causeth a smile on the face of man.

The chief objection to many good things is that they are not so.

With some men it is more difficult to keep their balance at a bank than on the tight-rope.

The fact that it is the "modern view" does not guarantee that it is true.

Worry kil's more than work because it requires no exertion.

"He was an American; that is, an unfathomly solemn man." Chesterton.

How often is that "Glad to have met you" true. Or "I've enjoyed your singing."

Is a rubber-neck waterproof?

When will our troubles cease! Gnats are now "proved" to be disease carriers.

Air, water and earth and all who dwell therein and thereon are "carriers"—germ infected.

"The people became tired of being killed," wrote an editor of a great daily recently.

"As a joke Philadelphia's slowness is all right, but don't bank on it in reality or you may get left"—

It cost \$1.00 per head to run the country up to 1860. Now it costs \$14.00 per. Why?

Poets celebrate their girl's eyes, teeth, hair and cheeks but never mention her nose.

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NO. 8

OPINIONS OF MR. FLEXNER.

If Mr. Flexner did not have the Carnegie "wad" back of him he could not have printed a 346 page quarto book to air his personal opinions as to how things medical should be run, nor would any one have read them if he had printed them, but as money is king, his words come with a sort of authority. If his basic idea were right his chain of reasoning would be fairly good but as it is wrong his book (for that is what the *Report* is) is in its essence mere vaporings, though it contains much that no one can dispute, especially the last half of it, which gives the facts concerning the various medical colleges, such as when organized, teaching staff, etc., etc.

Chapter X, treating of "The Medical Sects," is the real heart of the book. Among the "sects" are Homœopathy, Eclecticism, Osteopathy and several others, some of which "others" are pronounced to be "unconscionable quacks," but really from the spirit of the chapter all of them come under this heading in the mind of Mr. Flexner, though he says that "Sectarians in the logical sense above discussed, are (1) homœopathists, (2) the eclecticists, (3) the physiomedicals, (4) the osteopaths." The "logical sense" referred to in the foregoing quotation seems to be that "Once granted the possibility of medical dogma, there can be no limit to the number of dissenting sects." You can see in this the spirit of that "scientific medicine" which Mr. Flexner represents—perhaps wrongly. It is the same that once hissed "believe as I do or be damned." If you believe in any fixed principle in medicine, like the law of similars, you are a "sectarian." If you hurrah yourself hoarse over the "triumphs of modern medicine" look to the future for truth, incidentally kicking aside any fragments of it that lie in your path, you are "one

of our people," the medical elect, and the offices and plums are yours if you can out-shout your fellows, or have a "pull."

Mr. Flexner rails at the medical sects, among which he even includes "allopathy," and cannot, or will not, see that what he chooses to term "scientific medicine" is really the most bigoted "sect" of the whole outfit. Its very name is unscientific for that which is "scientific" is that which can be demonstrated. Medicine exists for the cure of the sick, though this seems to be forgotten by some.

Now can any physician positively, *i. e.*, scientifically, tell what will be the outcome of any given case? The homœopath believes that by taking the symptoms of the aforesaid case and giving the patient a drug that has similar symptoms he is doing the best that the art of medicine permits. The fruits—restored health—bear out his belief, as comparison of the results of a century *scientifically* prove. But in curing his case by prescribing on the "dogma" of Similia, he becomes a "sectarian." The physician after the heart of Mr. Flexner, does many things; he takes the blood count, the opsonic index, pulse tracings, examines everything in sight under the microscope, brings a beautiful array of instruments to bear, throws in a learned medley of new words, and the patient gets well or dies, just as he would under "sectarian" Homœopathy. But men judge them by their fruits and, as intimated before, these show that more patients recover, the duration of their illness is shorter, and their return to health is more marked under Homœopathy than under "scientific medicine."

Mr. Flexner writes that "medicine" (*i. e.*, the "scientific" kind) "is a discipline, in which the effort is made to use knowledge procured in various ways in order to effect certain practical ends." Great cod fish balls! Isn't every mother's son of us, besides these "scientific" medicine men, doing the same thing every day, from President Taft down to the laborer?

He also says that "scientific" medicine "has progressively become less cock-sure and more modest." We are glad to hear of this reform, but have, as yet, seen nothing of it. This modesty is not apparent in the book before us, which speaks of those who do not believe as it teaches as "medical sectarians," "unconscionable quacks," "drug mad" (the eclectics), "reeking with commercialism," "mercenary," "crudely ignorant" and so on.

Turning from this chapter on "Sectarians," by which is meant those who believe in anything, to the chapter on "State Boards," we see glimpses of the very practical side of this beliefless "scientific" medicine. One quotation from many will suffice to show what is meant. Here it is:

"The examination for licensure is indubitably the lever with which the entire field may be lifted; *for the power to examine is the power to destroy.*" The italics are ours.

The drift of this is that the examining boards are to assume a power they do not possess and refuse examination to all but those from the favored colleges. The weeding out of unfit practitioners is theoretically very laudable, but if a scientific test, or serum, could be discovered by which all the unfit, regardless of college or station, could be rooted up, there might be wondrous things seen, and wailing and gnashing of teeth heard. Why, think of it! Even the august boards themselves might be decimated, and the favored universities not escape.

However, our homœopathic colleges have but little to fear from the roaring of Mr. Flexner, even though they do not vivisection cats and dogs and learn medicine by practicing on mice and guinea pigs, for the people of this country are still masters in many things. They kicked over a medical edifice, we have heard, in Germany, and can do it here. Give your representative a hint.

Finally, if the ideas advanced by the Report are to be made into law, the old variety stage song, "If you ain't got no money you needn't come around," will become very true of medical colleges and their students.

PRESIDENT GRISCOM'S ADDRESS.

Members of the N. J. State Homœopathic Medical Society:

I wish to take this opportunity to thank the members of the Society for the honor they have conferred upon me by electing me their President. I wish also to thank the chairman and members of the various bureaus who have given me their co-operation and support during the past year.

All the bureaus, with one exception, have papers to present at this meeting. The Bureau of Materia Medica, you will see by your program, has no papers.

I have made an honest effort during the year to secure papers and make this one of the most interesting and successful meetings in the history of the society. I have corresponded with every member of the various bureaus and several times with some of the chairmen and was surprised at the difficulty experienced in obtaining papers, and the apparent lack of interest of some of our members. This was especially so with *Materia Medica* and the Bureau of Homœopathy, the two Bureaus from which one would expect the least trouble in a homœopathic society. We were unfortunate to receive, at a late date, the resignation from the society, of Dr. Ironside, the chairman of the Bureau of *Materia Medica*. He had previously told me that it was next to impossible to get men to write papers on *Materia Medica*. The homœopathic profession has specialists in every branch and good ones, too. There is a wonderful field for a few on homœopathic *Materia Medica*. We should be alive to the duty we owe to Homœopathy and this society. If we are to grow, each and every one of us must feel that this is his or her particular society, that its perpetuity and Homœopathy depend on their personal efforts, The members of our school must be up and doing, medical science is continually advancing. Are we, as homœopathic physicians, doing our part in that great work for humanity?

During the past year overtures have been made to the majority of the physicians of our school to join with our old school brethren in their county and national society. Homœopathy is being recognized and its influence felt throughout the whole country. The homœopathic physician is often called in consultation with members of the other school. That spirit of antagonism that existed in former years no longer exists. We are working for the common cause to restore health to the sick. I do not advocate the combination of schools; I believe we, as homœopathic physicians, should always retain our individuality, our societies and schools of learning, which have withstood attacks and criticism for a century.

I would be remiss in my duty as a homœopathic physician and as president of our State Society if I should fail to take advantage of this opportunity to call attention to the fact that this is the one hundredth anniversary of the publication of the *Organon of the Art of Healing*, by Christian Frederick Samuel Hahnemann. Through this great work Hahnemann announced

the basic principles upon which the practice of medicine must be established in accordance with the law of similars. This pronouncement, to a casual observer knowing nothing of the results, seems like merely another piece of the gross ignorance of Hahnemann's time, when epidemics were ascribed to the vengeance of the Almighty, and individual cases of disease to witchcraft, and when remedies, too, were suggested by superstition.

The *Organon*, of course, was greeted with derision, and ten years after its author was prohibited by the Government from dispensing medicines. This decree compelled him to give up practice, the druggists of the time refusing to prepare medicine for him.

Hahnemann's announcement of the law, *similia*, was not hasty, nor was its discovery an accident. In the typical, profound German way, he had worked on the thought for years before he announced it. In fact, the beginning of his thought may be seen in his foot-notes on *Cinchona*, in Cullen's *Materia Medica*, in 1790. He said nothing more on the subject until 1796, when he published "An Essay on a New Principle for Ascertaining the Curative Powers of Drugs." Then elapsed another period of silence, during which time he was continually experimenting, until 1810, twenty years after his *Cinchona* foot-note, when he published the *Organon*, a work still so solid and so based upon unquestionable data that any of us, when complexed, may go back to it with confidence and leave it with assurance of results.

I cannot refrain, sometimes, when reading Hahnemann, or about him, from comparing him with the great seer, Swedenborg, whom Emerson called "A mastodon of literature." Hahnemann was truly "A mastodon of medical literature." The list of his writings is astounding, but, although his reputation for sincerity was not seriously questioned, the obloquy cast upon him marks one of the dark periods of controversy. His writings, and the writings of his supporters, were, for a time, suppressed by the Government censor. Even the right of defense was refused him, while his critics indulged in the most virulent abuse. In all this, however, Hahnemann was receiving the thorns which his race bestows upon its benefactors.

But "Time at last makes all things even," and those of us here to-day are in possession of the retraction of Dr. Amalie Gimeno, of Madrid, a noted therapist, who said, "Hahnemann

foretold at the beginning of the nineteenth century the modern route which science would take, and I regret to have offended him and his followers in former years." And time, ironically enough, has shown some of the "Old School" using homœopathic methods and ignoring, or denying, the source of their inspiration.

Let us take courage and push on, for the future, judged by the past, is ours. No more, we believe, will a Harvey be punished for announcing the discovery of the circulation of the blood, or a Jenner for the introduction of vaccination, or a Hahnemann for announcing the law of similars. The world moves, and with it scientific men, who are becoming more and more conscious of the high nature and purpose of their calling. Men of the healing art remember, first of all, that they are men and gentlemen.

The ignorance of Hahnemann's time will be better appreciated when it is pointed out that Hahnemann began his studies at a time when alchemists were still bending over their retorts, yet he was an acknowledged authority on chemistry. The discussion on the chemistry of the period appears to us to have been of the crudest character, and the theories of medicine were many and bewildering. Even Hahnemann's medical preceptor, Freiherr von Quarin, advocated bleeding till the day of his death. Still Hahnemann showed the disposition to investigate and think for himself, which eventually made him master of the art of healing, for in his "Guide to the Radical Cure of Old Sores and Foul Ulcers," published in 1784, we find him talking like a modern hygienist about the virtues of fresh air, exercise and cold water. The thoroughness of his methods of thinking is shown in the minuteness and detail with which he goes into daily conditions of living. In his treatment of the mentally afflicted he was as considerate as the most advanced humanitarian of to-day would ask. Go through the list of his writings; read his so-called "Lesser Writings," and you will agree with Jean Paul, contemporary of Goethe, who spoke of him as "Hahnemann, that rare combination of philosophy and learning."

Hahnemann pronounced simplicity to be the first law of the physician, defied Ædipus himself to tell the action of a single ingredient of the average medical compound of the time, and bitterly inveighed against physicians who powdered ulcers over with *Arsenic*, thus often causing the death of the patient, and who gave this drug in poisonous doses in intermittent fever. "Fashionable physicians," too, came in for a share of his scorn,

which was expressed in fearless and vigorous language. His style of language is well illustrated in one of his remarks on the mixing of drugs:

"If the remedy already consists of five ingredients," he says, "each of considerable strength, why should not the whole *materia medica* be included? That would be better still."

And further:

"How could he tap the vital fluid four times in twenty-four hours, always without relief, from a debilitated man who had been worn by anxiety of mind and long-continued diarrhoea?"

In all his writings we see the simplicity, sincerity and force of a truly great mind. His sincerity is apparent in his method of proving drugs. He proved many drugs upon himself, and carefully observed and noted their effects. He discovered and fearlessly announced that two or three times the quantity did not produce two or three times the effect, and that poisonous substances could, by dilution, be converted into beneficent and harmless remedies. This latter announcement was his greatest discovery, and the greatest gift to suffering humanity. This law of similars he elaborates in detail, proving every step of his theory. No discoverer or experimenter was ever more thorough in his methods of work, or franker in his reports.

Such were the character and teachings of our master. What shall we do? Shall we boldly uphold and practice what he has given us, or shall we, like the physicians of Hahnemann's time, be led astray by the untried theories of our time? I do not advocate the clannishness and intolerance which we ourselves have encountered from another school, nor do I advocate blind allegiance to any statements we cannot prove for ourselves. But I do believe we should be loyal to the truth as laid down by Hahnemann and proved in our own practice.

I shall not here digress upon the moral significance and responsibility of our school and profession further than to point out, as possibly a newer consideration, our ability to defeat and banish the medical fads of the day, which are as surely undermining the public health as the bleeding and witch-like compounds of Hahnemann's day destroyed their thousands.

Let simplicity—adherence to the truth, as Hahnemann found it and as we may find it—be our watchwords always.

L. E. GRISCOM, M. D.

THE PATIENT: THE DISEASE: THE REMEDY.*

By Rudolph E. Rabe, M. D., New York City.

These three factors naturally enter into every case which is presented to the physician for treatment. How are they to be considered in relation to each other and what valuation is to be placed upon each? These are questions which have a peculiar interest for us as homœopathic physicians, since we base our therapeutic efforts upon a law of cure. The latter is plain in its mandates, but, unfortunately, often difficult of correct interpretation and application in practice.

Modern medical science, above everything else, demands, first of all, a diagnosis as a prerequisite to any treatment, no matter in what the latter may consist. No one disputes the justice and necessity of this demand. Before any intelligent and co-ordinated effort can be made we must know just what is the matter with the patient. We must know wherein and how he is sick, which functions are disturbed or perverted, and, if possible, why; which pathologic changes have taken place, if any, and whether these be macro- or microscopic in character. Diagnosis in the modern sense of the word does not then consist in merely naming or labelling the disease. Names frequently become obsolete or have to be entirely changed to suit new conceptions of pathologic conditions.

If, after a thorough diagnosis in the sense, as just indicated, everything abnormal about the patient be known and recorded, can we regard such abnormality or perversion of physiologic function as an entity, entirely separate and distinct? For purposes of convenience in description, exchange of thought between physicians and information to the patient, his family and friends, we can. Language is the medium of exchange of thought, whether spoken or written. When we speak of pneumonia or of cancer, we all know just what is meant and the inquiring mind is satisfied. The disease has been named and we realize what is back of the name.

If we study illness, particularly that which is progressive and hence chronic in nature, we soon perceive that at some remote

*Read at the Annual Session of the New Jersey State Homœopathic Medical Society, Cape May, N. J., 1910.

time and somewhere in the body it had its origin, no matter how caused. The beginnings were slight, a trivial departure, perhaps, from the physiologic, but nevertheless a departure. As time went on further and wider departures from the normal became evident, gradually other and hitherto normal organs were drawn into the pathologic chain, until, perhaps, an ultimate or resultant condition was reached, which terminated the life of the sufferer. That which, in the beginning, was regarded as functional perversion only, in the end had to be considered as organic pathologic change. One might, indeed, with entire correctness, speak of a pathologic end-product. The natural history of interstitial nephritis furnishes an illuminating example. That such progressive changes are never entirely stationary though temporarily quiescent, is, undoubtedly, true.

A study of the provings of drugs reveals a very close analogy between the foregoing and the pathogenetic effects recorded by the provers. The only difference is that the ultimate state, the pathologic end-product is not always reached, for the simple reason that few provers could be found willing to carry such experiments to their inevitable conclusions. These omissions are, however, often supplied by the records of poisonings whether of suicidal or accidental character. Drug pathogenesis, too, shows that the process of proving is never stationary. The sick-making power of drugs is similar to that of the varied and numerous causes of disease and both are subject to the same laws of individual susceptibility, immunity, natural or acquired and so on.

In the light of what has now been said it would appear perfectly logical that any therapeutic effort which is to be successful must be directed not at disease entity, but at the patient in whom the entity is present and progressing. If this entity has not yet reached the condition of end-product, a moment's thought will show that by virtue of the relationship already described, a relationship which is expressed in the formula "*similia similibus curantur*," it must be capable of relief and cure by internal therapeutic measures, in accordance with the principle involved. If, on the other hand, the terminal condition of end-product has been reached, little or nothing may be expected from the attempt to apply a principle which is not in the least involved. Here Homeopathy finds no sphere of application, but surgery and other legitimate therapeutic measures are supreme. Even they cannot

be said to cure, but are capable of bringing relief and possible prolongation of life, quite impossible by other means. The course of an appendicitis is a good example. If such an inflammation through faulty application of the homœopathic law or on account of tardy remedial administration, has ultimated in pus formation it is futile to expect a further appeal to the law of similars to be successful. Here surgery must step in to remove that, which in itself has become a further source of symptoms, toxic or mechanical in nature and highly dangerous to life. The end-product, the undoubtedly foreign body, pus, must be removed and such removal is entirely consistent with the wise precepts as laid down by the founder of Homœopathy in paragraph seven of the *Organon*.

It is much to be regretted that our school has been rent and torn by the opposite opinions of men who have wrongly interpreted the meaning of true Homœopathy. Even to-day in and out of meetings and journals the battle with spectral windmills goes merrily on and when we add to the conflict that never-ending cause of dispute, the time honored potency question, a true Donnybrook fair is on, indeed. The smoke of battle over, a few exhausted combatants may be seen writhing in the mire of misconception, prejudice and bigotry still clinging with a tenacity worthy of a better fate, to their favorite and fallacious views.

Let us, then, as modern physicians, men of intelligence and honesty of purpose, work together and in harmony and do something to clear away the obstacles to our advancement! With this thought in view, this essay has been presented for your consideration.

A PROVING OF THYMOL.

Dr. Ralph E. Mellon has been conducting a proving of *Thymol* at Ann Arbor. Two men took the drug for one month about four times a day, beginning with the 3x and winding up with the 1x. The stomachs of the provers became so irritable at the expiration of the month that the proving was discontinued. No after effects were noted when the proving was stopped.

Dr. Mellon's summary is: "The drug produces a typical sexual neurasthenia, and its application to this common condition naturally suggests itself.

The chief symptom developed after two weeks was profuse seminal emissions towards the morning, every night for four successive nights, then one night's intermission and then emissions for two more nights. None of the emissions gave the slightest sense of relief in either prover, but they awoke tired and unrefreshed."

Lascivious dreams of a very perverted character were quite prominent, as, for example, copulation with animals.

"Much aggravated by mental or physical labor. Energy gone."

The Ann Arbor men are doing good work. We hope that some day they will test *Heloderma horridus* and see if it is the remarkable drug Boocock said it was. If it can be demonstrated even remotely that his proving was accurate it will give the profession a drug that, as it were, stands apart from all others.

The foregoing abstract is made from Dr. Mellon's paper in the July *Medical Century*.

BELLA DONNA.

By H. Bruce Webster.

A Spanish maiden, Bella Donna, lives in old Castile,
Her bosom heaved, her body throbb'd from head to heel;
Her heart pulsated wildly, cheeks burnt deeply red,
Not with passion laden, but with fever fed.

When her eyes gleamed wildly, hotly; 'twas not love's unrest
Dilated her ebon pupils or convuls'd her throat and breast;
No breath of lurid passion moved those dry lips—muttering, senseless—
Or tossed that aching form, from light or sound, sleepless, restless.

* * * * *

In sunny Spain, though the perfumed breeze from vine-clad hills,
Engenders romance, it does not prevent many ills.
The subject of this diagnosis was quickly restored to health;
She became slightly cannabalistic, and took a small dose of herself.

OLIVE OIL FOR POSTANÆSTHETIC NAUSEA.

Graham in the *Journal of the American Medical Association* of December 18, 1909, states that it has been shown, in work soon to be published, that fats and other ether-soluble substances, when introduced into the alimentary tract of individuals subjected

to ether anæsthesia, are capable of restoring to the blood certain properties which are inhibited by the action of the drug, viz., those concerned with the phenomena of phagocytosis. With the idea in mind that other effects of ether, such as nausea and vomiting—whether these be due to a local irritating action of the drug on the gastric mucosa or to a more general action elsewhere—might also be influenced by the introduction of a fat, such as olive oil, into the stomach, in a series of cases, patients were given olive oil by mouth immediately after partial restoration of consciousness following an ether anæsthesia. Up to this time thirty patients in all have been treated in this manner. The results have been striking. In certain of the cases nausea failed to occur at any time. In a second group in which nausea had begun prior to the administration of the oil, it was immediately checked by this treatment. In only one of the thirty cases was nausea observed after giving the oil. In this case consciousness had been regained, and nausea and vomiting had set in. One ounce (30 c.c.) of olive oil was then given by mouth. Almost immediately the patient remarked on the “soothing” sensation produced by the oil. Nausea and vomiting ceased and remained absent for ten hours, at the end of which time there was a return of the symptoms in a mild form. The cases chosen were all simple, so-called “clean,” surgical cases in which the probability was strong that such nausea as might occur would be due entirely to the anæsthesia and not to any other cause, such as bacterial intoxication, extensive injury to the peritoneum, etc. The duration of anæsthesia varied from half an hour to an hour and a half. The open drop method was employed in all cases.

It should be emphasized that it has been found necessary to use an olive oil of high grade purity. Oil that has become rancid through exposure to air or that contains a considerable amount of free fatty acids liberated by a process of sterilization should not be employed.

Whether or not ether anæsthesia causes nausea and vomiting by a local action of swallowed or excreted ether on the gastric mucosa, or, as is more generally accepted, through its action primarily on the central nervous system cannot be discussed at length in this report. Nevertheless, it is more interesting to note in this connection that in those cases in which nausea and vomiting had already set in relief was experienced immediately after

swallowing the oil, a fact which supports the idea of a local irritation. In the single case in which nausea recurred it was at a time when all the oil should have passed from the stomach into the bowel.

Up to this time no observations have been made on nausea and vomiting following anæsthesia with chloroform or other anæsthetic.—*Therapeutic Gazette*.

THE INFLUENCE OF ECHINACEA.

Chas. L. Billingslee, M. D., South Fork, Ark.

I am able to confirm the positive statements given by many writers, concerning the remarkable virtues of *Echinacea* as a great blood sustaining influence in the treatment of sepsis, appendicitis and typhoid fever, also in uræmia.

I have used this remedy in the treatment of three cases of puerperal sepsis with recovery; of three cases of appendicitis with recovery, with no symptoms after the cure was completed; in eighteen cases of typhoid fever, all with recovery and without any complications. Some within from twelve to fifteen days. Two cases of uræmia both recovered, the improvement beginning almost immediately after beginning the use of *Echinacea*.

Other remedies were prescribed as their indications appeared, but *Echinacea* was given from first to last in all of the cases, to antagonize septic influences in the blood, and to prevent breaking down of the blood and suppuration.

The dose in septic fevers was from ten to fifteen drops every two hours. In typhoid fevers from five to ten drops every two hours, in appendicitis ten drops every two hours, in uræmia from fifteen to twenty drops every two hours. I have come to depend upon this remedy for the conditions named with the utmost confidence.—*Ellingwood's Therapist*.

GROUCHING AT THE MATERIA MEDICA.

Ever and anon some scientifically-minded medical gentleman arises and wants to have the homœopathic materia medica made to fit the small "rigorous tests of modern scientific inquiry." Whatever in it won't fit into that little medical pot must be dis-

carded because it is "unscientific." It may cure disease, but what is that to "conforming." When a symptom conforms to the microscope, the stethoscope, the spectroscope, the bacteriologist, chemical analysis and the current belief of the day, it is worthy of a place in the scientific materia medica and not until then. The homœopathic materia medica is really a reflex of human nature. The action of drugs will vary in provings as human nature varies. Limburger cheese and sauer kraut may produce a sense of well being in one man and of disgust in another. Apparently the fact that human beings are not the same, that no two ever have been, nor never will be, scientifically and precisely alike, is an idea that cannot penetrate the skull that lays much stress on science applied to humanity as it is applied to metals and gases. In their lexicon limburger and sauer kraut should act the same on every human being who takes the combination into his stomach.

Therefore when this gentleman, surcharged with science, reads of one prover experiencing thus and so from a drug and another something quite different, he exclaims: "How very unscientific and absurd!" Not knowing that it is himself who lacks what might be termed the Higher Science that reads the true nature of a drug in its various aliases in human beings and can direct it with curative skill at the bedside.

Theoretically, the reprovings of our old drugs with the provers observed by specialists and charted with all manner of instruments is very desirable, but *in reality no one wants such provings*. Did not the O., O. and L. Society submit *Belladonna* to such a proving? Every one said it was "a grand contribution to our fund of knowledge"—but no one bought the book, not even, perhaps, those who eloquently demand the "scientific reprovings" of the old polychrests. Why not? There is the book containing the scientifically ideal reprovings of a polychrest remedy, why does no one buy it or seem to want it?

That is a difficult question to answer, for the simple reason that the homœopathic medical profession is today liberal buyers of old and new books on homœopathic materia medica, yet this book on which so much care was expended and on the preparation of which so many instruments of precision were employed lies on the booksellers' shelves accumulating dust, while older materia medica books are in constant demand. This fact is not

of a nature to encourage provers or publishers into future ventures of the same sort.

It is with drugs as it is with men. You may meet a man frequently, but you really do not know him until almost as by a flash, a look, a word, something happens, and then you see his true nature, good or bad, and no matter what he may afterwards say or do, *you* know him for what he is. So, perhaps, it is with drugs; when once you read the soul of a drug you know when and where to use it, quite regardless of apparent contradictions.

When a man gets a grouch at the homœopathic materia medica he ought to take a prayerful mental inventory of himself.

ALTERNATIONS OF REMEDIES IN HOMŒOPATHY.

By J. Murray Moore, M. D., E. R. G. S.

Late in 1866, having become quite dissatisfied with my experience of allopathy, I succeeded Dr. Herbert Nankivell as House Surgeon of the Liverpool Homœopathic Dispensary. At once, with no preliminary training whatever (for my fair-minded father had expressly refrained from biasing my views while a student at Edinburgh, and had even advised my practicing the old system, and taking my own course in life as to adopting the new system), I plunged into the task of prescribing for a crowd of patients at the rate of forty to fifty per hour, and of visiting others in the Liverpool slums, to the number of twenty-five to thirty per day.

With Hull's "Jahr," Hughes' "Pharmaco-dynamics," Thompson and Capper's "Sixteen Principal Remedies," and the kindly help of my honorary staff, I managed to work into the new therapeutics. Not having time to search out the simile for each case, I prescribed on a pathological basis of diagnosis, and gave remedies in alternation, because I could not always decide which of two or three remedies was the *similimum*. And I succeeded in curing or relieving a large proportion of cases. In fact, I found that the worst, most slipshod, inaccurate homœopathic treatment was better than the best allopathic medication of *that day*, for nearly all our dispensary patients had visited the ordinary hospitals and dispensaries without relief, before resorting

to our institution. Our percentage of recoveries far exceeded that of the best hospital in Liverpool.

My younger colleagues, the stipendiary medical officers, Drs. O'Neill and Simmons, helped me much in prescribing; but they, too, more often used pairs than single remedies. Still, I gradually improved in the art of selection, and I find in a clinical notebook started in 1867 that between 1867 and 1871, out of 140 cases cured, 112 were treated by single remedies, given one at a time, and only 28 by alternating medicines. Two of those 28 were treated by different dilutions of the same medicine, given alternately. They were: (1) *Calc. carb.* 6 and 12 in a case of marasmus from tuberculosis of the mesenteric glands; and (2) *Thuja* 3 and 6, which in a short time completely removed sycotic warts on the anus of an old man.

My chief instructor in the practice of homœopathy in those early days was, naturally, my worthy father, and he was an habitual alternator. His patients always had two glasses ready for him, and I remember that, sometimes, when acting as his *locum tenens*, some of them would be quite disappointed when I decided upon *one* remedy, instead of two. Dr. Hayward, sen., used pairs of medicines less often than my father, and Dr. Drysdale very seldom indeed. As far as I could trace results, all three eminent practitioners were equally successful in curing their patients.

The commonest and most successful alternations that I have used during my forty-four years of practice are the following:

(1) In simple sore-throat, whether ulcerated or not, *Bell.* and *Mercurius sol.*

(2) In tonsillitis, with fever and great soreness of the pharyngeal mucous membrane, *Bell.* and *Baryta carbonica.*

(3) In real diphtheria, *Bell.* and *Mercurius biniod.* (freshly made trituration, if obtainable). I reported a good case in the *Homœopathic World* for 1875, p. 346, where this pair of remedies in forty-eight hours completely removed the exudation from the whole of the left tonsil and part of the right, lowered the pulse-rate from 114 to 80, and made the patient feel well in himself. *Bell.* 3 cent. and *Mercurius bin.* 3x trit. were the potencies used. What better result could have been obtained by anti-toxin?

(4) *Apis mel.* and *Mercurius biniod.* 3x in diphtheria, with albuminous urine.

(5) *Cantharis* 3 and *Mercurius biniod.* 3x in diphtheria, with albuminous urine.

(6) *Bell.* and *Kali bichromicum* in diphtheria of an ordinary, non-phagedænic character.

(7) *Aconite* and *Phosphorus* in simple acute pneumonia.

(8) *Aconite* and *Bryonia* in pleurisy, in acute rheumatism, and in peritonitis (idiopathic).

(9) *Mercurius corrosivus* and *Colocynth* in dysentery, where the colic pains are a prominent feature.

(10) *Aconite* and *Pulsatilla* in measles.

(11) *Cannabis sativa* and *Mercurius corrosivus* in gonorrhœa, with a hard chancre; if with a soft (non-infectious) chancre, *Cannabis* and *Mercurius sol.*

(12) *Nux vom.* and *Carbo vegetabilis* in some forms of chronic dyspepsia.

(13) *Nux vom.* and *Sulphur*, the former usually given in the morning, and the latter at night, for chronic constipation.

(14) *Arsenicum* and *Veratrum album* in some cases of diarrhœa, characterized by frequent watery stools, severe griping, relief after stool, and considerable debility.

(15) *Iodine* 1 cent. and *Veratrum viride* 1x, given alternately every two hours in infantile acute meningitis (one case) I found effect a rapid and permanent cure.

(16) *Ferrum metall.* 1 or 3x, and *Pulsatilla* 1 or 3x, in anæmic girls, with scanty and irregular menstruation.

I have always lengthened the intervals between the doses as soon as improvement began, and have ordered a single remedy (*not necessarily* one of the first pair) to finish off the cure.

I might mention here that our colleague, Dr. Samuel Philip Alexander, of Southsea, wrote an interesting article in the monthly *Homœopathic Review* for September, 1891, in which he alludes, though with apologies, to his own successful alternations of remedies. Of my No. 13 he says, "The stock treatment of piles with *Nux* and *Sulphur* . . . certainly seems to do more good than the employment of either of these drugs singly."

He goes on to quote three other successful alternations in his practice: "I have seen a case of acute rheumatism promptly cured—*mirabile dictu*—with *Bryonia* and *Rhus tox.* given alternately! . . . That two such antagonistic drugs, thrown into the system together, should effect a cure is only to be explained on

the principle of the 'survival of the fittest;' the disease selects its own *similimum*, and discards everything else. . . . I can recall at least two cures in my own practice, following upon the alternation of drugs. . . . One was a case of chronic gastro-enteritis, the principal symptoms being vomiting and diarrhœa after food, with burning pain in the stomach, and severe colic. . . . *Arsenicum* and *Colocynth* were given in alternation, and the man *who had suffered for months* was well in a few days.

"The second case was somewhat similar, in a lady . . . but recent, and typhoid in character, and attended with liver symptoms. *Baptisia* doing no good, I hesitated between *Merc. sol.* and *Veratrum album*, but finally gave the two in alternation, with immediate and complete success."

Now, I am pleased to be able to quote the evidence of this excellent clinician, the brother of an ex-President of our Society, in support of alternation—though, for brevity, I have omitted his deprecatory remarks thereupon. For I *know* alternation to be successful in ordinary, everyday practice, even while I admit that it is unscientific. Although I began as early as the year 1868 to report cases cured (in the *Homœopathic World*), I have refrained all my life from reporting in print cases cured by alternating medicines, because colleagues could not derive any *definite* information from them, as an assistance in the treatment of other similar cases. Hence scores of cases that I considered "good homœopathic cures" have not been published. No doubt this feeling is shared by many colleagues.

Now it becomes us to inquire whether the practice of alternation is justified, excused, or condemned in the "Organon," which Dr. David Ridpath has truly styled "The Bible of Homœopathy." Guided by more mature experience, I can now endorse Dr. Ridpath's statement: "A knowledge of the principles contained in the 'Organon' is necessary to the successful practice of homœopathy." Yet in my homœopathic student days the "Organon" was not studied by any of us, except two, perhaps three, who became high-dilutionists.

The *general teaching* of the "Organon" is plainly as much opposed to alternation of medicines as it is to unnecessarily frequent repetition of doses of the one selected remedy.

Section 169 (p. 139 of "Dudgeon's Trans.") runs thus: "If, on the first examination of a disease, and the first selection of a

medicine, we should find that the totality of the symptoms of a disease would not be sufficiently covered by the disease—elements of a single medicine—owing to the insufficient number of known medicines, but that two medicines contend for the preference in point of appropriateness, one of which is more homœopathically suitable for one part, the other for another part of the symptoms of the disease, it is not advisable, after the employment of the more suitable of the two . . . to administer the other without fresh examination. For the medicine that seemed to be the next best might not, under the change of circumstances that has in the meantime taken place, be suitable for the rest of the symptoms that then remain; in which case, consequently, a more appropriate homœopathic remedy must be selected in place of the second medicine, for the set of symptoms as they appear on a new inspection.”

In a note to section 272 (p. 187), which runs: “In no case is it requisite to administer more than one single, simple medicinal substance at one time,” Hahnemann writes: “Some homœopaths have made the experiment in cases where they deemed one remedy homœopathically suitable for one portion of the symptoms of a case of disease, and a second for another portion, of administering both remedies at the same or almost at the same time; but I earnestly deprecate such a hazardous experiment, which can never be necessary, though it may sometimes seem to be of use.”

At this period homœopathy was still in the experimental stage as regards new remedies, and both Lutze and Ægidi had proposed to mix two apparently suitable medicines and give the combination, a sad relapse to the polypharmacy of the old school from which they had emancipated themselves.

In section 270 of the *first three editions* of the “Organon,” however, we find the following sanction for occasional alternation: “When, therefore, a thoroughly suitable specific (homœopathic) remedy cannot at once be found, on account of the deficiency of medicines whose pure effects have been ascertained, there will usually be one or two next best medicines for the characteristic original symptoms of the disease, one or other of which—according to the morbid state in each case—may be useful as an intercurrent remedy, *so that its administration in alternation with the chief medicine promotes the recovery much more*

palpably than giving only the chief medicine . . . two or three times in succession." (The italics are my own.)

This section, perhaps because it afforded an excuse for the practice of alternation, condemned by Hahnemann's note to section 272 above quoted, was omitted in the fourth and fifth editions of the "Organon."

According to Dr. Croserio, of Paris, an intimate colleague of Hahnemann, the Master "never prescribed two different remedies to be taken alternately, or one after another. He would always first learn the effects of one remedy before he gave another, even in patients who were treated by him at two hundred leagues distance." (Letter to Dr. von Bœnninghausen, 4th American edition of "Organon," in note to section 272.)

Notwithstanding this statement by Croserio, Hahnemann advised alternations in certain diseases, characterized by alternating morbid states, and "became an *a priori* prescriber of successions," as Hughes terms it.

In purpura miliaris, he advises the alternation of *Aconite* and *Coffea*, one or other being given, according to the indications, every twelve, sixteen, or twenty-four hours. Of cholera he writes: "The best homœopathic practitioners have found *Cuprum* indispensable in the second change of the fully developed disease, *alternated, if the symptoms indicate this, with Veratrum album*. I have also advised the alternation of these two substances from week to week as a preventive against the disease." He says, further, that *Bryonia*, alternately with *Rhus tox.*, proves of eminent service in post-choleraic fever.

In treating croup, Hahnemann tells us always to precede *Spongia* by *Aconite*, and to follow it up sometimes by *Hepar sulphuris*. Von Bœnninghausen, "who," said the Master (note to section 235), "has rendered more services to our beneficent system of medicine than any other of my disciples," built upon this therapeutic suggestion a system of giving to all cases of croup five powders in succession—*Aconite*, *Spongia*, *Hepar*, *Spongia*, *Hepar*, and no more medicine afterwards.

In complicated chronic diseases, the second edition of the "Organon" advises *Mercury* and *Sulphur* when syphilis and psora coincide, and the third edition recommends *Mercury*, assisted by *Thuja* or *Nitric acid*, when sycosis is also present.

Among Hahnemann's foremost disciples who alternated reme-

dies were Gross, Rummel, Hartmann, Hirsch, and Hering. Occasional alternation has been ably defended by our own Drysdale and Russell, and by Drs. Martiny and Bernard, of Belgium, while it was as ably attacked by Carroll Dunham.

It was shrewdly pointed out by Jahr, in his "Therapeutic Guide" (1870), that alternation "renders all rigidly correct observations impossible." I remind the reader of Dr. Kallenbach's observation, who gave his diphtheria patients at The Hague at first *Apis* and *Lachesis* in alternation, but afterwards, when he wished to find out which of these two remedies really effected the cure, saw those to whom he gave *Apis* alone recover in *three* days instead of in *five* under the alternation, whereas those who received *Lachesis* alone did not improve at all."

I do not suppose that any of us, with the greater knowledge of drug action, and perhaps better acquaintance with pathological processes than existed thirty years ago, would countenance the absurd recommendation by Constantine Hering in an article in the *North American Journal of Homœopathy* for August, 1879, to give *Colocynth* alternately with strong coffee in some forms of colic. Nor would his other eccentric advice, in the same article, be followed at the present day—namely, that in any case where great pain is present we may administer opiates in alternation with the specific homœopathic remedy.

The main arguments in favor of alternating remedies are these:

(1) The practical advantage of saving time to the busy man, and the promptitude of relief to the patient in acute diseases.

(2) Assuming that the two remedies chosen are *not* homœopathic *antidotes*—and this condition of alternation must be absolute—the second remedy may revive the susceptibility of the tissue, organ or bioplasm, which would otherwise tend to be exhausted (Drysdale). Dr. Drysdale illustrates this by the laws of the reaction of the retina to certain colors.

(3) As even specific morbid processes, such as typhus fever and variola, may, though rarely, concur in the same individual, much disease is complex in character and needs more than one remedy, with its destructive processes (R. Russell). As it is against all homœopathic rules to give more than one medicine at a time, we give a pair by turns, at rational intervals, and enhance our healing power.

(4) The medicines alternated act as useful auxiliaries, assisting each other; or as correctives of each other; or by drawing out in various ways the reactions of the organism to make them converge to a cure (Martiny, Bernard).

(5) In definite diseases the presence of urgent complications is better met by alternations than by change of remedy (Richard Hughes).

(6) As certain drugs specifically effect certain tissues, it is a decided advantage to use two remedies, each of which act directly upon the morbid process in each different tissue.

For example, it is rational to suppose that when we give *Bell.* and *Merc. sol.* alternately in a case of ulcerated sore-throat (cynanche tonsillaris), *Belladonna* reduces the swelling of the congested capillaries of the mucous and submucous membranes, while *Mercurius* "alters"—to use an allopathic phrase—the ulcerated surface towards normal condition.

Similarly, the rapid cures I have often witnessed of quinsy, even when far advanced, are explicable by the action of *Belladonna*, as aforesaid; and of the *Baryta carbonica* specifically upon the glandular substance of the tonsil itself.

Also I can explain to my own satisfaction, though perhaps not to that of my colleagues, that in the *Nux* and *Sulphur* treatment of piles, constipation and cold feet, *Nux vomica* stimulates the vermicular movement of the intestines through the *par vagum* and the sympathetic, while *Sulphur* promotes the activity of the languid venous capillary circulation, and of the hæmorrhoidal veins.

In the treatment of chronic diseases, of which the major part of my practice in Leamington consists, I have almost given up alternation, because the diseases are of a definite fixed type; and, if complicated, then I take up each complication separately, matching it by a well-thought-out remedy, and following Hahnemann's direction to treat the latest symptom first.

My own conclusions upon alternation are these:

(1) Alternation is not scientific homœopathy.

(2) Alternation is often very effective, and is legitimate to a homœopath.

(3) A case successfully treated by alternate remedies and reported in paper or journal affords no instruction to the colleagues of the writer.

I hope that this hastily written paper gives some material for a discussion, though I can hardly hope for such a full and interesting one as was reported on the subject of "The Selection of the Remedy."—*From Journal of the British Homœopathic Society.*

COMMON SALT IN ITS RELATION TO DROPSY

The Twenty-sixth Congress for Internal Medicine at its meeting on April 19th, in Wiesbaden, Germany, had a number of useful addresses and discussions, among which the influence of the minerals on the health of the body received particular attention. The most important discussion was perhaps that on common salt.

Dr. Magnus Levy spoke especially on the effects of common salt (*Chloride of sodium*). Owing to the investigations of the last ten years very surprising results have been obtained which are also of immediate use in the treatment of diseases. Most important are the results obtained in the treatment of chronic diseases of the kidneys, as indeed the whole inquiry was largely caused by observations made in these diseases. Civilized men, as a rule, use a great deal of salt in their food. The great quantity of salt consumed, amounting to 15-20 grams a day, is harmless, and leaves the body again within twenty-four hours, so long as the kidneys are sound. Patients, however, whose kidneys are diseased are unable to eliminate 10 grams of salt a day, which have been given them for the sake of experiment, and there results a retention of salt. If such an action is repeated it cannot fail to have its effect on the diseased body. From this the conclusion was drawn that the accumulation of common salt frequently leads to dropsy with patients whose kidneys are affected. *Vidal* has proved this by his classical experiments; he succeeded in repeatedly removing the dropsy in a kidney by giving a diet without salt, while the dropsy regularly reappeared when ten to twelve grams of salt were added to the saltless diet. Milk free from such irritant has been for some time used in such cases with good success. But still three quarts of milk contain five grains of common salt, and it has been found that using another diet which had been formerly considered as unsuitable, namely, meat, rice, butter, bread, etc., the dropsical swellings with kidney patients disappeared in as short or in a shorter time as in mere milk

diet—if only the salt is removed from it. Such saltless diet, *i. e.*, a diet where no extra salt is added to the dishes used, has found a practical application also in other cases. Experiments with animals have shown that also other salts than common salt, especially phosphates, may cause swellings in the body, but they are of no practical importance in human dropsy. Dropsy in diseases of the heart and of the liver is due to other causes than in kidney diseases, and it is not, therefore, influenced by common salt in the food, or, at least, not so strongly as in the other case. Nevertheless a diet without salt has been used with great effect as an auxiliary method also in these diseases.

An accumulation of common salt without any resulting dropsy is found in cases of wasting of the kidney, and in some diseases connected therewith, such as gout and arterio-sclerosis. In such cases the cells themselves are overloaded with salt. Also in almost all infectious diseases there is a retention of common salt, but in these cases the mechanism and the importance of this fact are not yet sufficiently apparent. There are also other diseases, such as epilepsy, diabetes and the milky crusts with sucklings, in which a saltless diet has been used to advantage. In many of these investigations the suckling is a far more sensitive subject than the adult, because it reacts much more acutely to any disturbance in nutrition. Therefore, we may expect rightly much addition to our knowledge in this domain from the co-operation of children's physicians.

Dr. Vidal.

Dr. Vidal, of Paris, who was an honored guest at the meeting, then delivered in French an address on "*Therapeutic Dechloruation.*" This is the scientific name for the withdrawal of common salt in the food. The speaker gave a more exact account of his classical observations on a patient sick with a kidney disease, which he continued for months, and in which the dropsical swellings were made to increase and to decrease in exact agreement with the increase or decrease of the amount of salt in the food. He then carefully determined the exact measures to be used in the application and composition of the diet in this treatment. The withdrawal of chlorine in this case has two purposes: 1. To withdraw the chlorine and the swelling, and 2. to establish a diet which is in agreement with the functional ability of the kidney.

By exact observations of the patient (observations of the weight and of the balance in the metabolism) the exact dose of common salt may be determined, which should not be exceeded. With some patients the dropsical swelling^a may be rapidly influenced, but with others also other means must be drawn in to aid. Exact observation and individualization are, therefore, necessary if we would obtain any advantage from this treatment. We cannot expect that all disturbances with kidney patients can be removed by the withdrawal of chlorine. These disturbances are often also caused by the retention of nitrogen. The speaker then also entered further on the diagnostic distinction between the inflammation of the kidneys and the uræmic conditions frequently attending it, and which threaten a fatal issue. These may be occasioned either by the retention of salt or of nitrogen. This is of especial importance in determining the prognosis of these cases.

Strauss, of Berlin, warns against the withdrawal of chlorine in dropsy of the kidneys and of the heart, where diseases of the kidneys are well compensated.

Dr. Blum, of Strassburg, reported on an experiment on a healthy man, with whom he succeeded in producing dropsical swellings by accumulation of common salt.—*Translated from Allgem. Hom. Zeit.*

SOME OCCASIONAL REMEDIES.*

By Frank Webb, M. D., Bridgeport, Conn.

Mr. President and Fellow Members of the Eclectic Medical Association of the State of Connecticut, and Our Distinguished Guests From Sister States:

It has so long been the custom of members of other schools to use the eclectic materia medica without giving due credit, that I think it not out of place for me to give my attention in this paper to some remedies that are of homœopathic origin, which have proven very potent factors in my hands.

We will consider *Bacillinum* 30x first. This remedy was brought to the attention of the medical profession by Dr. J. Compton Burnett, the great English homœopath. It contains all the material constituents of the tubercular process, containing the

*Read at meeting of Connecticut Eclectic Association, May 10, 1910.

bacilli themselves, and is made from morbid matter after death. In tuberculosis, with a loose, rattling cough, constant with bubbling sounds in the lungs, filled with loose pus and mucus, labored breathing, expectoration of a heavy, sticky, greenish or dark-yellow pus, no appetite, *Bacillinum* 30x given in capsules of one grain each, three times a day, every other day, will give the most remarkable results. After the lungs are cleared the cough almost disappears and the patient gains in weight and strength.

In pneumonia, especially of old people, where the lungs are filled with loose, rattling mucus, with inability to raise it and the patient is cyanosed to the point of suffocation, a few doses of the above will change the condition as if by magic.

I could take up all of my time for this paper with *Bacillinum*, but suffice it to say in any asthmatic, bronchial, or pulmonary trouble, with the above symptoms, *Bacillinum* is the remedy every time. If you will try it, not in one but many cases, you will soon learn to rely on it as I do.

Crotalus horridus 8x.—This is the trituration of the rattlesnake virus. This remedy in my practice has been confined to people who have a hæmorrhagic diathesis,—bleeding from all orifices, ears, gums, nose, of dark blood, with great prostration, followed by days of extreme weakness. The blood is non-coagulable. I have cured two cases that suffered from the above symptoms for years with *Crotalus horridus* 8x, thirty drops in four ounces of water, one teaspoonful every two hours for one month.

Heloderma horridus 30x is the dilution of a member of the scorpion family. It has been proven by Dr. Robert Boocock, and my experience with it has been limited to two cases of locomotor ataxia, with the best results. While it will not cure, it will alleviate many of the worst symptoms, notably the dyspnœa and tendency to fall on the back. The indications I follow in its use are those given by homœopathic authors, “jerking limbs, staggering gait, tendency to turn to the right when attempting to walk, dyspnœa, dizziness with an inclination to fall backwards.” Dose, five drops of 30x in a little water every two or three hours.

Lac caninum 30x.—This remedy is the dilution of dogs' milk, as the name suggests, and has proven of great value to me, especially this last winter, when I have used it more than ever without one failure. In tonsillitis or diphtheria, where the patches

or membrane forms on the right side and alternates to the left, *Lac caninum* is the remedy every time. My attention was first called to this remedy in a case of tonsillitis that began on the right side of the throat and would be apparently cured, but in a night would shift to the left side. The dose is one dram in four ounces of water, one teaspoonful every hour, in combination with other indicated remedies or alone.

Lachesis.—The main indication for this drug is any and all diseases that begin on the left side and shift to the right, particularly the throat. Hot flashes and perspiration of the menopause are greatly relieved by the remedy, especially in women who have been in poor health since change of life commenced.

Diphtheria, tonsillitis, beginning on the left side and extending to the right side, with a dark-purplish color; sensitive boils, malignant pustules of any kind of a dark-purple color, typhoid fever, with great stupor and delirium, lower jaw inclined to fall, tongue trembles and catches on the teeth when protruded, perspiration stains yellow, and always cold, are good indications for this drug. Dose, fifteen drops of *Lachesis* 8x, in four ounces water, one teaspoonful every hour.

Lactrodectus.—This drug is procured from a member of the spider family. In my practice it has proven the best remedy that I ever used in angina pectoris, the more chronic the case the better it seems to act. The dose is five to seven drops in a little water every hour until relieved.

Naja tripudians.—In this remedy we have the virus of the cobra. It is one of the most neglected remedies that we have. In impending paralysis of the heart, in diphtheria, where the body is cold, pulse very slow, weak, and irregular, hardly perceptible, I know of no remedy that is so certain and speedy in action in impending heart failure, in rheumatism, or pneumonia in the aged, especially those who suffer from chronic valvular lesions and cardiac hypertrophy. Another indication is in that form of insanity where the patient has a suicidal mania. Dose, three to five grains of 6x trit. *Naja tripud.* every hour or two.

Ova testa.—This is the membrane of the common hen's egg. In those cases where women suffer with the broken back symptom in leucorrhœa. I know of no remedy as certain in its action. The indication for this drug is a feeling as if the spine were broken and either wired or tied together with a string. The dose

I have had the best results from is the large dose of ten grains of the 3x trituration four times a day.

Pulmo vulpis is derived, as its name indicates, from wolf's lungs, and is the most valuable remedy that I ever used in humid asthma, especially that form of it that we so often find in cases of chronic Bright's disease; persons who have chronic catarrhal symptoms and œdema of the lungs, shortness of breath that is persistent and will cause a paroxysm of asthma on the slightest motion. Dose, two to five grains 1x trit. *Pulmo vulpis* every one to three hours.

Sepia will be the last of these drugs which are of homœopathic origin that we will consider. *Sepia* is obtained from the cuttlefish, and is adapted to women especially of mild disposition and of dark complexion. It is one of our most reliable remedies in child-bed or the period of pregnancy, especially in complaints brought on or aggravated by washing or having the hands too long in water; pains like labor pains, with a sensation of bearing down in the pelvis and dragging pains in the sacrum, accompanied with a feeling that she must sit close to something and cross her legs to keep something from falling from her vagina. Valuable in prolapse, ulceration of cervix or the os uteri, accompanied by weeping, falling of the hair; in chronic headache at the change of life; in fact, any and all conditions of the menopause that is aggravated by wet, sultry weather or a thunder storm. Dose, five grains 3x trit. *Sepia* every three or four hours.

If any of you who are present are not familiar with these remedies, do not throw them to one side contemptuously as of no value, because they are not strictly eclectic drugs, but try them in the cases where they are indicated, and you will certainly reap the most favorable results from the use of remedies for which we can thank our brethren of the homœopathic school.—*Journal of Therapeutics and Dietetics.*

CRATÆGUS OXYACANTHA.

Dr. Baltzer, in an article in the July number of the Berliner *Homœopathische Zeitschrift* concerning "Characteristic Symptoms of Some of the Remedies Given in Diseases of the Heart," states concerning *Cratægus*:

With *Cratægus*, when it is indicated, we generally have a dila-

tion of the heart. I have given it in many cases with good results where there has been no special indication for any other remedy, and also frequently in *Diabetes mell.* where the dilation of the heart gave the patient no special inconvenience. The remedy is best given in the mother tincture, three times daily in five drop doses, given in a tablespoonful of water. It is one of our best remedies in myocardiac processes, having their origin in influenza, typhus and diphtheria. I have hitherto not been able to find any characteristic symptoms for *Cratægus*, and just as little can such characteristic symptoms be found in our extensive literature concerning this remedy.

ANO-RECTAL AFFECTIONS OF INFANCY AND CHILDHOOD.

Dr. A. J. Zobel, of San Francisco, Calif., read a paper on the subject at the recent meeting of the American Proctologic Society held at St. Louis, June 6 and 7. It contained many suggestions that may be useful to the readers of the RECORDER. Dr. Zobel contends that from the first hour after birth the ano-rectal region is of vast importance. At that time malformations may be determined and proper relief promptly afforded.

The various malformations were enumerated and briefly described. Some of these abnormalities pass unnoticed throughout a long life, but others are the source of great discomfort and distress.

Mention was made that while hæmorrhoids are common in adults, the possibility of their presence in the young is rarely considered. Yet they may appear in children of tender years. The various causes for hæmorrhoids in the young were reviewed in this paper.

Malignant growths of the rectum while rare are occasionally met with. Cases were quoted where the disease was found in children as young as five years of age.

Benign growths are more common. Adenoma is the most frequent of these. They are often diagnosed as internal hæmorrhoids, and, like them, may become strangulated. They may exist for some time and attain quite a size without producing any symptoms until strangulation occurs.

Fissure of the anus is believed by the writer to be present

more often than it is usually diagnosed. It may cause severe crying in nurslings. May cause reflex symptoms to appear, which, for a time, may baffle the diagnostician. Some of these may resemble coxalgia. The incautious and improper introduction of syringe nozzles and thermometers into the anal canal frequently causes fissures. Other causes were also mentioned.

Especial stress was laid on the subject of pruritus ani in children, the writer believing it to be a very frequent source of great discomfort and torment to the little ones. It is very rarely suspected or diagnosed, and he believes that it accounts for much of that peevishness in these little ones for which no cause can usually be assigned. The child is seen to rub his anal region, saying, "It hurts." Does not complain of itching. Seems to misinterpret the sensation. He has found superficial lesions of the anal mucous membrane in these cases, and as the symptoms disappeared when local treatment was instituted he feels assured that these were the cause of the trouble.

Fistula in ano is met with occasionally in children and even in nurslings. While it may be tubercular it may also be of a congenital nature.

Ischio-rectal abscesses are met with even in early infancy. When incised they rarely end in fistulæ.

Prolapse of the mucous membrane of the anus and rectum is a common condition during the second and third years of life. Long continued tight binding in babyhood may be the starting point. Diarrhœa is the most common antecedent. Anything that induces prolonged and severe straining at stool may be a cause. Some of these causes were mentioned.

The varieties and causes of proctitis were also dwelt upon. Proctitis is often taken for ordinary catarrhal diarrhœa due to improper feeding. It is advised that when a gonorrhœa of the genital tract exists in children that a secondary infection of the ano-rectal region should always be considered.

It is hoped that this reminder that infants and children have ano-rectal troubles as well as adults will lead to more thought being given in this direction, and that it will bear fruit in bringing relief to some of these little sufferers.

PRACTICAL POINTERS.

In an article by Dr. Eug. de Kegel in the May-June issue of the *Journal Belge d'Homœopathie* on the subject of immunity by homœopathic medicine, he advocates *Belladonna* as a prophylactic against scarlatina, quoting what Hahnemann wrote on the subject; *Pulsatilla*, against measles; *Variolinum*, against small-pox; *Arsenicum* or *Ars. iod.*, against grippe epidemics; *Chinin. ars.* and *Merc. cyan.*, against diphtheria; *Arsenicum*, against typhoid; *Veratrum alb.*, *Cuprum* and *Arsenicum*, in alternation, against Asiatic cholera; *Sulphur*, against the plague; *Belladonna* and *Bryonia*, against meningitis, and in pregnant women to produce immunity in the child, *Sulphur*, *Hepar sulph.*, *Calcarea carb.*, *Natrum carb.*, *Mercurius*, *Tuberculinum*, *Syphilinum*, or any other drug that the constitutional state of the parents may indicate. *Medorrhinum* ought to be frequently indicated. These remedies are to be given in the potentized form and not too low, especially the nosodes. We would also suggest that *Bacillinum* is probably better than *Tuberculinum*, being nearer the simillimum than the latter, of the general run of tuberculous cases.

If you have never done so just follow Dr. Hawke's "hobby" with chronic malaria cases and give a few doses of *Natrum mur.* Not too "low," say 30th or 200th. It won't hurt the patient and it may do what the heavy artillery of scientific medicine has failed to do—dislodge the enemy, or, in simple terms, cure. It is called a "hobby" by some, but it is really the action of higher medical science.

"Hands hot and feet cold," *Sepia*.

Dr. B. C. Gordon (*El. Therap.*) reports exceedingly gratifying results in treatment and prevention of small-pox with *Variolinum* 30. It aborted the disease in three members of a family and seemingly prevented it in two other unvaccinated members of the same family. Dr. Gordon thinks it more effective and safer than cow-pox virus.

Dr. W. P. Barron finds in *Cactus grand.* a good remedy in the crisis of pneumonia. He gives the tincture two or three drops.—E. T.

Dr. W. L. Birney finds *Santonine* the sure remedy for retention of urine in newborn infants.—E. T.

Dr. W. L. Marriott (*Hom. World*) reports a case of chilblain.

worse in a warm room, beautifully relieved with *Pulsatilla*; also a case of "neuralgia in the teeth" worse in warm room relieved by the same remedy.

Writing of *Nitric acid* Dr. J. E. Inskip (*El. Ther. Jour.*), says: "If the tongue has a violet color, showing over red, the remedy will cure whooping cough as it would cure ague, or any other curable disease, with the same symptoms." He has verified this many times.

We were told of a case the other day of a woman who had neuralgia so bad and so long that her "regular" doctor said an operation must be performed. A homœopath gave her some *Spigelia* θ and the pain left her—and has remained away.

Jones' *Bee-Line Repertory* contains more "straight tips" on remedies than any other book ever published.

BOOK NOTICES.

Modern Scientific Provings. With Special Reference to *Copaiba*, *Cratægus oxyacantha*, *Adonis vernalis*, *Echinacea* and *Loco Weed*, conducted at the Pathogenetic Laboratory of the Homœopathic Department of the University of Michigan. Methods and Laboratory Findings, Claude A. Burrett, M. D. Practical Therapeutic Deductions, Willis A. Dewey, M. D., Ann Arbor, Mich. Published by the University. 1910.

This valuable little pamphlet of 38 pages containing the provings and clinical deductions of the remedies named in the title is a reprint of the papers that were published in the *Medical Century*. It is worth getting (presumably it is for free distribution) and preserving because of the fact that the drugs investigated are nearly all unproved heretofore and these provings were all conducted after the latest methods. One marked symptom noted under *Cratægus*, when given in material doses, was a marked lowering of the pulse beats, which also became firmer. The 2x and 3x of this drug showed no symptoms. The *Cratægus* pulse, when it slowed down, showed no change in the tracings. In marked contrast with this were the results from the other heart drug, *Adonis vernalis*. The prover did not know what he was taking, but, under material doses, the pulse became irregular and much accelerated on the slightest exertion, the heart beat "like

a sledge hammer," vertigo, præcordial uneasiness, oppression on the chest with desire to take a long breath, much decreased thirst and a tired, dull ache in the small of the back.

Motherhood. A Manual on the Management of Pregnancy, the Preparations for the Conduct of Labor, the Care of Mother and Child After Labor, and the Principles and Methods of Infant Feeding Up to the Third Year of the Child's Life. Prepared especially for mothers and nurses. By Hudson D. Bishop, M. D., Visiting Obstetrician, the Maternity Hospital, Cleveland. Octavo. 244 pages, with Appendix and Glossary. Cloth. Price, \$1.50, *net*. Rose Publishing Co., Cleveland.

"This book has been written for the intelligent mother who wishes to co-operate with her physician in all that pertains to motherhood. There are many books on the market that cover this subject, but in many important details, particularly in technic they are lacking in the definiteness which a careful physician demands in his practice. Many family physicians and nurses, no doubt, will take exception to much that is given in this book regarding obstetric technic; they will say that it is impracticable and unnecessary; but it is the author's opinion that their reason for taking this position is either ignorance of the essentials of an aseptic technic or willingness to expose their patients to unnecessary dangers. Over 100 pages are devoted to the subject of infant feeding. Artificial feeding is so presented that any mother can calculate feeding mixtures of accurate percentage composition." So write the publishers.

The book contains no therapeutics, which fact may work against its popularity and sale, for buyers of medical books among the laity usually want to know something on this point. Its pages give many points that the young woman about to become a mother should know.

Disease of the Digestive System. By E. O. Adams, M. D., Professor of the Theory and Practice of Medicine and Clinical Medicine. The Cleveland Homœopathic Medical Col-

lege. Member of the American Institute of Homœopathy, etc. The Cleveland Homœopathic Publishing Co. 1910. \$2.00.

Dr. Adams has had much experience in the class of diseases treated of in this book, which dwells especially on the advances made by means of physiological experiments, laboratory methods, and surgery. It aims to give these new things, the technique for laboratory methods of diagnosis, dietetics in accordance with modern knowledge of the chemistry of foods, and the homœopathic remedy. It is a thoroughly modern homœopathic work.

Handbook of Electro-Therapeutics. By Wm. J. Dugan, M. D., Lecturer on Electro-Therapeutics at Jefferson Medical College, Philadelphia; Physician in Charge of the Electro-Therapeutic Department and Assistant in the Out-Patient Neurological Department of Jefferson Hospital, etc. 91 illustrations. Pp. 242. F. A. Davis Co., publishers.

Mr. Dugan has undertaken the task of writing a clear, modern and concise work upon electro-therapeutics, and has avoided most questions and masses of theoretic detail which make most works on this subject cumbersome and unpractical. While the handbook really belongs among the "quiz compend" class, nevertheless, it contains much valuable information, is written in a clear style, and is amply illustrated. The author endeavors to escape the criticism that may be charged to most specialists in claiming too much for the possibilities of electro-therapeutics. He wisely cautions against putting electricity to absurd and impossible uses, and insists upon combining with electrical treatment the proper constitutional treatment wherever indicated.

"**The True and The False of Medicine**" is the title of a ringing, 20 page, homœopathic pamphlet, by Dr. E. R. Ellis, 24 Alexandrine Ave., Detroit, Mich. It is most good reading and you ought to get a copy.

Dr. W. E. Hathaway, Gilbert and Durrell avenues, Cincinnati, Ohio, has sent us the prospectus of "Homœopathy for Lay Readers and Prospective Medical Students." The first chapter in the proposed book is included; it is an interesting bit of personal reminiscence. Send postal if you want a copy of prospectus, to above address.

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EDITORIAL BREVITIES.

HOMŒOPATHY IN JAPAN.—A Japanese gentleman very much interested in Homœopathy has translated Biddle's pamphlet, "Answers to Questions Concerning Homœopathy," into his native language and may publish it for the benefit of the people. The Japanese medical corps handled their armies in the war with Russia in a manner that put the western nations to shame, especially the United States, whose medical showing in the Cuban skirmish was pitiable, notwithstanding the fact that it was also ultra scientific; the English in South Africa were also handled in a manner that, from all accounts, was anything but brilliant; from this it is possible that Japan may take up Homœopathy as its official medicine and again outclass its western brethren. At present, however, the practice is forbidden by law. This is strange in an otherwise progressive nation.

VITAL STATISTICS.—At the St. Louis meeting of the A. M. A. President Welch, among other things, said: "Vital statistics is the very foundation of sanitary science and of practical sanitation, and its neglect in this country has been as much of a reproach to us as our low standards of medical education." Homœopaths will be glad to hear that "the organization" has awakened to the importance of vital statistics, something it has always ignored. A prayerful study of the vital statistics of Homœopathy, and a soulful application of the teachings thereof, would do more towards raising the low standard of "organized medicine" than would doubling the time required for a medical education. Ability to name a microbe does not necessarily mean ability to cure a patient.

THE MENINGITIS SERUM.—Dr. Frank T. Fulton, of Providence, R. I., contributes a paper to the July issue of the *Journal* of this city, under the title, "Some Observations of Meningitis With Especial Reference to the Dangers of Administration of the Serum," the serum being Flexner's. In the paper we read: "In two instances, both of them children, death occurred immediately at the time of the injection of the serum, the manner of death being such as to leave no doubt in the minds of those who were present that the injection was the immediate cause." Both cases were bad. "In two other instances symptoms occurred which were certainly very distressing." In another case the pulse dropped to a very low rate. In two other cases the needle broke off in lumbar puncture. The paper was written to urge physicians to "a little caution," and in some cases be "prepared for a possible sudden death." This paper, not to mention others, points to the conclusion that a man who knows his homœopathic materia medica has nothing to gain by resorting to this serum. Neither have his patients. Homœopathy will have a lower death-rate in this disease than the much advertised serum, and the practitioner will have no "sudden deaths" from its use.

LACHESIS AND THE EXAMINING BOARDS.—A mixed examining board asked the following question of its applicants or "class:" "What is the strength of the tincture of *Lachesis* and from what prepared?" If this was asked as a "catch" question it is a matter of examining board ethics, but if it was proposed in good faith the question reveals the fact that examiners themselves ought to pass an examination before appointment. There is not, never has been, nor can be, such a thing as the tincture of *Lachesis*.

THE RECORDER ADMONISHED.—A correspondent of the *Indian Homœopathic Reporter* thus concludes a letter on the "Quinine Malaria" subject that recently ran through these pages:

"If Quinine is the panacea for malaria and does no harm I do not see any necessity for any patient to call in a doctor and to pay the fees so long as seven grains of it can be had for a price in the Government Post Offices.

"Now I finish by saying a word to the Editor of the HOMŒOPATHIC RECORDER. There are numerous Allopathic journals to publish such Allopathic treatment. But why are the pages of

Homœopathic ones spoiled by such nonsense? Enough was spoken on this subject already. Perhaps, in time, we will read then that no pains can be alleviated by the Homœopathic remedies except by morphia and the constipated bowels cannot be moved but by some strong purgatives. Respectable Homœopathic journals should preach good Hahnemannian Homœopathy, not Allopathy, such as bringing down the fever, moving the constipated bowels or alleviating the pains. Such procedures are sure to fail in Homœopathy.

“SATYENDRA MOHAN SEN, B. A.,
“Homœopathic Practitioner, Decca.””

In reply to Dr. Sen's righteous indignation THE RECORDER can only say that while it is a square-toed journal of *old* Homœopathy, it has the habit of letting all sides be heard, even the man who uses combination tablets if he has anything to say. We can also state that our readers, as a rule, are so set in their ways that an article containing heresy will roll off from them like water from a duck's back. The RECORDER is a homœopathic forum where both sides can speak if they want to.

8,000 TO 12,000.—Dr. J. B. G. Custis, in addressing the Senate Committee on the subject of the proposed National Department of Health, stated that the cost of a modern medical education is from \$8,000 to \$12,000. Just now there are plenty of the old style of doctors, but in another generation they will have been gathered to their fathers; when they have passed, the medical laws been made still stricter, and the cost of educating a doctor raised still higher, as it is evident will be done, what is to become of the “cross-roads,” who cannot afford a \$12,000 or \$20,000 doctor? It is beautiful in theory to require the young doctor to be the containant of all the sciences, and would work if the world was made up of plutocrats, but the rabble, who do the work, cannot size up to that class of doctors, nor could that class of doctors afford to take practice among the workies who have to carefully count their pennies. Thus is another “problem” portentously looming up in the mists of the future. That all the scientific frills are not needed to turn out good doctors is proved by the fact that all the medical leaders and great ones of to-day are products of the old order of things. Perhaps, though, the future may develop a race of medical giants, but we doubt it,

for the weight being piled on is too great for the ordinary mortal—and that is what the rising generation seems to be, to all but the parents.

ETHICS.—The Journal of the American Medical Association is raising hades with Parke, Davis & Co., Sharpe & Dohme, Seabury & Johnson, and a lot of pharmaceutical lesser lights because they are putting up prescriptions by the car load for men who advertise them. These things are generally old prescriptions of the “regular” put up wholesale instead of retail by the corner druggist on prescription, but to put them up wholesale is unethical—perhaps “unprofitable” would be the truer word as viewed by the prescription writer. Whether you write out a prescription for a mass of drugs to start things doing, or have the same mess put up by the car load and labeled “Cascarets,” what’s the difference—in the court of last appeal, the patient? He is better without either, of course, but he doesn’t know that. It is quite amusing to read the scoldings of *The Journal* each week and then compare the formula of the thing “exposed” with a book of “regular” prescriptions from which the young doctor can take his choice when once he has “diagnosed” his case and has to do something, and note that the things exposed and the prescriptions are practically the same and for the same diseases.

“IMPROVED.”—If one were to judge from the eulogistic papers and editorials that have appeared in the “organization” papers, typhoid vaccines have been what the profane would term a “howling success.” But now comes the announcement in the Paris letter of the J. A. M. A. that Dr. H. Vincent, “after numerous attempts,” has prepared a typhoid vaccine which does not “arouse local or general reactions, which are often painful.” as did the older vaccines concerning whose merits the aforesaid eulogies were printed. Each new pharmaceutical product is a “crowning achievement”—until its demerits are discovered, which discovery is turned into an “advance.” Surely the world needs old Homœopathy more than ever.

HOW TO USE THE REPERTORY.—Dr. M. W. Turner, Brookline, Mass., has written a paper on “The Use of the Repertory” that was printed in the June and July issues of the *New England*

Medical Gazette. A number of physicians have written at various times for something on this topic, but there is nothing that we know of on the subject in print. Probably Dr. Turner will have some reprints. If interested you might write him. Address as above.

DERMATOLOGY.—Dr. Grover E. Wende, chairman of the Section of Dermatology, A. M. A., in his address, intimated that the specialists, like the laity, are afflicted with crude notions on the nature of skin diseases. Here is a clipping from the address that says the same thing that Hahnemann wrote in *The Chronic Diseases*:

“With the exception of parasitic and local inflammatory affections of the skin and with the further possible exception of certain skin affections of wholly unknown nature, it may be said that skin diseases are for the most part simply the superficial local manifestations or complications of general or special morbid states involving the tissues of the body either generally or specially in certain organs or groups of organs. In short, most skin diseases are nothing but symptoms or complications of constitutional or special morbid states. This statement may appear at first sight too sweeping a generalization and perhaps somewhat of a prophecy, but of its essential truth I have been convinced the more I have given consideration to it.”

This is a long step towards better things; but another is needed, namely, the recognition of the fact that “curing” scabby babies by ointments is bad for the babies, very, very bad, for it seals up a host of ills in the child that will never be cured until the case falls into the hands of a homœopathic physician.

AFTER THE OPERATION.—In his paper (A. M. A.) on “Inguinal Hernia Following Appendectomy,” Dr. Alanson M. Pond, Dubuque, Ia., after noting the increased skill in the work, said:

“The result of this is that surgery of the vermiform appendix is more extensively practiced than ever before, and consequently the profession is becoming more and more conversant with the sequelæ of appendectomy, both immediate and remote. It is evident that not every case of survival after operation can properly be called a recovery. Many patients who do not die from the operation are disabled; for the sequelæ of all abdominal

operations are increasing. This is not due wholly to the increase in surgery, but partly to the increase in the number of the men who do surgery. It is purely a matter of personal equation—of ignorance or disregard of surgical or anatomic principles. When a thorough knowledge of surgical pathology dictates the operation and a perfected mastery of surgical anatomy directs it, the results, both immediate and remote, were never so satisfactory as at present.”

Perhaps in time it will be generally realized that not only are there serious after-effects from these operations, but that the appendix is necessary for the perfect human being. The assertions of certain learned gentlemen that the appendix, the tonsils and, perhaps, some other organs are “useless” will be curious reading when the world becomes enlightened—if it ever does.

THE HUMOROUS SIDE.—The paper was written by Dr. H. Lindlahr and published, also copyrighted, by *The Naturopath*. Who the doctor is we do not know. The *Naturopath* is not a journal to conjure with in medical circles, as its name shows. The article is very serious and you must see the humorous side yourself—if it is seen at all. *The Journal of the American Medical Association* and nearly all the medical lesser lights, as every one knows, are fairly boiling over with vaccine therapy to-day; it is the last “crowning achievement.” Now in the article by Dr. Lindlahr, he starts with Jenner, skips Lady Mary Montague, and goes to a Circassian woman, who said that the Virgin Mary revealed it to her; then, quoting LeDuc, he finds that Paracelsus taught the same, only much more fully, and finally he loses the trail among the Druids, who cut the flesh and rubbed in the “vaccines” as a cure on the same principle that prevails to-day in the mighty centers of medical science. Medical science will continue to cut these capers until it finally rests on the law of cure, *similia similibus curantur*.

SIROCCO AIR.—Sometimes when we read a blistering blast against the wickedness of certain parties and politicians, we are inclined by the rush of the air to think “there’s a noble reformer!” but when we read in the same journal, “The exposure of the Carnegie Foundation that some Pennsylvania medical colleges have been turning loose on the community, through an alliance

of business and politics, a class of ill-trained doctors, has caused many people to realize that to be sick is only one danger, but to be under the care of certain alleged physicians doubles the risk," we are forced to the conclusion that all howls are not patriotism, nor are all "statements of fact" true, as, for instance, the one quoted.

CONCERNING MR. FLEXNER.—Dr. A. F. Stephens, of St. Louis, says of the Carnegie report:

"Flexner is one of Carnegie's hirelings, and is associated with a clique in the medical association which wants to wipe out independent colleges. This trust has been growing fifty years. It wants to do away with Christian Science, homœopaths, osteopaths and eclectics. There are 17,000,000 people in the United States who are treated by the class of practitioners the trust is trying to put out of business. A greater per cent. of graduates of small colleges pass the State Board of Examinations than of graduates from larger colleges."

The "organized medicine" that the Carnegie Foundation seeks to make supreme knows more about the showy side of medicine than any other branch; it also has the money, the laboratories and a huge array of scientific paraphernalia, but it knows less about the cure of disease than did the old time herbalists—and Osler practically admitted the fact. So "organized medicine" will have to come down from its height of barren knowledge and learn something useful or the people, who pay the freight, will oust them. Results count—not a splutter of doggerel Greek terms.

"SERUM SICKNESS."—The *Medical World* has a leader on this topic in its July issue opening: "This is a new term in medicine, but one which will appear regularly in literature hereafter, and one may as well get acquainted with it now." In other words, as we must use serum we might as well know of its dangers. Da Costa, *Modern Surgery*, evidently knows of the risk of a second injection after a lapse of time, for he says it "should be given in close intervals and not at intervals of several days." He also says that "there is no way of knowing beforehand that a person is hypersensitive." One might ask why use the drug at all? when there are better and safer treatments, but he would

ask in vain. The fact is that the manufacturers have skillfully worked the public up to the point where it is safer to give it regardless of effects rather than have a case die without it. It is a case of scientific advertising.

SERUM IN THE SUPREME COURT.—The case, in brief, was as follows: A stableman, with an accident policy, was kicked by a horse. A doctor attended to his injuries, and then advised the injection of antitetanic-serum as a prophylactic against the tetanus germs which are supposed to harbor in stables. The man gave his consent, the doctor gave the injection, and the man died in a few minutes afterwards. The widow brought suit to recover on the accident policy, but the insurance company claimed that it was the serum and not the accident that killed. A jury gave a verdict for the woman and the company appealed the case to the Supreme Court of Minnesota, which ruled that the jury verdict should stand. This ruling does not exonerate the serum, for the Court stated that, "although death might not have resulted had no injection of serum been made, the original injury was the proximate cause of the death."

That is, had there been no kick, there would have been no injection of the serum. It is safe to believe that there is one more physician in the country who will, in the future, handle serum with care.

ANTI-TYPHOID VACCINATION.—Dr. Hartsock, U. S. Army, favors this vaccination (J. A. M. A., 6-25). Of 1,100 cases he gives the following results: 122 had no reaction, 908 had mild, 60 had moderate and 10 severe reactions. These doctors never seem to consider the possibility of constitutional changes resulting from their practice. It is known that a dose of antitoxin changes a man so that the effects last for years. Is that change from normal advantageous? Consider a man vaccinated against small-pox, against typhoid, against tuberculosis, rabies, tetanus and several other diseases, does any one in his heart believe that that man can retain his health under the strain? Imagine a regiment vaccinated against everything for which a vaccine has been prepared, and another left to nature and a common sense sanitarian, would any sporting man put his money on the "protected" regiment?

THE ORGANIZATION.—President Dr. William H. Welch, in his address at the annual gathering of the allopaths at St. Louis, dwelt on the “striking beneficial results” accomplished by the “effective organization of the profession.” Whether he did well to call attention to what has been done is, at least, open to question, for it brings to light the fact that a comparatively small body of physicians have succeeded in getting about all the official plums there are in sight, and are now showing signs of trying to put all medical colleges out of business who compete with them. Politically their work has been skillful, but old politicians could tell them that there is danger in too much unrestrained power. The people are, as it were, from Missouri, and sooner or later must be shown—and the organization cannot show them.

NON-PARTISAN.—President Welch also said (under “sectarian” medicine): “We represent no school of medicine and no system of healing, allopathic, old, regular or other.” From this one would infer that our old friend, the allopath, or “regular,” is now a “nothing!” But Doctor Welch says they are simply physicians who practice “our art on scientific principles.” Very fair—on paper. But suppose some man were to follow a paper on vaccines and serum with one in which *Lycopodium* 30, *Carbo veg.* 6, *Natrum mur.* 30, etc., played the part the vaccines and serums did on the supposed preceding paper, would Dr. Welch and the other “physicians only” receive it? It would have a much clearer scientific backing than that on which the use of dead bacteria rests; would *The Journal* print it? As the old time editors used to say, We pause for a reply—which we will not get.

IT IS POSSIBLE.—The *New England Medical Gazette* in an editorial on “The Question of Vaccination” says: “It is, of course, an open question whether here, as has so frequently happened in the past, the minority may not eventually be found to be in the right.” The fact that nearly every one has an innate repugnance in the matter and a certain dread, will always work against the operation which, without moral and physical compulsion, could not be enforced. Human instinct may not be a sure guide to the right, but no one can deny that it is powerfully against the practice of vaccination.

THE TEST OF A TEST.—In a learned paper read a short time ago the writer when he arrived at the tuberculin test said of it: "Then, too, the moral effect of a positive reaction with marked general disturbance is often disastrous, and has, in our experience, caused the patient to refuse subsequent tuberculin treatment." Inasmuch as the patient has had the experience and the doctor has not, we feel inclined to back up the patient in his refusal. There is something very apropos of this in the old saying about whose ox is being gored. Sympathy also goes out to the patient because after this disturbing diagnosis is made he and his disease remain just where they were before, unless he has enough to take him out west, which is generally the last prescription.

THIS RINGS TRUE.—"Because Forbes, Cabot, Von Behring and Huchard and many others of lesser fame have acknowledged the apparent correctness of the law of similia, it is no assertion of their unqualified belief in the doctrine of Homœopathy. Their assertion is a conclusion forced upon them through their scientific researches and experience. Where do we in private or in public see any rational step towards acknowledging the claims of our faith by the old school? Where, I ask, in the light of every day experience, do we hear any academic discussion of the use or value of our remedies, with proper acknowledgment of their source? Wherein is Homœopathy seriously investigated in any clime at home or abroad by allopaths? Where is there any proof that the old school are willing to give any credit for the things Homœopathy has accomplished? The homœopathic profession, my friends, are subsidized by toleration where social or political conditions admit. With dominant medicine there is no change of policy; it is only a different method of attack toward our annihilation through silence. Every stroke of exactions by State board or matriculation requirements beyond a just standard is a new thread in the cordon about the neck of liberal medicine. It is the hundreds of the file in the old school profession, not the one intellectual giant or liberal practitioner, who create professional policy, make laws and sit in judgment upon you. Do you feel that your future is safe in their hands?"—*Dr. James W. Ward, in Pacific Coast Jour. Hom.*

STUDY BEGINS WHEN COLLEGE CRAMMING ENDS.—"The owl has a reputation for sedentary habits, and impractical wisdom,

simply because he keeps different business hours. Let the homœopathic journals stop knocking each other. Let homœopathic societies become incorporated and gather in all their members and pass them in a body to the national organization to extend its usefulness for the common good.

“The chief difference in our ranks is that of varied knowledge of the materia medica. Let each man vitalize his homœopathic practice by the study of materia medica a half hour each day. Let him give the same amount of time each month to *Organon* review. Let him develop the homœopathic side of practical education, and keep it, not only abreast, but rather in advance of all other medical knowledge. Let him study cases by repertorial research and keep thereby a correct comprehension of homœopathic doctrine. Mere practice of medicine is not enough to satisfy us, we must have something to live on intellectually. It is mind after all which does the work of the world, so that the more there is of mind the more work will be accomplished. In our day we must provide storage for the lessons learned and transmit to future generations. It is our business, not only to perpetuate the records and culture of our school, but to bring them out in modern timely and intelligible interpretations so that all may know the law of similia, the dangers which imperil our advancement and the conditions upon which our perpetuity depends.”—*Dr. James W. Ward, in Pacific Coast Journal of Homœopathy.*

CONCERNING GONORRHOEA.—This clipping is from a paper by Dr. John N. Baughman, of Evansville, Ind., in *Am. Jour. Dermatology*, July: “I have found numerous cases of husbands and others who have contracted a urethritis from a partner who was suffering with a leucorrhœal discharge, in which no gonococci could be found, and also from women who were masturbating at the time or just before the sexual act. It is needless to say no gonococci could be found in the secretion from such a urethritis. Physicians should be very guarded in expressing an opinion, in these cases, for many lives and homes have been wrecked in this manner.”

SARCASTIC.—“There are some pseudo-scientific gentlemen who tell us that, after all, we must depend upon the microscope to make a differential diagnosis certain. We will not deny the use-

fulness of this instrument, but we will call attention to the fact that differential diagnoses, and very fine ones, were made before bacteria were known and the treatment, based upon these methods, has not been improved by microscopic examination, so far as syphilis is concerned."—*Am. Journal of Dermatology*.

THE HUNTERIAN CHANCRE.—"It may not be generally known that John Hunter, the celebrated English anatomist and founder of the Museum of the Royal College of Surgeons, of England, has let his name to posterity on account of his donation to the Royal College of Surgeons, of his magnificent collection of anatomical, surgical and pathological specimens. Always an ardent student, he made up his mind to determine whether the virus of syphilis was dual or not. He inoculated himself with syphilis and made a thorough study of the chancre, in corpore villi. It was this study which led him to write the classic description of the chancre, in such a masterly manner, that every physician is looking for a Hunterian chancre, which, by the way, is a rather uncommon form of the primary lesion. The disease did not affect Hunter very seriously, but it did attack his internal organs, and must have exercised a marked influence, for the self-infected surgeon died of aneurism of the abdominal aorta. He died ere he had reached the apogee of his fame, but he left a name, one of the few that were not born to die."—*Am. Jour. Dermatology*.

YES, QUITE A FEW.—"There still remain a few unanswered questions in dermatology and syphilology. Thus we are not yet made acquainted with the true pathogeny of psoriasis, with the nature of carcinoma, or with the question as to whether syphilis is ever cured or not. So far as gonorrhœa is concerned, we are as much in the dark as we ever were."—*Am. Jour. Dermatology*.

TO STUDY TUBERCULOSIS.—"Mr. Henry Phipps, of New York, has selected the University of Pennsylvania to carry on the work of the Phipps Institute. Mr. Phipps has already acquired ground in Philadelphia on which will be erected a hospital for this purpose. The extent of the benefaction exceeds \$5,000,000. The report of the committee appointed to consider the future policy of the institute has been approved by Mr. Phipps and the trustees of the University."

So runs a news item. In the study of the treatment we would advise the University, or the Phipp section of it, to procure a complete set of the works of Dr. Samuel Hahnemann and thoroughly master them. As for the prevention, a deep course in political economy might do some good, but something—religious or scientific—that would make all human beings honest, sane and clean, would do more. When Science fights Disease it should go deeper than the microbe.

NEWS ITEMS.

On account of the death of Dr. Pinart, Dr. Ricardo Moragas has been appointed his successor on the staff of the *Revista Homœopatica*, Barcelona, Spain, the official organ of the Academia Medico-Homœopatica.

Dr. E. Fornias, whose able papers have often appeared in THE RECORDER, has been ill for some months, but we are pleased to hear that he has nearly recovered. He has changed his address to 2435 N. 8th St., Philadelphia, Pa.

Dr. David Posey Brown will on July 20th take the office of the late Dr. L. D. Tebo, at Bordentown, N. J. Office hours, Monday, Wednesday and Friday 3 to 5 P. M., Tuesday, Thursday and Saturday 7 to 8 P. M. He will also continue his office at Crosswicks.

Dr. G. W. Harvey has removed from Ripon to Millville, Cal.

Dr. W. C. Goodno, author of the once well-known Practice bearing his name, is reported by the news scribes at the Pasadena meeting, as being a welcome visitor. He is now engaged in the real estate business.

Dr. G. P. Waring, erstwhile "the crusader," is reported being anchored in a suburb of Los Angeles. California seems to be a sort of rest station on the road to the great hereafter.

Next year the Institute meets at Narragansett Pier, Mass., which, with its brisk, salt air, will be a great contrast to the rose-bowered, lotus land of Southern California.

PERSONAL.

Just think! Uncle Tom's Cabin was probably full of hook-worms.

Is the fear of pain an evidence of the upward or downward movement of man?

"Hallucination" is a convenient explanation of things we cannot explain.

Politics without platform are like a church without a creed—nothing.

"Good critics have pleasure in pointing out the favorable parts of a book." Sharpe.

"Scenery without advertisements" may some day appear in summer hotel advertisements.

Ignorance "bliss?" Blissful world!

Paracelsus became a "quack" because he lectured in German, which all understood.

What is home without a cook?

When American products are cheaper elsewhere than here, the American voter is not as "smart" as he thinks he is.

"They will never get on who never wash behind the ears."—*Nautilus*.

"The hazer," writes a contemporary, "is a *genus homo* who is without conscience or moral scruples."

Many a man is rich enough to buy a car but not to run one.

Rule for writers: Cuss the compositor when you are caught in a mistake!

They are now discussing the merits of "pituitary extract" as a therapeutic agent. Cæsar Augustus, but some of it must be nasty!

Also "extract of ovaries." Next may be hair of a black cat in the dark of the moon.

Stovaine seems to have sputtered out.

"Electric sleep" is among the latest things of this fast age. We prefer Sancho Panza's variety.

Cancer steadily increases, affirms Dr. Roswell Park. And that's no merry jest.

The trouble (for some) is that the young surgeon must practice to acquire skill.

"The successful man never believes in luck," they say. His head is apt to be too big.

Judging from the divorce courts Cupid must be huffy and is shooting his arrows any old way.

Dr. Schamberg comes back at the antis by asserting that the Japs were not "successfully vaccinated."

In "Has anybody here seen Kelly?" the name should be spelled "Ceileigh" to be correct Irish. That's straight.

The doctor said he could sit for two hours drinking a glass of mineral water; the toper patient replied, "I could sit ten."

Now the culex hath his inning.

THE HOMŒOPATHIC RECORDER

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AN ICONOCLAST.

Dr. Wilfred M. Barton, who occupies the chair of Pharmacology and Therapeutics in the Georgetown University, contributes a paper to the July 22d *Journal* (A. M. A.) that reminds one of the bull in the China shop. His theme is "Pharmacologic Fetishism." Among the allopathic fetishes, according to Dr. Barton, or the "delusions," as he puts it, are the following:

That valerian is valuable in hysteria.

That tannic acid will stop internal hæmorrhage.

That *Colchicum* cures gout.

That potassium iod. will affect the scleroses.

That the hypophosphites and phosphates are beneficial in neurasthenic and adynamic states.

That lithium salts are indicated in the uric acid diathesis.

That lead and opium wash is of any use in sprains.

That *Aconite* internally is of any use in neuralgia.

That spartein is of any use in heart disease.

That nitro-hydrochloric acid is of use in diseases of the liver or in jaundice.

That physiological salt solution is a heart stimulant.

That nitroglycerine and amyl nitrite are stimulants in anæsthetic accidents and shock.

That calomel is a chologogue.

That sweet spirits of nitre is a diuretic or diaphoretic.

That pepsin, pancreatin and distase are of any use as digestives.

That ergot is an internal hemostatic.

This about covers the list of pharmacologic fetishes given by Dr. Barton, who denies being a "therapeutic nihilist," but nevertheless concludes, "if this be nihilism, make the most of it." All

of these numerous conclusions cut the ground from beneath a vast amount of "regular" practice and make null and void many a "text book." The writer gives scientific reasons for all the conclusions condensed above, and it is but reasonable to infer that the list he gives is but a sample of what he could give if he went into the matter extensively, in which case there would not be much left of our "regular" friends' therapy.

Homœopaths can say "amen" to all the conclusions given, and to what is left unsaid. If drugs are not given according to the Law of Similia it is better not to give them at all.

ACONITE.

Monkshood—Ranunculaceæ.

By E. Fornias, M. D.

Pharmacodynamics.

Aconite spends most of its action in the *circulation and the heart*, creating a vascular storm in which the organs chiefly involved with congestion are the *brain*, the *lungs* and the *liver*. The usual results of this arterial excitement are: Increased thermogenesis, pulse rate and respiration, diminished secretions and painful congestive phenomena. In the *brain* it throws out of gear the heat regulating centres, giving rise to a *fever strictly erethistic*, of the *simple continued type (synocha)*, with a total absence of malignity, tissue changes, periodicity and complications, such as is daily observed attending the vascular storm which always prevails before an *acute inflammatory condition* is fully developed and localized.

Compare in fever: ARS., BELL., APIS, GELS., RHUS, VERAT. VIR. and SULPH. (Hyos.).

ACONITE is followed by BELLAD. when the skin becomes moist and pungent and a wild delirium supervenes; and by SULPHUR when the dry fever heat persists, the patient becomes dull and there is lack of reaction.

In the *mind*, which we may well say governs the therapy of ACONITE, the intellect is little or nothing affected, but the *emotional* element predominates. *Morbid fears* of various kinds translate the *mental state*. The *general activity* (nervous restlessness) is, in fact, a systemic reaction under the influence of the

mental impressions, and often assumes the form of an *exaltation* with any of the *morbid fears* mentioned. The characteristic *mental manifestations* are: The *inconsolable anxiety, full of foreboding and fear of impending death* and the great inclination to be frightened, especially in crowded or high places, in crossing busy streets, at night, or in the dark, or in the dark with fear of ghosts. *Sadness* and variable mood are also expressions of the mental state. *Nocturnal delirium* from fever.

Fear of death: ACTÆ, APIS, ARS., BELL., COFFEA, GELS., HELL., HYOSC., LACH., MOSCH., NIT. AC., PHOS., PLATIN.

Fear of crowds: ARN., AUR., ARS., NAT. M., PULS.

Fear of ghosts: ARS., PULS., SULPH.

Fear of suffocation: ACON., CARBO VEG., SULPH.

Fear of persons: ACON., ARS., AUR., CALC., NAT. M., PULS., SEPIA.

Among the *sensorial disturbances:* *Fainting* on rising from the recumbent position is characteristic; this usually occurs after sunstroke or from fright. *Vertigo* after traumatism or shock, with deathly pallor and fainting, but no stupor.

Vertigo: BRY., PULS.; from the heat of the sun, ACON., BELL., GLON.; from traumatism: ARN., RUTA; after fright: ACON., OPI.; with feeling of fullness: ACON., BELL., GELS., GLON.

The *special senses* are disordered: There is *oversensitiveness* to external impressions. Light and music are unbearable. The smell is acutely sensitive; the taste perverted, and touch and exposure are offensive (unendurable).

Oversensitive to external impression: ACON., NUX, SIL. (Coffea); music: CHAM.

The leading expressions of the *sensory and motor disturbances* are: *Intolerable, maddening, lancinating or tearing pains* at night, causing continued wailing and crying. *Tingling, numbness, burning, stinging,* or painful sensitiveness of the affected parts. Nervous restlessness. *Extreme agitation* and *agonized tossing about.* Twitches and jerks of the muscles.

Intolerance of pain: ACON., CHAM., COFFEA (ARS., BELL., MERC.).

Numbness: ACON., APIS, ACTÆ, RIUS.

Nervous restlessness: ACON., APIS, ARS., RIUS (PHOS.).

The *disorders of nutrition and secretion* comprise *deranged*

digestion, defective metabolism, coated tongue, bitter taste, offensive breath and anorexia, with nausea and vomiting of bile. The secretions are diminished, sometimes increased, often suppressed, from cold, fright or vexation. As a result of the secretory disturbances, we have the cutaneous and mucous surfaces of the body, dry, hot, burning, congested (mouth, tongue, throat, etc.). the thirst unquenchable, the face jaundiced, the bowels torpid, the stools small and slimy, clay-colored, or like chopped herbs, the urine is scanty, febrile, and deposits urates, the menses are diminished but protracted, the lochia is suppressed, the mammae are hot, lax and empty, but there is a copious, viscid leucorrhœa.

Stools, clay-colored: ACON., CALC., CHEL., HEPAR, MERC. D.; green: ARG. N., CHAM., MERC., PODO.

The *disorders of circulation* readily show that the *arterial system* is the one chiefly disturbed, and *the heart* is functionally but not organically affected. The *blood* is altered in its distribution, but not in its quality, and as a consequence we have *active hæmorrhages*, especially from the lungs, composed of a bright red frothy blood, which comes up easily. Moreover, the *excitement of the arterial current*, under ACONITE, gives rise to *acute congestion*, which is the *prelude of inflammatory processes* attacking or involving the various organs and tissues of the body; and, furthermore, to *violent palpitations* and a *hard, full, bounding pulse*. Attacks of *stabbing pains in and about the heart, radiating down the left arm, with numbness and tingling in fingers and fear of death*, form one of the most important syndromes of the remedy. Circulatory failure and syncope.

Cardiac excitement: ACON., CACTUS, LEDUM, SPIGELIA.

Active hæmorrhages: ACON., ACALYPH., IPEC., LEDUM, MILLEFOL., RHUS TOX.

Precordial pain with anxiety and fear of death: ACON., ARS., CACTUS, SPIGEL., TABAC.

In the *air passages* the *respiratory disorder* is limited, but very important, and may, in part at least, be regarded as a nervous phenomenon. Many of the respiratory phenomena observed under ACONITE are such as occur during the course of fever and produced by it. The *breathing* is labored and anxious, the *cough* dry, short, painful, spasmodic, ringing, hoarse, and if

there is *expectoration* it is tinged with bright red blood. *Coughing* produces stitching pains in the chest (BRY.), and may be attended by oppression. The *larynx* is dry and constricted, making breathing difficult, and there are *attacks of suffocation*, especially at night, awaking from first sleep, and causing the child to sit up straight in agony, or to grasp its throat every time it coughs, as if strangling.

Colds: After ACONITE follows BELL., when throat becomes affected; PULS. when the discharge becomes thick and bland; ARS. when the exudate is thin and excoriating.

In *spasm of the glottis*: SAMB., CUP., BROMIUM and BELLAD. (Acon.).

Pseudo-croup: SPONGIA, HEPAR, BROMIUM (Acon.).

ACONITE precedes most of our remedies, but seldom follows them well. It is to the arterial what SULPH. is to the nervous system. Like RHUS TOX. has a special affinity for the fibrous tissues, whose patient is also anxious, apprehensive and restless.

Therapeutics.—By the above analysis we see how it affects the *mind and disposition*, and how it creates a *fever of purely synochial type* with a total absence of malignity, tissue changes, periodicity and complications. *Digestion* is also affected, and consequently *metabolism* is disturbed and *nutrition* and *secretion* altered. We surmise also how the physiological activity of every organ and tissue is threatened by the prevailing vascular storm and its respiratory phenomena.

ACONITE is especially adapted to nervous, plethoric individuals, with dark hair and rigid fibre, who lead a sedentary life, and are of a rheumatic diathesis, and most of the disorders for which it is the remedy are caused or traceable to such general agencies as *exposure to cold or heat, sudden changes of temperature and suppressed perspiration*, as well as *excitement, fright and chagrin*. The whole therapy of ACONITE is governed by the *state of the mind and disposition*. The *mental anxiety* and *nervous restlessness* form always part of the inflammatory syndromes indicative of this remedy.

The *action of ACONITE* stops where inflammatory changes commence, and it is not the remedy for any infectious fever with periodicity of localizations. It is indicated in all *symptomatic or simple continued fevers*, initiating inflammatory processes in all

the tissues and organs of the body. It meets well also *ephemeral attacks of erethistic fever*; in children, after the introduction of bougies (*urethral fever*), or when due to traumatism, dentition and worms.

The *pains* of ACONITE are chiefly those attending local congestion and early inflammatory processes, especially in the joints. It is a precious remedy in the early stages of acute *rheumatism* and *rheumatoid arthritis*, and has proved serviceable in *rheumatic endocarditis* during periodical excitements. In fact, in *diseases of the heart* in which the chief indication is to diminish vascular excitement or cardiac irritability, this drug is in the highest degree efficacious. *Nervous palpitations* often yield to this remedy, and I have prescribed it with decided beneficial results in *neuralgia of the cardiac plexus* (pseudo-angina pectoris), especially when the attacks have been attended by an *extreme agony and fear of impending death*. It is equally useful in *rheumatic pericarditis*, when the pain is agonizing, as in *angina pectoris*. There is no doubt of its utility in *uncomplicated hypertrophy of the heart*, which in the growing child is often due to lack of parallelism between the development of the heart and the other organs.

The *vascular excitement* with its thermic, congestive and sensory phenomena, is the prelude of many *catarrhal affections* involving the *mucous and serous membranes*, in which ACONITE is the leading remedy (*bronchitis, pleuritis, pneumonia, peritonitis*, etc.).

In both *otalgia* and *otitis*, as well as in *inflammatory conditions of the eye and its appendages*, especially if due to cinders, cold or gonorrhœal infection, this remedy has proved very efficient, and it has won a great reputation in *laryngismus stridulus* or *pseudo-croup*, the attacks of which come on suddenly at night, and the spasmodic constriction is such as to cause the child to sit up straight in agony and grasp its throat for fear of suffocation.

Aconite is very much neglected in *gastric and hepatic trouble*, especially in those *febrile attacks* with predominant nervous and bilious symptoms, which are to-day improperly reckoned as mild typhoid. It should be thought of in *abdominal disease* during the early stage, before sepsis develops; also in *cholera infantum* when the stools become green like chopped herbs, or in *inflam-*

matory colic, when the pains force the patient to bend double (COLOC.).

The *mental state* has frequently led to the successful use of ACONITE in many *female troubles*, especially when brought about by fright and occurring during pregnancy, labor, or child-bed. I have employed it with success in cases of *traumatic neurasthenia*, with impressionability, tachycardia, vertigo and *morbid fears*, of place (agoraphobia), or of spaces (claustrophobia).

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VACCINATION AND CANCER.

F. M. Padelford, M. D., Fall River, Mass.

That cow-pox vaccination furnishes any immunity from small-pox is disputed, and this, too, by authorities whose scientific standing is second to none. Among those who do deny the value of the practice are: Prof. Alfred Russel Wallace, Dr. Adolph Vogt, professor of hygiene and sanitary statistics in the University of Berne; Dr. Charles Creighton, author of exhaustive works on the subject; Dr. E. M. Crookshank, professor of comparative pathology and bacteriology in King's College, London; Dr. Charles Ruata, professor of materia medica in the University of Perugia, and others whose names it is here unnecessary to state.

Regardless of verbal assertions to the contrary, practically every present day disciple of Edward Jenner believes that the immunity from small-pox which results from what is commonly known as vaccination is of comparatively short duration, probably two years or less.

For the sake of argument let us admit that for a period of not more than two years vaccination with the proper lymph—whatever this brand may be—will establish a relatively high degree of immunity from natural small-pox. But because this may be so is it reasonable or just to demand that all children shall be subjected to the dangers which must always exist if living germs of disease are introduced into their bodies?

By the prompt and rigid quarantine of such cases of small-pox as do occur, the vast majority of these little ones should be protected from exposure to the disease. Then when we vaccinate

universally we are poisoning a race to protect a few from a malady whose ravages were never so great as to excite the alarm that now exists because of cancer.

It has long been suspected that vaccination might be an etiological factor in the causation of this fearsome complaint. While, as yet, direct proof that such is the case is lacking, much evidence has accumulated which seemingly shows that this fear is far from being unwarranted.

The published reports of the New York State Cancer Laboratory contain much that should be taken into account while this phase of the subject is under consideration.

In the Sixth Annual Report, on page 52, under the heading, "Cancer and the Acute Exanthemata," the following may be found. (It should be noted that of all the diseases of this class only vaccinia and small-pox are mentioned as possessing any pathological similarity to the cancerous condition.)

"Although at first sight there would scarcely appear to be any relation between the cancerous process and the acute exanthemata, yet this analogy between the two groups of diseases has been strongly advocated, principally by Bosc, Gaylord, Borrel, and von Wasielewski; the first two observers basing their advocacy on the ground of the similarity of some of the inclusions in the two processes, and Borrel and von Wasielewski on more general grounds."

"It will perhaps be of interest to follow more closely the relation which exists between the two processes. Those who discovered a resemblance between the inclusions found in cancer and those observed in small-pox and vaccinia were the first to call attention to the analogy between the two processes. It was Gorini, namely, who first detected points of similarity between certain larger forms of the vaccine body as they appeared in the inoculated corneas of rabbits and the cell inclusions of cancer. This similarity applies only to certain larger forms of the vaccine body which had been previously described by L. Pfeffer, Guarnieri, and Clarke, but Gorini was able to trace a gradual transformation between the larger typical vaccine bodies and these larger inclusions, which resemble the inclusions in cancer. * * * Sheep-pox is characterized by the development of both epithelial and connective tissue nodules in the subcutaneous tissue." * * *

On page 62 of the report for 1900 we find it stated that "We * * * found that the organism of vaccinia, while undergoing development, shows essentially the same phases we had already noted in the organisms observed in fresh scrapings of cancer and in the peritoneal fluid and blood of cancer cases."

In the fourth report Dr. Gaylord states that "in one case of general carcinosis small amoeboid bodies were found in the blood immediately after it was withdrawn from the patient. These conformed very closely in appearance to similar bodies described by Pfeiffer and Reed in the blood of vaccinated children and monkeys."

J. Jackson, M. B., an English pathologist, is quoted as having written ten years earlier that, according to his experience, "every parasitic form which occurs in vaccinia occurs also in cancer."

These facts will be regarded as significant or not according to the bias of the individual who reads them. They certainly justify a suspicion that while there may not be any direct relationship between vaccination and cancer, yet the practice of inoculating generation after generation with the complex product known as vaccine lymph may ultimately so modify the metabolic processes that cancer is likely to develop.

To prove that this is so should not be required of those who oppose the operation. But to prove that it is not so should certainly be demanded of those who would and do compel it.

Vaccination is an experiment. The practice originated in a superstition of an ignorant people, and during the century and twelve years that it has endured it has caused an endless amount of sickness, of suffering, and of death.

From the beginning its advocates have exaggerated its value, denied its dangers, and concealed its disastrous results. When its value has been questioned they have offered generalities in place of facts, and have resorted to both ridicule and abuse. Why?

HOMŒOPATHY.

By Fred. J. E. Sperling, M. D., Wilkes-Barre, Pa.

Homœopathy (from the Greek meaning similar affections) is the science of therapeutics based upon nature's law of cure. Similia Similibus Curantur, this Latin phrase meaning a drug

producing disturbances in a comparatively healthy body, is capable of relieving or entirely obliterating similar disturbances when found in a sick person. In other words, likes are cured by likes.

Samuel Hahnemann, a German physician, at the beginning of the past century discovered this law and immediately set to work ascertaining drug action upon the healthy, thus creating a materia medica for its practical application. Before Hahnemann's time reference, to this great law had been intimated by Hippocrates, Paracelsus, Stoerck and others; however, it was left to Hahnemann to demonstrate its truth, hence, in a general sense, he discovered this great law of cure.

The fundamental principles of Homœopathy are as follows:

- (1) Disease is manifested by symptoms.
- (2) Knowledge of drug action must be obtained by experimentation on the human body.
- (3) The curative relation between these two sets of phenomena is by virtue of the law of similars or *Similia Similibus Curantur*.

(4) The selected remedy should be administered singly, uncombined with any other, hence the doctrine of the single remedy.

(5) It should be given in the smallest dose that will cure, hence the minimum dose. Lengthen the interval between doses as the patient improves.

The essentials of a homœopathic prescription are:

- (1) Prescribing according to law of similars.
- (2) Administering the smallest doses that will cure.
- (3) Repetition of the dose should cease when marked improvements set in, especially in chronic affections.

We prescribe one drug selected upon the totality of symptoms. Our selection of the indicated remedy is gained by careful study of the materia medica, which contains the remedies and the symptoms which were collected by provings upon the healthy and records of cases of poisoning.

By a proving is meant an experiment in a healthy body with a drug in varying doses sufficient to produce symptoms. It is testing a drug for its true and unequivocal effects. The relative value of records of poisoning and proving of drugs are important. We are guided by provings. For purposes of prescribing the provings are indispensable and far more important. It gives

the finer distinction of the action of a drug, whereas the poisoning gives the coarser action, therefore the fatal effects of poison prevent the finer development of symptoms which alone guide the homœopathist to the choice of the remedy.

There are many conditions in which the knife alone is indicated, but Homœopathy possesses remedies and measures that frequently make its use unnecessary. Tumors are sometimes permanently cured by a course of remedies. Shock is also prevented by the timely administration of the similar remedy.

By polypharmacy one develops a slovenly mode of practice, and does not advance accurate and definite knowledge of drug action. Two remedies in compound may antidote each other. Prescribing a second remedy before the action of the first is exhausted will interfere with the action.

Statistics prove that diseases treated with the single remedy recover more rapidly. The practice of Homœopathy is superior to the pathological theory since ideas on pathology are constantly changing. Homœopathic prescribing is superior to prescribing by physiological methods (for instance, antipyretics for fever, laxative for constipation, carminative for flatulence, etc.) because we prescribe for the patient as a whole and not for certain isolated symptoms, thereby striking at the root of diseases.

To explain in detail the physiological method of prescribing we may take such a disease as pneumonia. An antipyretic is given to reduce the temperature; a sedative is given to stop the cough; a cardiac stimulant is given for the weak heart and so on, prescribing for each symptom in turn, while in our practice we use one drug to cover the entire field of symptoms. We prescribe for the patient plus the disease, taking into consideration the entire diseased picture as represented by the symptoms of fever, cough, weak heart, and all the other symptoms, even down to the pathological condition of the lung tissues. This being guided by our therapeutic law and knowledge of drug action, select the drug which corresponds to the totality of the symptoms and cure is effected in the speediest manner possible.

There are many advantages of Homœopathy over allopathy. They are as follows:

It cures disease in the safest, quickest and pleasantest manner.

Dangers of drugging and debilitating measures are no part of it.

Expensive druggists' bills and the uncertain elements of prescription filling are avoided.

Diseases beyond the reach of allopathic medication are often cured by Homœopathy.

The knife and other surgical measures are rendered less often necessary, and surgical cases treated homœopathically have superior chances of well doing.

The development of diseases and malignant growths is prevented in its incipiency.

Relapses are prevented, as it removes the tendency to disease.

Drug diseases are prevented.

The remedy is simple to take and easy to administer and carry about on person.

The drug is so finely triturated that it is immediately absorbed as soon as it reaches the stomach. The particles of the drugs are so minute that there is no action necessary within the stomach and intestines to further subdivide the drugs to become absorbed.

Treatment starts as soon as the doctor enters the house. No delay is made in having a prescription filled at a drug store.

The homœopathic law cannot be driven out of existence because of its inherent truth. The truth cannot die, it is true, but it may be so fettered that it can scarcely move and thus be unable to reach where it otherwise would. It will live forever.

What seem to be the most marvelous cures usually come from those who have been for a long time under the care of the best allopaths in the vicinity and have gone to the new homœopathic physician, simply as a matter of change, and not because they had any faith in Homœopathy.

As there is nothing so successful as success, so there is nothing that so popularizes Homœopathy so surely as the exhibition of cases of severe illness cured by our system of medicine, "tuto, cito et jucundi."

It was Pasteur who laid the foundation for this modern therapy. After Pasteur's announcement of discovery was made, the medical profession began a search for germicides. Many years were devoted to laboratory work before a working basis was founded. In the *Journal of the A. M. A.*, 1906, Theobald Smith, of Harvard, says: "We have not only retraced our steps to the whole bacillus, but even to the attenuated bacillus—to the old

first principle of Pasteur." The first principle of Pasteur; and what is it my old school friends? This can be best answered by a man who is ever ready to seek the truth, namely, Professor von Behring, of Berlin, who says: "In spite of all scientific speculations and experiments regarding small-pox vaccination, Jenner's discovery remained a stumbling block in medicine until the biochemically thinking Pasteur, devoid of all class-room knowledge, traced the origin of this therapeutic back to a principle which cannot be better characterized than by Hahnemann's word 'Homœopathy.'"

Indeed what else causes the epidemiological immunity in sheep vaccinated against anthrax but the influence previously exerted by a virus similar in character to that fatal anthrax virus. Therefore, this influence exerted by a similar virus is nothing more or less than Homœopathy pure and simple.

Professor von Behring, in the same article, further says: "I am touching here upon a subject anathematized until recently by medical pedantry; but if I am to present these in historical illumination, dogmatic imprecations must not deter me. They must no more deter me now than they did thirteen years ago when I demonstrated before the Berlin Physiological Society the immunizing action of my tetanus antitoxin in infinitesimal dilution." And further on the discoverer of diphtheria antitoxin concludes: "If I had set myself the task of rendering an incurable disease curable by artificial means, and should find that only the road of Homœopathy led to my goal, I assure you that dogmatic consideration would never deter me from taking that road."

Another brave and gifted man, Dr. Cabot, of Harvard Medical School, says in a defense of his own craft: "It has been just to charge our school in the past with the absence of any principle or law of therapeutics, and to contrast the order and system of homœopathic treatment with the helter skelter, omnium gatherum of merely empirical methods. But the contrast is no longer just. Homœopathy has a well-defined law which has been established empirically and is constantly and properly being subjected to re-verification through careful experiments. We also, at last, after much groping and long years of work, obtained a law of therapeutics, a principle of therapeutic effort, namely, the principle of immunity-natural and of the means by which it may be obtained, augmented, protected."

Dr. Amalio Gimeno, professor of therapeutics in the faculty of medicine in Madrid, and former Minister of Public Instruction, who is a prominent physician and who is noted for his noble work, admits the truth in making the following statement: "As the author of a treatise on therapeutics that I published twenty-five years ago at Valencia, which became classic in the Spanish faculties, I deplore sincerely having consecrated several pages to unjust attacks against Hahnemann and his disciples, and I would like to be able to-day to tear these pages from my book. Modern discoveries, however, will charge themselves with the care of correcting them. It is most proper that we should venerate the grand figure of Hahnemann who discovered that which subsequent events sanctioned."

It is not to be overlooked that we owe considerable to the men who have earnestly and faithfully extended the confines of our knowledge along practically new lines and who have been fair enough to admit that the meaning of the whole thing was a confirmation of this law of similars.

At the present time we are following Hahnemann's discoveries which were made by many hard years of study and experimentation, the results of which were recorded from time to time.

Savoy Theatre Bldg., Wilkes-Barre, Pa.

AN ANTHOLOGY CULLED FROM THE TRANSACTIONS OF THE BUCKEYE STATE.

The meeting came to order on May 10, 1910, as we gather from the "Proceedings of the Forty-sixth Annual Session of the Homœopathic Medical Society of Ohio," a goodly book of 333 pages.

Dr. Lincoln Phillips was in the chair and Dr. Sieman, in absence of the Mayor, welcomed the visitors.

True Hospitality.

In the course of his address Dr. Sieman made the following offers, which, we hold, shows the very soul of hospitality:

"We beseech your earnest and careful attention to what is done and said here to-day, and, as the representative of the Mayor of Cleveland, I promise you that, no matter how scandalous your conduct may be, there will be yoeman ready and present to

bail you out. In the ordinary sense of the term, the freedom of the city is yours. Unfortunately I have not a key this morning, but I know all the key-holes, and we have here a very capable young man, acting as messenger, who will run to get any one a key whenever ready for it.

Also:

“Welcome to Cleveland. We are glad you are here, and if, perchance, in the pursuit of pleasure bent while here, you should run short of enough money to take you home, as chairman of the local entertainment committee I want to say to you that I am in possession of quite a respectable surplus, and I am willing to devote it to the purpose of buying railroad or steamboat tickets for any such members.”

A More than Local Suggestion.

This is gathered from President Phillips' address:

“I would suggest that only three papers be allowed to each bureau, excepting materia medica and clinical medicine perhaps, and the ten minutes rule be adhered to. Only in this way can all papers be read in the limited time at our disposal; there being quite a large amount of routine business to be transacted that is absolutely essential to the welfare of our society. It is discouraging, especially to the younger members, to spend time and thought on a paper and then not to be given the opportunity of presenting it.”

Also:

“We are not loyal enough to our colleges. Our profession is too prone to criticise without actually helping. Did we but rise up and support our colleges financially and morally what a power we could soon come to be! You who are outside the college towns and faculties but little realize and appreciate the work done. Striving to meet all the requirements, many of them silly, with limited means and luke-warm support, the work is hard indeed.”

A Diagnostic Hint.

In the discussion of Dr. G. D. Cameron's paper on “The Respiratory Status” we find the following:

“Dr. Florence Smith-White: If it would be in order I would like to add that I think those people who are mouth breathers are

usually those who are of a scrofulous nature, and they naturally have fine brittle hair."

They need a course of Hahnemann's antipsorics (see *Chronic Diseases*) and need it badly.

Immunity.

Dr. Claude A. Burrett, of Ann Arbor, Mich., in his paper on "Bacteriology and the Indicated Remedy," led up to this:

"If attenuated drugs resemble bacterial toxins in their effects, as we believe they do, then such a method is the rational treatment for incipient conditions. It forms a scientific basis for the giving of such a remedy as *Belladonna* to produce an immunity for scarlet fever and *Pulsatilla*, in many cases, in a like manner as a prophylactic agent against measles. It should be understood that the above mentioned remedies are only given on their proper indications.

"Ladies and gentlemen, if as has been demonstrated *Phosphorus* will increase the opsonic index to tubercle bacillus, *Echinacea* to staphylococcus aureus,* and *Natrum sulphuricum* to colon bacillus, then we make bold to say that the properly indicated drug will increase one's resistance to germ disease in general."

Old Homœopathy.

Dr. C. F. Junkerman's paper on "The Etiology of Eczema," backed up Hahnemann's *Chronic Diseases*, of which he said:

"We have many practitioners who have received their legal rights to practice from our various homœopathic colleges who, by denying, or their failure to comprehend, have robbed themselves and their patients of the benefits of the golden, wholesome and lifesaving truths and doctrines handed down to us after unceasing meditation, research, careful observations and most accurate experiments through the medium of our beloved Samuel Hahnemann."

He also gave the following clinical cases illustrative of the value of Hahnemann's later work:

"CASE I. A male child one year of age had infantile eczema, covering head and face with leather-like crusts and scabs, under which pus formed, matting the hair. This case had resisted all efforts of many physicians who used ointments, cleanli-

ness, regulated diets, etc., without any appreciable effect *Mezereum* much improved, *Calcarea carb.* completely cured.

"CASE II.—A male child two years old, had eczema from birth. The parents had exhausted their skill and that of many physicians in their efforts to cure. Unless the child's hands and face were protected, he was constantly digging into the sores, thus keeping his hands and face constantly stained with blood. *Arum triph.* cured the case in a few weeks.

"CASE III. A male child of sixteen months, light complected, large head, and developing rachitis, had a very persistent eczema involving the face only, sweating much about head and neck. *Calcarea carb.* cured both the rachitis and the eczema.

"CASE IV. A male child of five months, infantile eczema starting back of ears and covering face, exuding a sticky, honey like fluid. *Graphites* 30x was prescribed. Improvement was slow, and the parents after ten days demanded local application, which was refused, explaining to them the danger following such treatment, also stating my personal desire to avoid becoming complicated in any way with what seemed to me a criminal procedure. Another physician was quickly called, the eczema cured as they supposed in two weeks' time, but the child was buried the following week. Cause of death was given meningitis. Oh, horror of all horrors!"

Masturbation and Acne.

This is from Dr. Chas. B. Brewster's paper on "Acne:"

"Masturbation by both sexes I believe is a very important cause. I have in the past few years had abundant opportunity to prove the assertion that many of the most severe cases are in those who have this habit. I have in mind several cases of boys who came to me about their faces, and I suspicioned that they were addicted to this vice, and upon questioning found it to be the case. I told them about themselves and of the injury they were doing, and especially emphasized the fact that if they would stop the practice their faces would get better. In each and every case where my advice was followed, there was a marked betterment in the condition, and I believe it good practice to inquire particularly in this direction."

From the "Discussion" we clip:

"Dr. W. H. Pulford, Delaware: We should take into con-

sideration that there are a great many skin diseases, about 130 different classes. All skin diseases are the product, or the out-speaking manifestations of constitutional disease, except those of traumatic origin. They should be carefully considered by the homœopath, and the proper remedy selected and applied. I have treated a great many skin diseases, and I have found that constitutional remedies are generally indicated. The indicated remedy will always have to be selected. The patient can use topical applications until the constitutional disease is corrected. We all know, or ought to know, that mushrooms grow in nitrogenous soil, and that if we destroy that ferment in the soil we deter the growth of the mushrooms. It is so with skin diseases in regard to the constitution. Take typhoid fever, scarlet fever, variola, diphtheria, and a great many other troubles that are very hard to cure. If we correct the constitution, we retard the out-speaking defect. This is my theory of the treatment. I always apprise my patients of the nature of the trouble, and tell them not to suppress it."

Mother Eddy.

Dr. R. W. Reed precluded his paper on Mrs. Eddy in the following synical style, though it has the salt of verity in it:

"The individual who proceeds upon the assumption that man, in general, is a thinking and reasoning animal must soon be disillusioned. Hence it is when I hear the remark: 'Christian Science is so unreasonable and absurd one wonders why it spreads so fast,' the reply which immediately occurs to me is 'Christian Science is so unreasonable and absurd, one wonders why it does not spread faster.' This being the case I have always felt that religious and philosophical arguments designed to disprove its peculiar tenets represent a waste of time and paper. In this busy world few people stop to really think about anything other than the particular thing that they are paid to think about. Thus the only cure for one absurdity is another one."

He then enters on a dissertation of Mrs. Eddy's case, and ends up as follows:

"Diagnosis: Individual paranoia, developing upon a basis of hysteria, the hysteria being dependent upon a neuropathic heredity combined with an improper and inadequate training in childhood."

A Prescription.

Dr. J. Richey Horner read a paper on "Dementia Præcox," giving a case, and Dr. C. E. Sawyer, in discussing it, said that he "had experience for several months with the first case that Dr. Horner relates, and I know that that young man had he been taken out of college and put to some physical exercise, instead of improving so much the mental, might have been saved much of this trouble."

Honor Awaits.

Dr. W. B. Carpenter read a paper on "Insanity," and in conclusion, after dwelling on the many and confusing definitions of the word, said:

"But after all, honor awaits the one who succeeds in putting into abstract, descriptive phrase the truths of the insane condition in such a way that easy application can be used to the individual, concrete case."

How would the fellow who differs from you do for a new definition? You *know* he is a little "off" and that is the first step.

Something About Over-Crowding.

This is from the paper of Dr. H. D. Shell, in the Sanitary Science department:

"The trend of civilization then is to make over-crowding safe, and every new sanitary invention permits more people to herd into a limited area. Yet even with all which modern science does to remove the evils of over-crowding, we are still herded together too closely. The death rate in Glasgow for those who have homes of four rooms is eleven and two-tenths per thousand; for three rooms, is thirteen and seven-tenths; two rooms, twenty-one and three-tenths, and twenty-two and seven-tenths for one room—lung diseases predominating, of course."

This reads a bit queer when you recall the diagnostic assertions made by so many of the Eminent department of medicine that bacilli are the cause, and the only cause of disease.

Ætiology.

Here is a clipping from a paper by Dr. Geo. S. Hodson, Washington C. H., that is worth noting:

"Imposition on the part of the patient and his medical ad-

viser. He imposes on his digestive organs by the way he eats and in what he eats; and his nervous system by the way he lives. And his physician, if he be of the allopathic persuasion, and I fear too many homœopathic physicians are guilty of the same egregious error, that of dosing him up on a mess of physic, thereby irritating and weakening the digestion; and after weeks and months, yes, years of this so-called heroic treatment, they have undermined the nervous system, weakened the digestive organs, locked up the bowels and you have a wreck."

Concerning Repeating of Drugs.

Dr. W. A. Geohegan, of Cincinnati, considered "The Evolution of a Homœopathic Prescription." In it he refers to the often mentioned but little read (or thought of) proving of *Belladonna*, by the O., O. and L. men, as follows:

"So little practical use has been made of the thorough re-provings of *Belladonna* under the direction of Dr. Bellows that it is safe to predict that years will elapse before another such work is undertaken. These provings are deserving of unstinted praise and confidence. That they have added little to the precision with which the drug is prescribed is painfully evident. For this several reasons are apparent. First, the masterly re-provings of *Belladonna* have failed, as all provings must fail to develop an exact or invariable action of the drug. Second, the practical interpretation of provings is well-nigh a lost art. Third, the profession in the pursuit of ideals, which can only be realized in the distant future, has overlooked the advantages to be gained by evolutionary development, of which it may be truthfully said—'its law is progress; the point which yesterday was invisible is its goal to-day and will be the starting point to-morrow.'"

Medicine will never rank among the exact sciences, for it is, or some day will be, when men cease trying to make it a side show of chemistry, ranked as the highest among the professions, including the immaterial as well as the material. The men who would make medicine a material science, and who claim the distinctive title "scientific," while they are doing much very valuable work in the discovery of material facts, are nevertheless a clog on real progress in the healing art, for they confine their work to the material body and deny the existence of the man. Medicine as taught in the *Organon* includes both, hence it alone

is rational scientific, materialistic medicine on the one end and Mrs. Eddy's cult on the other are specimens of human societies trying to make a part the whole thing, which, of course, is an absurdity.

After the manner of Mr. Togo we will close with the hope that you are satisfied with your trip through Ohio.

BE SURE YOU ARE RIGHT THEN GO AHEAD.

By Chas. C. Curtis, M. D., San Pedro, Calif.

This is a good rule to keep in mind when we wish to apply Homœopathy to the cure of disease. First study the case, then study the remedy and then the potency. It is as important to have the potency right as it is to have the right remedy. We hear it said of some homœopaths that they are low dilutionists, and by others that they are high dilutionists.

What matters it whether we are high or low dilutionists so long as we cure our patients. Surely the patients do not care. I give any drug or potency to my patients that is homœopathic, so long as it will effect a cure. I will here mention one case which will give the key to the way I prescribe:

A lady came to me some years ago who claimed she had been out of health for sixteen years, during which time she had been under the care of a number of physicians of both schools. I took a week to study up her case, and then gave her *Arsenicum alb.* 6x. After seven days she reported again and said that the first three days she felt better and then dropped back. I then gave her the 30th, and after ten days she called again with the same kind of report, except that the improvement lasted longer than before. This time I gave her the 200th, and she reported in about three weeks, and informed me that the improvement was of greater duration than the time before, but that for the last week the medicine seemed to have lost its effect. I now gave her the 2,000th, directing that she take one dose each morning. The next morning she took the first dose, and in a few minutes she felt so weak that she went to bed and remained there all day. She waited a few days and then took another dose with the same result. In about another week she called to see me. I was surprised at the result of the 2,000th, but still felt sure that

the remedy was right. I now gave her the 45,000th, one dose to be taken each morning. This potency cured her, and she stayed well.

I think that any homœopathic physician will concede that there was no medicine in this last potency. But I think that the soul of the medicine was still there, and since the soul is a life-given principle, and this was imparted to my patient without the incumbrance of any material substance, the soul of the medicine healed the patient.

CASE NO. 2.—A boy ten years old came to me suffering from diarrhœa. I prescribed what seemed to be the right medicine and the right potency. He remained under my care for six weeks with very little improvement. I then examined his rectum and found a papilla about three-quarters of an inch long. I reached for my scissors and cut it off. The boy was well the next day.

In this case I found the cause, and as it was easy to remove I did so, and my patient was made glad. I believe there are many among the chronic sick who could be helped into health if we would examine the rectum for the cause of their ills and operate on them; the patient would be put into health, when, without it, they would pass on to join the "great majority."

THE BRITISH HOMŒOPATHS AND SOMETHING OF WHAT THEY HAVE TO SAY.

The British Homœopathic Congress for 1910 met this year on June 30th at Tunbridge Wells, and is reported quite fully in the *Homœopathic World*, the only monthly of the school left in England. President Dr. Frederick Neild.

There is one very refreshing thing about this Congress, and that is the fact that it considered things homœopathic exclusively. Our British brethren are evidently very literal, for when they hold a homœopathic meeting they stick to their text, Homœopathy, and do not go off into other medical fields, mentioning Homœopathy only incidentally, or not at all. Also they seem to believe that the old homœopathic remedies are actually superior to the many scientific fallacies that are constantly crowding on, only to be crowded off, the "scientific" medical stage. The *World* prints three papers that were read at the meeting. The first was by Bryes Moir, M. D., on

Acute Lobar Pneumonia.

Up until Hahnemann's time and for many years later this disease was treated with blood letting, *Tartar emetic* and *Mercury*. We of to-day little realize the courage it required to oppose this universally accepted treatment. It was a good deal worse than not to use antitoxin in diphtheria to-day, much worse. It was not until Fleischman, in 1847, treated 284 cases in the Vienna Homœopathic Hospital with only ten deaths, when about one in every three cases died under the other treatment, that the world opened its eyes a little to the new era. The way the medical eyes were opened, and how slightly, is shown by this from Clifford Albutt's *System of Medicine*:

"It is a humiliating but instructive fact that the possibility of recovery from acute diseases without active treatment was established by the assumed success of a demonstrably futile system of therapeutics, the last, we may hope, of attempts to answer the absurd question, 'On what universal principle should disease be treated.'"

(It seems to us that Dr. Albutt did not realize the full import of the quoted passage, for it makes the old school responsible for the difference between "active treatment" and the no treatment of the "futile" therapeutics. And the difference is not confined to pneumonia, either.)

In our own times, as Dr. Moir shows by the Reports, the "regular" or "scientific" treatment in London has a death rate, in pneumonia, of 21.8 per cent., while the London Homœopathic Hospital had but 7 deaths in 100 cases treated, and of these 4 were moribund when received.

Among the remedies *Aconite*, *Bryonia*, *Sulphur*, *Tartar emetic* and *Phosphorus* easily "head the list," though indications may at times call for others. Fleischmann seems to have relied on *Phosphorus* almost entirely.

In discussing this paper, Dr. J. H. Bodman thought that *Veratrum vir.* "had all the advantages of *Aconite* as regards the general symptoms" and "it had the added advantage of having a specific effect on pulmonary circulation. It had again and again, in conjunction with *Phosphorus*, apparently aborted cases of acute lobar pneumonia, so that the temperature fell to normal in twenty-four or thirty-six hours." "He always started with it

with *Phosphorus* in alternation." *Verat. vir.* 1x, *Phosphorus* 6x. When the case did not respond his next drug was *Iodine* 6x. The third drug to which he especially called attention was "*Sanguinaria*, particularly in those cases where after influenza they got broncho-pneumonia, especially in old people."

Dr. Murray Moore fully endorsed what had been said about *Verat. vir.*

Dr. Neatby dwelt strongly on the advantage, after the first examination, of disturbing the patient as little as possible, especially during the first week. "They lived up to that ideal pretty well at the London Homœopathic Hospital."

Dr. G. Blackley said that the type of pneumonia differed in countries remote from the sea from that in countries, like England, where the climate was moist. That in cases of "pure lobar pneumonia" *Aconite* and *Verat. vir.* were useless "the old-fashioned remedies, *Bryonia*, *Phosphorus* and *Tartar emet.*, did all that was necessary as a rule."

The fact was mentioned that "sheep fed on *Bryonia* got lobar pneumonia."

Dr. Cash found *Chelidonium* useful if the liver were also involved.

Dr. Johnstone, after relating a case where *Nux vomica* did good work given solely to assist the cardiac muscle, remarked that "the old school is in a bad way for remedies."

Pleurisy.

Dr. George Clifford, whose paper was on "Pleurisy," said that very few cases of the disease arise from simple exposure to cold. "We have to first consider the general condition of our patient with all his constitutional tendencies," and the nosode of their constitutional tendency should be given with the indicated remedy. But an even temperature of about 65° and a warm application outside are good. The coal tar products are pernicious. As for remedies, *Aconite* 3x to 30. "Brilliant success has followed the use of the higher dilution." *Bryonia* comes in as the second remedy for the dry hard cough, sharp stitching pains and early fibro-serous effusion. *Ars. alb.*, *Kali carb.*, *Arnica*, *Apis*, *Cantharis* and *Sulphur* are also remedies that may be needed. Our old eclectic remedy, *Asclepias tub.*, is also given among the remedies.

Dr. J. Robinson Day's paper was on

Acute Pneumonia in Childhood.

"This," said Dr. Day, "is one of the many diseases which yields so beautifully to Homœopathy."

"Acute pneumonia is met with in the two well marked forms: *Broncho-Pneumonia* and *Lobar Pneumonia*."

"(a) *Broncho-Pneumonia*, which is rare after the fourth year and may be either primary, or more often secondary to a pre-existing bronchitis, or follow in the wake of measles, whooping cough, diphtheria or scarlatina, is one of the most common, and at the same time one of the most serious diseases of infancy. Owing to the developmental changes in the alveoli of the lungs being incomplete until the fourth year, infants are peculiarly liable to this form of pneumonia." * * *

"The *symptoms* are very variable and at first may not be easily recognized as in the case of B—— S——, where empyema was suspected on admission, but after some days patches of tubular breathing developed. The face may be livid and cyanosed. The breathing is short and grunting, the respiratory rhythm being inverted—a quick expiration followed by a rapid inspiration, and then a sudden pause with closure of the glottis, the characteristic grunt following. The dyspnœa may amount to orthopnœa with retraction of the lower rib, especially in rachitic subjects. This dyspnœa is absent in *Lobar Pneumonia*. The pulse-respiration ratio is disturbed in both *Broncho-Pneumonia* and *Lobar Pneumonia*, being 3/1 or 2/1 instead of the normal 4/1. This may be very helpful in diagnosis. These children always appear *ill*, and the prostration increases with the toxæmia and may even pass into the typhoid state. The temperature may be slight, 100° to 101° only, or there may be great variations in temperature, or even no physical signs. Of all the physical signs, those which are revealed by auscultation yield most reliable evidence. There is weak breathing, and over the congested patch of broncho-pneumonic lung may be heard the marked tubular breathing and fine crepitation, which are pathognomonic."

Concerning remedies Dr. Day in part said:

"*Aconite* 3x is indicated for nearly all cases at the commencement of the disease, before exudation; there is the high fever, dry skin, pulse full, hard and tense, the hard, dry, and painful cough with great restlessness. It calms the patient, reduces the fever, and produces refreshing sleep."

"*Bryonia* 3x has been called by Dr. Dewey *the* remedy for pneumonia. It suits the cough, especially if there is an associated pleuritic stitch. It follows *Aconite*."

"*Phosphorus* 6 or 3 will always be associated with pneumonia. It follows *Bryonia*, and is complementary to it. Since the days when Fleischmann prescribed for his pneumonia cases at Vienna, the success of *Aconite* and *Phosphorus* has been notorious. It is especially indicated in the lobar variety, and the peculiar constitution of *Phosphorus* leads us to prescribe it for the tubercular cases."

"*Antimonium tartaricum* 3 or 3x trituration is the remedy which I use more than any other. It especially suits the broncho-pneumonia, and when complicated with bronchitis; it stands to broncho-pneumonia as *Phosphorus* does to lobar pneumonia."

"*Arsenicum iodatum* 3x assists in the final resolution, where there is redux crepitation and persistent rales."

"With these five remedies the large majority of cases can be safely brought to convalescence and health, but when exceptional symptoms develop other remedies may be needed.

"*Veratrum viride* 1x when the temperature runs high and *Aconite* has failed to reduce it, when the heart is acting violently, the pulse hard and rapid. A red streak down the centre of the tongue is said to be a keynote for its use."

"*Hep. sulph.* 12 and *Sulph.* 30 will be required when empyema has developed. It is not always necessary to resect a rib for this condition. Simple aspiration of the pus assisted by these remedies was successful in two of my cases, and Dr. C. O. Bodman has recorded a similar experience."

"Then there are the constitutional remedies to be thought of. *Tuberculinum* 30 in weekly doses for the tubercular state. *Calcarca carb.* 12 given occasionally to the rickety child, and *Syphilinum* 30 when we suspect a specific taint."

The reports of five hospitals were carefully analyzed and compared with the results obtained at similar homœopathic hospitals in England. The totals showed that under homœopathic treatment the death rate was one-half, and in lobar pneumonia one-quarter, less than under the scientific treatment.

"It has been said it is possible to prove anything by statistics, but when statistics are faithfully prepared they constitute the ultimate court of appeal."

"Gentlemen of this Congress, what a heritage is ours! Into our hands are entrusted the lives of the community, and with such weapons as we are provided with, how confidently can we combat this terrible disease; we have no cause to "dread its occurrence;" wherever homœopathy is skilfully employed we have the same satisfactory results, of which we may well be proud. They are results which should be proclaimed from the house-top, and not buried in the archives of our institutions: results which should be published throughout the length and breadth of our land."

ENGLISH VIEWS ON APPENDICITIS.

The *Journal of the British Homœopathic Society*, July, contains a paper on "The Surgical Aspect of Appendicitis," by William Clowes Pritchard, that describes the operation in detail, but is rather non-committal as to the advisability of the procedure; beyond quoting Osler's statement that many lives are lost by temporizing. The discussion that followed is interesting as showing the attitude of the homœopathic physicians of England on the subject. Here is an abstract:

Knox Shaw said a case of acute appendicitis was full of difficulty, but "he was certain that if every case was operated upon, as numerous surgeons advised, within 12 hours of the attack, a very great number would be operated upon quite unnecessarily." Also, "since he had learned the value of the Fowler position and the Murphy method of a continuous rectal infusion, he felt that surgeons were not called upon to operate so urgently or immediately as in the past."

Mr. Wright agreed with Mr. Shaw and suggested that many cases were needlessly operated upon and, possibly, some that were not "cases of appendicitis at all."

Mr. Eadie said it was difficult to distinguish between the disease and renal colic, and a man should not be held up to ridicule for making the error. Also, "a point he had been struck with in the treatment had been the use of enemata. If given early they would relieve practically every case. A great many cases were subjects of chronic constipation, and a great deal of fecal matter would be removed by one or two enemata." (This is a point worth remembering.)

Mr. Knox Shaw added that the medical officer of a large public school told him there had not been an operation there in his time. Whenever a boy had a pain that indicated the disease he was given a castor oil enema which stopped the disease. (General O. M. Terry's favorite olive oil treatment might have this added, by substituting olive oil for castor oil in the enema; putting the oil in at the other end also.)

Dr. Wynne Thomas suggested that the use of aperient waters, which cause a watery evacuation, leaving the solid parts of the feces behind, may have something to do with the increase of the disease. He also told of a patient on whom he had ordered an operation who, the night before the time set, passed a quantity of pus and got well, remarking, "I have done the surgeons once again."

Dr. Spiers Alexander remarked that if he were not a homœopath he should probably be in favor of early operations. He also expressed the belief that before long the allopaths (the term is his) would stop early operations and resort to vaccines in their treatment.

Dr. Burford concluded his remarks by urging practitioners "not to run away with the idea that the last word in the treatment of appendicitis was being said by the surgeon; the last word still remained to be said and it would be said by the physician."

Dr. Byres Moir agreed with Dr. Burford that "physicians were going to take every case out of the surgeon's hands."

Dr. Goldsborough did not feel dissatisfied with the treatment of appendicitis from the homœopathic standpoint, but he did feel dissatisfied with recurrence. He thought a better understanding of the etiology was needed.

Dr. Stoneham, in regard to etiology, said there were no cases of the disease among races that lived on a vegetable diet.

Dr. Hey told of a young woman who on her 34th attack of the disease, all treated homœopathically, had her appendix taken out and since then has enjoyed good health. He also told of a case he witnessed with general peritonitis, everything about as bad as it could be, but the surgeon remarked that the case would recover because the man had red hair—and he did.

In summing up Dr. Pritchard said that "every case was a

separate case in itself, and that one had to treat every case on its own merits."

If the knowledge that an oil enema will relieve every case of appendicitis is new and true, this abstract may be of some use to the general practitioner.

MR. FLEXNER'S FALLACIES.

The following is clipped from a long editorial by Sajous in the *Monthly Cyclopædia and Medical Bulletin*:

"Mr. Flexner's view that 'consolidation' of medical schools is the proper course to follow serves but to show that his whole fabric is based on pure conjecture. If he fathomed the teachings of centuries of practical experience—that of Europe—he would have become familiar with the evils of concentration. Within the last few weeks the writer saw the main courtyard of the Paris Medical School filled with troops, police and 'plain clothes' men' to preserve order during an 'examination' for *agreges*, so intense was the feeling among the general profession and students against a system which enabled what they termed 'pontiffs,' 'the elect'—the faculty, in other words—to arbitrarily select whom they pleased for these important teaching positions. It is the 'boss' system personified, even though the 'bosses' here are high-classed men, who think, at least, that they are serving the best interest of the school. In our country the results of 'concentration,' of which Mr. Flexner's plan would be the initial step, would prove far more pernicious, for it is not the modest and learned scientist who would reach the apex of power, but the hustling, ignorant wire-puller. Briefly, France is chafing and trying to rid herself of the very educational aristocracy—which even at best condemns a multitude of excellent men to effacement regardless of their ability—that Mr. Flexner and other theorists, in total ignorance of the teachings of experience, want to impose upon us with the aid of Mr. Carnegie's money!"

"What experience *has* taught, is that *the small medical school with ample hospital facilities is the ideal one.* Each student can receive individual attention from the teaching staff, come into contact with patients, and have a sufficient number of these at his disposal to acquire practical experience worthy of the name."

In short, steel rails and medical students are two very different propositions.

THE LABORATORY AND DIAGNOSIS.

The following by Dr. Paul H. Ringer, of Asheville, N. C., delivered at the recent meeting of the State society, is full of sound sense:

"The laboratory is for the reporting of facts and conditions—not, save in well-defined instances, for the making of diagnoses. Too many physicians wish the latter from laboratory examinations. Specimens are sent to the laboratory in insufficient quantity for satisfactory examination, and often so long a time is required in transit and such faulty methods of packing are resorted to that by the time the specimen reaches the laboratory decomposition has set in and it is worthless. Many insist on too detailed an examination. Text books on clinical pathology give such a multitude of substances that can be sought (in the urine for instance), and such an infinite number of tests, that the most practical element of the examination is lost sight of. Physicians do not supervise their own laboratory work sufficiently. They have the work done at a distance from home and thus lose, in a measure, the most important relationship between the laboratory findings and the clinical picture as manifested in the patient. Every physician for an outlay of from \$5 to \$10 can obtain laboratory equipment (exclusive of microscope) with which he can do ordinary urinalysis, stain sputum for tubercle bacilli and pus for gonococci, examine blood for malaria, stools for eggs of parasites, stomach contents for their various ingredients. None of these tests are difficult, and all that is required is practice. If the physician cannot do his own laboratory work he should have it done where he can be within call, so that any noteworthy finding can be properly interpreted. Interpretation is of as great importance as the proper technic of laboratory work. Faulty interpretation will almost invariably work harm. Above all, the physician should never forget that he is treating a human being, one in whom nothing is exact and nothing absolute, and should not allow the results of the laboratory examination to cloud or warp his judgment based on the clinical findings at the bedside. The laboratory is an aid and a very valuable one—in some cases its very verdict may be accepted as the court of last resort—but in the main it is simply an adjuvant, and will never take the place of careful bedside observation, study and examination."

FOUND BY THE REPERTORY.

“Mr. C., age 24, clerk, came to me one evening on his way home complaining of sore throat and a general sick feeling all over. He was taken with a chill suddenly in his office, his face being covered with cold sweat, and a feeling of intense weakness all over. When I saw him he had a temperature of 102° and pulse of 140. He was very nervous. Thirsty for water in small quantities. I sent him home, a short distance away, and had him go to bed at once and gave him *Arsenicum*. In the morning the temperature was normal, but he was very weak and his throat was very sore on swallowing liquids; not so much so for solids. In appearance, the pharynx presented a dark red surface, with no swelling at all. Empty swallowing became very painful towards evening. Gave *Phytolacca*, no result; I gave the remedy in different potencies and gave another remedy, but the soreness of the throat still remained, although he improved somewhat in other ways. Finally, I went all over his symptoms again, and worked over the repertory for some time, narrowing the remedies down to four, one of which was *Æsculus*, and on comparing them I thought it was possibly the remedy. I then questioned him as to his rectal conditions, but he would not say that he had ever had any piles or other rectal troubles. However, I gave him *Æsculus* in the 30th potency, the only strength I had, and told him to take a dose every two hours until bed time, the hour then being 6 P. M. Three doses were taken in all and the following morning he reported that the throat was quite well and that he was going down to business. Against my advice he did go, but he had to leave the office before he had finished half a day and when he arrived home his throat was as sore as before. *Æsculus* was again given and I insisted that he remain in bed until I told him he might leave it. The next two days being stormy I had no trouble in keeping him quiet, but it was not necessary to give the remedy at all the second day, for the soreness was all gone and his debility as well, and he has been able to attend to business in all weather from that time to the present. Without the repertory I should never have thought of such a remedy.”—*Dr. John B. Garrison in Hom. E., E. and T. Jour.*

ANOTHER VIEW OF THE FLEXNER REPORT.

“It is no doubt highly desirable that every man who graduates in medicine should have seen, examined and diagnosed every disease and injury flesh is heir to, but few aged professors, even in the great schools of Europe, can say as much, and as long as this is a fact it is the height of folly to decry didactic teaching as does the Bulletin and put the laboratory and the hospital on a pinnacle which few students can reach—the act of a doctrinaire and mere theorist who thinks that men and women are merely exaggerated test tubes to be put in racks and tested with his special reagents. Until recently the writer thought it of enormous advantage for a medical school to be in close relationship with a university, an affiliation upon which the Bulletin so strenuously insists. In this State the leaders in medical education have been fighting a most strenuous battle with the anti-vivisectionists. The past winter the campaign was more bitterly fought than ever. The presidents of the universities of three medical schools were appealed to for the assistance of their personal appearance on the platform. They all refused on various pretexts, one of them saying with commendable prudence that he ‘preferred to fight behind the breastworks.’ In other words, as soon as it was found that persons of large wealth were interesting themselves in the anti-vivisection movement it was prudent to do nothing to alienate contributions to the university, even though one of its most important schools was viciously attacked.”

“What then is a university connection doing for a school which won its great reputation while practically independent? The university authorities gave the school no real support against the faddists and now proceed to encourage quackery by teaching it, Heaven save the mark, as a university course. If these are some of the advantages of a university connection there is still a place for the independent school properly conducted. With many of the conclusions of this self-sufficient volume we have no quarrel. There is much useful information and valuable criticism to be found within its pages. It is a pity that the arrogance of its tone and the air of absolute intolerance and finality with which it has been written should mar an otherwise useful work.—*New York Journal of Medicine.*”

PRACTICAL POINTERS.

"Salicylic acid is a drug of considerable value, but it is somewhat trying to the stomach." *Gaultheria oil* 1 drop tablets will generally do all, and more, than the salicylic acid will do without trying the patient's stomach.

A writer in a "regular" journal claims that 5 drop doses of *Pulsatilla* is the best remedy for pain in the ovaries of young women. Also paint a little on the outside over the seat of the pain.

It has been said with considerable truth that general and, as it were, promiscuous practice cannot be carried on strictly in accordance with any one system of medicine. This is heresy, of course—academically—but, for one instance, it is best to clean out the guts of an overloaded glutton before hunting the indicated remedy, which often is *Reform Your Ways* θ , which the patient will not take.

Gross, the elder, used to say that scrofula and tuberculous conditions are nothing but "worn out syphilis."

Drs. Robertson, Claypool, Vance and Field (*J. A. M. A.*, 7-23) conclude a paper on "A Study in the Prevention of Adhesions" conclude that "olive oil does seem to prevent the formation of adhesions in dogs and is worthy of a thorough trial in human surgery." Also, "liquid petrolatum has but slight value for such purpose." The olive oil should be pure and not heated too much so as to release the fatty acids.

Dr. J. D. McCann (E. C. M.) writes of *Asclepias tuberosa*: "Where there is 'a cold on the lungs' *Asclepias* is my first thought, and in pneumonia my first remedy." Also in solidified conditions of the lungs and in dry coughs. The "pleurisy root" is a useful drug.

The Ann Arbor Provings of *Thymol* developed all the symptoms of the worst form of exhaustive seminal emissions. It ought not to be given too "low" to get the best result—6th or 30th.

Thiossinimine 3x or 6x is said to be a good remedy for "noises in the ears."

BOOK REVIEWS.

Mental Diseases and Their Homœopathic Treatment.

For the Student and Practitioner of Medicine. By William Morris Butler, A. M., M. D. 504 pages. Cloth, \$3.50. Boericke & Runyon. New York, 1910.

The author of this book was formerly First Assistant Physician at the great Middletown Asylum, N. Y., and is now Professor of Mental Diseases at the N. Y. Homœopathic Medical College; also consulting alienist of the Middletown Hospital, all of which makes for the practical experience needed to write a book of this nature. "The lack," he writes, "in our school, of a work on Mental Diseases based upon the latest classification now adopted in nearly all of the best Hospitals for the Insane is the excuse for presenting this book to the public." "The medical treatment given is purely homœopathic, the indications for the remedies being those which we have personally repeatedly verified during many years of practice in every form of mental disease." From cover to cover the book has a copious marginal index, or notes, running down the margin of the title page, which are a great convenience for locating that for which the reader searches. There are 24 half-tone illustrations.

So far as we are capable of judging the book is an excellent one, especially so in the field of homœopathic therapeutics. Here is a hint taken from the therapeutics of neurasthenia that is worth preserving in the memory: "*Gelsemium* is one of our mainstays in the treatment of neurasthenia. * * * No other remedy is more frequently indicated or more often curative."

There is one point, under "senile dementia," that seems to us to be open to betterment, where Dr. Butler writes, "A certain amount of weakening and diminution of the mental powers is a natural accompaniment of old age" and "senile dementia is something more and should be carefully differentiated," etc. What is said about senile dementia is well said, as is true of the other mental conditions described, but we prefer John Burrough's—we believe it was he—description, when he said that old age was a gradual "letting go:" when things rather than persons interested, indicating, rather (in the wholesome, normal man), a riper point of view, the state termed wisdom that no one can comprehend

who has not arrived at it; the state of the perfect, ripe fruit as compared with the stage of growth or unripeness. However this is not really a criticism, but the offering of a different view of a subject not considered in the book, for the genuine dementia of old age is truly pictured, in fact, in a vivid style—the first gradual loss of memory, the vivid recalling of scenes of early days, the telling of the same story frequently, the desire to “go home,” when actually there, the weak suspicions, and so on.

Yes, the book is a good one, and, also, soundly homœopathic—a good thing in these days.

Sexual Ills and Diseases. A Popular Manual. Based on the Best Homœopathic Practice and Text-Books. By E. P. Anshutz, M. D. Second Edition. Revised and Enlarged. 170 pages. Cloth, \$1.00. Postage, 5 cents. Philadelphia. Boericke & Tafel. 1910.

A quotation from the Preface to the Second Edition will give the reader an idea of the general nature of this book:

“There is nothing to add in the way of preface beyond what was said in the preface to the first edition unless it might be to emphasize the advice to *consult your family physician* when you feel the need of medical services in sexual troubles of any nature. This advice (which is golden) holds good whether that physician be homœopathic, allopathic or eclectic. The medical treatment of this class of cases does not call for any unusually profound medical knowledge, though to read the flood of advertising ‘literature’ with which the world is deluged one would think that it required a deep comprehension of the medical mysteries. Consult your family physician, for he is better fitted to advise than are the so-called advertising ‘specialists;’ he is honest, and if he does not care to take such cases he can tell you where to go to keep out of the clutches of those whose aim in medicine is to get all out of their patients they can extort, and who too often are mere medical bluffers, with but superficial learning.”

In the book the various diseases are described shortly and then follows a very thorough collection of the homœopathic remedies that have been used, with their indications. There is also a materia medica, a clinical index and a general index. The sale of a large first edition speaks well for the book.

Hookworm Disease. Etiology, Pathology, Diagnosis, Prognosis, Prophylaxis, and Treatment. By George Dock, A. M., M. D., Professor of the Theory and Practice of Medicine, Medical Department Tulane University of Louisiana, New Orleans, and Charles C. Bass, M. D., Instructor of Clinical Microscopy and Clinical Medicine, Medical Department Tulane University of Louisiana, New Orleans. 250 pages, royal octavo. Fifty illustrations, including one colored plate. Price, \$2.50. C. V. Mosby Company, St. Louis, Publishers.

Well, here is a book that has the field to itself at present, for there is no other book on the subject. It is printed on heavy glazed paper and contains 49 illustrations, with a colored plate frontispiece. If any one wants to know all about the hook worm, how to treat cases, and how to manage things generally in connection with the pest, this is the book he needs.

The New Psychology. Its Basic Principles and Practical Formulas. By A. A. Lindsay, M. D. 99 pages. Cloth. \$1.25. Lindsay Publishing Co., Portland, Oregon.

This is an all-round modern book so far as the get-up goes, opening with an attached photograph of the author, paged at the bottom as "page seventeen." broad margins with deckle edges and uncut. It has a "Contents" of seventeen chapters, but no Index. The subjects number among them "Psycho-Therapeutics," "Hypnosis," "Telepathy," "Absent Treatment," "Scientific Inspiration" and others of a like nature.

Here is a quotation: Absent treatment is made scientific through an understanding of the laws of thought transference, carrying in our minds a complete key to telepathy, including a full appreciation of ethereal molecular vibrations, and the idea of a transmitter and a receiver or receivers in attunement therewith, and the science of absent treatment becomes practical." If you want more of this get the book.

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EDITORIAL BREVITIES.

THE OLD AND THE NEW.—There is a bit of therapeutic antiquity going the rounds that will prove to be, as one of our “esteemed” remarks, “amusing if not interesting” to the reader. This bit is the fact that as late as 1810 “the leading physicians in England, in attendance upon Queen Charlotte,” prescribed the extract of Egyptian mummy. This does seem queer to us, but can any one be sure that the present day practice of injecting the dead “bugs,” as the bacteriologists sometimes flippantly term them, into a patient will not be placed in the same category in the year 2010?

DISEASE.—Disease is about as wide as humanity, and as no two human beings are precisely the same it seems to follow that no two cases of disease are precisely alike, though the gentlemen who are trying to bring medicine down to the plane of material science, and to make out disease to be a species of botany—they are using the term “flora” in connection with bacteria more and more every day—would have it otherwise, even though the contrary facts seem to stare them in the face on all sides. If, however, they can establish their pet theory, that disease is but the sprouting of the wind and water borne seeds, termed bacteria, then all that remains is to discover the parent plant that produces the seed and destroy it. If they can discover where the grippe seeds grow, ripen and start on their bad career, and uproot that evil “flora” all men will do them homage, but until this is done some men will reserve the right to believe that the seeds are but the form that mysterious thing we call “disease” causes human tissue to take when *it* visits the man. Opposition to the

“germ theory” does not arise from the fact that it is not in accord with Homœopathy, but because, if you think it out, it does not gee with common sense.

A HYDROPHOBIA CASE.—The *Medical World*, August, contains the report of “a case of rabies” from Dr. G. A. Morrison, of Poteau, Okla. A boy aged four and a half years had been bitten about the face by a dog that had been acting strangely for a day or two. There were seven wounds which were dressed and the boy hurried to a Pasteur Institute, where he remained twenty-one days and returned home full of the treatment and apparently well. The dog had been killed at once and the head was taken to the institute, but no positive statement could be obtained concerning it. A week later Dr. Morrison was called and, to make the story short, the boy died with what seemed to be rabies. The doctor, however, concludes that it is the duty of physicians to refer patients to Pasteur institutes as the only hope. A course of *Arsenicum* 6x will probably do all the Pasteur treatment will do in the way of prevention without any of the very serious risks of the latter.

VACCINE AND GLYCERIN.—Goldschmidt, of Strasberg, says that vaccine, if kept in contact with glycerin for more than two weeks, loses some of its activity. Moreover, if too diluted with glycerin, its efficiency is also reduced. These facts explain many of the failures to secure “takes.” Arm to arm vaccination is taboo, dry points “swarm with bacteria,” and glycerinated lymph is as described above. It looks as if “the stars in their course fight against” the practice.

FAITH.—After a young, middle-aged or old homœopathic doctor has mingled with, conversed with, and read the papers of a bunch of modern, cock-sure, scientific medicos his faith in his little medicated pellets must be firm indeed not to be a bit shaken, for these gentlemen will “scientifically” demonstrate to him that his pet cures are impossible, and his faith in similia a relic of the dark ages from which these bright blades have emerged. To be sure they do not show the results that the little pills show, but they will prove to you in a most learned way how *their* cases are real ones that nothing could cure, unless it might be an operation.

All this is a prelude to a case we heard of recently. It occurred, let us say, in the Land of Nowhere, where a friend of ours had gone to spend a few weeks. There he met a man of about 70 who a year and a half ago suffered a "stroke," and afterwards was badly constipated. There was a good homœopathic doctor there who had in later years mingled much with his scientific brethren and dipped deeply into their literature. Well, from the light thus received he told the patient that the only thing that could be done was to take "pills"—the "little black devils" that do their work in a manner that leaves nothing to be desired, until afterwards, as the man discovered, for he steadily grew worse and drifted away from this doctor to others. He was in a bad way. Our friend is an intelligent layman, who, like many of his kind, has dipped into Homœopathy, and has an inspiring faith in it, fell in with the man and the upshot was that he wrote out the case and had it prescribed for according to the simillimum with such success that natural stools began to appear and the man's general health to improve for the first time in two years, though a complete return to health is hardly possible.

The point of this little narrative is that if the local homœopath had not become scientific he might have cured the case easily, but his scientific friends would have laughed at the idea of treating such a case with infinitesimal doses, for they had proved to him beyond dispute that it was hopeless, and there was nothing to do but give drastic purgatives.

Medical science is a magnificent thing when it is science, but the most of it isn't science.

THE EYE MEN AND THE SERUMS ET AL.—The estimable Section on Ophthalmology of the A. M. A.'s have turned loose on the vaccine-serum therapy with the result that the Earnest Seeker after Truth, we fancy, must be in despair. Take even that hoary old sinner, "tuberculin;" of this they have the "T. O.," the "T. R.," the "B. E." and the "B. F." brands. Then on this they gaily tell us that "Tuberculin may be prepared from bovine or human strains of the tubercle bacilli may be used separately or may be combined in any proportion"—any old way! After leaving the comparatively familiar ground of tuberculin we plunge into a bewildering array of "vaccines," "serums," "toxins," "an-

titoxins" and so on, and read in a dazed way about these scientific wonders until we come to "cytogenic serum," which makes one open his eyes, for we are told that on account of certain difficulties needless to detail here that "normal human thyroid glands, obtained at autopsy, were employed" in producing this serum.

Mr. Flexner accuses the eclectics of being "drug-mad." Perhaps they are, but it is a safer and saner form of insanity than the "vaccine-serum-toxin-antitoxin" form that afflicts the poor "regular" today. The plodding doctor who treats sick folk successfully might become a candidate for the funny-house if he attempted to fathom these profound, murky depths.

ANOTHER FIXED BELIEF DENIED.—Dr. Marsh Pitzman, of St. Louis, in a paper (*J. A. M. A.*, July 23) on "Fallacies in the Understanding of Antiseptics and Germicides with Special Reference to Mercuric Chlorid," says that the majority of text-books teach, and surgeons believe in, the antiseptic action of the chlorid, but "that bichlorid of mercury as used does not exert such antiseptic action is my main proposition." His reasons are summed up as follows:

"1. It would have to exist in the tissues as excess free bichlorid, which is scientifically hardly conceivable."

"2. If it existed as free bichlorid, it would destroy the body cells as well as the bacteria."

"3. It is ordinarily not absorbed from a dressing."

Concerning the third conclusion it may be said that it is fortunate for the patient that it is not absorbed. Under "clinical considerations," Dr. Pitzman writes:

"In their eagerness to apply antiseptics, surgeons dress acute spreading infections many times during the twenty-four hours, to the neglect of rest! In cellulitis they incise before pus can localize, so that the antiseptic may penetrate, again forgetful of that prime requisite, rest! The belief in the actual antiseptic power of chemicals must bear its full share of that grave charge—than which there is no fault more crying in modern surgery—the neglect of rest."

All this is an unconscious vindication of our older homœopathic surgeon's practice who depended largely on *Calendula*, which possesses great healing powers and of which Helmuth

wrote "pus cannot live in the presence of *Calendula*." Indeed there are a great many other good things that have been side-tracked and forgotten in the rush of surgeons for chemical agents like bichlorid, among which are *Arnica*, *Rhus tox.*, *Hypericum*, *Ruta*, *Cantharis*, *Urtica urens*, etc., any of which in their place is superior to the chemical dressings.

"A PRESENT MENACE TO EDUCATION."—Such is the title of a paper in the *Buffalo Medical Journal*. This is the way it opens:

"The subject, to which your attention will be briefly called, might be entitled "A Present Menace to Education." That we are living in an age of most rapid evolution—at times appearing even revolution—is recognized by all. Discoveries follow discoveries, development follows development with a rapidity of succession that is startling; satisfying even the most devoted lover of sensation. This has continued until the very atmosphere is charged with it, and men and women breathe the exhilarating, stimulating air. We are intoxicated with the rapid succession of events, we are feverish in expectation of new ones. So many happenings are crowded into the briefest space, that time appears to have become more and more precious. We feel that we must hurry; hurry to keep up with events. We must keep informed; we must know what is happening,—what is next to happen."

The trouble is that in what is known as "scientific medicine" theory and speculation are accepted and taught as science, yet, with exceptions such as are found in anatomy, diagnosis and the like, the teachings of one year are junk the next, rubbish cumbering the memory. Homœopathic colleges which teach things that are permanent and do not indulge in the exhilarating game are said to be "behind the time"—which is luck for the sick.

CONSULTING WITH OLD SCHOOL MEN,—“In consultation with old school practitioners all goes placidly until you speak of homœopathic methods; immediately you lose caste. In place of interest being aroused towards you or that which you represent, all is a silence. Their approval lasts so long as you acquiesce in their methods. Whatever of gain may accrue from general contact with old school members as consultants, it will be found more apparent than real. The gain is delusive. In so doing the homœopath is apt to forfeit the one avenue of self-respect—indi-

vidual opinion. It is unthinkable that a homœopathic physician having once seen the truth and proven the law of similia in practice as a living thing could ever retreat from this advancement. What is more, having seen the truth and its results, he is no longer innocent. Every principle or conviction of his is at stake."—*From Address by Dr. James W. Ward before Illinois Homœopathic Medical Association.*

DIPHThERIA GERMS.—According to a translation in the *Journal A. M. A.*, too long to reprint here, Lemoine, a French physician, recently tested the mucus from the throats of 232 persons well and ill, but none with diphtheria. In round numbers 76 of these were found to have the diphtheria germs present. No conclusions are drawn from this rather startling fact, Lemoine merely remarking that it is hardly necessary to do anything until clinical symptoms develop, with which conclusion, no doubt, all will agree, for while a man may have the germs they seem to be quite harmless until he gets the disease, which seems to be something different.

"DOCTORS ONLY."—A good many estimable gentlemen muddle principles and good fellowship often to the confusion of the well-meaning. Ever and anon some broad-minded cuss gets up and cries to all the world "Come on all you allopaths, eclectic, homœopaths and osteopaths, and be brothers. We are doctors only, and working towards one common end. Why should we be enemies?" etc. This familiar old cry always carries confusion, as has been remarked, because the well-meaning brother does not want to be classed among the "holier than thou," nor does he want to be an enemy to his professional neighbor, nor, if he amounts to anything, will he give up his principles. "Broad-mindedness" will not mix opposites; neither is it an evidence of superior liberality, but rather of a certain obtuseness, as is shown by the belief that incompatibles can harmonize. If a bunch of men do not believe in anything very much, nor care, the mixing is easy. Your neighbor may be a red-hot Democrat and you a dyed-in-the-wool Republican, yet friends, but you do not belong in his political meetings.

ANOTHER NEW DRUG.—According to the editor of a respected contemporary this new product, which is made in Germany and

trade-marked, "represents the acme of a long series of atoxyl, arsacetin, arsenophenylglycin and other" things and is a "chemo-therapeutic, parasitooptic substance" that kills germs. It will not do to inject it all at one spot, but in several, because of the "violent inflammatory reaction often produced." It is an exceedingly scientific product (scientifically advertised) and the reader can doubtless find it in the advertising pages after the ethical editors are through with their very learned write-ups. Were Solomon alive today he might have added to his list: Too much medical science is vanity. "606" is its name, a la Munyon.

POSSIBILITIES.—"The last thing that Herbert Spencer wrote was an opinion about vaccination. He thought that what vaccination was claimed by the doctors to do implied stupendous changes in the organism. So it certainly must. Then he argued that such stupendous alterations would necessarily involve some compensatory penalty, since the law of compensation seems to enter into everything."

"Perhaps our immunities account for some of the neurasthenias; perhaps even for some of the graver states. It is hardly probable, but it gives food for thought, anyway."—*Critic and Guide*.

A HUBBARDISM.—"Yes, and I missed becoming a practicing physician by a hair. Had I gone into medicine I would have had a team of bays, a coon driver, and a whisker that would have put all the other doctors in my town to the bad."—*Elbert Hubbard*.

All but the whisker, Elbert.

THERE IS A GLEAM OF HUMOR HERE.—The always interesting *Monthly Bulletin* of the N. Y. health men, for August, contains the usual report on the smallpox situation in that State. Among other things is the following:

"In one of the camps as a rather unusual experience a considerable proportion of the men had been vaccinated and so were protected; if all were vaccinated the coming of an infected person to camp would be a matter of no concern."

This is followed by the comment that "at Walden, Orange Co., the health officer contracted smallpox in attendance on Dr.

Doty's course of instruction at Quarantine or from a visit to the smallpox hospital in New York in June and his nurse was subsequently taken with it."

TUBERCULOSIS AND HOT AIR.—Mr. Hendricks tells a little story in McClure's (August) that has a point, a right big one, if a point ever is big. The monkeys in the Chicago Zoological Garden had a habit of steadily dying of tuberculosis; there was no doubt in the matter, for expert pathologists made frequent examinations, and these all told the same story—tuberculosis. At last a bunch of monkeys, far gone, were put in the open, and kept there through the winter. They recovered from the disease and became monkey "toughs." The point is not one in favor of "the open air treatment," but lies in the fact that environment, and not the tubercle bacilli, was the *cause* of the tuberculosis. The day will come when men will see that the "germs" are but the ashes of the disease.

CACTUS ON THE RACK.—*Cactus grandiflorus* seems to worry the Organization. At the St. Louis meeting of the A. M. A. Drs. Lyon and Qualls had a paper on the subject which is printed in the official organ. It opens with the statement that "the continued use by some physicians of the preparations of *Cactus grandiflorus* is perhaps sufficient justification for the publication of another investigation into their pharmacologic properties." Two preparations were investigated, both of which are proprietary. The "summary" of the paper reads: "A large number of experiments were made on animals, and on healthy young men and on patients in bed, and no effects of 'Cactina' (Sultan) or 'Cactin' (Abbott) could be demonstrated." If chemists are right in saying that there is no alkaloid of this drug this result of the experiments with what purport to be alkaloids is not surprising. There is only one preparation of *Cactus grand.* that can be used with confidence, namely, the mother tincture from the *true* night blooming cereus plant, the same as was proved by Dr. Rubini. If Drs. Lyon and Qualls will test this form of the drug according to its provings they will get good results in their clinics. The same condition very likely prevails with many other of the so-called alkaloids. Homœopaths will do well to stick to the proved drug, tincture or alkaloid, as the case may be, and not fall into the error that the two are interchangeable.

PUERPERAL SEPSIS.—Dr. J. H. Carstens, of Detroit, read a paper at St. Louis (A. M. A.) bearing the title "The Uselessness of Local Treatment in Puerperal Sepsis." Among the conclusions were that "in puerperal sepsis local treatment is of no benefit;" the "douches and intrauterine irrigation often do harm" and constitutional treatment is needed. Slowly but surely the craze for "killing the germs" is abating and men are realizing what Lister finally acknowledged, that simple cleanliness is best. These so-called germs are so intimately connected with the living tissue that to kill them by strong applications is not only "useless," as Dr. Carstens says, but dangerous. Clean water with a little *Calendula* is the prince of "antiseptics."

WHAT IS TO TAKE THEIR PLACE?—A rather pathetic letter appeared in the official organ of the A. M. A. the other day, evidently from some honest old "regular." The bunch of scientists who run things in the official sanctum have ripped up so many proprietaries and demolished so many of the old therapeutic gods that very few if any are left, and the letter writer wants to know what is to take their place. The editor doesn't answer. The gentlemen who stand for what they never lower their voices in proclaiming to be "Scientific Medicine" have about demolished everything and the cry is "Give us something to take the place of the old!" and they have nothing to give—nothing but a lot of trade-marked "serums," or advertised "vaccines." Any one can destroy, but it takes knowledge to build. Noise and big words are not Science.

Apropos of the foregoing another correspondent asks for "references to articles on sudden death following the administration of diphtheria antitoxin." The editor replies by giving him a half column of references in small type.

THE TONSILS.—At a meeting of the Medical Society of North Carolina, Dr. Joseph White, of Richmond, Va., after stating that "the tonsil is a physiologic part of the organism," said "That the operation of removal of tonsils is over-done many will admit, for there is no more reason for removing every tonsil than for removing every appendix. Unless diseased or giving trouble directly traceable to the tonsil, it should be let alone, especially

under six or eight years of age." All of which is respectfully submitted to those who see in the tonsil one of the mistakes of nature.

MORE LEARNING AND MORE SERUM.—A. Ascoli discourses on serotherapy in the *Deutsche medizinische Wochenschrift*. He finds that anaphylaxis does not occur when the next serum injected is from a different animal. After much tribulation and research he has found a diphtheria antitoxin from sheep serum which will solve the problem of warding off anaphylaxis. If the patient cannot stand the regular antitoxin put him on the sheep variety. But "the sheep serum does not prevent ordinary serum sickness." Observe the nonchalance with which the newly created disease is mentioned! He proposes to call the new serum "anallergic serum." He also notes that one learned gentleman noted the most serious cases of anaphylaxis after the use of heated serum, and another that "the development of anaphylaxis seems to be followed by the loss of the passive immunity conferred by serotherapy."

We hope our readers are duly grateful to us for digging out for them all this learning. To be sure we are a little misty as to the meaning of some of it, but, most likely, so is the writer. When any one gets too much of this highly civilized learning he can turn to his copy of the *Organon* for something to counteract his mental anaphylaxis, using that book as a sort of anallergic mental serum.

THE STATE OF MEDICINE TODAY IN EUROPE.—"When in Europe last year, it was somewhat of a surprise to me to find that loss of confidence in medication is gaining ground on the Continent as in America. In conversation with young physicians in France, Germany and Switzerland, this pessimism was painfully marked in contrast with the optimistic views entertained on surgery and pathology. The older practitioners do not seem to go outside the officinal and semi-officinal remedies consecrated by usage, and are perhaps better therapists because they have learned to appreciate some of these old drugs in their long career, while the younger members of the profession, with rare exceptions, regard almost every drug as a mere placebo. Mercury in syphilis, quinine in malaria, morphine and coal-tar de-

rivatives for pain, are still used, it is true, but few others are recognized as of real value."—*Dr. F. S. Mason in Monthly Cyclopædia and Medical Bulletin.*

The wise homœopath sticketh to his old polychrests.

GOOD WORK BY DR. E. H. PORTER.—The following is clipped from a N. Y. daily paper: "For several summers the State Health Commissioner, Dr. Eugene H. Porter, has had agents going the rounds of the various summer resorts, inspecting conditions at the large hotels and boarding houses. The principal matters which come under inspection are the disposal of sewage, the source of the water supply and the disposal of garbage. The agents report to the department head anything which they object to and a record of undesirable places is kept in the commissioner's office."

These reports are open to the public. If all of our State health men would inspect summer resorts and hotels, and thus force the proprietors by publicity to put things in sanitary shape, they would be doing a good work. Dr. Porter is doing good work and the newsmen seem to appreciate it.

DIPHTHERIA—ANTITOXIN.—Here is something rather interesting from a paper by Dr. C. E. Page, in the *Medical Times*, August:

"The *apparent* increase in the *number of cases* of 'diphtheria' is easily accounted for: Physicians everywhere employ the injections in most cases of sore throat, mild or severe, and all are classed as diphtheritic, though it is altogether probable that not more than twenty per cent. of them are properly so classed. The increased gross mortality has been caused by the disease-promoting serum. There is no other possible way of accounting for the forty per cent. increase in the number of deaths from diphtheria per million of population year after year since the serum treatment was inaugurated.

"The percentage argument which has been so persistently exploited by the serum manufacturers, and backed up by those of the profession who take only a superficial view of the question, is clearly accounted for in what has been said above as to the innumerable cases of diphtheria which 'never went through the formality of occurring, as one thoughtful physician put it.

PERSONAL.

A country store sign: "Man is dust. Dust settles. Be a man."

A medical journal made up of "Cases in which I have failed," would attract attention.

Nothing will disperse a convention of the "unemployed" like an offer of work.

The aphrodisiac is like the Fountain of Youth, or the Philosopher's Stone.

There are two kinds of conscience—the ordinary one and the New England species, so they say.

"After he arrived in Chicago his downfall was speedy." From editorial in a religious journal.

"Nobody could think otherwise unless he had also windmills in his head."—*Sancho Panza*. So "wheels in the head" isn't new!

"The toilet of the alimentary canal" made too often leads to trouble.

"Therapeutically the dominant school have recorded many, many brilliant failures." Sarcastic one.

Sidney Smith's prescription for insomnia was to "eat plentifully and sleep a lot."

Dr. Elmer Lee classes "excessive mastication" among the evils to be avoided. Where art thou, Fletcher!

Rules for "exact dosage" are possible in proprietary medicine only.

Prescribing for the totality of the symptoms of a pebble in the shoe will not cure the case.

The name of the Polish total abstinence paper, "Dla Czego Uzwywac Trunki Upajajace," is enough to drive a man the other way.

"Wszyscy," "szkodliwiy" and other Polish words look like a linotype on a jag.

Oklahoma, though still a kid State, is preparing its "History of Medicine." Talk of precocity!

Reformers, as a rule, are good talkers but indifferent workers.

"When a man falls into his anecdote, it is a sign for him to retire."—*Disraeli*.

Do not too greatly blame the man whose feet are always on railing or table; he may have hook worms.

Many persons spend their vacation kicking at "the table," the hotel and the place they go.

When a woman ceases to voluntarily tell her age she has arrived at years of discretion.

When a man says "the world owes one a living," he means "a soft snap."

"The lawyer knows only one way to make money and that is to get yours."—*The Fra*.

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HOMŒOPATHY UP TO DATE.

Dr. W. Warner Watkins read "the annual essay of the Arizona Medical Association." The *Southern California Practitioner*, August, prints this essay, which is titled "*Similia Similibus Curantur*," though, honest, we cannot see much *similia* in it. However, it is not a tirade, but an attempt to explain what *similia* really is in modern medicine. "The maxim chosen as our subject originated with Hahnemann over a hundred years ago, * * * although he never approached a realization of its vast significance." This reads rather well, but if any one can see that significance from the paper, which is a long one, he must be endowed with great perspicacity. The nearest approach is this: "Hahnemann had to pair off effects in order to find identities, we find them in the culture tube. It is easy for one desiring justice to a great genius to believe that had Hahnemann been able to learn the actual cause of disease he would have carried his proposition much further than the empirical administration of drugs."

Hahnemann gave *Belladonna* for scarlet fever, we are told, but "we now have climbed to the heights of supposition that the streptococcus is the cause of scarlet fever, so we administer anti-streptococcus serum or vaccine in order to adapt the tissues to the environment to which we conceive the disease will subject them." If this is modern *similia* then give us, for one, the older kind. However, let the reader judge of the scientific *modus operandi* of the modern *similia*: "The injection of ten million dead streptococci into the circulating fluid does not change the character nor the qualities of the fluid, but it does give the millions of phagocytes an opportunity to whet their appetites on a diet of streptococci without suffering harm, and thereby gain strength for a full

meal of live ones." This is said to be modern medical science, and Hahnemann would have adopted it, thinks Dr. Watkins, in place of that which he left us in the *Organon!*

This modern medical science must be heaps of fun! Just think of the learned doctor training the phagocytes to "eat 'em alive." If one could only see such a battle (or is it a battu?) with the streptococci it would certainly be more exciting than the mill between Jeffries and Johnson.

You remember, gentle reader, that of late "serum sickness" has been admitted into the nosological list? Well, the above may also explain that fact. You see the well trained phagocytes after cleaning out the streptococci, like every other conquering race, may get too cocky and make trouble, which the learned dub the sickness above named.

The great Bechamp fairly riddled the germ origin of disease with facts, and covered it with ridicule, but it is the medical fashion of the day, and one might as well try to put down the hobble skirt among "up-to-date" women, as to hope to brush it away from the medically scientific (in the 20th century meaning of the term) mind. It is there because fashionable medical authority says it is the proper thing, and to think otherwise would be out of the fashion.

Maybe some reader will think this is "going some;" well, so it is, but will that reader point out a single good remedial measure that has sprung from this much lauded science? At St. Louis, when asked the question, the doctors all united in putting forward antitoxin as the crowning glory of this science, but every reader of current medical literature knows that the dread of it and its effects is steadily increasing among its friends; and, also, true diphtheria is quite as dangerous as it ever was.

No, this serum-vaccine-business-therapy is not advanced *similia*; it is not scientific Homœopathy; it is not a "triumph" in any sense. It is nothing but a crude isopathy wrongly administered. Homœopathy never in the least harms the patient, whereas this "modern similia" inflicts an injury, small though it be, every time it stabs a dose into the patient.

ZONA.

(Herpes Zoster—Shingles).

By Dr. Edwardo Fornias.

Zona is a neuro-dermal disorder, characterized by the formation of groups of vesicles along the peripheral distribution of various nerves, the *intercostal*, *lumbar* and *ophthalmic* being those most commonly affected.

The disease commences suddenly with febrile symptoms, and the eruption is accompanied or preceded by considerable *pain* and *hyperæsthesia*. It is almost always unilateral, and if bilateral the same nerve is never affected on the two sides. A symmetrical herpetiform rash affecting the distribution of both fifth nerves has, however, been observed in some syphilitic cases. The *vesicles* contain a clear fluid, which may be turbid, blood stained and even purulent. They heal in about a month and may leave permanent scar, or be followed by *severe neuralgia*. Owing to extrinsic circumstances the lesions may become gangrenous and healing is protracted. The distribution of the vesicles is characteristic, for they occur in an area of skin supplied by a posterior nerve root or of its morphological equivalent (in the case of the cranial nerves) or of portions of the same.

Of all *tropho-neuroses* the most commonly observed is *zona*, which is only slightly contagious and epidemic (Landouzy, Letulle, Bernier). A first attack generally confers immunity (Le-grand). Second attacks are extremely rare, indicating an acquired immunity. Bougie and Cavasse state that *zona* is a trophic trouble frequently complicating *intercostal neuralgia*, and that it is on account of this neuralgia that *zona* is so severe. The older the patient the more violent is the neuralgia; it is desperately tenacious in this class of patients, lasting for months and even years.

The *neuritis*, rather than neuralgia, which translates *zona*, is a central or peripheral neuritis, the latter being probably due to a specific infection, the trouble then becoming a *zosterian fever*. *Pain* is certainly the most important element of this *neuro-dermal disorder*. It is excruciating and persistent in old persons, dis-

trussing in the young adult and of little import in children, where *zona* is unattended by the severe pain and itching so common in the adult.

As we have seen, *pain* may precede, accompany or succeed the rash, and bears no proportion to its amount. There may be *anæsthesia* or *numbness of the skin*, even where subjective pain is complained of (*anæsthesia dolorosa*). *Persistent pruritus, motor paralysis and atrophy of the skin* or subjacent muscle are rare *sequelæ*. (Fowler.)

In nineteen cases out of twenty (says Charteris) the line of the skin follows the course of the *intercostal nerves* on the right side in the position that would be occupied by a sword belt. In fact, *zona* means *girdle*, and the name is taken from the most common or *intercostal variety* in which the groups of vesicles extend from the spine round one-half of the body to the middle line in front. They form a band two or four inches broad, generally somewhat more horizontal than the true course of the ribs, and the vesicles may transgress the middle line both in front and behind (Taylor).

When the two upper divisions of the 5th nerve are affected, the cutaneous manifestations may be accompanied by *conjunctivitis, keratitis, iritis*, or even *papillitis*.

The maid of one of my most intelligent patients was suddenly attacked with a severe *supra-orbital neuralgia*, soon followed by *conjunctival injection* and *photophobia*. As the pain became excruciating the girl was sent by this good lady to one of the leading oculists of Philadelphia, who prescribed glasses. I was called in the evening of that day and found the girl suffering intensely. My examination then revealed in the distribution of the nerve an erythematous base upon which minute vesicles had commenced to develop. The next morning the rash was in full force, and under the administration of *Arsenic* and *Rhus tox.* the case was carried to a successful issue.

Then we have the *herpes cervicalis*, which lies over the neck, clavicle and deltoid; the *herpes brachialis* which follows the course of the nerves of the arm, and other similar groupings on the *abdomen, thigh and leg*, are occasionally seen. Again, an *intercostal zona* may be accompanied by herpes of the inner side of the arm (*intercosto-humeral nerve*), or a gluteal by an *anterior crural*, representing posterior and anterior branches of the *lumbar nerves*.

The *diagnosis of zona* depends on the unilateral group of vesicles corresponding to the distribution of a nerve. It should never be confounded with *zosteroid rashes* symptomatic of serious lesions of the nervous centres, or of the peripheral nerves (*tubercles, syphilis*). There are other concomitant symptoms to lead us to a correct diagnosis. *Herpes zoster* has been found, in some instances, occurring in connection with *caries of the spine*, and it is worth while to examine the spine in cases of shingles, since the eruption may be the result of lesions starting in the spinal column. (Ashby and Wright.) We must also bear in mind that a similar eruption is sometimes induced by the administration of *Arsenic*. Pringle rightly states that difficulties may arise from the eruption being abortive or become irritated by rubbing, scratching, or unsuitable applications. Moreover, *zona* may be mistaken for pleurodynia or pleurisy at first, afterwards for vesicular or pustular syphilodermata, eczema, hydroa or pemphigus.

The *prognosis* is benign, but in some cases the disease becomes chronic, and the *pain* may become severe and tenacious for months and even years, especially in the aged. In fact, the *tendency to troublesome neuralgia in elderly patients* should be remembered, and so should also the probability of scarring.

The *ETIOLOGY* of most cases is obscure. Cold, damp, and malaria are held responsible for a certain number of cases, but recent authors, such as Laval, state that *zona* may be observed in connection with *syphilis, tuberculosis, rheumatism, malaria, diabetes, intoxications and diseases of the nervous system*. Small epidemics often occur in spring and autumn. Injuries to, pressure upon, and various diseases of the nerve trunks and centres may cause herpes in certain persons, and it is universally admitted to occur with special frequency during the administration of *Arsenic*.

The *TREATMENT* consists in protecting the parts from friction and irritation, chiefly by dusting powders (*zinc or bismuth oleate, or starch, talc and oxide of zinc*). Rest in bed is necessary, and the diet should be generous, and, in the case of old persons, may include good wine. Those opposed to *local treatment* must necessarily play a ridiculous role before such a condition. I am sorry to say that in a few cases I have been compelled to apply compresses impregnated with a solution of *Cocaine* (1/100) in order to relieve the excruciating pains.

For the *internal treatment* we count with four drugs capable of meeting the rash, the pain and the chief concomitant symptoms observed in the affection. These drugs are ARSENICUM, RHUS TOX., CROTON TIG., and CANTHARIDES.

Even the old school admits that during the administration of ARSENICUM as a remedy the development of *zona* is frequently observed. We all know that ARSENICUM covers well the *vesicular burning*, the *nocturnal pains* and the *anxiety* and *restlessness* observed during the course of this affection. but there are not many who know that only *Arsenicum* is capable of producing the pathognomonic rash of *zona*. So the leading symptoms of this valuable drug are: The *vesicular rash*, the *intense burning pain*, the *irritability of tissue*, and the *nocturnal aggravation*.

RHUS TOX. is another remedy which covers well both the *rash* and the *neuralgia*. The *herpetic rash* is attended by increased *burning and tingling*, especially in the *intercostal variety*, and it is further indicated when the pains are relieved by continued motion and increased by lying in bed. Also worse in cold weather. Even when the rash becomes *bulbous* we may find *Rhus* well indicated. This remedy was curative in my hands in a case of *supraorbital neuralgia* followed by the rash.

CROTON TIGLIUM is a very much neglected remedy. It certainly produces a *vesicular eruption, developed on an erythematous base*, with burning and stinging; and few remedies can surpass it, when there is *persistent pruritus* attending the *zona*, or when the *vesicular contents become sero-purulent*. It has been recommended for *facial zona*.

CANTHARIS produces also *groups of large, burning vesicles on an erythematous base*. It is particularly indicated when the parts burn before the vesicles appear, or when by coalescence the vesicles become *large, shallow blebs*, the contents of which may be serous, purulent, or hæmorrhagic. There is besides *ulcerative pain* when touched, and some claim that the *eruption* develops chiefly on *the right side* and is attended by *smarting* and *stinging* (APIS). It should be studied when owing to extrinsic circumstances the *lesions become gangrenous* and healing is protracted.

APIS MEL. is hardly recommended by our writers, and yet this remedy produces and cures *groups of large vesicles*, attended with *burning, smarting* and *stinging*, and extreme sensitiveness to

the slightest touch. The chest and abdomen are seats of preference, and the pains are worse from warmth and better from cold applications (opposite to ARSENIC). It is indicated even late when dry, scaly, laminated, brownish scabs are formed (MEZER.).

RANUNCULUS BULB. is highly extolled by Farrington. In this remedy the *burning-itching vesicles appear in clusters*, and the *sharp stitching pains*, after both supra-orbital and intercostal herpes, are important *neuralgic sequels*. According to Kippax it is indicated when *zoster* is aggravated by change of temperature, and especially in *rheumatic subjects*. It is also worse from touch or motion or after eating.

MEZEREUM is essentially a remedy for the *severe, neuralgic pain following the disappearance of the rash*, particularly in the aged. *Burning* usually attends the neuralgia after *zona*. In acute cases of *facial zona*, the itching is internal and worse in bed. According to Douglas, in *scrofulous persons*, the *burning changes location after scratching*, and is the chief remedy in *zoster in old people*.

GRAPHITES is indicated in *herpes zoster on the left side (Cantharis mostly on the right side)*. Large blebs extend from the spine to the umbilicus, burning when touched. It is worse indoors and better in the open air. Dry skin, with *protracted healing and tendency to ulceration*. According to Douglas, it is the remedy of blonde individuals inclined to obesity.

PRUNUS SPINOSA, says Douglas, has succeeded in removing the very *troublesome neuralgic pain* which often persists when the *eruption of shingles* has disappeared. And yet, when we study carefully the pathogenesis of this drug, we only find marked respiratory symptoms in the chest and nothing reported about eruptions. The only painful phenomena which could be utilized in the *intercostal variety of the affection*, are so trivial that I am inclined to be reserved in extolling the remedy.

Other remedies which may be studied with profit are: DULC., IRIS, KALMIA, LACHESIS, CAUSTICUM, MERCURIUS. THUJA and ZINCUM.

The consecutive symptoms or pains which we sometimes find to last for years, are combatted by painting the parts with an *alcoholic solution of picric acid, 1/10*, or by spraying them with *methyl chloride*. The *continuous currents*, from 5 to 50 ma., have

been highly recommended. Compresses impregnated with a *solution of cocaine*, 1/100, are also efficacious in relieving the pain.

ADDENDA.—In our days no paper on *shingles* can be complete without including that variety recently reported as *zona without eruption*. In fact, there is a *zona without eruption*. Dr. M. Secard (*Societe medicale des Hospitiaux*, 1903, p. 1067) has obtained confirmatory facts during the course of an epidemic of *zona* under the care of Dr. Brissaud. The disease developed as an *intercostal neuralgia*, with a slight *spinal lymphocytosis*. Dr. Jean Minet (*Province medicale*, 19 Feb., 1910) has reported some new cases of this trouble. He refers to patients suffering from *violent neuralgic pains* either on the course of the intercostal nerves or on the course of the nerves of the limbs, developed with the classic characteristics of *zona*. In general, nothing was wanting—*sudden onset*, outside of all known etiology, except that of cases of real *zona* in the immediate surroundings of the patients; *slight thermic rises*, during a few days; *troubles of sensibility*, usually under the form of hyperæsthesia; *lymphocytosis* of the cerebro-spinal fluid, and *complete disappearance of the trouble* in the space of ten days.

We must admit that if all these symptoms had accompanied a *herpetiform rash*, the diagnosis of *zona* would have imposed itself. Can the *absence of the rash* be sufficient to reject this diagnosis?

Many authorities do not consider the *vesicles* the essential symptomatic element of *zona*; for them it is the *neuralgia* that holds the first place in the clinical syndrome. The *neuralgia survives the rash and prolongs itself for weeks and months*, the vesicles of the onset having hardly left to the patients the souvenir of their appearance. The *neuralgia* can even precede the *rash* for several hours and even several days.

Moreover, far from being the capital element of *zona* the *vesicles* in certain cases, are *very scarce*; sometimes only one or two appear, and occasionally they are even *abortive*. Therefore, as the *vesicles* are not constant in *zona*, one has the right to make the *diagnosis of zona* in certain cases of neuralgia appearing epidemically, even when there is total absence of rash.

It will be necessary, however, in order to avoid confusion, to call these manifestations *radiculitis*. In fact, if we compare with Minet, those cases of *zona without eruption*, with cases of *simple*

radiculitis, what is the difference we find, from a clear clinical point of view? Certainly, none in their *symptomatology*; the same pains, the same troubles of objective sensibility, the same lymphocytosis of the cerebro-spinal fluid, although at the period of full development it is really impossible, even to the most expert clinician, to state whether he is dealing with *simple radiculitis* or with *zona without eruption*. Possibly he may have his attention called by the sudden onset, and above all, by the notion he may have of neighboring cases of *zona*, but this, I am inclined to think, will not be sufficient to strengthen his conviction, and he will hesitate up to the time, towards the tenth day, when the symptoms will disappear if the case is one of *zona* or persist, if the case is one of common *radiculitis*.

Consequently, according to Minet, the cases of *zona without eruption*, may be considered as forming, in some way or other, the *trait d'union* between an ordinary *zona* and a *radiculitis*. Both possess of each other's attributes, and as a consequence they enforce the theory of the posterior radicular origin of *zona*.

2435 N. 8th St., Philadelphia.

AN UNINTENTIONAL PROVING OF NUX MOSCHATA IN THE YEAR 1767.

(The following was sent to the RECORDER by Mr. H. Beattie, of Glasgow, Scotland, who copied it from *The Annual Register for the Year 1767*, published at Dublin, Ireland.—EDITOR OF THE HOMŒOPATHIC RECORDER.)

OBSERVATIONS ON SOME EXTRAORDINARY SYMPTOMS OCCASIONED BY
NUTMEG TAKEN IN TOO GREAT QUANTITY.

BY DR. JACOB SCHMIDUS, FROM THE EPHEMERIDES OF THE CURIOUS.

Unica nux prodest, nocet altera, tertia mors est. Schol salern.
(One nut is wholesome, a second is hurtful, a third is mortal.)

Several authors pretend that it is the common nut which is pointed out by the verse of the school of Salernum, and that it was only intended thereby to signify that in general it is an aliment of a very bad quality in whatever small quantity it may be eaten. It appears, however, more probable that the authors of

that work had in view those of different kinds of nuts, and that their meaning is, that the nutmeg is of service to health, that the common nut is on the contrary hurtful to the body, and that the *Nux vomica* is a sort of poison. But what should one think if I undertook to prove that the nutmeg alone possesses these three different qualities, that it is at the same time salutary in certain cases, in others dangerous, and that it is sometimes mortal, and that consequently the verse of the school of Salernum had no other nut in view than this? Be the matter as it may, I shall relate in a few words what I observed touching its properties and effects.

A gentleman of Lower Silesia, about thirty-five years old, of a good constitution, and who enjoyed a good state of health, having felt during some days a bellyache occasioned by wind, took it in his head, in order to mitigate the pain, to eat four nutmegs, which weighed altogether two ounces, and he drank, in eating them, some glasses of beer, which he had no sooner done but was seized with a great heat, a violent pain in the head, a vertigo and delirium, and instantly deprived of the use of speech, sight and all his senses. He was put to bed, where he spent two days and two nights, his body was oppressed with lassitude, always drowsy, yet without being able to sleep. Being called upon to see him the third day, I found on him all the symptoms I have related, and he was in that lethargic state which is called a coma vigil, with a weak and intermitting pulse.

I made him immediately take some cephalic remedies, cordials, and, among others, the spirit of cephalic vitriol, and the essence of castoreum in good spirit of sal ammoniac. The fourth day he recovered a little out of his lethargic state, but had absolutely lost his memory, so as not to remember the least thing he had done in his life. A continued fever then came upon him, accompanied by an obstinate watchfulness; a palpitation of the heart seemed to be the forerunner of other symptoms, and he was finally struck down with a palsy in all his limbs.

At the expiration of eight days he recovered the use of reason, and told us that during the first four days of his illness he seemed to himself to have constantly a thick veil before his eyes, and that a great number of sparks and flashes continually issued from it. All the bad symptoms of this malady yielded at last successively

to the continued use of remedies appropriated to his state; and in three months' time he was perfectly recovered, but he was particularly indebted for his cure to mercurial and ammoniacal remedies.

LOCKJAW FROM VACCINATION.

By W. B. Clarke, M. D., Indianapolis.

The health boards declare that the Fourth of July toy pistol must go, because it causes lockjaw. Cannot intelligent people with equal justice also demand that the health boards be required to relinquish their noise-producing plaything, vaccination, for the very same reason that it, too, causes lockjaw, and is indeed the activating principle of more cases of it than by any other cause?

The outspoken *Medical Notes and Queries*, of Philadelphia, a monthly medical journal, cites some of these vaccination-caused lockjaw cases, and then, under the heading, "Newspapers should explain about vaccination lockjaw," said: "If our dailies are to escape the charge of unwittingly aiding the vaccination craze, it is high time that they carry on a systematic campaign of education of the public about the risk of contaminating vaccination wounds just as any other wounds may become inoculated with tetanus or other germs."

A recent editorial describes the precautions taken by the Pennsylvania State health authorities regarding "the Fourth's" incipient tetanus or lockjaw cases, but was singularly quiet regarding the many cases recently reported in that State following vaccination.

Dr. Lyle, of Cincinnati, gave in the *Journal of the American Medical Association* a resume of 65 cases of lockjaw following vaccination in one year in the United States. One winter these cases became so frequent in Cleveland that Health Officer Fredericks officially stopped vaccination because of it, saying: "The people would rather die of smallpox than of lockjaw—and I don't blame them." From the *Montreal Gazette* of September 29, 1909, I quote that Dr. Laberge, the health officer, had suspended vaccination for ten days because two children had just died of lockjaw following vaccination, this greatly alarming the people.

This vaccination-lockjaw slaughter of children goes on almost unquestioned and unrestricted. Indeed the evidence is greatly in favor of the toy pistol, as compared with vaccination, for the pistol kills in but one way, while the health boards' abracadabra, vaccination, kills in several ways, and also causes much serious and prolonged illness in many cases where it does not kill outright.

As we read in Tyson's "Practice of Medicine" regarding the effects of vaccination: "There is often adenitis in adjacent glands. Sometimes deep, unhealthy ulcers remain which are very slow to heal, while erysipelas and gangrenous ulcerations have even supervened and been followed by death."

Such and other experience it was that led Dr. W. J. Collins, one of London's most noted physicians and a public vaccinator, to resign his lucrative position and say: "I have not the least confidence in vaccination. It often transmits filthy and dangerous diseases without affording any protection whatever." And by virtue of his high standing and vast experience in vaccination (performing the rite on 120,000 people) he was appointed a member of the Royal Vaccination Commission (fifteen members), whose final vote, after seven years' deliberation, was to unanimously recommend no further enforcement of the compulsory vaccination law, on which report Parliament passed appropriate relieving legislation.

When lockjaw follows a toy pistol injury the "professional" opinion always makes the plaything the scapegoat, but never when that disease follows vaccination. Here the blame is, in an ignorant or a dastardly manner, always placed upon the "careless" victim or his "ignorant" parents—the first because he scratches the itching wound, the second because they improperly dress it, thus "infecting" it. For the sacred rite of vaccination must always be preserved from reproach at all hazards, and irrespective of the feelings of the victims or their immediate friends.

The toy pistol is ahead on another count, for it brings much innocent pleasure, while vaccination is usually enforced, and always wholly worthless for the purpose for which it is foisted upon the public, viz., as a preventive of smallpox.

Again, in toy pistol and ordinary wounds we are all usually on the lookout for lockjaw, and can now usually prevent it, and, if

not, treat these cases intelligently. But in the vaccination-caused cases the danger is unlooked for and its ambush-like character is effectually masked, and so it usually gets too great a start to be overcome. Two such cases among school vaccinated children occurred at Ft. Wayne in one week last November—Wilbur Jautz, 10 years, followed by a funeral, and Edward Tierney, 8 years, on whom the authorities expended \$150 in treatment. In 1903 there were five deaths in Indiana from this cause, viz.: Edward Dougherty, 17 years, Washington; George King, 12 years, and the 3-year-old son of Ralph Clark, Lafayette; Laura McHugh, 11 years, Marion, and the young son of Albert Wilson, Terre Coupee.

Again, toy pistol and other "Fourth" accidents are voluntary and accidental, and almost universally the result of the carelessness of some one, usually on the part of the victim and of his parents, the latter failing to give proper instruction in the rational use of the agents employed (such as not to put explosives and fire in the same pocket, not too soon to approach hang-fire apparatus, etc.), while vaccination is generally an unwanted, even compulsory, proceeding, as far as a child is concerned, and there is no guarantee or safeguard against its hidden dangers except a previous distrust of its alluring promises and an emphatic refusal to take the ghastly risk of its acceptance—for the "prevention" is often worse than the bite guarded against, for very few are billed to contract smallpox anyhow, as there are too many other diseases that must be kept at work.

Lest this be considered by some as a one-man indictment, let me quote from the Committee of Public Health of the New York State Medical Society, Dr. John L. Heffron, of Syracuse, chairman, at its annual meeting for 1908, at Albany: "It is a matter of common observation that the impurity of vaccine virus obtained in the market has been and is the source of great suffering and danger."

And an even later official opinion is the last report of United States Bureau of Animal Industry, detailing the great epidemic of foot and mouth disease that quarantined five States, which it cost over \$300,000 and the slaughter of thousands of animals to eradicate, which was caused by contaminated vaccine virus. In one establishment \$14,000 worth of such stuff was confiscated and destroyed.

A peculiarity regarding the lockjaw germ is that its absorption is carried up to the spinal cord, where it works its mischief through the motor nerves themselves, and not by the absorbents or blood vessels, as is the case with other poisons. (Dr. W. W. Keen, *Harper's Magazine*, July, 1910.)

The lockjaw germ is peculiarly a tenant of stables, manure and hay wherever there are animals, especially cows or horses, or in the soil contaminated by them, and this fact explains why it is that it finds lodgment in the vaccine virus. (Mainly quoted from "Modern Medicine," Vol. II., p. 324, by Dr. Wm. Osler, regius professor of medicine, Oxford University.)

When such virus is used (Dr. Joseph McFarland, in *Boston Journal of Medical Research*) it generally "fails to find suitable conditions for its growth until after the development of the vaccine lesion paves the way by the local destruction of tissue," thus making the vaccination caused lockjaw a little longer in making its appearance than in ordinary wounds, this delay often leading unposted medical or health board attendants to attribute the disease to the parents' kindly attentions.

Reinhardt and Assin declare that tetanus bacilli may remain latent, even after injury has healed, long in incubation period.—Editorial in the *Journal of the American Medical Association*, Feb. 5, 1910, p. 470.

Wilson was the first to discover the lockjaw bacilli in vaccine virus in 1902, and Carini, in fifty different specimens of vaccine, found these tetanus bacilli five times, concluding that they belong to the normal flora of the virus, but occur rarely. (Dr. Osler, as above.) And fortunate it is that they occur rarely, as compared with the frequency of vaccination!

Dr. J. H. Huddleston, while in the New York City Health Department, after a systematic study of the subject, declares (in *Pediatrics*) that the bovines from which the vaccine virus is obtained are but slightly susceptible to lockjaw, but can readily obtain and carry the germ in their vaccine pocks.

Dr. Walter M. James, the well-known Philadelphia editor of *The Physician*, recognizing this slight susceptibility of the bovines thus used, asserts that they are first inoculated with the lockjaw germ to make them entirely immune, and then inoculated with the yeast-like acting propagating vaccine virus, and that the first ex-

periment fails, as shown by the occasional vaccination-caused lock-jaw occurring in children.

And so it has actually happened that in some parts of the United States in certain periods the number of deaths of children from lockjaw caused by vaccination for the prevention of smallpox have been larger than those of the total deaths of all ages from smallpox. For example, in three months last fall there were four deaths from smallpox in the United States (Public Health and Marine Hospital Service report), while in the same period there were twelve deaths from lockjaw caused by vaccination. I have names, ages and addresses of these, and of twenty who thus died last year, eighty-six deaths from vaccination in another year, and many during other years.

Personally, I know that shock and irritation may be enough to cause some cases of tetanus, for I had one in 1887 in my practice in this city (reported in *Animals' Defender*, September, 1902) in a small boy hit by a stone just below the knee. He had on stockings and pantaloons when hit, and there was no break or abrasion of the skin, only swelling and redness, when I first saw him on the forenoon of the day following the injury. This case went far to prove to me that it is not always necessary to have a germ to produce tetanus. We do not see it in a clean cut; it comes in a mangled, torn wound, and because the terminal nerve fibres are irritated or injured—and why not when the nerve is injured, as in the case above cited? This proved fatal, though I did not sign the death certificate, as the nervous mother changed physicians several times.

AN ADDRESS*

By Pearay Lal Srivastava.

We have this day assembled here to commemorate the name of that great personage, Dr. Samuel Hahnemann, the illustrious discoverer of the Science of Homœopathy. He was a genius, a thorough believer in the occult spiritual forces of nature, an honest worker and a true and sincere well-wisher of humanity at large. It was in 1790 that he declared the grand truth of the

*Delivered before local Homœopathic Club, Lucknow, India.

existence of the dynamic powers latent in crude drugs which were capable of creating modifications in the human vitality manifested through the organism. This was the basis on which was founded the axiom of Similia Similibus Curantur. And a fact which was fully borne out by practice.

Hahnemann was a man of character, resolute in his pursuit and straightforward in asserting what he knew to be right. He was not a man to be defeated by the difficulties which confronted his honorable mission. He did not care for the mockeries of his assailants. He rather withstood them with fortitude at the cost of his personal comfort and persistently proclaimed the truth whispered to him by his conscience.

Long ago that noble soul parted with the carnal vesture it wore under the name Hahnemann, but has left behind an invaluable legacy for posterity deeply engraved on the hearts of his followers, and so effectively on the pages of history that the destructive hand of time cannot obliterate it.

Who can fully realize the difficulties and hardships which attended the efforts of Hahnemann to impress upon humanity the great curative science, especially when his attempts were opposed by the criticism and attacks of the dominant school? But what was that which carried him successfully through all the obstacles put in his way? It was the indwelling strength of the intuitively discovered truth that sustained him during his struggle. It was the growing radiance of the inner light which illumined him on the path that he trod.

How true is the saying that *truth* endures and in its verification the science of Homœopathy, the result of the labors of Hahnemann, stands today prominent in the field of medicine, face to face with its opponents. Nay, its wonderful and miraculous cures of the diseases pronounced as incurable forcibly elicit the approbation of many of the members of the very party who ridicule it.

Can any one reasonably and justly deny the supremacy of homœopathic medicine when judiciously individualized and administered according to the dictates of Hahnemann? Can any one assert that its infinitely small doses, the absence of disagreeable odors and of the astringent elements which excoriate the tongue, mouth, and, in fact, the whole of the alimentary canal

of the patient, the simplicity of its use, and, none the less, the cheapness of its price, are not a boon to those who use it?

Innumerable mothers have been saved from becoming childless and many children from becoming orphans through the help of Homœopathy; when, but for its intervention, the victim and his family would have suffered an irreparable loss. This is not a matter of the past. It is as true still. Even today such wonderful cures take place in the hands of skilful Homœopaths. Oh! what incalculable gratitude the sufferers and even the physicians, the mediums of relief, owe to the dignified Hahnemann who has rendered this service to humanity possible.

In fact, words fail to adequately convey the sense of obligation that the sufferers feel towards the reliever of his pain. We can hardly repay to any appreciable extent what Hahnemann has done for the profession as well as for the patients. It is only through the invisible currents of sentiments and feelings through which a heart can manifest an intense emotion of gratitude, and this must be the real satisfaction of the one who labored his lifetime for the cause of Homœopathy. It is therefore not only on behalf of the profession, but mostly and fitly on behalf of the relieved brethren (to many of whom the name of Hahnemann is unknown), that our sincere and heartfelt thanks are due to venerable Hahnemann.

Therefore let all of us assembled here unite in raising our tribute of cordial and sincere thanks to him whose soul rests in a region finer than ours and let all of us chant prayers of peace for him whose utmost pleasure was to see Homœopathy crowned with success.

May God bestow on him peace, peace eternal in whatever plane of existence he may be.

Deorhi Agha Mir, Lucknow, Oudh, India.

THE THEORY OF CURE ACCORDING TO HOMŒOPATHIC CONCEPTION.

By **Srish Chandra Basu, L. H. M. S.**

Hahnemann has defined disease as an aberration from the state of health, which declares itself by symptoms. When a man is in such an aberration from the state of health, it is the supreme

duty of the physician to restore him to health. The process by which it is effected is called the art of healing. In Homœopathy the highest aim of healing is the speedy, gentle and permanent restitution of health, or alleviation or obliteration of disease in its entire extent, in the shortest, safest and most reliable manner according to clearly intelligent reasons. In order to do so, a homœopathic physician should endeavor to understand distinctly what is curable in disease in general, and in such disease in particular, as also what is curable by drugs in general, and by each drug in particular. After having acquired this relative knowledge in medicine and in human organism, he should proceed to adapt what is curative in medicine to what he has recognized as undoubtedly morbid in a patient.

Since disease has been defined as an aberration from the state of health, we must endeavor to understand how the health of a man becomes aberrated. A spirit-like, self-acting, vital force, which pervades human organism, remains imperceptible so long as it is not affected by the dynamic influence of an extraneous something morbid, but when it is so deranged it gives rise to certain symptoms by which the aberration becomes clearly visible. When you succeed in effecting the restitution of the vital force so deranged to its natural order, you succeed in obliterating the aberration which is manifested by the symptoms. It thus follows that the disappearance of the manifestations means the restoration of the integrity of the vital force and the return of health to the entire organism.

There are two methods by which the integrity of the deranged vital force is attempted to be restored. The one method is by adapting the symptoms of the medicinal disease to those of the natural one according to the law of similars; the other is by counteracting the natural disease with the contrary actions of the drug according to the antipathic law. While the former can extinguish permanently by the stronger dynamic force of the drug the weaker affection in the living organism, the latter only tends to hold the disease in check temporarily, or to imperfectly alter or extinguish it, so that after a brief period of apparent relief it may break forth again with redoubled fury and prominent aggravations.

We have seen that some particular morbid derangement in

the feelings and functions of the vital force is the main factor of a natural disease. In process of a cure according to the law of similars we simply implant a somewhat stronger similar artificial morbid affection upon the vital power deranged by the natural disease so as to substitute this artificial affection for the weaker similar natural disease, in order that the instructive vital force moved to stronger effort by the drug action may direct its increased energy against the weaker similar natural disease. Owing to the short duration of the artificial disease brought on by the actions of the drug, it is soon overcome by the vital force, which, being liberated from the hold of the natural disease as well as from that of the substituted drug affection, is again found to continue the life of the organism in health.

The partly psychical and partly physical terrestrial potencies known as noxious influences inimical to life, which are said to be the cause of all natural disease, do not at all times possess the morbid power of modifying human health unconditionally. Only when our organism is so disposed or inclined as to be affected in consequence of the presence of some morbid cause, we are then and then only liable to contract sickness. As a matter of fact, the noxious influences can neither make everybody sick nor can they do so at all times. But this is quite different from the case of an artificial disease brought on by the actions of a drug which can at all times and on all conditions produce its peculiar phenomena upon the organism. From the above it is apparent that the extraneous noxious agencies possess a subordinate and often an extremely conditional power, while the drug potencies have an absolute and unconditional power far more superior to the former in its ability to bring on sickness in the human organism.

If we study nature closely we find in the law of the natural selection the survival of the fittest, that is to say, the weaker goes to the well and the stronger survives. Thus by the greater intensity of the artificial disease produced by drug the weaker natural disease is brought down. The drug which should be employed for this purpose must be capable of producing in the human body an artificial disease most similar to that to be cured, because it is by virtue of its similitude combined with greater intensity that the drug disease is substituted for the natural one.

The question now arises why the drug necessary for overcoming a natural disease should be able to produce manifestations quite similar to those it intends to cure. If we accurately observe the diseases in their details, we invariably find that (1) whenever two dissimilar diseases meet in the same human organism the stronger one always suspends the weaker, but they never cure each other, and (2) when a man is subject to two dissimilar diseases for a long time the new disease, after exerting its influences upon the organism, may join the old dissimilar malady, rendering it more complicated than ever.

In proof of the first portion of the above argument, it has been found that two children, affected by a species of epilepsy, were at once free from that disease when they were attacked by *tinea capitis*, but as soon as the eruption disappeared from the head the epilepsy returned. It has also been found that when measles and smallpox prevail at the same time and both infect the same child the measles are usually arrested in their course by the eruption of smallpox appearing somewhat later, but again resume their progress when smallpox has disappeared.

In regard to the second portion of the argument it has been observed that a man who has been afflicted with syphilis and itch at the same time had his syphilitic symptoms suspended while the itch began to appear, but after a while these two so associated together that each occupied those portions of the organism most adapted to it and thereby rendered the condition of the patient most deplorable, if not incurable altogether.

The above conclusively points to the fact that when the human organism is disturbed by two discordant forces, one is not able to overcome the other, but on the other hand, they sometimes so join hands together as to place the organism beyond the reach of cure. From this it is obvious that if we implant a dissimilar disease by means of drug action in an organism which has been previously afflicted with a natural disease we cannot expect to liberate it from the original indisposition, though we can sometimes suspend its operation for the time being.

On the contrary, when two diseases, though of different variety closely resemble each other in their manifestation of sufferings and symptoms, meet in the same organism they are able to extinguish each other. It is the weaker which is overcome by the

stronger, the reason being that the superadded stronger morbid potency, on account of its similitude of effect, takes possession of the same part in the organism hitherto affected by the weaker morbid agency, which being deprived of its power of action ceases to exist. In proof of this proposition it may be stated that a man suffering from ophthalmia, if affected with variola, will get rid of his former indisposition because the virus of variola is capable of producing ophthalmia. Numerous instances can be cited from the records of several eminent observers, but it is no good multiplying them.

From the above it is quite evident that a stronger artificial disease, implanted upon the human organism, is capable of obliterating a similar weaker natural disease caused by the dynamic influence of some obnoxious agency. The artificial disease which is only caused by the dynamic force of a drug remains so long in the system as its action endures, after which the organism becomes quite free from all disturbances and is once more fit to resume its life without molestation.

RESPECTFULLY REFERRED TO THE MEDICAL AMALGAMATORS.

Editor of the HOMŒOPATHIC RECORDER:

I saw, recently, a letter from the publisher of probably the highest class medical books from American presses, beautifully printed and with plates impossible to produce, as yet, in this country. The letter was addressed to his translator, a physician whose leisure hours are occupied in philologic study, his hobby (every M. D. should have an equine of this species).

The letter read: "I have on several occasions been asked: 'Why did you not get So-and-so to translate the book instead of having the name of a homœopath on the title page?' My answer invariably is: 'Do you find any fault in the translation? Is it inaccurate or inelegant? What good is the translation of a German book if made by an inexperienced woman or a professional translator unacquainted with technical terms, though the title page show the name of a man of standing (?), who has never read a line of the translation, nor even revised the proofs? So many books are thus translated and have done more harm than good—inaccurate, careless, ungrammatical, so faulty that the bene-

fits derived from reading are wiped out by the reader's inability to grasp the meaning of the words; to comprehend the original author. I will not mention names, but could enumerate, etc., etc.'"

* * * * *

My Dear Sir Editor: The essential point in the above concerns one thing only, which is: Any agglomeration, now or ever, with the Old Bunch of Botches.

The subject-matter is difficult to believe, but yours truly saw it. A translator's skill, instrumental in the rendition of the book for English readers only as a good quill or steel pen might be.—absolutely impersonal! Go on and say a few, I'm weary.

C. B. M.

[It is not a case requiring comment from us, but one that should make the young men graduated from homœopathic colleges yet honing for "regular" company do some thinking. The caste that is big numerically is never the high caste, nor is it the liberal one. If you, O Homœopath, go over to the big caste you are a tolerated nobody and will never be anything else, showing the illiberality of 'em. If one of them comes over to you he is welcomed if he practices the Law—which he generally does, for he knows what he has left—showing the liberality of the higher medical caste. Any one object to "caste?" That is what it is and no other word fits. Stick to your own unless you can go higher, as so many of the best of the others have done when they came up to *Similia similibus curantur*.—Editor of the HOMŒOPATHIC RECORDER.]

MY FIRST CASE TREATED HOMŒOPATHICALLY.

Editor of the HOMŒOPATHIC RECORDER:

Having started my medical training in an allopathic school, and knowing naught of any other. I was taught the therapeutic narrowmindedness of the average allopathic practitioner that anything contra-allopathic was a fraud.

Nevertheless, there came a time when I would have to take the dictations of the regular college or rebel and find another. It so fortunately happened that the only other college in this city which would accept students from the one that I was attending was homœopathic.

At that time I was undergraduate interne to the City and

County Almshouse of San Francisco, and all my treatment was allopathic, but there came a case in which I knew that regular medicine could not reach, yet I knew nothing of homœopathic medication.

The case was that of a woman fifty years of age, weight about one hundred and seventy-five pounds, of short stout build, light complexioned, had been an inmate a number of years on account of periodic attacks of neuralgia of the left side of her face which always lasted three or four days, the pain being so severe that she would roll on the floor, and with every attack extreme fear was manifest, not sensitiveness, but fear of death with great anxiety; even between attacks she was afraid the next attack would be her death. The pain was always on the left side, like electricity; the cheek was swollen, hot and pale during the paroxysm, but red during interval.

The present attack came on about noon, while I was attending college, which privilege was allowed me. By evening the condition was so severe that the resident physician suspected insanity and so notified the office to have her sent before the Insane Commission the following day. I arrived about eight P. M., finding a note for me to call, which I immediately did, and found the condition enumerated above.

Carefully noting everything, I went to my apartment where I had a Dewey Materia Medica Compend. and then studied out the case. I came to the conclusion that *Aconite* was the remedy, but, not having any homœopathic dilutions, I had to take the tincture in the drug room. Having previously learned the potentization of remedies, I knew that the tincture was too strong. So I found some sugar of milk, to which I added one drop of the tincture of *Aconite* and ground it thoroughly. Then placing a small portion in dilute alcohol I shook thoroughly; again I diluted the preparation, using alcohol. Of this resultant I added a teaspoonful to a half glass of water, advising the patient to take a teaspoonful every fifteen minutes until asleep. She was only given three doses before sleep resulted.

I kept in touch with her for a year, during which time she never had a return of the symptoms. Such results made me a confirmed follower of Samuel Hahnemann.

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AN EXPERIENCE WITH BUTTERMILK TABLETS.

Editor of the HOMŒOPATHIC RECORDER:

Some time ago I received from the manufacturer some small vials of "Buttermilk tablets" (make unimportant), recommended to change sweet milk into buttermilk "while you wait;" also recommended to be taken under certain conditions; and as these conditions seemed to correspond with my state, I decided to experiment. I took, at various times, the contents of one small vial; a tablet or two at a time, after meals. I was in the habit of using milk regularly. Soon I began to notice that my saliva seemed to be very acid. My teeth were clean and apt to be, as we say, "on edge." A slight bronchial secretion seemed also to be acid; the secretion in my eye became of a biting, irritating nature. My skin tingled—especially the palms of my hands, until the sum total of my sensations became quite disagreeable.

Milk I soon discovered I could no longer take with comfort. It turned to acid in my stomach very quickly and came up sometimes very unpleasantly.

Mineral acids and lactic acid seemed to do no good. *Robinia*, *Rheum* and *Podophyllum* were equally ineffective. At last I resorted to *Sulphur* 3x, which at once exercised a controlling influence and gave me relief. I made up my mind that the *Sulphur* inhibited the development of the germs that were playing the mischief with me.

Others may like to employ these products, but I have had enough. Flatulence, with which I had been somewhat annoyed, did seem to be relieved while I was tormented with the acid condition, but the regular function of the intestines was put very much out of order, so that the remedy produced a very much worse condition than before.

My appetite was impaired, digestion disturbed, sleep interrupted, energy exhausted. To think of inflicting such misery on a child, as I endured, is not pleasant to imagine.

The old and tried Homœopathic remedies are more precious by comparison. We know what they are and what they will do.

W. E. HATHAWAY, M. D.

Cincinnati, Sept. 7, 1910.

“THE MORTALITY STATISTICS OF 1908.”

Such is the title of the quarto book of 705 pages, being the “Ninth Annual Report,” issued by the Department of Commerce and Labor Bureau of Census.

Among the things that may be of interest we find the following:

“Such terms as ‘convulsions,’ ‘marasmus,’ ‘debility’ and the like should no longer be tolerated when the true cause of death can be determined.” This is in connection with infant mortality. “Papa had syphilis” might be more scientifically exact—in some cases.

Here is another quotation: “It does not seem unreasonable when we consider the fact that there is apparently no reason why infants if properly born * * * should die at all in early infancy or childhood except from the comparatively small proportion of accidents that are strictly unavoidable.” This is doubtless severely scientific, but a good many will still hold to the belief that the physical sins of the father are visited upon the children unto the third or fourth generation, quite regardless of science. To have an ideally healthy race you must begin with the grandparents. One need not expect any great things in the baby line where Venus, Bacchus, Circe and Mammon are the ruling deities of the parents.

The deaths per thousand in the registration area were 15.4, compared with 16.5 for the preceding year.

California had the highest rate, 18.4, and South Dakota the lowest, 10.1. Naturally one recalls the fact that Reno isn’t synonymous with children.

Among the cities, numbering over 100,000, San Francisco leads with 23.6 and St. Joseph, Mo., brings up the rear with 8.3. A sceptic might think that St. Joe needed investigating, for five years its rate has run very much below all other places on the map.

Among the big cities of the world, Rio de Janeiro heads the list with 32.2, with Sydney lowest at 10.3.

Under the section “Causes of Death” is to be found: “While little importance is now attached to the systematic ‘classification.’” and the reader sort of thinks back to the condemned terms “convulsions,” “marasmus” and “debility.”

Looking over the table of diseases showing increase or decrease we find increase in cancer and decrease in tuberculosis. Suicide shows the heaviest percentage of increase of any of the "causes of death." The biggest decrease was in pneumonia. Typhoid in the entire country fell from 30.3 per 1,000 in 1907 to 25.3 in 1908. In this disease Columbus, Ohio, heads the list in a high death rate, while Paterson, N. J., has the lowest. Many of the cities under 100,000 show a greater percentage of typhoid than Columbus. Towns must have pure water or they will have typhoid.

As for smallpox, "the disease is of little practical importance as a cause of death in the United States." And this in spite of the fact that the cases averaged over 1,000 a week. The death rate per 100,000 population from smallpox is given at 0.2, while that from measles is 10.2. Scarlet fever increased from 10.3 for 1907 to 12.4 for 1908. Whooping cough declined from 11.6 to 11. Curious comparisons with smallpox!

Diphtheria, or "croup," as the report insists, showed a decline from 26.3 to 24.3, both, however, higher than 1905, which was 23.5.

Influenza continues abnormally high at 22.2, against 24.1 of preceding year.

Tuberculosis carried off 78,289 persons against 76,650 of the year before. The table has the disease divided under nine heads; the above figures are the total.

The cancer section opens as follows: "The mortality statistics for 1908 show the usual increase in number of deaths from cancer as well as in the death rate from this disease." There were 33,465 deaths from this disease in the registration area (about half the United States) for 1908 against 30,514 for the last year. The fact is noted that where tuberculosis has decreased cancer has proportionately increased. Perhaps the day will come when the "regular" medical profession will realize that it cannot sow vaccines, serums and all sorts of things in the blood without having a crop that is akin to the seed sown.

"SPONTANEOUS GANGRENE."

Drs. Dexter and Ellis, of the Lakeside Hospital, Cleveland, contributed a paper to *The Cleveland Medical Journal* for Au-

gust, under the title of "A Study of So-called 'Spontaneous' 'Gangrene,'" that is rather interesting. This disease, which is somewhat rare, generally begins with pain in the feet, extending up to the calves of the legs, with numbness, tingling, heat, cold or heaviness. The sharp pain appears at first only after exertion. Often there is a more or less constant dull aching pain like the ache of flat-foot. Disability may extend over months or years, till finally the patient can only walk a short distance: at first he has no pain, but it appears after a few steps and increases until further progress is impossible on account of it, though after a short rest he can again proceed. In some cases the pain becomes constant and agonizing.

"On examination of such a case in the early stages, the affected parts are cold to the touch, pale, or in the dependent position, cyanotic, and occasionally cherry red. This is the stage resembling erythromelalgia. The superficial veins show passive congestion, and when emptied by pressure, refill very slowly. Recurring attacks, resembling phlebitis of these veins due to migratory thrombosis, are not uncommon. Edema is rare. The arteries of the foot and leg are always affected. Early there may be a faintly palpable pulse, but as the process advances this disappears."

"The dorsalis pedis and posterior tibia are usually the first vessels affected, but in advanced cases, all the arteries of the foot, leg and thigh, including the femoral, may be pulseless. The late stage of the condition is marked by the onset of gangrene, beginning, usually, under the nail or on the tip of the great toe. This, starting as a serous or purulent bleb, slowly goes on to the formation of an indolent ulcer and subsequently to dry gangrene, which may involve all the toes and extend on to the dorsum of the foot. The march of the gangrene is slow, and the line of demarcation almost never sharply defined, the gangrene fading gently into the surrounding engorged cyanotic skin. The reflexes may be increased or diminished, depending on the amount of involvement of the nerves accompanying the affected vessels. Disturbances of sensation have occasionally been observed. While the process, at the start, is usually unilateral, sooner or later the other leg is almost always involved."

Occasionally the trouble is in the arms, but the great majority

begin in the feet. Syphilis or abuse of tobacco or alcohol seem to have no part in causing the disease.

The general opinion of observers is that the cause is thrombosis—coagulation—though, of course, back of this again must be a cause, but what it is remains unknown. Jews seem to be more subject to it than other races, but none are exempt. Drs. Dexter and Ellis give no treatment, but Nash, *Leaders in Homœopathic Therapeutics*, mentions a case in which *Secale cor.* "checked the progress of the disease for a long time." *Carbo veg.*, however, seems to furnish the best picture of the disease.

CONSISTENCY AND "606."

Not so many years ago if a doctor discovered a new remedy of any sort, patented it and tried to make some money out of his discovery, he was expelled from the ranks. Today the medical journals are all piping about Ehrlich and Hata's "wonderful new remedy for syphilis," which is to be known as "606." The most striking scientific feature about "606" is the tremendous amount of free "reading matter" advertising it has received. It would have taken, most likely, half a million dollars to have given any other proprietary the notoriety "606" has received without the expenditure of a cent. This is surely scientific advertising. If you do not believe it just listen to this, taken from an editorial in the Aug. 13 issue of the official organ of "the organization," *The Journal of the American Medical Association*.

We are first told what "606" is. "It consists of a compound of arsenic allied to arsenilic acid and possessing the composition indicated by the name dioxydiamenoarobenzol," all which while not very clear to the average M. D. is doubtless very scientific. But when it comes to telling what "606" will do things are different.

"It is claimed to be an example of the complete destruction of the pathogenetic agents of a disease by a medicinal product acting within the organism." "The results as described by Wechselmann, Neisser and others" (in *Klin. Wehrchr.*, which may be a very erudite journal for all we know to the contrary) impress one as being little short of marvelous. The startling statement is made that spirochetes begin to disappear from chancres and

condylomata in a few hours, and are completely gone in from twenty-four to forty-eight hours. Syphilitic lesions, such as rupia, papules, ulcers, etc., we are told, heal with remarkable rapidity." Did you ever read an "add" of a proprietary that gave you the feeling more strongly for rushing out and buying a bottle to "try" on a patient? The "ad-smiths" who are always blowing about their ability to write advertisements that will sell goods ought to sit at the feet of the big medicine men, of "the organization."

But the haunting idea lingers in the brains of all: "Perhaps this stuff *will* do all they say!" Perhaps it will and so, perhaps, will all the other advertised medicines you find in newspapers, magazines and medical journals. The only way to know is to buy it and try it. By the time the medical profession has done this a fortune has been made and the great editors will then, when they refer to it at all, mention it as being one of the things of which "high hopes were once entertained, but——" etc., etc.

In the meantime none of the great editors say a word about the ethics that once governed secret remedies. Perhaps their box offices scent advertising or is it that the rules of medical ethics no longer hold?

Our editor of the A. M. A. winds up by saying that "the remedy is not on the market" yet and will not be until "uncertainties regarding dosage," etc., "are cleared up." You see this tacitly informs the waiting doctors that "606" will not be "put on the market" until it can do the Minerva stunt and come forth perfect, a "dead sure cure" for "sif."

To all those who are eagerly awaiting the appearance of this new medical wonder we would say "Remember Stovaine."

P. S.—Sept. 10th issue of the same journal has a cablegram announcing that "606" will be on sale in November. But among the abstracts from "Current Medical Literature" is one from the *Wiener klinische Wochenschrift* treating of the "Untoward By-effects of the Administration of Ehrlich's 606." Among these are suppression of urine for 10 days, long continued rectal tenesmus, and a number of those sent away cured returned with the disease as bad, or worse, than ever. The proprietors will probably make a lot of money out of "606" and then it will join the endless procession of "has beens."

KING EDWARD'S DEATH.

This letter from Dr. J. Gordon Bennett, Halifax, Nova Scotia, was published in the Sept. number of Ellingwood's *Therapeutist*. It ought to make homœopaths with a hankering after "serums," "vaccines," etc., hark back to the terra firma of Homœopathy.

"King Edward died of catarrh of the stomach. There are many Eclectics and Homœopathic doctors in England, but Allopathy treats the Kings and Royal family. There is usually no set fee paid to his Majesty's physician, as the honor of it makes his fortune."

"On March, the 6th, the King was vaccinated with a vaccine, and had been previously given for about eighteen months a microbe extract, in a wineglassful of milk once a week. Up to within a short time of his death he received an emulsion of dead germs cultivated from his own sputum, with a view to preventing attacks of catarrh, to which he ultimately succumbed."

"The argument that colds were prevented by it was not correct, as his Majesty's physicians admit that the catarrh had left him at no time. After, practically, a treatment of two years, there should have been some abatement, if there was anything in the treatment."

"Sir A. E. Wright's system commenced with the use of inoculations and Dr. Spitta, of St. George's Hospital, thought he could get good results through the mouth. The practice of serum-therapy which had been lauded very much as the greatest scientific discovery of the age was subsequently denounced by the inventor, and in the face of this, it was given to the King. Dr. Hadwin says, 'the filthiness of the method, consisting of a broth of cooked germs cultivated from the patient's own sputum, compares with the worst superstitions of the old days of the witches' cauldron.'"

PRACTICAL POINTERS.

Dr. Day (*Brit. Jour.*) tells of a case of chronic Bright's Disease that under *Apis* 3x to 30th has rapidly improved, the edema having entirely disappeared.

In a personal letter, Dr. A. M. Cushing says that *Artemisia*

abrotanum should be considered as a remedy for the infantile paralysis that has made its appearance in this country.

Dr. E. R. Waterhouse, St. Louis, has a paper, "Gelsemium in Tetanus," in Ellingwood's *Therapeutist*, Sept. He says that 98 per cent. of the hospital cases into which the antitetanic serum is injected die. He cites case after case from his own, and other's, practice, where *Gelsemium*, tincture, given in half teaspoonful doses until the physiological action sets in, cured the case. The physiological action of *Gelsemium* is complete relaxation of the muscular system.

In the "discussion" of a paper on *Calcareo phos.*, published in *Iowa Hom. Jour.*, Drs. A. C. Woodward, F. O. Richards and Nettie Campbell all mentioned cases of bow-legged children whose legs became normal under this drug. This is a good drug for "slimpsy" children. to use the old English for the rachitic, as Dr. Richards did.

Attention is again being called to the importance played by lime in the prevention and cure of tuberculosis. The RECORDER, Jan. 1909, has an account of a case far advanced that was cured by the man getting a job where he had to inhale much lime dust. Both in France and Spain medical writers have mentioned recently the importance of lime in this disease.

One of the best remedies for the colds that occur in the hot days and cold nights of autumn is *Gelsemium*.

Thompson, *Medical Record*, says that the common idea that *Digitalis* is a heart tonic is a gross error. "Just as the effect of ergot is limited to a healthy uterus dilated by pregnancy, so that of *Digitalis* is limited to a dilated heart without diseased walls." The wise doctor, if he must have a heart tonic, will use *Cratægus oxy.* It aids the case and *hurts no one.*

An old homœopathic physician writes us (private letter) that he suffered from tuberculous lupus about the nose, which was slowly spreading. Finally he tried the X-rays on it. The disease disappeared for a short time, but has reappeared much worse than before. This case goes toward confirming Hahnemann's doctrine that you cannot cure from without inward. The cure, to be a cure, must start at the center and go to the circumference.

Dr. R. B. House writes in private letter that he recently had a very bad case of whooping cough in which all remedies failed

until he gave *Mephitis*, which relieved at once. The same remedy has also been doing well in his practice in spasmodic asthma.

Dr. J. S. Stabaugh, Neppanee, Ind. (*Hering Quarterly*), reports case of erysipelas that came to him after five days of allopathic treatment. *Hepar sulph.* seemed to check the disease for a time, but it began spreading again. *Lachesis* then effected a prompt cure.

"Many cases diagnosed marasmus, really extreme malnutrition, with faulty digestion and weakened assimilation, as seen in cases of rickets, scurvy and rheumatism, can be brought back to the normal or near-normal, unless there is some underlying cause such as inherited syphilis, tuberculosis, or the effects of chronic alcoholism in the parents, with the aid of fruit juices."—*Dr. Geo. D. Scott, in Therapeutic Medicine.*

"The death of children under one year of age is due to shams, and abuse of diet, patent infant foods, and Pasteurized milk."—*Elmer Lee, M. D., Medical Times.*

"Do we go too far in our tonsil surgery? We must conclude such to be a fact if the tonsils are not vestigial remnants, but 'sturdy guardians of the dangerously exposed introitus of the two great systems, digestion and respiration.'"—*Therapeutic Medicine.* The man who knows the scope of homœopathic medicine does not often have to have the tonsils cut out. See, for example, Burnett's *Tonsils.*

If a patient wants a remedy for goitre, and yours has failed, put him on *Fucus vesiculosus* θ 5 to 10 drops. *Fucus ves.* is a species of sea-weed, "bladder wrack." It is reported to have aided many cases to recovery.

Pure olive oil will give relief in many cases of gastric ulcer. It doesn't interfere with medicine. Its action is very soothing to many cases. It should be considered in cases of dyspepsia.

If impelled to try "vaccines," so much in fashion at present, Don't! Try instead the homœopathic nosode corresponding. If there happens to be none in a given case, have that "cocculus" (or whatever else it be) triturated and "run up" to the potency you desire. Better and *safer* results will follow.

MEDICAL POLITICS.

We often hear it said that the medical profession, for want of proper organization and definite purpose, has practically no influence. Those who say this really want it to go into politics, and ere long they may see their wish fulfilled. Already we have a central organization which tells what to believe and what we should do, and tries to make us go the way that a few ambitious men want us to go. We are all to want a Secretary of National Health in the Cabinet, and to strive to get him there. He will be a man of ambitions and he will draw around him many more of the same type. All his friends will have his aid, all his enemies and his friends' enemies will be under his ban. Pretty soon he will be induced by a powerful boss, or seduced by some great corporation by the promise of immense sums for medical research to swing the vote and influence of the organized profession for his man. From that moment the real influence of the profession will be gone. Modern conditions in the profession are rapidly weakening it, but politics will kill it.

Is it so certain a thing that the doctors of the past have had little or no influence? The very position they occupied, the way they were looked up to of old, the fact that in matters of sickness and injury, of life and death, men and women hung on their every word, that they were independent, that they who were the slaves of every caller, who could call no moment their own, still, proverbially, held their souls, their opinions (whether broad or narrow) for their very own, and expressed, in the association of their daily occupation, dogmatically and honestly, just what they thought, this must have had tremendous, silent influence on the communities in which they lived, and it was an influence for good and for independence. But how changed is all this, the men of note in the profession, allied with teaching, connected with hospitals and colleges that must have pabulum or die, how necessarily they must frown and shudder at reform, must suppress the desire on the part of their assistants to strike a deadly blow at corruption and corruptors.

The country doctor may have failed to come up to the advanced standard of to-day in medical knowledge, but his standard of honor was higher. This is the reason why he so long failed to

respond to the cry of a few for organization, and to some extent it still is the reason why the interested few who control bewail the small attendance at the meetings of the A. M. A.—*Edward Willard Watson, M. D., in Medical Notes and Queries.*

BOOK REVIEWS.

Michael Servetus; His Life and Teachings. By Carl Theophilus Odhner, Professor of Church History, Academy of the New Church, Bryn Athyn, Pa. Cloth. 94 pages, \$1.00. Philadelphia: J. B. Lippincott Company. 1910.

Many a good book has died because the author did not possess the art of catching hold of his reader and leading him a willing follower to "the end." Professor Odhner possesses this art. Those who begin the book will read it through, and will get a glimpse of a bigger world than was dreamed of before. Michael Servetus was a man who put his foot through the painted and tinselled paste-board built to represent the Eternal Rock of Ages; he cut the earth from beneath the feet of theological and medical pretense, and so they burnt him at the stake. He was a physician who received the ill-will of medical "authority" because he showed that they were ignorant of nature and nature's laws, in short, were "a plague of the world," and he was a theologian who threw aside all man made theology and based himself only on the Word of God, *i. e.*, Jesus Christ. The Catholic Archbishop of Vienna protected him from his medical foes, and he practiced there for many years, but, egged on by Calvin, the Inquisition got him and condemned him to death by fire. Evidently the Inquisitors were not desirous of his death, for they let him escape to Geneva. There Calvin got him and burned him at the stake with a slow fire. Before the fire was lit in derision they crowned him with a crown of straw and twigs. He was one of the men who died a violent death that the world might be mentally free.

Not every man will agree with the conclusions of this book, but few can read it without being intensely interested. Buy it, or get it from your Public Library.

REVIEW.

By Dr. Edwardo Fornias.

General Introduction to Positive Therapeutics.

Homœopathic Literature has just become enriched by the publication of a creative and synthetical work from the scholarly hands of Dr. G. Sieffert, general secretary of the *Societe française d'Homœopathie*.

In this magnetic book, entitled "*Introduction generale a la Therapeutique positive*," Dr. Sieffert has introduced some novel ideas and problems which really deserve our most earnest consideration and study. He presents to us incontrovertible facts and valuable comments, which, for the educated at least, hardly need to be subjected to the process of analysis, and which have been directed to strengthen the pillars upon which Homœopathy rests, or, as Dr. E. Vannier, of Rouen, so well states: "*His chief ambition has been to give Homœopathy a rigorous scientific base.*"

Some of us, perhaps, may not agree in full with his novel ideas and propositions, but discussion brings light, and Dr. Sieffert is not the man who would leave any declaration of dissent unanswered.

To appreciate well his labors, we must bear in mind that the researches he made were protracted, demanding careful analysis and zeal, and that he has left nothing undone to bring forward the *philosophy of similia* and into respect the *administration of the small dose*. Upon the solid ground of *physiology* he has built his therapeutic work, a work chiefly governed by the *law of Claude Bernard*. For as the eminent Huchard has said: "*La therapeutique sera physiologique, ou elle ne sera pas.*"

Highly interesting is the short historical sketch he gives. He starts from the early days of *Hippocrates*, *Galen* and *Paracelsus*, and goes down to the *era of experimentation*, ending by giving *Hahnemann* the honor of being the creator of the experimental method. He proceeds then to speak of the experiments undertaken at the end of 18th and beginning of the 19th century, almost simultaneously with those of *Hahnemann*, especially the researches on animal electricity by *Pfaff*, *Ritter-Valli* and *Matteuci*. Researches which inspired by the doctrines of *Haller* and *Brown*

and resumed by *Pfluger*, became later the point of departure of the labors of *Hugo, Shultz* and *Rudolf Arndt*. But nowhere do we find Dr. Sieffert more emphatic as in the importance of the teachings of *Claude Bernard*, who, we know, generalized the experimental method, and made the knowledge of the physiological properties of drugs the base of therapeutics.

After a careful perusal of this new book, I do not hesitate to state that no work of our literature presents to us more striking problems for study and discussion and to guide us to a better understanding of the action of remedies.

The *preface* (*need of a therapeutic method*) reveals at once the zeal, patient researches and erudition of the general secretary of the Homœopathic French Society. The subject of *contemporaneous therapeutics*, as well as his ideas of the *mechanism of infection*, are handled with exquisite cleverness, and with competence and *savoir faire* he has unfolded the *physiology of the remedy*. There is no question that he has scientifically demonstrated the exactness and validity of the *Law of Similars*, and for his noble unflagging efforts and results the homœopathic profession is highly indebted to him. Let us always bear in mind his declaration: "*As success hangs on the choice of the remedy it is indispensable to know well the action of drugs.*"

It would be deplorable indeed not to find a competent man to translate into English this promising valuable book, whose general summary includes:

1. *Prologomena* (definitions).
2. *Evolution of Therapeutics* (historical sketch).
3. *Contemporaneous Therapeutics* (actual theories regarding positive therapeutics).
4. *Mechanical Therapeutics* (action of remedies).
5. *Medicamental Physiology* (effects of remedies and essay of classification).
6. *Posology* (doses and their application).
7. *Requisitoire of Trousseau* (answer to some objections).
8. *Recapitulation* (laws of positive therapeutics).
9. *Conclusion*.

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EDITORIAL BREVITIES.

WHOSE FAULT IS IT?—The poor old “regular,” or whatever he chooses to term himself, is loudly bewailing his lot, blaming it on many things, especially on Mrs. Eddy. It sometimes seems that the Doctors of Medicine, with empty offices, who blame that condition of affairs on others, ought to first look around at home to see if the fault does not lie there rather than in the stupidities of the people or the iniquities of the “cults,” great though these may be.

There is an innate idea in humanity that truth is permanent, which idea is itself a truth. Hence arises the “conservatism” of humanity, the dislike of casting aside old ideas, of taking up with new ones. Certain persons who change their ideas about as often as a society woman does her gown, calling the change “progress,” rail at the world because it will not follow them. Chief in this class are the doctors mentioned above. From the days of bleeding, blistering and purging down to the present era of serum and vaccines, their practice has been one of constant change; not development, but radical change, the practice of the preceding decade being cast aside as worthless or worse. In view of all this, are the people to be blamed for going off after the various cults? These at least have the merit of fixedness, even if it be of error, something humanity is ever seeking. Many journals call this constant shifting “the march of modern science,” but it isn’t (in medicine) anything but the groping in the dark of a set of reasonably honest men, too honest as a body to stick to a thing after its harmfulness is seen, who naturally hide their

failures under the term "progress" as the next shift is made to something "new," even though it be, as is often the case, as old as the hills.

Homœopathy hasn't changed from what Hahnemann left it; some misguided ones call this "stagnation" when it is really the stability of truth. The drug is adapted to the symptoms it will cause. There may be errors in the vast symptom list, there may be symptoms of our best known drugs not yet known, but these things do not affect the basic *principle*, which remains like a fixed star.

The homœopath who is lured from this firm continent by the phosphorescent lights of shifting "regular" medicine necessarily goes into error; his end is disappointment, if his quest is the healing of human ills, for "there is nothing in it," in either sense, for the homœopath who casts his lot with the chameleons of medicine.

A PSYCHICAL PROBLEM.—One of the most difficult things in the mental world is to understand, or attempt to, the working of the minds of our esteemed "regular" friends. One of their great ones is quoted as saying that a young doctor will give more medicine in his first year than in the next three years, and more in his fifth year than in the next ten years of his practice. The inference is that the patient's chance for recovery increases in proportion as his taking the doctor's medicine decreases. The problem is to comprehend the mental process that leads the professors to teach young men to give medicine at all, if they believe that the patient is better without it.

THINGS AS THEY ARE.—A doctor called on us a few days ago who had what might be called the congress habit—of attending international medical congresses. By invitation (it may have been a general one such as the secretaries of those events are wont to send out) he wrote a paper for one which was not read, not even by title, or printed. A medical congress, theoretically, is a meeting where all sorts of views of a given question are presented and discussed, but, according to our visitor, they are really meetings where if you do not bow to a given theory you are not in the swim. His paper was to demonstrate the proposition that tuberculosis was not a "germ disease." Though it was not read,

our caller says he got the floor. "I was given five minutes, the President holding his watch in his hand, and he snapped me off to the second, but I finished my time by telling them that a course in logic would not hurt their reasoning powers. No reply was made, but at the close of the discussion one angry, red-faced member arose and exclaimed: 'We have had logic thrown in our faces today, but I would tell the gentleman there is such a thing as Scientific logic!' They all applauded this curious statement and not one of them seemed to see the humor of it." Our caller departed chuckling over "scientific logic." Very likely those in command at that congress looked upon him as a troublesome crank, but, as we all know who read the history, the crank of today is so often the pioneer thinker of tomorrow that it is the part of worldly prudence not to be too severe on him.

MERCURY IN TUBERCULOSIS.—Hypodermic injections of mercury were advocated at the last Tuberculosis Congress as a cure for the disease. The results were said to be "brilliant." The treatment was tried on 20 typical cases representing all stages of the disease, 10 men and 10 women, and the result is reported by Dr. H. J. Hartz, Philadelphia, in the *Journal of the A. M. A.*, Sept. 10. In one year after the treatment 13 of the 20 were dead. Those that did not die were those that received the fewest injections. At first there was the appearance of some improvement, but "eventually all the patients began to deteriorate, almost in direct proportion to the number of injections that each had received." The "conclusions" are that the treatment "has utterly failed as a specific agent in the treatment of pulmonary tuberculosis, and is positively injurious and detrimental to one afflicted with tuberculosis."

The more one reads of the results of the medication that is supposed to be "up to date," the stronger grows the conviction that the man who understands Homœopathy has nothing to learn from that school, nor his patients anything to gain from it. If Bunco's Consumption Cure had yielded the same results what would have happened to Bunco?

NO REMEDY.—A paragraph in the *Jour. A. M. A.*, Sept. 3, shows the attitude of the leaders of the old school on the subject of remedies for cancer and tuberculosis. It is this: "One of the

worst and most heartless features of quackery is the exploitation of such diseases as tuberculosis and cancer which are unamenable to drugs." Are they? It is not asked of cases far advanced, for there is a stage in nearly every disease at which it is beyond hope, but of the diseases as diseases, are they unamenable to drugs? Burnett, in his *New Cure for Consumption*, and in *Tumors*, denies this statement, but, unfortunately, the pessimists at the head of things medical make their ability the measure of the possibilities of medicine.

LIMITLESS CHEEK AND PASSIFLORA.—Twenty-five years ago the RECORDER dug up what Hale in his *New Remedies* printed about *Passiflora*. That started the drug on its career for good or ill. Proprietary men seized hold of it. The last thing we saw advertised about the old drug was its "use" in "Sexual Incompetence." These are "ethical advertisements" "for doctors only." He must be a funny doctor who would give a sedative for "sexual incompetence," which is apt to be, in the majority of instances, a case of eating the cake and wanting it again.

ANOTHER PROBLEM.—Dr. L. S. Pilcher is quoted as saying that it is no easy matter to convince a patient, or his friends, even though he knows that he is a diabetic, who has developed gangrene of the toes which is creeping up, that an amputation above the knee is at once necessary. In view of the fact that the cause of the gangrene is not removed by this procedure one fancies that the task would be very difficult if the patient were a reasoning man. Would homœopathic medication have prevented this gangrene even if it would not have cured the disease? Has any reader had any experience in the matter?

THE KALBADEVI HOMŒOPATHIC DISPENSARY.—A Bombay, India, daily paper gives an account of the Kalbadevi Homœopathic Dispensary, established in that city nearly two years ago by Dr. D. N. Gupta and others, but now under the care of Dr. B. V. Rayakar. The account states, among other things, that "there were about 1,500 cases treated during the year, of which a good many were cases of plague, cholera and pneumonia, many of which were cured. This shows that the new system is progressing in Bombay." Nothing can equal Homœopathy in dispensary work, or when epidemics sweep the land.

QUESTIONS.—The list of Examining Board questions published from time to time are of interest to many readers and the cause of much speculation. For instance, "Explain How Diphtheria Antitoxin Is Made." The man who makes it might be able to answer, but, as Kipling says, there are many things done in battle that are not in the official reports. Or this: "Give two methods of producing Immunity." Some men can only bank on one method—sudden death. Here is another: "Explain How Pus Is Produced by Germs." The National Association of Medical Examiners would be stumped by that one; so would a prayer meeting of bug men, though before the public they might put up a bluff. Or take this: "Describe the cause and usual method of entry of Epidemic Cerebro-Spinal Meningitis." The young medic who could answer that could put Solomon to shame and his presence might cause a convulsion of nature. To be sure, there are text-book answers for all such questions, as there are pass-words to societies, but the answers are about as enlightening as are the pass-words; they let you in, but that is all. Can the National Board of Medical Examiners tell how and why an epidemic of meningitis suddenly visits a community, and as suddenly departs, quite regardless of official acts?

DIPHTHERIA IN NEW YORK.—The *Bulletin* of the N. Y. Health Department is worried over the fact that diphtheria is worse in that State than in the past. For instance, in 1902 the per cent. was 8.3, while in 1908 it was 10.6 and in 1910 it is 10.7. The *Bulletin* goes into the matter at great length and then says that all this "leads forcibly to the conclusion that the excessive mortality of diphtheria in this State may be very largely explained by the improper use of antitoxin in the cases in which it is resorted to, as well as by the insufficient use of antitoxin for treating cases of diphtheria."

Looks like the general practitioner is up against a hard proposition when he tackles this drug. Does the idea never dawn on the officials that possibly the drug is one of the mistakes of the age? The general practitioner no doubt would be glad to know just what constitutes "the improper use of antitoxin," for he is not fond of signing death certificates.

MEDICAL EDITORS.—Taylor, of the *Medical World*, who claims the largest circulation, expresses himself concerning medical edit-

ors as follows: "Perhaps the time will come when subscribers will expect medical editors not to be colorless and non-committal like the average professor of political economy, but virile, and able and willing to express himself on any subject which concerns the medical profession or the individual doctor, and do it freely and frankly, but with ripe judgment." This is all right excepting, perhaps, the matter of ripe judgment. There be readers who will pronounce editorial matter that agrees with their views "ripe judgment," while if it happens to disagree they will call it tommy-rot, or something even more emphatic—which latter opinion is sometimes near right.

TETANUS AND AUTOMOBILES.—The staid and stately *British Medical Journal* has hinted at a possible mare's-nest in the increase in tetanus "in spite of the extensive use of antitetanic serum now prevalent." Sceptics might suggest that the simultaneous increase in the disease and in the use of the serum possibly is more than a coincidence. The *Journal*, however, says that certain animal excreta, that of the horse, for instance, teems with the tetanus bacilli and that this fact is "well known." The automobiles sweep up clouds of dust mingled with the droppings of horses and—there you are with an explanation of the increase in tetanus.

EFFECT OF SERUM.—Looking over the "abstracts" of the *Charlotte Medical Journal*, probably the leading medical journal of the South, for September, we found the opinion of a French practitioner, taken from the *British Medical Journal*, concerning antitetanic serum. The opinion was, that as a preventive agent it "has but a doubtful value and may also prove dangerous in man," "more likely to do harm than good."

The next is from the same journal (the B. M. J.) and is headed "Death From Jonnesco's Spinal Anæsthesia." The assertion that the practice is "absolutely safe" is not accurate, as "is shown by the reports of death due to the method that are gradually finding their way into medical literature."

The third abstract is from the *British Journal of Children's Diseases* and is headed "Arthritis Due to Injections of Anti-diphtheritic Serum in a Child." The serum employed was Roux's. There was pain, tenderness, urticaria and edema from

the knee to the lumbar region, but no fever. "The phenomena slowly disappeared."

These abstracts of abstracts are given for what they are worth. If they tend to confirm any one in straight homœopathic practice their worth is considerable.

A PRE-ANTITOXIN TEST.—Dr. W. L. Moss, of Johns Hopkins University, contributes a paper to *A. M. A. Journal*, Aug. 27, on the subject "A Cutaneous Anaphylactic Reaction As a Contraindication to the Administration of Antitoxin," which opens as follows:

"Almost every physician who frequently has occasion to administer antitoxic serum has seen more or less serious symptoms follow the injection in individuals who months or even years previously have received serum. These symptoms usually develop within twenty-four hours, often in less time, and may be slight, consisting of one or several of the following: erythema, urticaria, swelling of lymph-glands, joint pains, fever, or they may be very grave, consisting of the above in an exaggerated form with profound collapse, albuminuria and bloody stools. It seems very desirable to be able to determine in advance those cases in which a second administration of serum will precipitate dangerous anaphylactic manifestations."

The test, in brief, by which you can determine whether you can use antitoxin without immediate danger is to scrub the upper-inner arm and inject a little normal horse serum. If no serious troubles follow go ahead with the antitoxin. To some it may appear that a better way would be to not use the antitoxin at all. Testing a patient to see whether he can stand the "remedy" is the very refinement of "scientific medicine."

COPPERHEAD SNAKE POISON.—Dr. Prentis Wilson discusses "Poisoning From Bites of Copperheaded Snakes" in the *A. M. A. Journal*, Aug. 27. His conclusion is that more danger exists from the usual treatment than from the bite itself. Out of five deaths reported four were due to the treatment, chemical or alcoholic. He writes:

"The attitude of the profession regarding the danger from all cases of snake poisoning in this country is sadly in need of revision. The bites of the larger species of rattlesnakes and of the

water moccasin are very dangerous, but fortunately they are comparatively rare. The danger from bites by the smaller rattlers and the copperhead is certainly slight. This being true, it is very important to see that the treatment is not only necessary, but that it is not positively harmful. In the 99 cases considered only one of the 5 fatalities can be properly attributed to the direct activity of the venom. One of the other fatal cases was undoubtedly due to a septic infection to which the treatment of the injury predisposed. In the remaining three cases the alcoholic intoxication, added to the venom intoxication, undoubtedly contributed to the result. Thus a corrected mortality in these cases would be about 1 per cent., certainly small enough to indicate the slight danger to life from the venom itself."

A FRIENDLY WARNING.—It is strange to read in the official organ of the A. M. A., in "the fierce white light of science," in which we are supposed to move today, such an opening editorial paragraph as this one: "Now that the clinicians are using drugs more and more on the basis of experimental observation," etc. So, it seems, that notwithstanding the aforementioned light medicine, clinically, is still experimental. Further on the reader opens his eyes at the explanation given to the fact that in the hands of the clinician drugs do not act as the laboratory says they should; the reason for this has been "attributed to the difference in the behavior of drugs in the normal and diseased organism." That *is* science, but it doesn't seem to be of the 20th century. Still further along we meet with some more genuine science, though to some it will seem like a tale that is old. It was found that in a certain disease atropin 1/60 gr. was bad, but in the same disease when the drug was reduced to 1/1,200 of a grain "the desired therapeutic result was obtained."

The friendly warning is to those in the ranks of Homœopathy with a leaning towards "physiological" dosage, or "scientific," if you prefer; these may be left stranded by the "regular's" new science, whose waves are beating heavily on the shores of the infinitesimal, though, to be sure, this may not last long with men who confound things that are new with progress. No science can truly be said to advance until it has a solid basis from which to start. If the "regulars" have such a basis (in therapeutics) no one has ever heard of it.

What does happen quite often is the announcement that so and so has discovered or compounded a wonderful drug that is working wonders. The medical world is agog and medical editors sing pæans. The medical world buys the drug. Rumors arise. Results are seen. The medical world quietly drops its supply in the ash barrel.

KNOCKING SOME SPECIALISTS.—In discussing one of the papers of the A. M. A. St. Louis meeting, Dr. George F. Shambaugh, Chicago, said: "Instead of beginning at the bottom and working up, it is the rule today for the men entering special fields to begin at the top, and comparatively few ever do work down and acquire that knowledge of the fundamentals of the special field which should constitute their preparation for the clinical study of cases." Perhaps in the far distant future the learned world will come to know that when a human being is out of gear it is the totality of the human being that is out of gear, whether the trouble shows most in this organ or that. Also that the one thing needed is a comprehension of that totality and its remedy, be it drug, surgery or anything else.

HEAP WISE MAN!—Mr. Abraham Flexner in his Report asserts, without any qualifications, that "the country needs fewer and better doctors, and the way to get them better is to produce fewer." Man is so constituted that when a fellow man makes a positive statement about anything of which he has but superficial knowledge (which embraces pretty much everything) he is apt to think "how true!" He does not stop to consider the fact that no man knows all of this vast country, no, not even Mr. Flexner, nor does he stop to consider how the "production" of "fewer doctors" will improve the output. Neither does the Report inform him. You can produce a very big watermelon by pinching off all but one on the vine, but it is apt to have large vacant spaces inside, as every farmer knows who raises melons. However, it does not necessarily follow that the same law would prevail in medical colleges if the many were pinched off for the benefit of the favored few.

AN EFFECT OF ANTITOXIN.—The following letter is from the *Journal A. M. A.*:

To the Editor: Four years ago I administered to a young man 750 units of antidiphtheritic serum as an immunizing dose, and within a few moments he was in a serious condition, suffering from dyspnoea, general urticaria, rapid pulse, vomiting, etc. He recovered within twelve hours, and since that time had been unable to be about horses even for a short time. The emanations from the hairy coat give him severe attacks similar in every way to hay fever, which may become bronchitis secondarily. This patient had no previous personal or family history of asthma or hay fever.

How long is this susceptibility liable to continue, and if he should contract diphtheria, is there any serum that may be used?

L. SIMPSON, Rochester, N. Y.

Antitoxin in a way reminds one of those old time pieces of fireworks, now prohibited, which no man could foretell what course it would take when set off. The boys liked that style of fireworks. It was lots of fun. You could not tell what it would do next, and it did it so suddenly that there was no time to consider or get out of the way. The gray-beards, however, thought it dangerous; so they sat down on it—figuratively, of course.

AN IMPROVED VACCINATING MACHINE.—Dr. von Pirquet has invented a new instrument for vaccinating patients that is described in *The Journal A. M. A.*, September 17, by Dr. Sigmund Wassermann, of Cleveland. If the conditions which this instrument is intended to obviate were told by an “antivac” the “vaccinists” would frowningly deny them. Dr. Wassermann says that by the methods of vaccinating now employed “we can never measure the trauma, and, therefore, the resulting lesion * * * we may strike just about the right thing” and—may not. By using the von Pirquet machine the development of the vaccination is so mild and slow that “neither child nor parents are aware of the effects of the vaccination until the pustule is well formed,” and no subjective symptoms are complained of. If this style of vaccination will comply with the law it ought to be adopted, because if the people could have the protection without the suffering and danger, mentioned by Dr. Wassermann, much of the pother over the vaccination would subside—and probably the health authorities would gradually cease to insist on it. Thus cause of much talk would fade away.

ANOTHER JOLT FOR FLEXNER.—“When one reads the report of Abraham Flexner on the condition of the medical schools of the United States, he hardly knows what he wants to do most. Laugh

at Abraham or flay him as unmercifully as he has scored nearly all the medical colleges in the United States and Canada. The report is so manifestly unfair and unjust that we doubt if it has any lasting or permanent good. * * * Indeed, it would be difficult to conceive of a reported investigation in which the truth was so much distorted, facts suppressed and downright prevarication (to use no stronger term) indulged in than this. As a piece of monumental impudence it certainly stands without a peer."—*The American Medical Compend.*

HOW TO DETERMINE THE DOSE.—Concerning the dose in "vaccine therapy" Dr. Wilder Tilson says: "A marked change for the worse one or two days after injection shows that a dose was too large and should be reduced. A temporary improvement followed by a relapse shows need of a larger dose."

NEWS ITEMS.

Dr. Sarah A. Clock sailed from New York on September 8th for Persia, in which ancient kingdom she will practice Homœopathy.

Dr. Edward Fornias, whose valuable papers in the *RECORDER*, and in other homœopathic journals, have interested many readers, is, we regret to state, very ill and unable to answer the many letters written him from different parts of the world. His many friends hope for his speedy recovery.

Dr. Joseph Adams, 12 Patrick St., Toronto, Ontario, Canada, after an illness of forty-eight hours, departed this life aged 86. He had practiced medicine for fifty-two years, and was the dean of the homœopaths of Toronto, having a very large and successful practice. He was a member of the Anglican Church, also a very prominent Mason. He was of a retiring disposition, and requested that, beyond a formal notice, no obituary mention be made of his death in the daily press. He was a subscriber to this journal from its beginning in 1886. Miss Ritchey, of his household, in sending us the notice writes: "He was always interested in your journal, *THE RECORDER*, and only a few days before his death asked if it had come." A homœopathic physician capable of taking his place is needed. Probably particulars may be obtained by addressing Miss Ritchey as above.

On page 389 (Sept. number), fifteenth line from the top for "nervous" read "venous," in paper by Dr. Fornias.

PERSONAL.

Not lang syne Manitoba was a bleak wilderness, now its medical college has a faculty of fifty professors.

Many persons think that truth consists in disagreeable remarks.

Tell the truth but don't be particular as to the details, is the principle of many worthy citizens.

Popular fiction, "Oh, it's no inconvenience at all!"

"Call and see my little flat," said the newly wed. "I've seen him," replied the crab apple girl.

The Yale man, 'tis said, acts as if he owned the world, and the Harvard man doesn't recognize the vulgar rich.

American political symbols: Republican, elephant; Democracy, mule; Suffragette, goose; Prohibition, camel; Populist, Goat.

A man of figures says that as automobiles increase the birth-rate decreases. One trouble is enough apparently.

"Allopathy a meaningless term," says *The Journal*. Nix, or it wouldn't have stuck so long.

Ehrlich's "606" is respectable, but Munyon's "57" is not recognized in orthodox medical society, but you don't know either.

Isn't it about time the title "A plea for"—was given a well earned vacation?

Some men are constant in love, others constantly.

The fact that you have heard a joke before doesn't imply that the other fellow has. Give the teller a chance!

Some one claims that the odor from the buzz wagon is a germ killer. Smells like one.

Health boards' "moving pictures" of germs, etc., must be very instructive to the "nickleodeon" audience.

"Ex" before a man's title generally means "fade away."

Some one has, or, rather, hasn't a "lost chord." Now we have a lost joke.

Not even the scrappiest man wants to take a fall out of an airship.

An icy reception makes some of us hot.

"The Doom of Serums. Artificial blood poisoning of every kind must be abolished." Title of paper in *Medical Standard*. "Regular."

"No laws are binding on the human subject which assault the body or violate the conscience."—*Blackstone*.

Philosophers watch others work.

They say the man who writes and the man who reads "metabolism" are equally in the fog.

When a man knows what he lets on he knows he is a very learned man.

Senator Owen, "National Department of Health Bill" man, says Horace Fletcher (chewing man) is the best of the bunch. Go to!

An undertaker's adv. in a Chicago medical journal adds to the general gaiety of the saducees.

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IS HOMŒOPATHY DYING ?

A correspondent of Ellingwood's *Therapeutist*, signing himself "Physician," says that he started in practice many years ago with a case of 200 homœopathic remedies and great enthusiasm. From his letter we clip the following, showing his present attitude:

"So far as organized Homœopathy is concerned the end is in sight. It is dying out, not by inches, but by leaps and bounds. Within a few years homœopathic colleges in Cincinnati, Baltimore, Denver, Chicago, Minneapolis and St. Louis have died. Several more are on the verge of dissolution. Two eclectic colleges have left the fold within a year. It is said that others will follow. What does it all mean?"

The fact that certain homœopathic colleges have closed their doors is indisputable, but when a man sees the death portent of Homœopathy in this fact it seems to show that he does not quite comprehend that for which the verbal token, "Homœopathy," stands. If learned gentlemen were to dispute the truth of the law of hydraulics, that water seeks its own level, pointing to Lake Tahoe on the mountain tops as a proof of their contention, they would be laughed at, yet offering the closing of certain homœopathic colleges as evidence that homœopathy is dying is almost a parallel case. Homœopathy is not a school, or a medical sect, or a "pathy"—notwithstanding the name—but a principle, a law, that is, was, and will be while time lasts, just as is the law that water seeks its own level, the difference between the two being that the law of Homœopathy is on a far higher plane than that of the hydraulic law (or the kindred law, gravitation, that governs grosser matter), for Homœopathy has to do with the relations of life to matter, while the other is concerned with the inanimate only. Men who believe that matter is the

beginning and the end of all may deny that Homœopathy has to do with the relations of life to matter, the disturbed relations known as illness, but as they acknowledge that all matter is indestructible it seems to follow as a rational conclusion that so is life. A college of scientists cannot create an atom of matter, neither can they cause one to cease to exist. As the atoms of the body merely change their forms when the partnership between them and life is dissolved, but do not cease to exist, is it unreasonable to believe that the same occurs with the life part which is an entity—a man? Now, as said before, as Homœopathy is one of the laws concerned with one phase of this partnership, it is idle to speak of its “dying out.” Unlike the other laws mentioned, however, it is only operative when the life part of man, his intellectual, seeks its aid. Therein it is different and distinct from chemistry which deals with the inanimate only.

“That is all very fine,” some one exclaims, “but the brutal *fact* remains that those colleges are dead even if the law isn’t. What about that?”

Sure thing! They are dead. What killed them? Here a chorus may reply: “They didn’t teach pure Homœopathy.” That is an old, oft-made explanation, but it may be doubted if it is a true one. The fundamental principles of Homœopathy laid down in *The Organon* (and up to date no one has ever put them better than they are put in that book) are so simple that any person can understand them, yet the application is a life’s study. Men could have learned (and did learn) these principles in any of the defunct colleges, and can get them in those still alive, if they want them, but——? Ay, there’s the rub!

Here is an explanation—given for what it is worth. There is too much of the Get-Rich-Quick spirit in the world. Not many men are willing to gain by adding penny to penny; they want it by the thousands and millions. Physically men spend years going to the devil in various ways and then demand a quick cure, and when they cannot get it in one doctor’s office they go to another who *promises* more. Naturally the men of the medical profession, like those of the clerical, want to please their patients, for their living depends on it; so they seek about for quick cures and do not find them—though many say they do with much profit. The reason that Homœopathy doesn’t “grow”

is because of lack of sound reasoning powers on the part of the people.

There is something pathetically absurd in this position of clergymen and physicians; they are the ones whose office it is to lead the people to spiritual and physical health, but too often the people dictate to them where and how they shall be led, which is still more absurd on part of the people who go to them for guidance. A clergyman must preach so as to please the pews, and, to a considerable extent, the physician must bow to the whims of the public, or both may lose their followers, and thus the means of subsistence. These are not to be too greatly blamed. Not every man is made of the stuff that martyrs are made of; which leads up to the fact that, after all, martyrdom does not prove anything unless it might be that the martyr was very firm in his convictions, or a very stubborn man. Men have been put to death in one country for certain beliefs, and other men in other countries for diametrically opposite beliefs—both martyrs. Truth, it might be inferred, shines with its own light that only he sees who receives it; perceives; is it not an every-day expression, "*Now I see it?*" But then, as shown by the martyrs, so does its opposite in the minds of those who hold it. How then is the "earnest seeker" to judge? By the "fruits" of each, as the Great Teacher tells us. It is by its fruits, seen at many a bedside and in many a family, that Homœopathy has been able to remain firm in the minds of some, against a veritable storm of abuse, ridicule and official persecution. It is because of its fruits that Homœopathy will live with men, though it may be thrown aside by the many who think that because man has advanced from the dug-out to the Lusitania similar advance must be made in the cure of disease; but children are born the same as in the beginning and always will be, and man is often a fool just as he was in King David's time, and ages before.

There are, therefore, some things in which "advance" is impossible. Not even the fool thinks he could improve on the perfect human form (though some think it could be pruned to advantage), and its repairing when damaged must, therefore, have a point beyond which men cannot advance. Therapeutically speaking, that point is reached in pure Homœopathy. Man can enlarge his knowledge of its application, and of its scope and

workings, enormously, but the law he cannot change; nor is their any substitute for it any more than there is for the Law of Gravitation.

From all this emerges the conclusion that Homœopathy is not dying because, being a basic truth, it cannot die. Neither can it be killed save in the minds of the foolish.

A MEDICAL TRIAL.

ALLOPATHY VERSUS HOMŒOPATHY.

By E. Petrie Hoyle, M. D., London.

“This my plea, on this I rest my Cause—What saith my Council, learned in the laws (of therapeutics)?”

A serious case tried before *JUDGE “THE PEOPLE,”* in the *Court of “THE HOME.”*

You, readers, are the *JURY*. Suspend your *VERDICT* until the case is finished and the *EVIDENCE* thoroughly *tested by you personally*, in the absence of a duly qualified Homœopathic Practitioner.

Authorities retained and cited for the “defendants” (the Allopaths) are three Standard Works—two being absolutely professional works of reference, the third quasi-professional, the titles and degrees of said authorities being out of all proportion to the paucity of actual advice given of how to *treat* never name *cure*, it being nothing short of therapeutical poverty which would shame any Freshman (first year Student) in any Homœopathic Medical College, and also shame thousands of lay practitioners of both sexes, or any old-fashioned nurse!

(1) *SYSTEM OF MEDICINE BY MANY WRITERS*, edited by Thomas Clifford Allbutt, M. A., M. D., LL. D., F. R. C. S., F. R. S., F. L. S., F. S. A., Regius Professor of Physic in the University of Cambridge, Fellow of Gonville, and Cains College, etc. The Special Article on “Constipation” in the above work of nine volumes is written by T. Lauder Brunton, M. D., LL. D., D. Sc., F. R. C. P., F. R. S., Physician to St. Bartholomew’s Hospital, and Professor of Therapeutics and Pharmacology.

(2) *THE PRINCIPLES AND PRACTICE OF MEDI-*

CINE, by Wm. Osler, M. D., F. R. S., F. R. C. P., London, Regius Professor of Medicine, Oxford University; Hon. Prof. of Medicine, Johns Hopkins University; formerly Prof. of Medicine, McGill University, Montreal, and Prof. Clinical Medicine, University of Pennsylvania, U. S. A.

(3) THE STANDARD PHYSICIAN, edited by Sir James Creighton-Browne, Bart, M. D.; Sir Wm. Bradbent, Bart, M. D.; A. T. Schofield, M. D., Vice-Pres. National Health Society, and fifty other eminent specialists as largely advertised in the daily press. Price, £3. 3. 0.

Authorities retained and cited by and for the Appellants (Homœopaths) are, broadly, any and every homœopathic work on the subject, as every authority in the School of Homœopathy is absolutely unanimous since Hahnemann laid down his principle of *cure* in 1796, and Homœopathy, as a school, has not deviated one iota, in evidence, nor actual advice of how to cure constipation, nor any other disease for that matter. Specifically in this brief counsel cites four works, as follows:

(1) A TEXT-BOOK OF MATERIA MEDICA AND THERAPEUTICS, by A. C. Cowperthwaite, M. D., Ph. D., LL. D., Professor of Materia Medica and Therapeutics of Chicago Homœopathic Medical College; Professor of Materia Medica and Therapeutics in the International Medical Institute; formerly Professor of Mat. Med. and Thera. in the State University of Iowa, also the University of Michigan; author of a "Text-Book of Gynæcology," "Insanity and Its Medico-Legal Relations," etc., etc. Tenth edition, 1909.

(2) A CLINICAL MATERIA MEDICA, being a course of lectures delivered at the Hahnemann Medical College of Philadelphia, by the late E. A. Farrington, M. D. Fourth edition, 1910.

(3) PRACTICAL HOMŒOPATHIC THERAPEUTICS, by W. A. Dewey, M. D., Prof. of Materia Medica in the University of Michigan Homœopathic Medical College, Corresponding Member of the British Homœopathic Medical Society, also of the Societe Francaise d'Homœopathie, etc., etc. Several editions.

(4) A MANUAL OF PHARMACODYNAMICS, by the late Richard Hughes, L. R. C. P., Ed.; M. R. C. S., Eng.; M. D. (Hon.), N. Y., Phila., St. Louis, U. S. A. Author of "Prin-

ciples and Practice of Homœopathy," "Manual of Therapeutics," "Cyclopedia of Drug Pathogenesis," etc., etc.

Oyez! Oyez! Oyez! Counsel for the Appellant (Homœopaths) primarily submit two arguments to Judge "The People," that the Homœopaths do not call either of the following by any manner of means "*a cure*:" Firstly, "the temporary violent removal of the contents of the bowels by a strong drug;" secondly, "the continuous or daily action of the bowels obtained by the continuous or daily use of any strong drug or combination of drugs, both of which methods are distinctly harmful in the long run, even to the extent of setting up a secondary, or drug disease, in the same or various other organs of the body."

Be it noted that the Homœopaths do not deny themselves the right and privilege of using a strong purgative in acute cases of disease, which call for an immediate voiding of offending contents of the bowel, but as a palliative measure only.

Counsel for the Appellants lays down the plea that *a cure can only be* "the total removal of the offending condition (constipation or any other disease) of the body gently and permanently by a medicine given on a specific therapeutic line of reasoning, and, moreover, that any such medicine must be given in such small dosage that there is no danger of implanting a drug disease, nor setting up a drug aggravation in the same or any other organ of the body.

To borrow the definition of a great master of diagnosis of the old Allopathic school, John Hunter (*vide* Dr. J. C. Burnett's Curability of Tumors), a "CURE IS AN ALTERATION OF THE DISPOSITION TO MORBID PROCESS, AND A REMOVAL OF ALL EFFECTS OF THAT DISPOSITION."

Counsel for Homœopathy submits and draws special attention to the minute differentiation between the different drugs used by the Homœopaths in curing the various diseases, and wishes to explain that the Homœopaths have arrived at these "drug pictures" which depict and convey exact disease likenesses by the scientific and exact method of voluntary and systematic "drug provings" on the healthy bodies, under competent observation, control and direction, carefully noting down the derangements of health induced by the drugs, which symptoms are compiled and classified for future reference and matching when disease symp-

toms present themselves, and the Homœopaths have thus no need of recourse to experiments on dumb animals, there being no safety in surmising that drug effects will be alike on the human race as with animals (as an instance of this fallacy it is known that goats browse on Belladonna with impunity). Hahnemann first instituted this personal drug proving on the healthy in 1796, and what he observed then still holds good, word for word, showing the exactness of his work and the correctness of appellant's methods!

Look at the various Allopathic works and note their ever-changing methods; the very secondary, nay, inferior attention paid to therapeutics, counsel being appalled the more he studied this question of Allopathic Therapeutics. The Court is asked also to notice the large doses of concentrated drugs in use, many of which are so vile that their nauseous properties are but poorly hidden by the illogical and unmedical and unscientific admixtures of syrups and aromatics. Counsel asks the Court to understand that these strong drugs always have a secondary action, such as fever compounds, which seriously depress the heart's action, often fatally; pain and stomach "soothers" causing inveterate constipations; in allaying the pains of rheumatism salicylates ruin the digestion, and that organ of elimination, the kidneys, bears the brunt of almost every strong drug; even in the disease at the bar of public opinion, constipation, is it not common knowledge among the laity that a worse state of torpidity of the bowels always follows a strong purge; therefore, counsel for Homœopathy begs a verdict "that a purgative is no cure for constipation, but that by reason of the natural reaction of, and exhaustion following, the drugs used there is an aggravation of the disease sought to be removed, not to speak of the general extension of permanent damage sustained by other tissues, glands, and nerves by this surplus and senseless drug violence."

Counsel for the defendants (Allopaths) submit to Judge "The People," that they have no case to argue, that the Homœopaths are not even recognized by them, though counsel admits (on direct challenge by his honorable opposing counsel) that the Homœopathic doctors have passed the same examinations and obtained their degrees at the same colleges or State licensing boards, identical with their clients in this action. Counsel's clients admit

that Homœopathy is spreading for some reason or other, and that it is represented in every civilized country in the world, and upon further direct challenge, so inopportunately for his clients, counsel admits that as far as statistics can be trusted, their own included, they seem to prove that the Homœopaths have a considerably less death rate than their clients, the Allopaths, but counsel assures the Bench that he is told by the very heads of the Allopathic profession that this is "solely due to nursing" and not in any sense due to the Homœopaths' so-called carefully chosen medicines, according to the law of *Similia Similibus Curentur*, many of whose drugs the Allopathic school does not recognize in any shape or form, and NEITHER WILL THEY READ ABOUT THEM NOR TRY THEM TO SEE IF THEY ARE OF ANY BENEFIT TO PATIENTS, because their dosage and their tenets they declare are simply too ridiculous!

Counsel for Allopathy, on direct challenge, does admit, but it is of no import in his mind, that many cases and diseases, chronic and acute, that the defendants class as "incurable" are cured by Homœopathy, but, of course, the learned Judge must agree with the Allopathic school that this is simply due to wrong diagnosis, and that their fellow countrymen must not believe the Homœopaths cured any ailments if their distinguished clients, the Allopaths, said they could not be cured! Nothing of the sort! How could it be!

In fact, their clients, the Allopaths, now defending this action and very grave assertion, "that they cannot even cure constipation," wish it understood that everything that is science is theirs alone, and whatever they, the Allopaths, don't know is not exactly knowledge, nor science, and that counsel asks that this case be non-suited on the plea "that it is no business of the laity, further, that the sick ought not to think for themselves, but should leave it to their clients, the Allopaths, who here caution them not to have bad dreams about dangerous drugs nor greater death risks under Allopathy." The whole thing from their client's standpoint is a matter to laugh at, and they are sure Homœopathy will soon die a natural death, AS THEY HAD CLOSED ALL THEIR ALLOPATHIC JOURNALS AGAINST ANY DISCUSSION OR MENTION OF HOMŒOPATHY AND ITS BENEFITS TO THE SICK, and it will, therefore, soon die away, unless it succeeds in spreading!

JUDGE "THE PEOPLE" thought there was very good cause for careful enquiry and judgment, and, therefore, ordered counsel to lay in detail before the Court the exact methods and all benefits offered by their respective clients, Allopath, the defendant, Homœopath, the Appellant, and he gave as his opinion that the authorities quoted were in order, and ample guarantee that the best or equal to the best had been cited for both sides.

Allopathic Treatment of Constipation.

Brief for Allbutt (Regius Prof. Cambridge University) and Brunton: "The drugs that have been used for chronic constipation are numerous indeed. Aloes, either alone or in combination, is the most frequent. Of Aloin, if alone, use one-tenth grain *with each meal!* One objection frequently raised against aloes is that it tends to cause piles. And there can be no doubt that a full dose does. Aloes with Rhubarb or Colocynth is employed as a dinner or breakfast and dinner pill (what dietary). An old friend of mine (Brunton speaking) told me he had used it every night for forty years, five minutes before dinner (! ! !), so as to give it a slight start of the food. Three remedies *now* most in vogue (vogue it may be, but it is not science) are Sulphur Lozenges, Comp. Liquorice Powder and Cascara for Atony of Intestines, Strychnine or Nux is a useful adjunct. In one case (!) I (Brunton) succeeded in obtaining a natural (?) action for some months by the use of a pill containing Hyoscyamus (ask any Homœopath what *may* be and often is the result of using strong Hyoscyamus, and you will be horrified) and Nux vom. In another case (Oh! Brunton) I used Salicylate of Soda (what became of the Stomach?)! Aloes and Iron B. P. sometimes act well (*vide* Osler, Regius for Oxford). WHEN ONE APERIENT CEASES TO ACT ANOTHER MAY BE GIVEN, AND BY CHANGING THE PURGATIVE FROM TIME TO TIME REGULAR (?) ACTION MAY BE OBTAINED!! (Is this curing, and what happens to little Mary?) Many people think the continued action of purgatives is unnatural, etc. (they do)! Of late years enemas of glycerine have been employed, although they, too, are liable to lose their power! Olive oil enemas —1 pint or more may be used. Water enemas at a temperature of 98° (not cold, *vide* Osler). Also enemas of Linseed tea and

thin starch paste instead of water (or any old mixture). If bowel is very irritable a dose of Opium may be given, either by mouth or better as an opium injection, or as a morphia suppository half an hour before proper enema (this is to keep you busy).

(Signed) T. LAUDER BRUNTON, M. D.

Brief for Wm. Osler, M. D. (Regius of Oxford University) ! Exercise, friction, regular massage (may be only tedious, but when it comes to)—a good substitute is a *metal ball weighing four to eight pounds*, which may be rolled over the abdomen every morning five to ten minutes ! ! A glass of hot or cold water on rising (this wonderful tip is probably appropriated wholesale from some nursery guide without due credit being allowed as between scientists) ! Pipe or cigar after breakfast (and the ladies and babies) ! IF DRUGS MUST BE USED THEY SHOULD BE THE Milder SALINES ! They are much preferable to constant use of purgative pills (*vide* Brunton, Regius for Cambridge). Glycerine is valuable. Half dram Boric acid placed in rectum is sometimes valuable (whew) ! ! Injections ! Olive oil injection, 15-20 oz. of pure oil. *Take 15 minutes* to inject this amount (time no object evidently) ! Repeated every day *until intestine is cleared* (no directions given about stopping food). Various drugs of special service, particularly combinations, Ipec., Nux or Bella. with Aloes, Rhubarb, Colocynth or Podophyllum. Meigs recommends Bella., Nux and Colocynth, one pill t. i. d. (these are not "milder salines"). In anemia and chlorosis a sulphur confection in the A. M., and a pill of Iron and Rhubarb and Aloes during the day (is this a mild saline?). *And what for the poor babies?* Change the diet of mothers in constipation of sucklings, or give cream before each nursing ! In artificially fed babies use top milk. If laxatives are required a simple syrup, manna, or olive oil may be sufficient (or), conical piece of soap is sometimes efficacious. (Medical Dept., Oxford University.) Massage colon. Injections cold water (Regius of Cambridge, and Brunton say only hot), avoid large injections. Castor oil or fluid magnesia are best for children, or Rhubarb and soda or gray powder if any signs of gastric intestinal irritation. In older

children the subject is dismissed with "the diet should be carefully regulated."

(Signed) W.M. OSLER, M. D. (Regius of Oxford).

Brief for Sir James Crichton-Browne, Bart, M. D., LL. D., F. R. S.; Sir Wm. Broadbent, Bart, K. C. V. O., M. D., F. R. S., and 51 leading specialists.

"The treatment of Constipation is difficult, especially if the case is of long standing, and it requires as much patience and energy on the part of the patient as from the physician."

"In order to be effective, the TREATMENT OFTEN HAS TO BE CONTINUED FOR MONTHS OR YEARS!!! THE FIRST THING TO DO IS TO DISCONTINUE THE USE OF ALL PURGES, AS THESE OVER-STIMULATE THE INTESTINE, LEAVING IT MORE SLUGGISH AFTERWARDS! (This is rough on the other Authorities!) The only thing for the patient to do is to accustom himself to a fixed mode of living! (A glass of cold water, it is stated, is sufficient stimulus for some persons)" (*vide* page 335). Although all drugs are ordered *discontinued*, the following strong drugs and doses are offered immediately following, for the reader's personal choice or guidance. Aloes, 2-5 grains; Aloin, gr. $\frac{1}{4}$ (Belladonna is given for serous diarrhoea, the other authorities give it for constipation, dose, 5-15 drops, or gr. $\frac{1}{4}$ extract); Butternut, 5-15 gr.; laxative, 20-40 gr.; purge, Cascara, 30 gr.; Castor oil, adults, 4-8 drams; children, 1-2 drams; Colocynth, 2-8 gr.; Confection of senna, 1-2 drams; Confection of sulphur, 1-2 drams; Euonymus, 5-10 gr.; Oxgall, 5-10 gr.; Glycerine, 1-4 drams; Leptandrin, $\frac{1}{4}$ to 4 gr.; Magnesium oxide, 15-60 gr.; Manna, 8-16 drams; Mass (Blue), 3-5 gr.; Mercury with chalk, 1 to 5 gr.; Oil of croton, $\frac{1}{2}$ to 1 drop, etc., through the rest of the alphabet, and considering that the first thing to do in constipation, according to these 53 eminent specialists is to stop all medication, this list is rather contradictory. The constipated are to use "plenty of brisk exercise. "Enemas of water, oil, glycerine, etc., should only be used in exceptional cases." Throughout this work "The Standard Physician" (costing £3. 3. 0., or \$15.75) written for and sold directly to the public. "The doses for children are purposely omitted except in a very few instances, BE-

CAUSE all the factors that render caution necessary in the case of adults are greatly intensified in the case of children. As a matter of fact, EVEN THE EXPERIENCED PHYSICIAN HESITATES BEFORE PRESCRIBING DRUG TREATMENT FOR A CHILD (this only applies to the Allopaths), for he knows that there are very great variations in the responsiveness of children to drug action." (Why, then, is this work placed before every mother—et alia—*vide* daily press, except to stamp the utter incapacity of Allopathy where children are concerned.)

Counsel for Appellant, Homœopaths, before submitting their medical testimony of the wonderfully concise, clear method of selecting and applying Homœopathic medicines, respectfully ask permission of Judge "The People" to be allowed to draw attention to several great discrepancies in the testimony now laid before the Court by learned counsel for defendants, and begs this procedure ON BEHALF OF SUFFERING HUMANITY, WHICH IS THE WHOLE QUESTION AT STAKE.

1st. Let the Court take note that whilst *two-thirds* of the profession represented by the authorities cited on behalf of Allopathy, including the two great universities of Cambridge and Oxford, resort to purgative drugs to cure constipation, the other third of the profession is equally emphatic as to the disastrous effect of any such method.

2d. One-third of the Allopathic profession as represented by a Regius Professor of Physics at Oxford, after urging mild salines, follows with dosage of anything but such mild drugs.

3d. Whilst yet another section, as represented by 53 eminent and titled specialists, being emphatic in asserting that purgative drugs in constipation "over-stimulate the intestine, leaving it more sluggish afterwards" (*vide* Standard Physician, p. 335), do offer for selection, and by thus presenting do actually suggest a long list of drugs, the dosage of which is most violent.

4th. Whereas, this long array of heavy dosage and violent drugs prescribed does occur after the following quoted lines, which leaves the suffering public more bewildered than ever, and after which they should be more wary of trusting Allopathic procedures. The following quotation from the "Standard Physician" is marked with obituary leaded type (heavy perpendicular black lines at margin) *vide* page 1065. *idem* op., "that it is

usually (found) necessary to combine various substances in one prescription; (but) a drug which, given alone, exerts one distinct action may, when compounded with other remedies, be so modified that its own specific efforts are entirely altered." (Nothing from a homœopathic pen ever summed up Allopathic prescribing more sarcastically, and this uncertainty is general throughout every Allopathic prescription, proving that every prescription is guesswork, and the experiment is on the sick.) To proceed with the quotation. "Nor is there any means of tabulating the varying susceptibilities of different individuals to the same remedy. A DOSE WHICH MAY CURE ONE PATIENT MAY KILL ANOTHER, AND WHAT MAY BE AN ENTIRELY SAFE PRESCRIPTION IN ONE CASE OF DISEASE MAY BE EXTREMELY DANGEROUS IN ANOTHER CASE OF THE VERY SAME AFFECTION." (Wonder why the work was ever written and allowed to be presented to the public at a cost of £3. 3. 0.?) It is further found by counsel for Homœopathy that all authorities cited do mix, compound and administer drugs, in the manner described immediately preceding as "highly dangerous." and which must be irregular and unscientific, if not worse. Be it known that the Homœopaths as represented truthfully by counsel now before the bar do invariably use the single uncombined drug, whose action has been faithfully recorded, first, on healthy persons, and further, this dose is always given in the minimum strength possible, the chief dose in Homœopathic practice containing 1-1000 of a drop of original drug tincture, represented in Homœopathic Pharmacology by the symbol 3x (third decimal) potency; further, be it known to the Court, and it is matter of sworn testimony that it is an every day, and successfully exhibited, practice to use drugs in the strength of 6x, which means 1-1,000,000 (one drop of drug of the matrix, or concentrated strength, designated θ , in a million drops of dilute alcohol, successively shaken and potentized through the six different decimal dilutions or strengths).

5th. AND WHEREAS, still citing from the last bunch of authorities, whose possession of multiple medical titles does not seem to carry any particular knowledge of *how to cure*, though possibly they possess a strong suit in "Diagnosis" which does not cure anything of *itself*, the Court is gravely warned, if words

mean anything, "that, except in very few instances, doses for children are omitted *BECAUSE all the factors that render caution necessary in adult prescribing are greatly intensified in the case of children.*"

AND WHEREAS, the Allopathic brief for Wm. Osler, M. D., Regius Professor of Physics, Oxford, has practically nothing to offer to babies.

AND WHEREAS, the Allopathic Professors Brunton (St. Bart's), Allbutt, Regius Professor of Cambridge, and many other writers, have nothing at all to say about babies' constipation in their great work (9 Vols.); and which two last works cited are written directly *for instruction of the profession only*, counsel argues that they are without any ray of hope or attempt at cure of the extremely common and troublesome disease implanted by modern civilization and method of living, to wit, constipation.

6th. BE IT KNOWN to the Court that all medicines which Homœopaths use, definite occasion arising, for adults are fearlessly used for babies, definite occasion also arising, that is, when specially indicated according to the law of Similia Similibus Curantur, fearlessly used on babies, to their benefit, because all doses are subphysiological; in other words, they are so highly diluted that not one of them will do any harm, even if a wrong choice is made at the hands of Physician or Mother; and, *in the case of wrong choice*, the dose will be totally inoperable, in any way, because not Homœopathic to the *disease-sensitized body*, and therefore these Homœopathic drugs are *absolutely safe* in professional or *lay hands* on the *most delicate infant or sensitive organism*.

7th. Counsel does not wish to attempt to impress the Court with the idea that his Clients, the Homœopaths, claim to be *Infallible*, because each individual must have his shortcomings, and to no man is it given to have absolute power over life and death, but what Counsel does claim for the *Homœopaths* is that they ALONE POSSESS A GUIDING PRINCIPLE OF DRUG SELECTION AND ADMINISTRATION IN DISEASE, however far short an individual effort may fall in a given instance.

8th. Counsel argues that the Allopathic warnings of the

dangers concealed in their own drugs, singly or combined; and the confessed inability to offer anything to babies and young children; and the conflicting testimony of the varying authorities, do constitute a forced confession of utter failure in practice, and an utter want of any guiding principle. *The closer the analysis* of Allopathic authorities, the greater becomes the evidence of chaos, and yet when thousands of lives and the daily or hourly welfare of tens of thousands of sick people are at stake it passes comprehension of Counsel, and he hopes that Judge "The People" will take cognizance of the matter, and after careful examination of testimony grant the verdict asked for; and weighing the testimony which in the small but truthful brochure styled "Vital Economics or Passive Murder," Counsel feels sure that some measure of censure ought to be meted out to the Allopathic body, and that it is they and not the Homœopaths who are GUILTY OF "PASSIVE MURDER!" Counsel begs the Court not to state that this phrase is in the least too harsh, but that it is *a phrase which simply recoils on the heads of Allopaths*, as the London Lancet, the Allopathic Medical Organ, was the first to voice the farcial calumny as applied to the Homœopaths, whose great range of statistics clearly shows that thousands of unnecessary lives are lost by the total ignoring of Homœopathy.

Counsel for Homœopathy begs to PLACE BEFORE THE COURT AND BAR OF PUBLIC OPINION the simple facts of Homœopathic medication for the *gentle and permanent removal* of constipation, which alone constitutes an intelligent cure, and in the absence of a Homœopathic doctor in the neighborhood Counsel has no hesitation in declaring the simplicity and absolute safety of the drugs, subjoining that in the absence of a Homœopathic doctor the 3x potency be used for adults and 6x in the nursery. The simple language describing the various sorts of constipation alone enables an intelligent choice of the right drug. To an Allopath, by reason of his *faulty medical training* in Therapeutics, or the *curing* of disease symptoms, a constipation is—well—a constipation, to a Homœopath it is—a *constipation, the expression of which may vary in a hundred ways*, the pictures of the constipation following, will doubtless be most easily recognized by many a sufferer or attendant. *Sim-*

ilia Similibus Curantur is a fact in the sick world whether an Allopath laughs scornfully or not, and it is simple of demonstration to any intelligent, unbiased mind. Counsel suggests that the following facts be taken home and tried at a small effort of brain work, but the caution is hereby emphasized—don't blame Homœopathy if you buy a cut-rate-Homœopathic-medicine and—fail! The best drugs are cheap enough; a cheap medicine is an abomination and a theft, and in serious illness—it may be much worse! Counsel for Homœopathy desires Judge “The-People” to note that all the Homœopathic Authorities agree in minute characteristics calling for different drugs, in any given complaint, which fact alone lifts it into a plane far above anything Allopathy ever suggested or tried, and at once stamps Homœopathy as an exact science.

The Homœopathic Use of Opium in the Cure of Constipation.

Dr. Dewey says, page 50: Constipation due to absolute inaction of the Intestine, a regular paralysis of the peristaltic action! Absence of all desire! absolutely no urging to stool whatever, so that the fæces become impacted in the bowels; and *when passed at all, come in little hard dry black balls!* Keynote, Dryness as well as inactivity of Intestines! The constipation is not apt to inconvenience the patient until the condition is very bad!

Dr. Comperthwaite says, page 577: Constipation from inactivity of the bowels! Spasmodic retention of small intestines! Stool composed of *hard round black balls (dry)!*

Dr. Farrington says, page 253: Opium causes and cures a constipation in which there is inertia of the rectum and the entire intestinal tract; there is no inclination whatever for the bowels to move; the bowels become impacted with feces; the *opium stool in its complete picture consists of little hard dry black balls!*

Dr. Hughes says, page 707: Opium is a specific for a certain kind of the most obstinate constipation. It holds a high place among us (Homœopaths) in the treatment of this disorder, especially when the stools occur in *round black hard balls*, and the rectum is torpid; it reaches even to intestinal obstruction when of a paralytic nature!

Counsel remarks in passing, that while "*the complete picture*" of this or any other stool may not always be found, if the similarity be close, the *cure* results; the closer the symptoms to the *complete picture* in any given case, the more brilliant the cure, according to *Similia Similibus Curantur*, whether it be in constipation, measles, diphtheria or insanity!

THE HOMŒOPATHIC USE OF GRAPHITES IN THE CURE OF CONSTIPATION.

Dr. Dewey says, p. 62: Constipation with excessive soreness of the anus, fissures form, also probably hæmorrhoids. Fissures burn and itch intolerably. Stool is of hard lumps knotted together with shreds of mucus, accompanied with great pain owing to fissures of anus. Mucus coated stool, extreme soreness of anus, and general graphites temperament will decide the remedy!

Dr. Cowperthwaite says, p. 359: Much white mucus with constipation; lumpy, united by mucus threads, hard, much urging. Anal fissures, hæmorrhoids, burning rhagades at anus; cutting pains which continue hours after stool!

Dr. Farrington says, p. 467: The characteristic stool is covered with mucus, or contains shreds of mucus. Hæmorrhoids, which burn and sting; anus so extremely sore that patient is very much troubled when sitting. Fissures form at anus!

Dr. Hughes says, p. 500-1: The constipation of graphites is large and knotty, much straining, exudation of thin, sticky, glutinous, transparent fluid (mucus); fissures of anus, etc.!

THE HOMŒOPATHIC USE OF BRYONIA IN THE CURE OF CONSTIPATION.

Dr. Dewey says, p. 60, *et seq.*, The large-hard-dry-stool-as-if-burned of Bryonia is "as familiar as a household oath." The constipation is due to dryness, and there is no urging. Thirst for large drinks of water at rather frequent intervals (showing the intense dryness of the whole digestive tract—mouth, stomach and intestines).

Dr. Cowperthwaite says, p. 156 *et seq.*: Obstinate constipation, stools large-hard-dry-as-if-burnt (voided), with great effort. Great thirst, great dryness of mouth!

Dr. Farrington says, p. 272: In the constipation of Bryonia the stools are large, hard, dry and either brown or black in color, expelled with great difficulty. The patient drinks large quantities!

Dr. Hughes says, p. 331, *et seq.*: The Bryonia constipation is generally accompanied by gastric disorder. There is torpor of the bowels, dryness of the fæces, as if burnt. The fæces are so large and hard as to cause pain in passing. Dry, parched lips and mouth; thirst for large draughts of water.

Judge "The People." "Counsel for Homœopathy may stop"

Counsel for Homœopathy, interrupting, If you please, I have but begun to show the similarity of facts which runs through several dozen drugs which the Homœopaths use in differing phases or expressions of constipation; there is the typical crumbly stools of *Natrum muriaticum* (Judge: Do you mean of the common salt?) Yes, my Lord, when duly potentized in the manner peculiarly shown by Hahnemann and used in Homœopathic Pharmacology; there is the special great flatulence, bloating and hæmorrhoidal condition caused and cured by *Lycopodium*. (Judge: Why is not *Lycopodium* an inert powder?) Counsel: Not by any means, my Lord, when prepared by trituration or when dissolved in "Ether," as is done by the Homœopaths. True, the Allopaths dismiss this wonderful drug with several lines, stating in various of their works of reference that *Lycopodium* is a power *quite inert*, and it is used solely for drying sticky or hygroscopic (water drawing) pills by rolling them therein until no more will adhere, and its only other use is to dust on raw or chaffing skin surfaces of babies' legs, buttocks, etc., to prevent further chaffing, but a more cruel or careless unscientific mistake was seldom if ever made, especially after what has been written thereon by the Homœopaths. Hahnemann in about the year 1796 gave 1,608 direct symptoms due to *Lycopodium*, collected by him and his provers in his "Chronic Diseases."

The acidity of the skin when *Lycopodium* is used locally, and the crushing between the teeth when taken internally on pills given by the allopaths, sets free a considerable portion of the essential medicinal oil contained in the tiny spores of this powder, to produce a needless drug disease.

The Homœopaths would never think of rolling or *covering one medicine with another medicinal powder or substance*, which might surely annihilate the intended drug or injure the patient unintentionally. These facts have been an open book for the Allo-

paths for 100 years and over, and they refuse their patients this knowledge because it is specifically and essentially Homœopathic! It is yet classed in Allopathic reference books as "not official," showing they know of it but won't give any patient the benefit of it! Which is barbarous! Here is another instance of NEGLECT OF THE RIGHTS OF THE SICK, and using a phrase hurled at Homœopathy with a view of crushing them, and which appeared in the great Allopathic Organ, "The Lancet," written by a Doctor Ballard, counsel directly charges the Allopaths with

"Passive Murder."

Judge "The People," stopping counsel, said that he was quite prepared to render his VERDICT then and there on the testimony already presented in the unfinished brief of counsel for the Homœopaths, and all the rulings of the COURT OF THE HOME as delivered by himself are absolutely in favor of Homœopathy, for reasons following:

1st. That in the few drugs already presented by the Homœopaths *as indicated for use in, and cure of, constipation*, to wit.: Opium, Graphites and Bryonia, they were so graphically explicit in detail, and the pictures of individual constipation being so distinctly set forth that anybody could understand, differentiate and apply them, and whilst the Court recognizes that there must be many types of constipation, which could never be successfully treated by the laity, as indeed was never intended by the Homœopaths themselves when this action was brought before this Court, however, sufficient has been shown this Court that THE HOMŒOPATHS HAVE IN REALITY A GUIDING RULE TO AID THEM WHEN SICK PERSONS COME UNDER THEIR TREATMENT FOR CONSTIPATION OR ANY OTHER DISEASE, AND WHICH THE ALLOPATHS DO NOT HAVE!

2d. *Per contra*, it is simply distressing and shocking to this Court, if not much worse, that the older body of Physicians, namely, the Allopaths, can pretend to have any balance in their favor, either of Science or Success! The mere assumption of superiority might have passed for sterling two hundred years ago, but in this enlightened age it is clear that they have a *very*

serious and immediate duty to perform, due themselves and suffering humanity, and that is honest admission and ample restitution. If this is not immediately forthcoming on the showing of evidence now placed before this Court, and it is well to say at this point that the Court has carefully examined the brochure offered in counsel's brief as evidence, and it must be admitted by any intelligent mind, and made a matter of record here, that every statement made by the Homœopaths in comparative statistics must be taken at face value, *unless* each statistic openly made and published was at once challenged and disproved, and which has never been done, therefore, the comparative statistics of the Homœopaths stand acknowledged in the world as showing thousands upon thousands of lives are saved by adopting the Homœopathic line of treatment, which has the advantage of explicit argument for use and application of any drug in any disease condition, however much, as Homœopathic counsel admits, the individual may sometimes fail in curing. It is well they have admitted that to no school nor to any man is given absolute power over life and death, but this admission serves to take them out of the realm of Quackery, and even out of the ranks of "Swell-Head." Thus on the PLEA OF "SUCCESS" THIS COURT RULES AGAINST ALLOPATHY without a shadow of a doubt!

3d. This Court, in a sworn statement handed it by counsel for Homœopathy, has become cognizant of most outrageous conduct on the part of the defendant Allopaths that bars them from the sympathy of any fair-minded persons. It is well known that all hospitals, which the subscribers thereto think, rightly or wrongly, are public charities, and which *they are pleased to support for the benefit of the suffering poor, as they suppose*, and not for the particular aggrandizement of any staff or clique of physicians. are in great want of money. Evidences of appeal are weekly occurrences; many appeals are as permanent as bricks and mortar. Two cases, at least, are brought to the notice of this Court, and which this Court must censure in no light manner. The cases are as follows, and cannot be too widely known:

In 1883 the authorities of St. George's Hospital, London, determined to make a great effort to raise money to keep up the number of beds, otherwise they would have to close some wards.

Major Vaughan Morgan liberally offered this hospital £1,000 a year for five years, to be devoted to the maintenance of beds in the hospital for a fair trial of Homœopathy. This generous offer was received by the chairman at a meeting held to raise funds for the hospital, but was not permitted to be communicated to the meeting, at which only about £300 were subscribed.

Needless to say, Major Morgan's offer was contemptuously refused. As a London newspaper observed at the time, "There are many who think that Major Morgan's offer was refused for the simple reason that the Allopaths are afraid lest a fair trial of the system should demonstrate Homœopathic superiority." A similar offer was made by a member of the Guerne family to St. Mary's Hospital some years previously, and also disdainfully rejected, as it was by all the London hospitals to which it was successively made. These hospitals are constantly crying for money! These hospitals are supported to render aid to the sick! *Undenied statistics prove Homœopathy to be superior in saving life,* in the shorter duration of illness, in quicker and better convalescence, therefore this Court must rule THAT THE ALLOPATHS ARE DESERVING OF THE ODIUM OF "PASSIVE MURDER," which they without hesitation cast at the Homœopaths (*vide Lancet*).

4th. In the authorities cited for Allopathy there is nothing but contradiction; nothing offered by any one authority but which is condemned by another having equal claims to recognition, and whilst it may be said that one of the three authorities cited is not a work of reference for the education, reference and guide of the profession itself, it is all the more reprehensible because backed by eminent specialists, and because it is placed directly in the hands of the laity, and as counsel says, whilst the people are warned not to use drugs, on the other hand they are offered, on a subsequent page, their choice of extremely heavy, but orthodox doses. THIS COURT RULES THAT THE ALLOPATHIC REFERENCES ALL CONTRADICT EACH OTHER, AND ARE, THEREFORE, USELESS FOR GUIDANCE!

5th. The Allopaths by their testimony placed before Court have simply shown measures for purging the bowel, which measures, this Court will not allow, are in any manner, shape, or form, to be classed as *Curative* in action, but that they are exactly op-

posite in results. Temporary relief is sometimes obtained by powerful purgatives, but the delicate mucous membrane of the intestinal tract is weakened thereby, and the very condition sought to be removed is aggravated ten-fold (Habershon). This unscientific use of purgatives overstimulates the pancreas and liver and all the secretory glands of the intestinal tract, and, moreover, we think that much perityphilitis (appendicitis) is directly due to this crude medication. It is easy of demonstration how much injury is done to the "Pile-inch," that is, the last inch of the rectum, and also the *special affinity* for the "pile-inch" which is exhibited by *Aloes*, and this is admitted by Allopathic testimony in their brief, and it is, in the opinion of this Court, quite easy to believe that *Aloes*, or some other drug, or possibly a combination of drugs, whose character and action is more or less known when employed singly, but, as Allopathic counsel admit, whose action is often changed and unknown when in combination it is easy to believe, therefore, that the delicate organism of the appendix, likewise lined with the same secretory glands found in the intestines, and which we declare to be dangerously over-stimulated by Allopathic drugs, this Court finds that in appendicitis we may have an example of a drug disease implanted by crude purging.

THIS COURT FINDS THAT AN ALLOPATHIC AUTHORITY NAIVELY OWNS THAT MANY OF THEIR DRUGS ARE DANGEROUS, EVEN TO LIFE; THAT WHICH IS A DOSE FOR ONE IS DANGEROUS FOR ANOTHER; AND THIS COURT FINDS THAT THIS *DANGER POINT* IS A MATTER OF EXPERIMENT ON THE GENERAL PUBLIC, PERHAPS UPON YOU, NOW LISTENING TO THIS VERDICT. And further, that the extent of these Allopathic drugs often goes beyond purgation point, causing nausea, vomiting, griping, and even fainting, whilst the brain and vital organs are disturbed, causing lowness of spirits, melancholy, alternating with mental excitement and peculiar irritability of temper—drug disease. (Ruddock.)

THIS COURT RULES THAT AN ALLOPATHIC PURGATIVE IS NO CURE FOR CONSTIPATION, NOR EVER WILL IT BE, AND THAT IN THIS A. D. IT IS NOT SCIENCE, WHILST ON THE OTHER HAND THE HOMŒOPATHS LAY BEFORE THE PUBLIC A SYSTEM

WHICH THIS COURT HAS NOT THE SLIGHTEST HESITATION IN SAYING IS SAFE, SURE AND SCIENTIFIC.

6th. It is likewise found by this Court that *Allopaths* in their own text and argument admit that the few contradictory measures suggested for adult purging *cannot be offered to children with safety*; and, whereas, at least one-third of the practice of medicine is or should be with children, either curing acute disease or correcting their already chronic tendencies, the *Allopaths have nothing to offer the public for their children*, on the other hand, *Homœopaths* by sworn statement do not hesitate, and in actual practice do *daily administer any drug called for*, by the individual case *to any and all babies from birth onwards*, by reason of their scientific and accurate method of subdivision and dilution of such drugs which would otherwise be harmful, THEREFORE, IN RENDERING VERDICT ON THIS COUNT, THAT THE MEDICAL CURE OF INFANTS AND CHILDREN IS POSSIBLE AND SAFE ON HOMŒOPATHIC LIKES, THE ALLOPATHS ARE NON-SUITED BY THEIR ACKNOWLEDGED FAILURE AND DANGER; FURTHER, THE HOMŒOPATHS ARE ENTITLED TO RECOGNITION BY EVERY MOTHER AND FATHER IN THE LAND!

JUDGMENT AND VERDICT accordingly granted by Judge "The People" in favor of Homœopathy on all counts, to be made a public record in the Court of "The Home."

A REMARKABLE CURE OF BLINDNESS.

By Dr. W. L. Morgan, Baltimore, Md.

Mrs. B. was born forty-three years ago of healthy parents and had a good health record up to her seventh year, when she had cerebro spinal meningitis which, by skillful medical management, kept her confined to her bed for one year, during which time she lost the sight of her right eye. After a time her general health became normal and she grew rapidly. When fully grown she weighed as much as two hundred and twenty pounds. She married and became the mother of four children. Several oculists had tried to restore the sight, but failed, the

condition of the eye always remaining the same. At times she could distinguish a strong light, but otherwise was totally blind in that eye.

On November 1st, 1909, she took cold from exposure in a storm while on a visit to the country, and after suffering considerably returned to her home in the city on the 5th and sent her son to me with this description of her symptoms: Aching, tired, bitter taste in the mouth, sore all over from head to foot, headache, which was worse when stooping, coughing, sneezing, etc., "noises of any kind annoy me and make everything worse, eyes pain when I try to use them." She said nothing about the blindness, but with the symptoms given the only remedy indicated was *Bryonia*, of which I gave two powders of the 50 M (50,000) and S. L., the second powder to be taken in two hours after the first if not better, to be followed by the S. L. every two hours.

I heard no more from her until November 29th, when I was called by telephone to go to see her, as she had the grippe and wanted to see me at once. I went immediately, and the first thing she told me was that she had been blind in her right eye for thirty-three years and ten minutes after she had taken the first dose as directed she felt a strange feeling in the blind eye, and before taking the second dose she could see clearly with the right eye. She took a third dose and was all right the next day. She had another attack of grippe, but she can see just as well with the right eye as with the left.

From the anamnesis it is hardly likely that anyone who is acquainted with Homœopathic usages will ask why I used *Bryonia*, but it is expected that many will ask why I used the 50 M. (50,000). I will explain, as it brings up the prejudiced oppositions of the many who never made but one trial of high potencies and that in a case where it was not an indicated remedy the failure made them think that there is nothing in it and they would never look to their selection of the wrong remedy as the cause of the failure. I will ask the reader to excuse me from not attempting to argue that question with such scientists, but will give a simple explanation that may be understood by those who are willing to accept it, as it is.

Where a case is correctly given by the patient and every

symptom and modality is found in the provings of the drug, and in nearly the same language as that given by the patient, that remedy may be depended upon as the similitum and will always have curative influence in the case and will also cure symptoms that the patient neglected to tell in the examination if they are expressed in the provings of the drug. Long experience has convinced me that where the remedy is well indicated the finer potencies do the work quicker and make more perfect cures than the very low do, though much depends on the care used in handling the case. I also found by further questioning the patient in the above case and by consulting the *Guiding Symptoms* that *Bryonia* would have restored the sight and cured the case several years before if it had been given in the proper way.

(Dr. Morgan correctly heads his paper "A Remarkable Cure of Blindness." If he will give fuller details he will greatly oblige the many readers of this journal. Editor of the HOMŒOPATHIC RECORDER.)

SOMETHING MORE ABOUT LATRODECTUS MACTANS.

About twenty-one years ago Dr. Samuel A. Jones wrote a paper (which is preserved in *New, Old and Forgotten Remedies*) on "Latrodectus Mactans: A Suggested Remedy in Angina Pectoris." It was based on the symptoms described by Dr. Semple, of Virginia, as following the bites of the spider whose name heads the paper. The symptoms were closely similar those of angina pectoris; they were from five cases and all bore a striking resemblance.

Wrote Dr. Jones: "In its physiological action the poison of *Latrodectus mactans* resembles angina pectoris vasomotoria—a purely functional derangement. The similitude of the physiological action to pure angina pectoris corroborates the accepted pathology of the latter condition, because the phenomena of *Latrodectus* poisoning were deduced from previously healthy organisms, and in pure angina pectoris there is no pre-existent organic change occasioning the attack."

During the two decades that have passed since the publication of this paper not many cases have been reported in which this

remedy was employed, but every one that has been reported confirms Dr. Jones' reasoning that in *Latrodectus mactans* we have a homœopathic remedy for pure angina pectoris. All this is a leading up to what Samuel Hopkins Adams has to say about this spider in a paper headed "The Poison Bugaboo" in *Everybody's Magazine* for October. He ridicules the tales told in "an extensive and astonishing literature of snake and insect poison lore. 'Deadly' is the master word of the cult. The rattlesnake is 'deadly.' The copperhead and moccasin are 'deadly.' So is the wholly mythical puff adder. In hardly less degree is the tarantula 'deadly,' while varying lethal capacities are ascribed to the centipede, the scorpion, the kissing-bug and sundry other forms of insect life." Persons have died from the bites of these things, but deaths are rare, and quite frequently the death was due to the remedies as much as from the bites. There are, however, two exceptions. One of these is the *Elaps*, "a pretty little red-and-black banded serpent about as thick as your thumb, and the other is the little 'red-spot' spider, *Latrodectus mactans*." Concerning this spider Mr. Hopkins writes:

"Strangely enough, the one really dangerous spider on the American continent is small, obscure and practically unknown to popular or journalistic hysteria. *Latrodectus mactans* is its scientific name. It is about the size of a large pea, black with a red spot on the back—a useful danger signal—and spins a small web in outhouses or around wood-piles. So far as is known, its poison is the most virulent and powerful, drop for drop, secreted by any living creature. Cobra virus, in the minute quantity which the *Latrodectus*' glands contain, would probably have no appreciable effect upon man; whereas the tiny spider's venom, in the volume injected by the cobra's stroke, would slay a herd of elephants. Were this little-known crawler as large as the common black hunting spider of our gardens and lawns, its bite would be almost invariably fatal. Happily, the 'red-spot's' fangs, being small and weak, can with difficulty penetrate the skin, and are able to inject venom in dangerous quantity only when the bite is inflicted upon some tender-skinned portion of the body. Nevertheless, fatalities consequent upon the bite of this insect are sufficiently well attested to take rank as established scientific facts."

He further says that the same species of spider in New Zealand is dreaded by the Maoris and that "The Latrodecti of Corsica, Algeria, and France are infamous in the lore of the country folk."

In conclusion it may be said that *Latrodectus mactans* is a noteworthy remedy, and one that should be always considered in cases of that intense condition known as "angina pectoris."

POLYTRICHUM, PHASEOLUS NANA AND ANACARDIUM.

Editor of the HOMŒOPATHIC RECORDER:

As in four days I shall be 81 years old the most I can do is to make suggestions to others. Before I began the practice of medicine *Polytrichum juniperinum* was a domestic remedy for painful urination in old people and I have made some sweeping cures with it (usually in the mother tincture), but generally considered it in inflammation of the bladder. During my vacation in the country I learned of a man sixty-five living by himself who was seriously ill. Being something of a "Samaritan," I visited him and found him suffering from prostatitis and bladder irritation. Sometimes he could introduce a catheter, other times he could not, and the doctor had given no relief. He said when he was in such pain it seemed he must die; he got relief by smoking his pipe as *fast as he could*. I do not know what it did. I went to the field and gathered some of the moss (*Polytrichum*), told him to put the small quantity I gave him in one quart of water, steep it to one pint and take one teaspoonful occasionally. The next day I called and he had taken the whole, had been to the field and gathered more, but I told him not to take any more while he felt better. Three days later he said: "If I never feel worse than I do now I will never complain." Those who call me a "crank" for giving attenuated remedies ought to feel relieved now. To those who object to low preparations I will say it was all I could do and I have ordered some attenuation made.

The above case leads me to say age and the effects of an injury forbid much work, so the afternoons are generally spent

with a company of elderly gentlemen playing six-hand euchre. Five of us are over 80, four of us use no tobacco and play through the afternoon. One smokes and he and several younger ones who smoke have to be excused at times to visit the urinal. Question: Does the tobacco cause the difference?

Two cases assisting proving. Early one afternoon a middle-aged woman came to me who had been drinking, etc., for some time. She was very nervous; feared she would "see things," etc. Her heart was beating so fast and irregular I could not count the pulse. I gave her one dose of *Phaseolus nana* 200, though if I had had it in my office I should have given her *Cannabis Indica* tincture, my best remedy for years, but had none). In twenty minutes she was so much better she left with a promise to call in the evening and report, which she did and said she was all right. A very nervous man of 65 came to me with a dizzy head, very nervous, could not sleep. I prescribed for him and he returned in a few days a little better, but no sleep. He said he had not had a fair night's sleep in ten weeks, only an hour or two towards morning. His heart's action was rapid and I could feel the pulse beats all over his head (I never saw that before). I gave him unmedicated globules to take once in two hours and a powder of *Phaseolus nana* 200 to take before bed-time. The next day he reported he had slept well all the night and he slept fairly well for several nights after.

A lady of thirty had the following experience (before I was injured I had the care of the family): She was generally feeble. One doctor told her she would never be well, though she had her appendix removed. She did not believe it and consulted another, who said it was gall stones and they must be removed. Then she called another doctor who was in doubt, so he called another and they decided it was a floating kidney, but did not advise an operation. One day being in severe pain she went to one of these doctors, who telephoned still another, and they decided it was appendicitis and must be operated upon at once, which was done, but with slight relief. Later one of the two treated her some two weeks with no improvement, then another three weeks with no relief; then another, a homœopath, did better. Later a sister was in New York, and having a cold went to Boericke & Tafel's for medicine. There she saw a little

pamphlet materia medica and bought it. Returning from the South I made a friendly call and she asked me: "What is *Anacardium* good for?" I said it is good for anyone who feels like swearing. There was a shout of laughter from the family. She said: "That book says so and says it is good when there is a sensation of a 'plug' anywhere, and I have sent for some of the medicine, for I feel like swearing all the time when I am in pain and have told the doctors there was a feeling like a plug in the bowels at the right of the navel." Two weeks later I called to learn the result. She said: "I am feeling nicely and if those doctors had known that symptom it would have saved me lots of pain, trouble and money."

A. M. CUSHING, M. D.

Springfield, Mass.

USTILAGO IN MASTURBATION.

Editor of the HOMŒOPATHIC RECORDER:

Here is a little experience I had with a masturbator of twenty years' standing, who "simply could not resist the temptation to masturbate." He had been married seven years; they had three real nice, bright, well-nourished children; he said he could have intercourse every night and yet during the day he had to masturbate. I tried various of our medicines on him with no results. He didn't seem to show any signs of degeneracy, always was neat and careful of his appearance, held an important position in an office, and wanted help, as he said he hadn't the ambition to quit himself. As I said, I tried various remedies on him until I accidentally stumbled on his symptom, "an irresistible desire to masturbate," under *Ustilago*, and the next prescription he had was some of it to be taken two to four times a day until all gone, then report. The report was like this: "Well, doctor, I guess you hit my case this time, as I have had no occasion to worry since the first day I took the medicine." I put up another three-dram vial and told him to take only when the desire comes on. This was over a year ago and he hasn't emptied the vial. The first report looked good to me, but the other day he told me he hadn't masturbated in a year and the desire comes but seldom.

I have tried it on one or two others with good results, but cannot say it would be a specific, but think it worth reporting.

Fraternally,

GEO. J. WENZLICK, M. D.

220½ E. College St., Iowa City, Ia.

IS THERE NO REMEDY?

Editor of the HOMŒOPATHIC RECORDER:

I am sixty-seven years of age and an ex-soldier of the War of the Rebellion. Height, five feet ten; dark complexion; weight now, one hundred and twenty-five pounds. Came from army life much broken in health.

From 1875 to 1881 practiced medicine in Niles, Mich. In April, 1879, had an attack of grippe (?) which kept me from work but two or three days, but left me profoundly prostrated with cough, intercostal pains and backache. The latter has not left me for an hour from then until now. Had aching in every part of my body with restlessness day and night.

About that time, 1879, there came on the left side of the nose, just above the wing, a tubercle. It continued to enlarge until it reached fully one-third of an inch in diameter, surface rough. In 1890 had the growth curetted out, the cavity filling and healing readily.

For six months there were no signs of a return of the growth. Then tubercular points appeared at the periphery of the cicatrix. They gradually increased in size and within a year began to ulcerate. Came to Kansas in 1891, hoping to benefit my health, which was below par. The ulceration slowly spread until it involved nearly half of the surface of the left side of the nose. The ulceration attacked the skin only when there sprang up nodules of a low grade of vitality, aggregating a large mass of that tissue which suppurated and bled freely. It created the meat it fed upon. For twelve or fourteen years it discharged quarts of pus and it seems to me as much blood. In the meantime, while I attended to practice, the general health was poor, the cough having continued since 1879, the result of left bronchial catarrh and finally bronchiectasis, the sac discharging freely once a day on assuming the supine position. The ulcer was not pain-

ful in the least. During the years different physicians have had the case under treatment, they being considered among the best prescribers of the homœopathic school. From neither, however, did I apparently receive the slightest benefit. In 1903, either from my own prescribing or nature's unaided forces, the ulcer began to decrease until it was reduced to one-third of an inch in size and just above the ala. For a year it remained nearly stationary, then began to very slowly enlarge, involving some new territory and in part its former ground. It has not extended beyond the ridge of the nose.

Not having faith in topical expedients, nothing was applied excepting a dilution of the remedy taken. However its interference with my business and social affairs, practically making of me a pauper, three years ago I had the X-rays applied, taking in all fully seventy-five treatments with negative results.

Last February, as the sore was growing, I began the X-ray again, taking five treatments a week. In six weeks the ulcer had healed, not, however, without considerable destruction of tissue, the disease having involved the ala and extending to the cheek. My physician said continue the rays treatment two or three times a week, which was done. Within three weeks the disease showed signs of returning and continued to increase under the rays. It also became very painful and more destructive. The wing of the nose is entirely destroyed and an excavation above where the ala was. The disease has also assailed the cheek. The pain is intense, of an aching, lancinating, lightning-like pains; also itching and stinging. The least exposure to the air greatly intensifies the pain. The itching and stinging are as trying as the pains.

The sore suppurates moderately. Does not bleed. The X-rays was continued to September first, when I suggested to my physician that I was a victim of X-ray disease.

He seemed inclined to think not, but said it might be well to suspend the treatment for a while. The pain is intolerable and constant. Am I a victim of over-treatment by X-ray? Its destructive work goes on, causing increasing deformity. I am greatly embarrassed over it. Possibly I have as much physical vigor as I had five years ago.

H. W. WHITWORTH, M. D.

Dodge City, Kansas, October 5, 1910.

ANNOUNCEMENT CONCERNING THE 1911 MEETING OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

The following appointments of Chairmen of Bureaus have been made by the president of the International Hahnemannian Association and acceptances have been received; a valuable programme is thus assured:

Homœopathic Philosophy, Dr. Frank Wallace Patch, Framingham, Mass.

Materia Medica, Dr. Margaret Burgess-Webster, 1703 Chestnut St., Philadelphia, Pa.

Clinical Medicine, Dr. Richard Blackmore, Bellevue, Pa.

Homœopathic Treatment in Obstetrics, Dr. William H. Freeman, 265 Arlington Ave., Brooklyn, N. Y.

Homœopathic Treatment in Surgery, Dr. Henry L. Houghton, Winchester, Mass.

Necrologist, Dr. Edward Rushmore, Plainfield, N. J.

The meeting will be held about June 1st, 1911, at Asbury Park, New Jersey. All interested in Hahnemannian Homœopathy are cordially invited to attend. Application blanks for membership and all other information regarding the association may be obtained from the secretary, Dr. J. B. S. King, 1402 Masonic Temple, Chicago, Ill.

BECHAMP VS. PASTEUR. THE GERM THEORY.

The following interview with Dr. W. B. Clarke, published by the *Indianapolis News*, Oct. 21, is of interest because it outlines the difference between Bechamp and Pasteur; the latter has been heard by all the world, but the real scientist, Bechamp, has not been heard outside of France and there the medical men who follow Pasteur met him with—silence. The work referred to in the interview (*Le Sang*) will shortly be published by Messrs. Boericke & Tafel, and then, for the first time, the English-speaking world will have a chance to judge between the teachings of the two men, Bechamp and Pasteur. If you are irrevocably committed to germs and all that is involved in the theory that follows that belief—do not read this book, for it will dis-

turb you; but if you are out for truth to the bitter end, read it. The publication of *Le Sang* (The Blood) will mark an epoch in medicine. Here is the interview:

"It is a remarkable fact, discreditable to men of science, that information concerning Professor Bechamp's wonderful experiments and discoveries in biology, the doctrine or science of life, is not obtainable in text books or books of reference," said Dr. W. B. Clarke, of this city. "They deal with the greatest of all problems—the mystery of life, of disease, and of death—and vitally concern the legitimacy of a most interesting and important issue, involving the physical welfare of the whole human race—the germ theory of disease—upon which so much of the medical practice of the day is supposed to so securely rest.

"As illustrating the hold which the so-called germ theory has upon the medical mind, the following may be quoted from an editorial in the *Journal of the American Medical Association*, the leading medical journal of the United States, of February 5, 1910, in speaking of Pasteur, the so-called founder of the germ theory: 'Pasteur's genius was of fundamental basic quality. On it rests the entire superstructure of modern bacteriology in its broadest biologic sense.' Also, speaking of Pasteur, Koch, Metchnikoff and Ehrlich, it said: 'It is eminently true of all these men that they were no man's followers or pupils.' If it can be shown that both of those statements are mistakes, as far as they relate to Pasteur, who was not a physician, the elucidation must come through a proper understanding of Bechamp's work.

Bechamp's Discoveries.

"It was Bechamp, and not Pasteur, who discovered the cause of fermentation, the cause of the disease of the silkworm and of phyloxera, the disease of the grapevines of France, and also the cause of the coagulation of the blood. He revealed the true functions of the glittering corpuscles, to which he gave the appropriate name "microzymas," which in sickness evolve into bacteria. The ordinary definition of microzyma is 'a microbe or bacteria supposed to act like a ferment in producing disease.' By an etymological solecism the name microbe has been given to this microzyma by those who sought to appropriate to them-

selves the discoveries made by this true master. Bechamp thus laid a sure foundation for the sciences of physiology, pathology and biology, and pointed out the need of asepsis in surgery. He it was who plainly showed that germs are the result, not the cause, of disease—that the germ theorists are really putting the cart before the horse.

Charges Pasteur With Plagiarism.

“Bechamp’s books are all written in French, and have not been published in English. The charge was made by him, and reiterated by his reviewers, that Pasteur became famous by plagiarizing these works, altering, falsifying and misrepresenting their principal teachings to suit his own ends, and through his political power and associations developed the conspiracy of silence concerning Bechamp and his work which enabled Pasteur to obtain the position of leader which he occupied.

“‘Le Sang’ (the blood) is declared to be the only work of Bechamp which Pasteur did not plagiarize, because he died before it was published. It is described as, in some respects, the greatest work ever written on biology. It is the author’s crowning work, embodying to a great extent the result of over sixty years of conscientious and painstaking labor. In it is clearly unmasked the manner in which his own work was by fraud and chicanery distorted, misrepresented and misunderstood to meet the requirements of Pasteur and his followers.

Attacks Germ Theory.

“Since the death of Professor Bechamp, in 1908, at Paris, at the advanced age of ninety-two, his works have been assiduously studied by competent men and translated into English from the French, with a view to early publication from Philadelphia. And these men affirm that Bechamp declares that the foundations of the germ theory are insecure, set on shifting sands, and that the noted author, in a terrific arraignment, in which he calls the theory ‘the greatest silliness of the age,’ demolishes its claims, and consequently those of serum therapy, leaving them not the vestige of a leg to stand on.

“Bechamp does all this in a purely scientific and philosophic

manner, his works on the miracle of life being based entirely on biological investigation and experiments extending over a period of about sixty years. Bechamp was probably the world's greatest biologist—student of the doctrine or science of life—and as such held professional chairs at Montpellier and Lille (among the breweries, wine factories and distilleries), contributing many valuable papers to the French academies of medicine and of science. The remarkable thing about his life was the fact that he was notable, while he lived, to command proper and adequate public attention to the great work which he performed, and to which belated attention is now being given.

“The vital point of difference between the doctrines of Bechamp and Pasteur is that of the difference between the germs of life and the germs of death. Bechamp showed that diseases are born of us and in us, and Pasteur held that diseases are produced by parasites, of which the germs, created morbid by destiny, penetrate into us from the common atmosphere. The discussion of this point is, perhaps, best carried on in Bechamp's ‘*Les Grands Problèmes Médicaux*’ (the grand problems of medicine), a work published while Pasteur was still a believer in an inexplicable transformation of protoplasm. Bechamp discovered and announced the existence and function of the microzyma, while Pasteur perverted the theory and afterward called the bodies microbes. He quotes freely from Pasteur's wavering utterances regarding various positions that he had taken, showing his inconsistency, and mercilessly exposes his plagiarism and perversion of Bechamp's work.

Fermentation is Nutrition.

“Bechamp shows that the microzyma is the imperishable anatomical unit of life, and both builds and destroys the cells, of which the body is built up. The mystery of fermentation is but the process of nutrition, and our diseases are simply irregular fermentations. Our life processes, in short, are all the work of the microzymas. Under adverse circumstances these microzymas are injured and degraded, becoming those very bacteria that Pasteur claims to have thought came from without. Bechamp scouts the idea that the air in its normal condition is infested with microbes, for when the microzymas, after the death of the body,

regain the free air, they also regain their normal health, shape and vigor.

“Whether in our haste we subscribe to all that Bechamp in his erudite way tells us, we should pay attention to the subject and the controversy for its historical interest alone, and not aid its further concealment, and the suppression of the gifted author’s writings. If what Bechamp has told us is true—and Bechamp was one of the foremost biologists of the world—its effect will be the death blow to Pasteurism and inoculations of all kinds. He speaks plainly upon this point, saying: ‘All is danger in these experimentations, because you are not operating on something that is inert, but you are modifying in a certain manner, more or less injurious, the microzymas of the person inoculated.’

“Of course, only a faint idea of Bechamp’s power and convictions can be conveyed in this necessarily brief exposition of his works. And, of course, no intelligent criticism of the works can be made until they are read by the critic, an opportunity to do which—in English, I understand, is soon to be offered regarding the latest work, ‘Le Sang.’”

ANAPHYLAXIS. SOMETHING OF A PUZZLE.

“Bronchial Asthma As a Phenomenon of Anaphylaxis” is the title of a paper by Dr. S. J. Meltzer, of New York, read before the Association of American Physicians, and reprinted in the *Journal A. M. A.*, Sept. 17. Here is a quotation from it:

“Anaphylaxis is in an essential point the reverse of immunity. All know what immunity means. Every physician is familiar with the fact that a patient who has recovered from an infectious disease, typhoid, for instance, is less susceptible to a second infection from the same disease. The same applies to the effects of toxins. The experimental work of the last two decades has furnished ample evidence that the injections into an animal of non-fatal doses of toxins, for instance, the toxins of diphtheria or tetanus, make this animal more resistant—it immunizes it—against this very toxin. In other words, the passing through a definite infection or intoxication is the means of a decrease of the susceptibility of that animal to the specific infection or intoxication. There were, however, scattered facts which indicated

also that the reverse of immunization may occur; that is, that instead of a decrease of susceptibility, an increase may occur."

There are several points in this that are interesting. The RECORDER once asked for a definition of exactly what is meant by "anaphylaxis." Here is an answer—it is "the reverse of immunity." The word is not in *The Century Dictionary*, nor in its *supplement*. As for the statement "all know what immunity means," *The Century* defines it, "Exempt from public service." it then gives, under the label "Rare," "Protected by inoculation," and quotes as its authority:

"But (to use the new medical barbarism) we are never *immune* altogether from the contagion. *Fortnightly Review*, N. S., XLIII., 226."

It looks as though Dr. Meltzer were just a wee bit stumped by the new word from the fact that he defined it as he did. His definition while forceful is still rather vague, for, to come down to dots, who knows what is "the reverse of immunity," or can tell when a man is in the one condition or the other until the disease gets him?

Another point in Dr. Meltzer's statement quoted above is that the injection of toxins—serums and vaccines—"immunizes" the one injected "against this very toxin," as diphtheria against diphtheria, typhoid against typhoid, tetanus against tetanus, and so on. This immunity (the word is handy if it is vague, and has come to stay apparently) is conferred on the same physiological principle, whatever it be, by which an arsenic eater becomes tolerant of doses of the drug that would kill one not thus saturated with the poison. Whether getting in this condition against disease is a desirable thing is a matter about which there ought not to be much difference of opinion. The "decrease of the susceptibility" to "specific infection" is obtained by a sacrifice akin to that by which the arsenic eater attains his immunity.

But, in pursuit of this immunity against something you may never get, "the reverse of immunization may occur." and, we take it, the whole faculty cannot tell in which direction you will head when the injections are made. Passing over the arguments advanced by Dr. Meltzer in support of his theory we give his summary of them:

"It is generally agreed that the so-called nervous asthma is

due to a stenosis of the bronchioli. It was discovered that the so-called anaphylactic shock is due also to a stenosis of the fine bronchi. The theory is here offered that asthma is an anaphylactic phenomenon; that is, that asthmatics are individuals who are 'sensitized' to a specific substance, and the attack of asthma sets in whenever they are 'intoxicated' by that substance."

From all then it may be inferred that the person who has experienced an anaphylactic shock when he was being immunized against any disease is in the same state as one who has been "sensitized" to asthma or, in other words, diseased.

The whole process involving immunization, sensitization and anaphylaxis cannot be very scientific, that is to say, clear, for even those who teach it are in the fog concerning its effects. This being the case, it is a good thing to let alone until more light comes.

THERAPEUTIC POINTERS.

Dr. Sisto, in *Arch. de Med. des Enfants*, says that constant crying, screaming or moaning of very young children day and night seem to indicate inherited syphilis, or at least such crying ceased under treatment for that disease in eight cases under his observation.

Dr. C. Hoffman, *Medizinische Klinik*, Berlin, writes of many recurrences after treating syphilitics with "606;" and so many by-effects as to invalidate the claims that it is always harmless. However the favorable reports continue to out-number the unfavorable.

Sharp says that the following drugs primarily affect the heart and then diverge: *Aconite* affects the heart and afterwards brain and nerves, *Spigelia* afterwards the eyes, *Bovista* the skin, and *Digitalis* the kidneys.

Sharp tells of a young woman brought to him whose "urine is highly coagulable, and every symptom characteristic of Bright's disease is present in her case," as wrote her allopathic doctor. He gave her *Titanium*, under which she gradually recovered. Why he gave it is not stated, only the result.

Dr. W. L. McAyers, Cincinnati (*Ohio State Med. Jour.*), finds that the majority of sufferers from "car sickness" are victims of

astigmatism. Correct lenses cured many cases of those habitually victims of the sickness.

Dr. C. E. Page (*Medical Times*) cures all cases of sore throat from the simple to diphtheria by wet bandages (cold compresses) around the neck covered with dry towels, absolutely no food but all the water wanted by the patient. An old-time procedure, but very successful.

Dr. J. C. Fahnestock (*Chironian*) says that *Echinacea* is "the great tired feeling remedy." "Tiredness is one of the general symptoms that goes to make up the *Echinacea* cloth."

Thiosinamin should not be prescribed in its crude shape, but in trituration. That is where the old-school men are at fault with this drug.

The following remedies are suggested by Dr. Geo. Royal, Des Moines, Iowa, in October number of *Iowa Homœopathic Journal*, for acute poliomyelitis or infantile paralysis: *Gelsemium*, *Belladonna*, *Actæa racemosa*, *Plumbum*, *Phosphorus* and *Strychnia phos*. Think of these remedies if called to a case.

Dr. Joseph Hensley, Oklahoma City, in *Oct. Med. Century*: "We claim more for *Variolinum* than as a prophylactic against small-pox. It has proven itself to be a valuable remedy in the treatment of same, and if given from the date of exposure to small-pox will check it before it reaches the eruptive stage. If given from the appearance of the eruption, it will check small-pox before it reaches the pustular stage."

For that fever which resembles the fever of *Aconite*, but without the fear and anxiety of that drug, just think of *Ferrum phos*.

That angry baby who would say bad things if it could talk may need *Chamomilla*. (Sometimes one forgets the simple things when looking for the scientific microbe.)

Strychnin, according to Hammerstein, quoted in *Med. Advance*, acts on the muscles something like hard work and starvation acts. To give it as a "tonic" seems, therefore, to be a bit odd.

Fyfe says that where the skin in jaundice is copper-colored with a tinge of green, and eyes are a yellowish green, *Chionanthus vir.* in material doses is indicated.

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EDITORIAL BREVITIES.

CONCERNING THE STUDY OF MEDICINE.—“The average earning capacity of physicians of the ‘old school’ is much below that of the average earning capacity of homœopathic physicians; and not only is this true, but their ranks are being so rapidly recruited each year that the average income of practitioners of the dominant school is steadily decreasing.” So says the *Hahnemannian Monthly* editorially to prospective medical students.

The men of that school are becoming therapeutic nihilists more and more each year, and the public, which has an inborn belief in medicine (which has been, and is, most horribly abused), is turning elsewhere. Some turn to Christian Science, some to osteopathy and some to other current fads, but no one can go far in any of them until a point is reached where medicine is needed and needed badly—and there is none, for the cults haven’t it, and the allopaths (to use the really descriptive term that all understand) do not believe in it.

The Hahnemannian is quite right; the young man who wants to make medicine his vocation should go to a homœopathic college, both for selfish and altruistic reasons, and when he is graduated he should practice Homœopathy. In doing this he need not go into the faith-wracking potencies, but he should by all means avoid the allopathic pitfall of “physiological doses.” for, being a homœopathic physician, he should seek the homœopathic action. That is his mission in life, for by it he *cures* disease.

But our homœopathic colleges, what of them? There is no use denying the fact that they are the subject of much criticism—

some of it merited, much of it not. But every one of them could clear away the trouble, and clear it away effectively, by making it an essential that the student *must* have an intelligent comprehension of *The Organon*. The book is not a large one, nor one requiring any unusual profundity to comprehend, but a knowledge of it is *absolutely necessary* for one who would grasp the fundamentals of Homœopathy. If the student is drilled in this easily acquired, and interesting, knowledge, the rest of his education is made much easier, for he has then the working plan of his education and of his life's work, and, as it were, knows where to bestow the rest of the necessary knowledge as it comes to him.

A comprehension of *The Organon* cannot come too early in the student's career, for, as said before, it is the fundamental, the working plan, for the education of a homœopathic physician.

MIXED PRESCRIPTIONS HARMONIZED.—Ever and anon some homœopathic doctor, reporter or general all-round cynic calls attention to the fact that if a patient goes to half a dozen of the doctors, known as “regular,” he will receive as many different prescriptions, different, that is, in composition. They also call attention to the fact that the big hospitals do not give the same remedy for the same disease. From all this they come to the conclusion that the practice of the “regular” is most irregular. They jeer and mock the “regular” and ask him what manner of science is his that permits so many remedies for a specific case. Generally the mocked one, like brother Rabbit, lies low, and replies not. However, sometimes the worm will turn; it will (if we may so express it) arise and smite the mocker hip and thigh. In fact this is what was done by one of our respected contemporaries who, after recounting how a certain “female reformer” had received six different (or differing) prescriptions from as many “regular” physicians, to whom she had applied with the same tale of physical trouble, answers her as follows:

“If a hungry man went into six different restaurants and ordered something to eat—anything that would satisfy his hunger, without specifications—would the waiters in each restaurant bring him exactly the same thing? Isn't it more likely that the dishes would all be different, and would that prove that the dishes

were worthless for the purpose of appeasing one's hunger? Of course not. * * * The non-informed layman gets bewildered, of course, on seeing such a multitude of different methods used for the same disease, but far from showing 'guess work' it shows how rich and varied our resources are in some diseases."

The serious minded will see in all this the opening up of new and deeper depths in the regular science of medicine. They will see that disease may be now regarded as a kind of drug hunger that, as with food hunger, many drugs will appease. For instance, calomel might stand for ham, quinine for cabbage, and the much mixed prescription for hash. This view of disease simplifies practice of medicine very much indeed.

A NUX MOSCHATA PROVING.—The following is the abstract from the *Journal A. M. A.* of a case of nutmeg poisoning reported by Dr. G. D. Lind, in the *West Virginia Medical Journal*, Sept.: "In this case the boy seemed to be suffering from the effects of some narcotic. His pupils were dilated, he staggered in attempting to walk, and on being awakened from sleep would immediately go to sleep again. He complained of a fullness in his stomach, and said that he was drunk. Pulse and respiration were slow, he had no nausea or pain. He said that he had eaten some candy given him by another boy about 4 P. M. He did not recover from the effects until the next morning, when it was discovered that the so-called candy was five or six nutmegs."

A DEFENSE OF THE OWENS BILL.—The *North American Journal of Homœopathy*, September, gives space to Dr. S. A. Knopf, of the Post-Graduate School, New York, for a defense of the Owens Bill. Here is a clipping from it:

"The writer is a member of the regular profession; he nevertheless would not wish for a moment to limit the freedom of any citizen to choose his physician from some other school or cult, providing the individual assuming the function and responsibilities of a physician had the training necessary to prevent him from endangering the life of his patient by lack of medical knowledge or skill."

Now, as that "training necessary to prevent him from endangering the life of his patient" can be obtained at a "regular" col-

lege only, according to the medical powers that be, and that would be still more, under this bill, it follows that Dr. Knopf's argument is about as strong a one against the bill as could be advanced by the "outside" M. D.'s. Further on Dr. Knopf, citing a certain institute in Europe as a sample of what could be done under the Owen's Bill, writes:

"Under Koch's inspiration and guidance and in the same institute many great scientific discoveries of incalculable value to humanity were made. Foremost among them are the works of Ehrlich, one of Koch's most celebrated pupils, who recently gave to the world a new remedy which promises to prove a specific in an affliction from which mankind has suffered for centuries."

This refers to "606." We recently saw the translation of a paper by a Spanish physician who, in bitterly assailing this much talked remedy, said that an Austrian house has brought out what purports to be the same preparation, and that Ehrlich is highly indignant because it is "the property" of a certain German pharmacy. Do we want our government to foster proprietary medicines? (You can see the translation in *Journal A. M. A.*, October 1.)

AN ALLOPATHIC PATIENT.—During an evening recently we met an esteemed old lady friend who is an "allopath," as she expressed it, and no one can alter her convictions. She was not looking well. In reply to some comment she said: "I don't believe doctors know much, they only pretend. I went to Dr. — for my eyes and he told me my liver was out of order: that I must stop coffee, take cocoa instead, and a course of gray powders which he prescribed. When I told Dr. —, my physician, what Dr. —, the eye doctor, had said and done, he got angry, and said that I did not need gray powders but calomel, which he prescribed, and he said cocoa was poison to my system. When I was away this summer I called in Dr. — (an old physician at a summer resort); and he said, 'You needed gray powders,' that I must give up both coffee and cocoa, and take chocolate. Now what do you think of that from three of the best doctors?"

"Well, Mrs. —, why not try a homeopathic doctor and be cured?"

"No, I was born an allopath and I'll die an allopath, though the only one of them that had any sense is dead," mentioning a great medical light now passed away, who for many years received a comfortable sum from her annually. There isn't much in all this, but it was rather interesting to the listener, for the old lady was one of those who speaks her mind without fear, being backed with a bank account.

OFFICIAL MEDICINE.—*The Journal A. M. A.* for October 1, editorially and with gusto, quotes an editorial from *The Sun*, Baltimore, on the Owen's Bill. There are two classes of objectors, according to *The Sun*, one is composed of the "adherents of the so-called metaphysical healing arts." and the other "those who fear that it," *i. e.*, the proposed department, "will be controlled by the American Medical Association, an organization of allopathic physicians." *The Journal* never bats an eye at the *Sun's* use of the word "allopathic" to characterize the A. M. A., but goes on to say that the other class is made up of manufacturers "of 'baby killers,' sophisticated and adulterated food stuffs, cheap and bad whiskies under the guise of 'family remedies,' and fakirs and swindlers doing business under the guise of physicians," all of which shows that *The Journal's* editor got quite hot over the matter, so hot, indeed, as to blind himself to the facts in the case. This class no doubt opposes the Owen's Bill, but the real opposition comes from the American people who want to retain the liberty for which their ancestors fought.

Of the first class *The Sun* says: "They have a right to their beliefs, however ridiculous, but they have no right to put the rest of us in peril." If the editor were asked "in peril of what?" he would have to scratch his poll for an answer, which seems to show that even great newspaper editors may get woozy at times.

As to the second class, *The Sun* says that assuming the fear that the "allopaths" got complete power, "what of it?" Why, dear *Sun*, several unpleasant things would be "of it." For instance, in the eyes of the A. M. A. every one not of their school is a "medical fakir," so these would be put down and there would be the medical monopoly, even if no trust. "Homœopaths and eclectic are not included" say you? That shows your guileless innocence. Another thing "of it" would be State Medicine, which

would be as much in harmony with freedom as would a State Religion. Another "of it" is the fact that, as a body, the allopaths are very excitable (witness Koch tuberculin and the present furore over "606"), and their first thought is to make the thing over which they are excited compulsory—altruistic, but hardly in consonance with liberty. There are several other "of its," but we do not want to weary you, dear *Sun*. It seems that you must have been sitting next to one of these enthusiastic allopaths, and he has filled you up. Now, they are, as a rule, very charming and agreeable men, but in our opinion, it is not well for the country to give them the unlimited power they crave. There are several million tax payers and voters who are not allopathically inclined—very foolish of them, perhaps you may think,—but you know "no taxation without representation" was ingrained into the people of this country at its beginning—and there is still considerable of it left. These people will not raise a finger to deprive you of all the allopathy you can pay for, but they want equal freedom.

THE OTHER VIEW OF KOCH.—The medical press has contained many eulogies of Dr. Koch since his death. Here is a summary of a paper of his work which we found in *The Eclectic Review*, credited to *The Herb Doctor*, an English journal, the paper being by J. C. Swan, which gives the other view:

"He isolated the germs of anthrax, tuberculosis and cholera, but he was unable to prove whether these germs caused the diseases, or whether the diseases caused the germs. He laid down what are known as Koch's postulates—four conditions which must be fulfilled before it can be said that a specific germ is the cause of a germ malady. All his postulates have broken down and have proved to be fictions. (See the *Lancet*, March, 1909.) He discovered the tuberculin cure which was a failure. He discovered an 'effectual remedy' for sleeping sickness, which consisted of the administration of atoxyl, a strong arsenical preparation. The *Daily Telegraph* (30th May) states that an authority of eminence has declared that 'no case of sleeping sickness has been cured by the drug.'" And that is all.

THE CAUSE OF DIPHTHERIA.—At the 38th Annual Meeting of

the American Public Health Association, Milwaukee, Dr. James Roberts, Hamilton, Ont., said: "I wish to call attention to the dominance of the personal contact feature in the spread of this disease. Defective drains, bad ventilation, etc., although prejudicial to health, cannot cause diphtheria, which is due to the presence of certain bacteria."

The old belief that sewer gas is a cause of diphtheria was thrown overboard when it was found that this gas is free from any sort of bacteria; it, or the germ theory, had to go—and it went. According to the present idea the disease can come only from the germ, which, in turn, must, of course, come from some other case of the disease. No Klebs-Loeffler bacillus from without, no diphtheria.

A good many years ago there lived a child of our acquaintance who, up to his seventh year, had several attacks of diphtheria, very bad attacks, too. He lived in the country, which was sparsely settled; did not go to school; only saw outside children on rare occasions, and none of them had the disease either before or after. There were other children in the house, but only this one contracted the disease. In view of what Dr. Roberts said, as quoted above, the question arises, Where did these germs come from? Do any of our readers know of cases where the disease appeared in similar manner? If so, why not let the RECORDER have them. It is a rather important question. If there is no danger from sewer gas and bad drains, the old order of things has surely changed. If there is danger it is bad to spread the idea that there is none.

A PROBLEM.—The English officials state that on Jan. 1, 1910, there were 130,553 certified insane in England and Wales, an increase of 17,666 over the previous year. How many there are who are not certified the Commissioners do not attempt to estimate. The figures are not at hand, but it may be stated that this country is quite as progressive in the matter as our British cousins. To care for and feed this huge and rapidly increasing horde will soon be a perplexing problem for the officials and a steadily increasing burden for the tax-payer. If the States would put this class of patients under real homœopathic treatment it would be better for the country and society.

EVER STRONGER AND STRONGER TO THE END.—The following from a recent Vienna letter needs no comment:

“The results obtained in treatment of diphtheria with anti-toxin are still not recognized uniformly, but it is the opinion of the majority of doctors that only strong doses are really useful. Therefore, the ministry of the interior has ordered the serotherapeutic institute in Vienna (the only authorized serum factory here) to discontinue the production of serum containing less than 1,000 units. This has been received with great satisfaction by practitioners.”

NEWS ITEMS.

We have received the card of Dr. John Arschagouni, late of New York. It reads “8 rue Zumbul (opposite the tunnel) Pera-Constantinople,” which, of course, is in Turkey. Should any American need a good homœopathic physician in that old gateway to the East, he will do well to call on Dr. Arschagouni, the translator and annotator of that standard work.—Jousset’s *Practice*.

Dr. Leon Brasol, St. Petersburg, reports (*J. A. I. H.*, October) on the state of Homœopathy in Russia. There are about 100 homœopathic physicians and 25 pharmacies there working under difficulties, for the allopaths have a medical department (such as the Owen’s Bill seeks to establish in this country), which throws all the obstacles in its power in the way of the homœopaths. The growth of Homœopathy there, as elsewhere, will be in proportion to the enlightenment of the nation.

The health department of St. Louis on October 18th issued an order to stop all vaccination until further notice, deaths following the practice being the reason. The virus used was from “a large out-of-town drug company.” Dr. M. C. Woodruff, vaccine physician, says the deaths are a “scientific mystery”—which is something new at any rate.

Dr. Royal S. Copeland, Dean of the New York Homœopathic Medical College, writes us: “I enclose an announcement, indicating the changes in our college for the present year. We have registered 75 new students, two-thirds of whom are freshmen. I am glad to report that only one of the additions to the upper classes came from a homœopathic college. In other words, 74 of our accessions are positive additions to Homœopathy.”

PERSONAL.

Hippocrates said he would greatly praise the physician "whose mistakes are small."

The only direction in which Homœopatny is more expensive is in having to pay longer on life insurance policies.

A "regular" editor says, anent colleges, that there should be "a school to teach the teachers."

Some slow turtles have lots of snap.

It is better to climb a tree than to take the bull by the horns.

Shufeldt asserts (woe to Shufeldt) that beautiful women among us are very scarce, about 1 in 500.

Why does the Professor say to the bunch, "You will recall," when he knows they will not, never having heard of it before?

"Ignorance is of a peculiar nature; once dispelled it is impossible to re-establish it."—*Thomas Paine*.

When a man writes "You cannot reform society in a day" he means "I am on the job and report progress."

The soulful ones are fond of telling us of the "Onward march of Humanity," but are mixed about the terminus.

Truth and the authority are not necessarily synonymous.

Our mental definition of many a word might be truthfully described by the term "a vague smudge."

"How to Make Speeches, by Mail," is advertised. Now, Ye Gods, forbend!

Mark Twain once joked Emerson, Longfellow and Holmes to their faces at a dinner. The thermometer dropped to 70 minus. They were no joke.

Pictures of so many bacillus look so much alike it is a wonder that bacteriologists never make mistakes.

"Keep out of our graveyard." Polite Western hint.

We opine that the white man would not have taken up "the white man's burden" had he not thought there was "something in it."

"The phrase 'catching cold' is meaningless, misleading, undignified and obsolete," says Dr. Brady. What shall they say, then?

A cigar has been named "Taft," and it is suggested that a brand of fire-crackers be named after the Colonel.

"The alphabetical man" has been applied to the gentleman with many capital letters after his name.

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SOMETHING ABOUT TUBERCLE, TUBERCULOSIS AND CONSUMPTION.

It is refreshing now and then to run across a man who has beliefs and is not afraid of uttering them, especially in this day of many conclusions ending in "further investigation," etc., etc., etc. Such a man is V. M. Taylor, M. D., of Springfield, Ill., who gives the world his views in "A Criticism of Generally Accepted Views on Tuberculosis" in *Medical Era* for October. Who Dr. Taylor is beyond being the writer of the "Criticism" we know not. He writes:

"First and foremost I want to dispute the common error existing in the minds of both the medical profession and the laity that tuberculosis and consumption are synonymous terms, or identical conditions."

"In every case of consumption there have been two preceding stages. First the tubercular cachexia or condition in the system leading to the deposit of tubercular matter, second the stage of tuberculization, or tuberculosis, when the deposit of tubercle is actually going on."

"These first two stages always precede consumption, but do not by any means always end in consumption."

* * *

"What is tubercle, and why are the little millet seed concretions found in the lungs always spoken of as deposits?" "Crude tubercle, that is, tubercle in its freshly deposited state, has been analyzed chemically and microscopically often and often; it differs in no essential from what is known in physiology as chyle. In this day of advanced educational facilities every schoolboy and girl understands enough of elementary physiology to know that

chyle is the completed results of digested food; that chyle, like the blood, has its serum or watery part, and its corpuscles or more solid part."

"Freshly deposited tubercular matter is identical in composition, and, in fact, is an aggregation composed of little knots or nodules of excreted chyle corpuscles." "If freshly deposited tubercle is nothing but small nodules of extravasated chyle corpuscles, understanding the pathology behind the process ought to point out the proper therapeutics ahead of it, and therein is the gist of the whole proposition; a correct pathology will of itself point out the correct therapeutics and prophylaxis, the cure and the prevention."

After considerable space devoted to considering life processes, Dr. Taylor continues:

"Not always, by any means, but unfortunately, too frequently the case, the pathogenetic environments extrinsic and intrinsic are too much for nature to overcome and the blood dyscrasia continues and is daily augmented. When that is the case it is not long till the unoxidized unappropriated chyle materials in the blood begin to transude through the interstices of the thin meshy tissues that make up so much of the lung substance. Chyle corpuscles can easily transude where blood corpuscles will not, because the former are little more than half the size of the latter."

"When this transudation takes place you have the second stage of the malady, tuberculization or tuberculosis."

"This second state, when recognized and the pathological condition understood, is easily amenable to treatment, and often, no doubt, recovers, sometimes in consequence of treatment, and many times in spite of it. But that is not always the case. The continuance of the dyscrasia weakens the natural resisting powers of the system, the deposit goes on in the lungs till its pressure effects at certain points cut off the circulation of blood, then the areas of lung substance deprived of their circulation become caseous or cheesy, then break down into cavities."

"When these caseous changes begin to take place, we have the third stage of the disease, or consumption."

"And while consumption is the result of the two preceding stages, tubercular cachexia and tuberculosis, it is entirely a dif-

ferent pathological condition. Pus cavities in the lungs for certain well known reason can neither be drained nor disinfected, as a result of that, in addition to all the other morbid symptoms that have been present during the course of the malady, you now have pus poisoning or a general septic condition emanating from these cavities that can be neither drained nor disinfected."

"There is as much difference between the two first stages, tubercular diathesis and tuberculosis, and the third stage, or consumption, as there would be between an abrasion on the hand that was neglected on account of its trivial nature, and the subsequent fatal septicemia that might result from it."

"Is there a germ, and if so, where does it come in?"

After this follows a sarcastic arraignment of the Medical "Science" in the matter, the health board's sensationalism and the folly of the butchery of thousands of healthy cattle as a "protective" measure: concerning the latter he says:

"The so-called scientific data for the tests upon which these herds of cattle were condemned as tubercular, were they fully explained, would upset the proverbial stoicism of a wooden Indian."

And again: "Viewing the situation, where a great so-called scientific body, like the medical profession, holds conferences and conventions to devise ways and means to stamp out consumption, ending up always with the dicta that 'consumption is a curable disease: 'that an early diagnosis is the one indispensable condition to the cure,' then with all the assinine gravity of wisdom gone to seed agrees with the dominant fad, that the discovery in the expectorations of a saprophytic germ that comes only with necrosis and cavities, is the only reliable means of diagnosis, would be amusing if it were not pathetic."

Now, reader, we have given the thread of a paper by a man who has strong conviction and it is up to you to damn them, laugh at them, or profit by them, as your light leads you.

RADIUM THERAPY CLINICALLY ILLUSTRATED.

By Eric Graf von der Goltz, M. D., 247 East 72d St., New York City.

"Da mihi animas; cetera tolle tibi."—Vulgata.

I.

Since the publication of the first article on *Radium*, HOMŒOPATHIC RECORDER, February, 1910, the author has collected all his clinical observations regarding this new element, which prove without the slightest doubt that *Radium* if used in higher attenuations entering so according to the well known Law of the Minimum into the organismus directly from the mucosa of the mouth or from the surface of the broken skin, etc. . . .] is a remedy of such wide range that no other remedy can be compared with it.

In the first article on *Radium* the writer tried to impress the reader with the importance of Osmosis and Katalysis, as an explanation of health, disease and treatment in the light of the newer science of physical chemistry. In the following clinical cases, either in a direct or in an indirect way, *Radium will be proven as the Katalysator—the curing medium.*

1. Epithelioma of the Hand.

Mrs. K., 46 years old, housewife, mother of several children, had observed for some time a hardening coming in the skin of the outer right hand between thumb and forefinger, beginning in the form of a little pimple like the head of a pin. This was about January, 1909.

By some accidental scratching the skin broke; as the little wound did not show any intention of closing and healing, the patient became frightened and went to see her physician. As the doctor did not seem to make headway in closing the now slowly growing ulcer (spreading in circumference and becoming deeper), Mrs. K. went to another physician, who, recognizing the character of this renitent ulceration, began to treat it in the energetical way, which, besides being terribly painful, caused a certain enlargement and further spreading into the deeper layers.

The whole hardening, the infiltrated hard mass had now slowly grown to the size of a walnut. Some other physicians advised a radical extirpation as a cure and a prevention from later losing the arm. All this had frightened Mrs. K. to such an extent that the advice of hospital authorities was asked for. The advice was *Operation at once!*

By recommendation finally Mrs. K. came Sept. 7th, 1909, to the writer's office. The tumor, with an open ulceration, looked dark blue and was firmly attached to the metacarpal bone of the thumb of the right hand. The tumor, of hard consistency, was exceedingly painful on even the slightest touch. The pains were lancinating, going up the arm. The ulceration was burning, showed a glassy surface; the opening funnel-like, the edge nearly circular, somewhat elevated. The whole hand was swollen, felt stiff and could not be closed. Mrs. K. said that the ulceration at different times showed a tendency to close, but always, suddenly, as if something were pushing from the inside like lifting the covering scab, *the wound reopened and was then larger than before.*

As the disease had now progressed so far, it was not difficult to make the diagnosis:—Epithelioma. Therefore only a guarded hope for a cure could be entertained.

The firmly adherent position to the bone, as also the construction of the ulceration, caused the prescription *Calcareo fluorica* 200th, 3 powders.

October 4.—Patient returned with little or no change. Tumor and ulceration appeared rather enlarged. Complained of increased burning. *Silicea* 200th, 4 doses.

October 22.—Patient had suffered less pains. The tumor seemed uninfluenced. *Silicea* 200th, 3 powders.

November 8.—Patient came into the writer's office with a badly swollen hand, pains going up into the armpit, ulceration dark-blue was covered with a grayish mucus, glands in the armpit swollen and sensitive. Had again seen her last physician who, after a very painful instrumental (?) examination, most emphatically urged an immediate operation, as everything else would be a danger not merely only to the arm, but to her life.

“To treat such a cancer with internal remedies not only was the act of a fool, but to lose time in such a way was directly

criminal." The writer believes that this allopathic physician illustrates well in his utterance *the same arrogant ignorance of the medical profession* against which the immortal Molière in many of his masterpieces directed his satire. Under those circumstances that the writer saw no improvement from the older biochemical remedies, *Radium* 30th, one dose of x globules, was given as a trial.

November 13.—A great improvement in every respect was observable. The tumor was visibly smaller, nearly all flattened out: no pains were felt any longer since 24 hours after having taken the remedy. *Radium* 30th, one dose, repeated.

November 20.—Uninterrupted progress. Tumor is greatly reduced in size. Ulceration much smaller in circumference, nearly no secretion. *Patient is able to close her hand.* *Radium* 30th repeated.

December 16.—Ulceration nearly closed, tumor nearly all gone, only felt by pressure in the deep as large as a pea. *Radium* 200th.

January 11, 1910.—Tumor and ulceration gone. A remarkable silver-white, shiny discoloration had appeared on the place of the former ulceration. (This seems to be similar to that as described by Dr. J. H. Clarke on the arm of the late P. Curie.)

May 10.—The writer again had occasion to examine Mrs. K. most thoroughly and not the least indication could be found of anything that could be called suspicious.

July 16.—The hand is, and remains, perfectly cured. The silver-white discoloration has fully disappeared. It must be mentioned that in this case, as also in the third one (which see), the utmost pains was taken by the writer to find out if in the family histories the least trace could be detected of carcinosis, but without result.

2. Carcinoma Pylori.

Results do not always teach but mostly failures, especially if those failures result from external influences, as the reader will observe in the following case. In regard to the nearly wonder-working influence of *Radium* in cancer, the present case may be regarded as a brilliant one. The ultimate failure must be fully attributed to the amiable behavior of the so-called scientific allopathic physicians.

The effectivity of Radium is very apparent in this case, as the patient when coming under the writer's treatment was not expected by his former physician to live longer than eight days.

January 3, 1909.—M. G., 67 years of age, was brought to the writer's office by his sons. Examination revealed a large two-lobed tumor in the region of the pylorus. The whole body was terribly emaciated; could hardly stand; could not swallow even a teaspoonful of water without the most excruciating pains. The sufferings were intense from violent belching, nearly without cessation; constant burning, gnawing, etc.; no sleep. Constipation, an old ailment, very distressing. As no treatment seemed to promise any result, and as hospital surgeons had given no hope in regard to operating, without any loss of time *Radium* 30th was given. It must be stated that one of the sons was astonished that the writer asked the patient to return. The sons had brought their father to the writer only to satisfy the last wish of the dying father.

January 10.—Patient seemed to suffer less pain, otherwise unchanged. *Radium* repeated.

January 21.—Can swallow somewhat easier. Pains lighter. Constipation same as before.

January 27.—Had some relapse. Pains have increased. *Radium* 30th, 4 powders—1 per day.

February 7.—Much improved; feels as if he had appetite, but is afraid to eat. *Radium* 30th, 4 powders—1 per day.

February 14.—Further improvement; tumor decidedly smaller; can swallow easier; had tried and succeeded in swallowing some white bread, the first for months. *Radium* 30th, one powder.

February 18.—The relatives make a report that the old man feels well and they come only to ask what he might eat.

February 26.—Patient begins to look better; is less yellow, sleeps better. *Radium* 30th, one powder.

March 4.—Feels well; sent for medicine.

April 6.—By the influence of relatives patient had consulted the surgeons of the ——— Hospital, who recommended an operation immediately—"any internal medication was nonsense."

To understand well the *Scientific Medicine* on this point where the surgeons most kindly criticised the writer's treatment as

"Nonsense," the writer must refer to the interesting Moving Picture Show as can be seen in the scientific medical journals.

April, 1910.—The surgeons of this cancer hospital applied the term *Nonsense* to the writer's treatment and today, in the month of *August of the same year*, the following, "*Certainly the knife has failed, relatively speaking. The problem is undoubtedly up to pure medicine. Wake up, physicians, one and all,*" are expensive for the great *Science* of the allopathic fraternity in its absolute opposition.

As the patient did not wish to be operated upon, the writer was asked for further treatment. The tumor now had changed in appearance; the palpation could only reveal *one lobe, the posterior one, and this greatly reduced. Radium 30th, 4 powders.* This was the last visit of M. G. to the writer's office.

At this point the reader should remember that on *January, 1909*, hospital surgeons had declared an operation impossible, and that on *April 4 of the same year* hospital surgeons declared the patient fit for an operation! In this difference of opinion the unbiased reader must recognize the curative action of *Radium* as an internal remedy.

It has been demonstrated that the cancer of an internal organ can be cured by the potentized Radium. It is well known that an inoperable cancer will not become operable by waiting.

To understand the interruption and cessation of this so far highly satisfactory treatment the writer must state the following existing facts. As hospital and East Side society physicians are tied closely together by friendship, relation and common interest against Homœopathy, so it was easy to understand why the patient did not return.

August 15, 1900.—Two grandchildren of M. G. hurriedly appeared in the writer's office *to ask for those powders, which helped so much their grandfather.* Mr. M. G. had finally been given up, was swollen all over and nothing could relieve his pains.

As the writer asked what had prevented their grandfather from continuing the treatment, *they shrugged their shoulders and said that their family and society physicians had told them that such a disease never could be cured by medicine.* And finally they answered the question—what they thought of the

writer's treatment up to April 4—they replied that their physicians had told them that they could have done the same.

The writer did not see or hear anything more since August 5th, 1909. It is clear that this sufferer has closed his eyes for ever long ago.

This case of pylorus carcinoma is valuable to the physicians for the following reasons:

First: *Cancer of internal organs will be cured by internal medication of Radium, bringing on a dissolution of tumor elements—katalytic action of the radio-activity of the intercellular fluid.*

Second: The cancer pains, so often baffling morphia, will be easily alleviated and finally stopped by the potentized form of *Radium*.

Third: *Sarcoma in the right leg (muscul. gastrocnem.).*

Having had formerly many failures in the treatment of sarcoma, this case, in the opinion of the writer, is especially valuable.

This case demonstrates another phase of the activity of Radium and is for this reason remarkable, proving that the tumor treatment with Radium will not and cannot become a thoughtless allopathic (= scientific) routine practice.

In this case of sarcoma *Radium* plays the role of stimulating into action. This action can be described as indirect katalysis. *Radium* gives out α , β , γ -rays and a gas called emanation. The continuous study of *Radium* has revealed the following facts: α -rays = + Electrons of about the magnitude of hydrogen atoms [hypothesis : + electrons], β -rays = — Corpuscles representing 1/2000 of the hydrogen atom. γ -rays = 'til recently unknown have been found by the unceasing work of Madame Curie, the discoverer of *Radium*, to be fully identical with the well known X-Rays; the β -rays = the cathode (Crooke's) rays.

The *Radium* investigations have given the following facts: At first *Radium* appears with a vitality of a quarter of an hour, changing slowly over into *Radium* "B" with a vitality of three-quarters of an hour. From this *Radium* "C" is developed, living only for half an hour and changing over into *Radium* "D," which shows a vitality of about eighty years. After this two more forms of *Radium* appear of which little is known so far.

This intermezzo was necessary to show that in all cases where *Radium* is working indirectly the different rays are more active per se than as *Radium* in toto.

The Case of a Professional Dancer.

The history of the case is, in the words of the patient, as follows: "In 1904 I noticed a small, broad, hard lump, about the size of an egg, in the calf of my right leg; it grew for one year and then remained that way until five months ago (Feb., '09). I went to see Dr. D., who told me it was not serious and he would operate on it.

"It seemed that right after the operation I could not move a toe nor could I feel my foot until the present moment (July 25th, 1909), and also cannot move the foot. It seemed by removing the growth the doctor left some of it in (?). After the wound had healed I called Dr. G., who said that it was a *Cancer*, and that it would be *best to have my leg amputated*. Then I called Dr. S., exclusively a surgeon, who said that it was a hardening of the muscles and that it was preying on the nerves, therefore I could not feel my foot nor move it. Then I felt a little encouraged. Then I called in Dr. B. and he thought it was *Sarcoma*, but he could not say exactly, but would clip off a piece to examine it, then he could tell. Then I called in another Dr. B. (surgeon to the Hospital of New York City), and he said that it was a clear case of *Sarcoma*, and if I did not want my leg amputated *he would* send me to the hospital and that he would only cut the tendons so that the foot, which had become contracted, could regain its natural position, and that I could be able to walk a little. I stayed at the Skin and Cancer Hospital for three weeks, and then I could not walk. I was then taken home and had to be carried to my room. I lay in my bed for three more weeks until I heard of Dr. von der Goltz, and sent for him."

July 25th, 1909. Miss G. D., a professional danseuse, 20 years old, well built, anemic, but otherwise comparatively in good health. In the midst between former (now partly resected) Muscul. Gastrocnem. on the right leg is a longitudinal scar of 4 to 5-inch length. On both sides of the scar were hard, irregularly shaped, deep and almost immovable masses. Patient, unable to walk, drags

her leg as from paralysis, has to support herself on chairs, tables, etc. Has varying undescrivable sensations in leg and foot. On the dorsum pedis also up to the midst of the planta pedis, from the toes up, no feeling, cannot tell if anybody puts a pin into the flesh or not. The leg around the calf has the sensation as if the skin were too tight. Besides those sensations patient complains of a formication all over the leg down from the knee. Medication: *Kal. phos.* 12x and *Silicca* 12x gr. j. changing every three hours.

July 28th. Has suffered greatly from the reaction of the medicines in the first twenty-four hours, as expected.

August 1st. Has gone down, for the first time, the four flights of stairs since the operation was performed; also mounted to her room unaided: The scar had opened July 29th and discharged a quantity of a black fluid, which gave a great relief. The tumor feels softer.

Medication. The same.

August 8th. Tumor seems to be softer. Patient has lost all sensation of tightness around the calf. Begins to walk freely. The foot is swollen and pains somewhat. The writer not quite satisfied and, alarmed by the swelling, ordered *Radium* 30 tr., one powder.

August 15th. Tumor smaller, all swelling gone, greater mobility of the tumor; steadier on the right foot. *Radium* 30 tr.

August 22. Walks well, tumor smaller, but harder, seems to grow toward the bone. Patient showed from the biochemical point more and more mixed symptoms of *Sil.*, *Magn. phos.*, *Calc. fluor.*, etc. In such a case it has become the writer's habit to prescribe one of those natural compounds as slag, sulfur, hecla, etc. In the present case, as the activity of *Radium* seemed to be exhausted, *Hecla lava*. Three doses were ordered.

August 27th. She thought herself nearly cured. Could stand on her foot and support her body. The tumor was remarkably smaller. *Hecla lava* 30th, three doses repeated.

September 4th. The rapid improvement continues. *Hecla lava* 30th repeated, three doses.

September 15th. Thought herself so far cured as to try again to resume her profession. Asked for medicine sufficient for three weeks. Patient never returned to the writer's office.

November 8th the writer was informed that Miss D. G. had fully taken up her profession.

May 16th, 1910. Writer had occasion to see and examine Miss D.'s leg while visiting a friend of hers. The tumor had nearly fully disappeared. She had recovered the full and free use of her right leg and foot; a small fistula discharges one or two drops of clear, bland serum in twenty-four hours.

July 7, 1910. Miss G. D., according to the statement of a friend of hers, is in brilliant health. The fistula most of the time does not secrete. In walking and dancing no weakness or anything out of the way can be observed.

Treatment Preceding Radium.

If in an epilogistic way the order of the remedies is considered, the reader will observe at first the reason for giving *Kali phos.* and *Silicea* in the circumstance of seeming paralysis (pressure on the nerves, etc.), long duration of ailment, to rouse the vitality of the tissues and last, not least, the influence of the shock of the operation, not yet overcome. *Silicea* was given for the consistency of tumor, near location to the bones (tibia and fibula), and in consideration of facial diagnosis (vide *Manual*, page 76).

It had been always in the writer's practice a strict rule (if not like in the Cancer of the Pylorus contraindicated) to put the patient under the influence of the original tissue remedies and to continue until a necessity for a change is visible. This rule has been developed from experience, that often so called specifics (if such an expression can be used) will be of no benefit if not following a so-called preparatory treatment.

Radium many years ago (shortly after Boericke & Tafel had introduced the 6x trit.) was tried and also given up by reason of failures until later the writer had seen and observed this necessary preparatory work of the old-time remedies. *Radium* here now after *Kal. phos.* and *Sil.* worked well, but again had to make room for another so-called Sarcoma specific—*Hecla lava*, from which the writer of this paper never was able to see any result until *Radium* became a chief remedy in the biochemical practice. Writer believes to have found in this case of Sarcoma according to allopathic scientists an indicator for the prognosis of the

value of Radium. If Radium duly selected worked slowly the use of same is contraindicated and must only be regarded as a secondary or indirect katalysis, preparing the way for the ultimate, the curing remedy. Many cases of failures in the writer's journals show with nearly congruent conditions failures on account of the absence of the connecting link—Radium. The therapeutical interest in analyzing the action of the remedies can be put down in the three points:

1) The original tissue remedies are working satisfactorily to a certain degree and do all that in their sphere can be expected, preparing the way for a more specific treatment, where without their first working poor or no results would be seen.

2) Radium in many cases can be used only as stimulating the intercellular metabolism at a time when otherwise well-selected biochemical salts begin to lose their influence. Radium is so absolutely necessary to prepare the final cure.

3) That the natural compounds, as here *Hecla lava*, in its otherwise well-known dissolving property of hardened tissue (containing some radioactivity, based on experimental studies of Pochettino, Sella, T. T. Thompson) can effect the uninterrupted dissolution of a notorious Sarcoma with the preparation of Radium medication, where formerly in the hands of the writer these salt-mixtures were generally impotent against the so-called "malign" growths.

It remains to register this case as a cure. If the reader objects to the little remaining hardness and gradually drying fistula the writer will agree thus:

1) The patient herself feels cured, especially as she notes a constant diminution of the hardening and a constant diminution of secretion.

2) Patient is able to move freely and to follow her profession without being reminded of her former ailment.

3) The tumor *authoritatively recognized as Sarcoma* (especially by authorities of the hospital) *had begun under the writer's treatment to grow smaller and slowly to become harmless here where the otherwise well-known stimulating effect of an operation on a Sarcoma by roused malignity carries the sufferer off to the grave sooner than any even incomplete operation for Carcinoma.*

4) It must not be forgotten that not one, but nearly all physicians and surgeons recommended amputation as (!!) the scientific and only known way of help and treatment of this *patient depending on the free and full use of her legs and feet.*

II.

Having demonstrated in those three cases of so-called malign tumors the power and the action of the internal dosage of *Radium*, the writer in the following lines will demonstrate the *importance of a greater general use of Radium:*

It is necessary to return to Dr. J. H. Clark's book on *Radium* and to state that *Radium* has been curative in the writer's hands in cases where Dr. Clarke's careful work in the concluding chapter (the fifth) the schematic arrangement of symptoms absolutely fails to intimate the possibility of such general curative power.

In the case of the writer's first article on *Radium*—"The progressing blindness," it could be said that the locality, the eye, was giving the basis for treatment, even if secondary from the primary cause—*nephritis and hereditary carcinosis.*

In the writer's cases, namely—*Diabetes mellitus and Nephritis parenchymatosa* with anasarca, from the point of the symptomatologist *nothing* could be brought forward to support the possible argument that *de facto* the employment of *Radium* was built up in the writer's hands on *homœopathic symptomatology.* The writer will concede that perhaps such a thing could be possible, but at least so far the very minute and careful work of Dr. Clarke does not show it.

Diabetes Mellitus.

Mrs. Ch. St., 63 years old, had been suffering from diabetes for quite a time and had been under prolonged regular allopathic (scientific) treatment. The most prominent symptoms were at the time of her first visit (October 24th, 1909)—great anxiety, palpitation of the heart, enormous quantities of greenish urine, indigestion, fainting spells, failing memory, progressing weakness, especially of the legs, night and day, tormenting pruritus genit., and exhausting sleeplessness.

The physical examination showed a very advanced case of dia-

betes mellitus—5.5% sugar, spec. gravity 1.0298 [quantitative estimation of sugar from the difference in specific gravity before and after fermentation], the smell of urine was highly aromatic (acetone). Patient was put under *Natr. sulf.* 6x and *Kali phos.* 6x—2 gr. doses, changing every three hours.

This treatment slowly brought down the percentage of sugar to 1/4%, corresponding to a general amelioration in all complaints. With all treatment the urine was sometimes a little higher or less in sugar, that meant that even if all was greatly better the disease remained uncured.

Christmas, 1909, the patient met with an accident (falling down from a chair while lighting the gas). From this moment the sickness began to get grave and gave cause to fear the *exitus lethalis* at a not distant time.

January 18th, 1910. The writer was called at 4 A. M., agonizing headaches, fear of death, prostration, nearly unable to speak, were the alarming symptoms. To try so to say the last remedy here in extremis, but without any hope, the writer looked into his medicine case for *Uranium*. But, as it mostly will be, the vial of this remedy was empty, and as at that early hour it was impossible to get the remedy the happy thought came to try *Radium*, the derivative of *Uranium*. *Radium 10x*—2 grains, every two hours, in a short time brought relief, and a further course of *Radium* in always higher potencies brought a cure.

Since February 29, 1910, the urine does not contain any sugar. The patient corresponding to the elimination of the documentation of disarranged metabolism is today, August 20th, as her whole family freely attests, *in better health than in the last eight years.* The urine is examined every three to four weeks. All complaints have slowly disappeared.

It is here to be mentioned as a curious coincidence that *Radium* discovered by a Polish woman, Madame Curie, here was instrumental to save the life of a Polish woman. Mrs. Ch. St. was born in the capital of Poland—Warszarva.

Nephritis Parenchymatosa.

A. M., 42 years old, treated for Bright's disease for years, had also been treated at the Mt. Sinai Hospital, but without any visible result.

The prominent symptoms—general anasarka, asthma, weakness, headaches, enormous œdema of the feet and drowsiness incapacitated the man for work. The mental worry of not being able to support his family aggravated the whole sickness.

January 27th, 1910. Albumin 2.5%, sp. grav. 1.020—*Kali. mur.* 6x and *Calc. phos.* 6x, 2 gr., changing every three hours. His chief ailment, asthma, no better when seen again.

February 10. Received *Radium* 30th, one dose, repeated every eighth day.

May 17th. The patient is able (as he expresses himself) to work more than three years ago. The dyspnœa is gone and the anasarka as also the œdema of his feet do not interfere with his work. Albumin $\frac{1}{8}\%$.

Radium in this case is not expected to cure, but has at least restored the patient to comparative health and enabled the man to provide for his family. Radium in this case was not blindly selected, but in analogy to the experience with deep seated diseases.

Tuberculous Bone Affections.

The remarkable influence that could be observed in several tuberculous bone affections at present under the writer's care with beginning necrosis, for which hospital surgeons had recommended, not only for treatment and cure, but also to save the life, the amputation of the different limbs, cause the writer to mention in a preliminary way the remarkable result—lowering temperature and pulse to normal, stopping in a short time the pains and reducing the swelling of the bone. The writer believes that those remarkable results marred the hope for ultimate cures, which, in due time, shall be reported.

Here it must be stated that Radium was given as the result of Madame Sktodorowska--Curie's findings—that X-Rays and γ Radium-rays are identical.

Radium was selected further for the reason that in some instances the local allopathic application of X-Rays had a curative influence on tubercular bone processes. The reader again can see that the old adage of the late Dr. Cooper is true, that allopathic local indications give often good indications for the inter-

nal use of the attenuated remedy. The writer must add that with the teaching of the late Dr. Cooper and the results of Madame Curie's studies the allopathic indications for X-Ray treatment have been added (and, as it seems, successfully) to the so far developed Semiotik (biochemical treatment).

Male Impotence.

It had been observed occasionally in male patients (absolutely not mentioned by Dr. Clarke) that nearly every male patient complained during the time he was taking *Radium* (10x)—complete impotence, several times combined with aversion to cohabitation. One patient especially, suffering from Bright's disease, complained about lewd sexual dreams, but without pollutions. All those cases of impotence were corrected by stopping the continuous use of *Radium* in a short time. The complaints of impotence were observed under *Radium* 10x.

In those observations the writer succeeded in a few cases to restore absolute impotence of several years' standing.

Paralysis Following Spinal Meningitis.

In connection with Dr. Clarke's reference, page 17, to Dr. Roux's observations the writer has tried in those paralysees to hasten the possible restitution with *Radium*. *Radium* 30th in single doses must be given decidedly the preference over the so far generally used *Kal. phos.*, *Sil.* and *Pb. phos.*

Burns.

A servant stumbled and fell in the kitchen in such a way that her left hand came flat down on the hot kitchen range—with the immediate forming of blisters, etc. The writer gave *Radium* 10x—2 grs. every half hour. Visibly the blisters disappeared and all pains were gone in about twenty minutes. The remedy was stopped after the third dose, with the advice to take the tablets only again when pains should reappear. Six hours after the accident no further medication was necessary. *Patient was able to attend to all her duties without any loss of time.*

Husky Voice.

In connection with a slight nose catarrh in a singer and slight huskiness of the voice was cleared so surprisingly that this singer uses now *Radium* 30th in infrequent doses to clear the voice.

More or less corresponding to the indications of Dr. J. H. Clarke's book the writer has used *Radium* and had results in cases of *asthma, anæmic conditions, bloatedness, bronchidrosis and touch of appendicitis*. This last indication the writer took from the late Dr. H. C. Allen's book, *Materia Medica of the Nosodes*, containing as an appendix the provings of the *X-Rays* from page 552 going to page 583. These provings in Dr. Allen's book being surprisingly congruent to Dr. Clarke's provings, give the most emphatic endorsement that the γ -rays of *Radium* are identical with the *X-Rays*. The reading must impress anybody that the *X-Ray* provings and the arranged symptoms are in the isolated and rectified way therapeutically taking hold of certain regions of *Radium* therapy, where *Radium* will give disappointment.

Writer of this present paper cites this especially for a more successful *Radium therapy* in all.

Acne Rosacea Universalis.

The following case is highly interesting from a different point of view. It must be mentioned that Mr. G. H. Tafel, New York City, member of the firm Boericke & Tafel, became interested some time ago in the writer's experiments with *Radium*. Mr. Tafel asked if perhaps writer would try the Skinner high potencies, 10m, 50m and 100m.

The many diametrically opposite statements of homœopathic physicians, that remarkable odium insanitatis, etc., that is, hanging around the high potencies, caused the writer to gladly accept the offer. It was clear to the writer that only results could be observed and recorded, when those potencies were given with all safeguards regarding repetition, change of potency, etc.

From own observations, as also from the statement in Dr. Clarke's book, no disease better than acne rosacea could be used as an object lesson.

It must also be remembered that *acne like eczema are known as the terrors in the practice of the physician.*

Miss B. L., 20 years old, had suffered from acne for the last eight years, it having appeared suddenly. *All treatment, private or at dispensaries, seemed to have had no other result than perhaps to make the disease worse.* A close examination revealed the following facts: The acne pustules were covering singly or partly, in patches, the whole face, back and breasts down to the waist. On different places on the face and on the back the acne pustules had grown so together that they formed areas of infiltrations with a diameter of three-fourths of an inch and larger. Partly those pustules were located deep in the skin, especially on the back, that they could be felt like little tumors. The whole face, back and breasts were covered with a greasy film and the whole skin looked dirty. The face was puffy, no swollen glands. Miss B. L. is the only member of the family with such a disease; otherwise she feels well.

Going out from the general observations of the old homœopathic guide to use in skin diseases only single remedies in single doses with long intervals that means 30 and 40 days [a thing mostly unknown today], the writer gave x globules *Radium 100m*.

March 30.—*Patient was very sick for two days.*

April 8.—Much improved; the bloatedness nearly gone, the skin appears less oily, the acne pustules less red. *Placebo.*

May 9.—Acne nearly all gone; patient feels well as never before. *Placebo.*

June 9.—Little or nearly no improvement, *but not worse.* *Radium 100m*, repeated.

July 9.—Fully cured; discharged with *Placebo* once more.

This patient, disgusted at the failures of all salve and lotion doctors, *was cured by two doses of x globules of Radium 100m.* *Skinner potency.*

Many other cases are now under those high potencies of *Radium*; of those especially one case of *Enuresis nocturna* in a young girl of 21 years must be mentioned. After many trials in dispensaries and allopathic private physicians and even after a complete failure with *Lac caninum*, so highly praised as a specificum, page 80, by the late Dr. Allen in his *Materia Medica*, *Radium 100m* with two doses cured the patient.

III.

If finally all clinical cases here enumerated in connection with the mentioned clinical use in Dr. Clarke's book, page 114, as also (as proposed by the writer) the clinical indications of the allopathic external X-Ray application are combined as indicating for the internal medication of *Radium*, the following list and synopsis will result:

Abdominal pains, acne, amaurosis, anæmia (mostly in stout persons; reducing weight), appendicitis, arthritis (rheumatic, as also scrofulous), asthma, backache, blisters, bloatedness (stuffed sensation after eating), bronchidrosis, burns, callosity, carcinoma, carcinosis, catamenia (amenorrhœa, dysmenorrhœa, metrorrhagia), colics, corns, deafness, defecation, diabetes mellitus, ear diseases, eczematous diseases, enuresis, epistaxis, epithelioma, erythema, eye diseases (inflammation, ophthalmia purulenta, trachoma), gastritis, goitre, hæmorrhage, hæmorrhagic conditions, headaches, impotence (male), irritability (mental), laryngitis, leucæmia, leucocytosis, lupus, neuralgia, neurasthenia, neuroses (epilepsy, chorea, St. Vitus', katalepsy, hysteria), nephritis, nose affections, ophthalmia, papilloma, palmaritis, paralysis (spinal meningitis, poliomyelitis), prostration, prurigo, pruritus (ani, vulvæ), psoriasis, rectum affections, rheumatismus, sarcoma, skin diseases (in general), sleep (dreams), spinal affections, testes (also ovaries), tic douloureux, trachoma, tuberculous affections (bone, skin, larynx), ulcers (hæmorrhagic cancer also), varicosis (nævus), veruca.

The uses of *Radium* can be (and as it was successfully proved by the writer) increased *ad infinitum* if, like in the writer's cases, it is used as the substitute for *Uranium*, *Aluminum*, *Tellurium*, etc., from the point of *Radioactivity*.

It has always been the drawback of 'allopathy to turn around in *circulo vitioso* with the antiquated methods of investigations, so here in the case of *Radium*. *Radium* has therefore already fallen down. The reader can find the ultimate vote and burial service pronounced by the professors doctissimi, under the date of April 10th, 1910, recorded as follows and published by the Royal Society of Medicine in London, England, against *Radium* in cancer treatment:

“Severe warnings of danger in the use of *Radium* were uttered at the last meeting of the Royal Society of Medicine. One of the most renowned British experts on cancer warned the members of the society that clinical workers with *Radium* may ultimately find that instead of curing what they think is cancer they have succeeded in producing cancer. Another leading expert observed that after years of experience he had never known deep-seated cancer to be influenced by *Radium* and it was declared that the cancers which had been cured by *Radium* were indistinguishable from mere ordinary inflamed tissue.”

Radium therefore having been given up remains the chief cancer remedy in the hands of biochemists and homœopaths.

In connection with this final dictum of the supreme court of medical science (also for the U. S.) the writer adds a list of all so far cherished allopathic cancer theories, which will explain also that so long as the allopathic scientists are first fixing a cancer theory and afterwards looking around for a fitting remedy—no result, no cure can be expected.

- 1) Mechanical irritation—R. Virchow.
- 2) Lack of tissue tension—Ribbet.
- 3) Trophic nerve theory—
- 4) Parasitic theories—different ones claim the primity.
- 5) Infectious theory—

N. B. of the writer:—What can be truly scientific if not coming under infection and so becoming the property of health boards?

6) Zymogen theory of T. D. Vaughan—as the *non plus ultra* theory without a cure, a result.

In reviewing those theories and reading those allopathic editorials about therapeutical and surgical failures, every reader must see and understand the whole *Bankruptcy of Allopathy*.

IV.

The writer in presenting this paper on *Radium* does not pretend to give *something finished* and exhausting the whole question, but tries to interest his colleagues to *try and observe for themselves*.

They must be especially warned against thinking that *Radium*

will prove a cure-all, a *dreamed of panacea*, after which the scientific school of medicine in cancer, phthisis and syphilis so cagerly scrambles!

Even if in many tumors and cancers, as also other diseases, *Radium* will prove the curing remedy, in many such diseases the principal teaching, either homœopathic, or biochemic, must always be remembered, that *each individual case, tumor, cancer or any other disease, must be studied and treated individually.*

The regard for the individuality, the principal cause of biochemical and homœopathical cures and vice versa the neglect of the individuality as the true cause of allopathic failures in toto has lately been considered by *one allopathic physician, Professor v. Stropfel, at the University of Vienna, in Austria.* To do such a thing *ex cathedra*, to consider the disease from the point of constitutional difference, to observe the individual change of the disease and the diseased organismus, to emphasize the fact that one and the same disease attacks in different ways the different constitutions, *is truly a wonderful progress by a single man, who got the conviction to treat, not move, the signature (the disease: name, rubrication, etc.), but the constitution; to do that (which so far the allopathic text-books only advised as the inferior treatment so long as in their opinion the disease was not enough known to be labelled bacillum and serum in the laboratory) is to treat symptomatically!!*

It remains to say therefore that the allopathic school beginning a symptomatical treatment is to say *ex-officio* so more from homœopathical, as also biochemical, side, especially in reference to *Radium*, the application shall be done only after a *rigorous reasoning.*

It must be stated without any haste that the *Materia Medica*, through the initiative of Dr. J. H. Clarke, of London, England (in the infinitesimal doses), has received in *Radium* a remedy of truly gigantic proportions.

In shorter or longer time *Radium* will occupy a position (due to its importance) not occupied by any other remedy.

The future will prove—what scientific feat of enormous consequence for every industrial, scientific and last, not least, therapeutical progress Madame Marya Sktadowska Curie, the Polish

scientist and professor at La Sorbonne, at Paris, France, has achieved by vanquishing the mineral world in forcing it to give up one of the greatest and one of the most, and best guarded, secrets.

Madame Sktadowska Curie found while examining the *natural and artificial uranium compounds* for *radioactivity* two new elements of which she called the first in honor of her native land—*Polonium*, and the second one in reference to its high radioactivity—*Radium*.

It must be mentioned here that from the side of German influence seemingly an *undervaluation* of the great work of this *Polish scientist* as the outflow of *Polish Nationality* has been tried. So namely the reader can find in the *Radium literature* that two German professors give all credit to the French scientist, H. Becquerel, in the whole *Radium exploration*.

The injustice and smallness of those two German professors will appear so much more pregnant if the reader will represent to himself the quantities of *Polonium* and of *Radium* gained at first by Madame Curie.

From a mass of 2,000 pounds of pitchblende Madame Curie produced only as much *Radium* as would cover the point of a pin; from the same amount of mineral only one five-hundredth of *Polonium* was produced. *To state the truth it must be added that Mon. Becquerel suggested to Madame Curie, who like her late husband was recognized as one of the leading analytical chemists at Paris, France, to study Uranium and its radioactivity.* The insinuation now of those German professors (who should have known better) *raising Becquerel's suggestion to the importance of actually finding, isolating and classifying Polonium and Radium as elements, must appear strange to the politically unbiased reader.*

The explanation of this queer undervaluation of the *Polish Scientist* by the German professors, C. Engler and H. Sieveking, can only be found in the queer claim made by Germans and artificially sustained by a specially founded historical society at Thorn, Prussia, *that the great Polish astronomer, Mikotaj Kopernik, generally known in the Latin form of his name Copernicus, shall have been a Prussian (that means a German)!*

The writer of this essay, also of Polish descent, believes it his duty to point out that *all honor and credit for discovering these two all-sciences-affecting elements belong to the Polish scientist and chemist, Madame Marya Sktodowska Curie.*

NOTE.—It may be added that Madame Sktodowska Curie has finally succeeded in obtaining pure radium a white metal by the electrolytic process from bromide of radium—getting an amalgam—which by distillation gives pure radium.

V.

The further development of *Radium* in the therapy includes the study of the following questions in theory and practice in reference to the clinical application—to make a division between *Radium* and its different rays in metabolisms and so to give each its own sphere.

The γ -rays or X-Rays have received a certain attention theoretically, but clinically, besides some experiments of the writer, none whatever.

The β -rays are absolutely unknown—theoretically and clinically from point of the *Materia Medica*.

The proposed questions will be solved in time, as the *Radium* therapy involuntarily points out some startling conjectures of the remedies grouped around *Plumbum*—the final red transmutation (hypothetical) of the lately isolated white shining element—RADIUM, slowly but steadily worked out and published since "*early in the year 1903.*"

PASTEURIZATION VS. BECHAMP.

By X. X.

The theory that "germs" are the cause of disease led to the conclusion that they are seeds which will grow if received in the proper "soil," and, therefore, a sick man must be like a garden, or a field, overgrown with noxious weeds. Fired with this belief, enthusiastic men sought the habitat of these seeds and thought they found it, or some of them, in milk. As milk could not be abolished, and as the seeds of the disease were said to be there, the zealots turned in to "kill the germs" in the milk, with

never a thought that milk had been used by all nations from the days of Adam, so they "Pasteurized" it. With the hot enthusiasm which passes current with so many for pure science they preached Pasteurization; some wanted it made compulsory and one rich gentleman, wanting to do some good with his money, furnished the poor in New York City with Pasteurized milk at cost. But now this charity—it was charity, even if misguided by enthusiasts who mistook themselves for scientists—has been abandoned, and men like Dr. Elmer Lee say Pasteurized milk is one of the causes of the death of infants.

It is all the old, dreary tale of disaster flowing from a false principle adopted by men as a truth, namely, that disease is but the growth of foreign seeds implanted in the body. Among the first to point out the error of Pasteurized milk was Dr. Levenson, translator of *Le Sang*, now in press, and, if we mistake not, it was the works of Béchamp that gave him light to see the error of the whole theory of germs as now understood.

The truth is, and this had long since been demonstrated by Béchamp, that the very organisms to which the misleading word "*microbe*" had been given had had their functions discovered and described by Béchamp, who had given them the appropriate name of "*microzyma*" (meaning small ferment); and Béchamp pointed that they existed normally in myriads in milk and gave to it its vitality.

Dr. Levenson, and the late lamented Dr. Boens, of Brussels, informed Mr. Strauss of this fact at a very early date in his charitable efforts. They also warned him that the very results now confessed would follow from feeding infants with Pasteurized, *i. e.*, *devitalized milk*. "Prevision is the surest test of science." Mr. Straus referred the warning letters of Dr. Levenson and of Dr. Boens to the health authorities of New York and he is not to be blamed for the results which have verified the provisions of Drs. Levenson and Boens.

Béchamp's great discoveries were plagiarized by Pasteur in grotesquely distorted forms. This enterprizing *undertaker* made dukes and drakes—and much money—out of the distorted truths he could not understand and with the aid of the servile crowd who had become *authorities* in France under the corrupt regime of Napoleon the little he succeeded in surrounding Béchamp's labors with "a conspiracy of silence."

This *silence* is now being broken for the English-speaking peoples and the English version of "Le Sang" is likely to create a sensation, particularly among true men of science, as well as among that large lay following which has permitted itself to be scared by nonsense—talk about microbes and bacteria. It may also beget much bitterness, for a great error cannot be overthrown without it.

HOMŒOPATHY.

Dr. Fred. J. E. Sperling, M. D., Wilkes-Barre, Pa.

Previous to Samuel Hahnemann's discoveries, no exact law governing the selection of therapeutic agents was known. The experiments and investigations were carried on in such a manner that the findings were unreliable for a doctor to use intelligently.

This great law in selecting drugs was neither sought nor deemed possible. No system was adopted, drugs were employed without reason, and their effects ascribed upon insufficient data. Many systems of medicine were established without a foundation.

Many systems were given and changed from time to time. Their authors would reach their fame and sink again below the medical sphere, leaving not one thought or idea which would raise medicine to a standard of science.

We have vague records of ideas on medicine which were very good, yet their validity was not proven at that time. Pathology was unknown and physiology was in its infancy.

Samuel Hahnemann, as many already know, was one of the great investigators of therapeutic agents. He became a doctor in 1779, and entered upon the practice of his profession. He entered upon his profession with enthusiasm. Being a devoted student, a careful investigator, well trained in reasoning, he went forth to conquer the practice he proposed to follow. In his early writing he says:—"In eight years' practice, pursued with conscientious attention, I had learned the delusive nature of the ordinary methods of treatment, and from sad experience I know right well how far the methods of Sydenham and Frederick Hoffman, of Boerhaave, and Gaubius, of Stoll, Quarin, Cullin, and De Haen, were capable of curing."

After seventeen years of hard, earnest work he gave, in 1796, the profession the results of his labors in "An Essay Upon a New Method for Ascertaining the Curative Powers of Drugs." Having established a law of prescribing, he soon began making provings. This was very slow, yet Hahnemann, who was a skilled and trained observer, in 1805, published a book giving the results of his research. The article was known as "Fragmenta de Viribus Medica-Mentorum Positivis sive in sano Capore Humano Observatis."

In 1810 he published his noted works, "Medicine of Experience," "Organon of the Rational Healing Art," and "The Repertorial Index." Some years later he published "The Masterpiece of Medical Research," "The Materia Medica Pura," and "The Chronic Diseases." These he gave to the medical profession as his best works. From time to time he continued to add proving after proving to the "Fragmenta," which led him to compose the great work, "Materia Medica Pura."

His works will stand forever. The provings have been recorded under the greatest accuracy. They are complete in every respect and symptoms were collected under a scientific basis. His great task for which he must receive due credit was in discovering in each drug the symptoms which are characteristic.

Hahnemann always sought for the truth by abandoning all former methods for examining into or interpreting nature's methods. His aim was to get facts, thus resting every argument that he advanced upon such foundation alone. Being such a learned professor recognized that the past efforts to establish a principle upon which to base medical therapeutics was uncertain, so he discarded all past theories and began an entirely new series of experiments on different lines. Finding the action of various drugs upon appropriate subjects, found he had a ground to work upon.

He learned there were three modes of drug action which were clearly demonstrated: the antipathic, the heteropathic, and homœopathic. All these methods were exhaustively analyzed. The palliative relationship to disease was demonstrated in the heteropathic and the antipathic modes, while the homœopathic method clearly established the relationship of the principles of similars

to the curative therapeutic action of every medical agent. Hahnemann invented the term allopathic or heteropathy to designate the ordinary practice, as opposed to Homœopathy.

A question soon arose, "How can all this knowledge be utilized?" and "How can these provings be applied to the healing of the sick?" Upon these two great truths:—"Drug provings upon the healthy human body, which are the best means of building up the pure *materia medica*," and, "The law of Similars," which is the key in selecting the exact curative therapeutic agent, he supported his great laws of medicine, using a single remedy in the smallest possible dose that would cure.

Hahnemann's influence upon the practice of medicine has been very beneficial. He gave, in 1831, an essay, entitled "The Mode of Propagation of the Asiatic Cholera," in which he refers to the conveyance of the cholera miasm upon ships leaving infected ports which is as follows:—

"On board ships, in those confined spaces filled with mouldy, watery vapors, the cholera miasm finds a favorable element for its multiplication, and grows into an enormously increased brood of those excessively minute, invisible, living creatures, so inimical to human life, of which the contagious mother of the cholera most probably consists." All observers have practically accepted these important factors in the development of disease.

He gave a more perfect knowledge of the constitution of matter, and of the varying relationship between matter in masses and matter in high states of diffusion, to the peculiar and characteristic symptoms of each.

Our true guide is the "law of similars," and "totality of symptoms and signs of disease" outline the way to the true *similimum*. Ever since Homœopathy began to grow, every once in a while adherents of the old school have tried to make the people believe that our system would soon vanish. This great body of the "School of Homœopathy" has gone on increasing in numbers and influence, many old school physicians adopting our practice of medicine, a few openly, while others practice secretly. According to the medical reports of students as compared to other schools, shows an increase of homœopathic students over other schools.

Dr. Sisca, of Killarney, Queensland, Australia, of the old school, in discussing,—“The Controversy Between Homœopathy and Allopathy,” says:—“As much as many of us may be unwilling to admit it, and contrary to the stereotyped statements by which a large section of the Allopathic press endeavors to lull us into apathy, to the effect that Homœopathy is dead, Homœopathy is exploded and discredited, etc., it is, nevertheless, a fact, that Homœopathy is slowly, but steadily progressing.”

During the last century it had only one representative, namely, Hahnemann; now it has adherents all over the world. The number of homœopathic practitioners, hospitals, dispensaries, etc., is continually increasing. In the United States there are over 15,000 homœopathic practitioners, with 17 colleges, 90 hospitals, 65 dispensaries, 9 national societies, 52 medical clubs, and 23 medical journals.

Were all the old school physicians to study the crucial question—“What is Homœopathy”—their views and attitude would be different. As it is, many do not understand its principles. Homœopathy is a method of therapeutics based upon three fundamental principles, namely:—(1) *Similia Similibus Curentur* (let likes be treated by likes); (2) Small doses; (3) Single remedy.

In Ringer’s Handbook of Therapeutics, which is a very reliable allopathic guide, we find on page 256 (eleventh edition), Mercury; we read of Mercury as a purgative, while on the following pages we find that perchloride in doses of $\frac{1}{8}$ grain, and grey powder in doses of $\frac{1}{6}$ and $\frac{1}{3}$ grain, are recommended as anti-diarrhœics. On page 293 we find Arsenic producing eczema, urticaria, lichen, etc.; while on page 297 we see a statement that it cures psoriasis, eczema, lichen, and pemphigus. On page 417 the author quotes Ipecac as “a mild, tardy, but certain emetic,” and on page 418 he tells us that “few remedies are so efficacious as Ipecac in checking certain kinds of vomiting.” In this book we find many such quotations, too numerous to mention.

Here is an important question; do we or do we not know of any theory that can explain to us this double action on the part of a drug—to all appearances, contradictory action? How can the same remedy purge and stop diarrhœa, or produce and check vomiting? According to Ringer’s book, he states it is so, and yet

does not say why? Are we, as physicians, going to accept such statements without first inquiring or accept without inquiry, as is often done? Can the author of these statements give a satisfactory explanation? There is only one explanation and that is by the law of *Similia Similibus*; in other words (literally), a drug will cure in the sick the same disorder, ailment or disease which it produces in the healthy, or—the therapeutic method of prescribing medicines, which, when taken in health, produce a condition similar to that we desire to cure.

Repeatedly we are asked how have the Homœopaths succeeded in finding out the effects of drugs on healthy persons? This is answered by Hahnemann's so-called "provings and by symptoms of poisoning." These provings or experiments were made upon the healthy person. A drug was given repeatedly to a number of persons whose symptoms were recorded with great accuracy, recording the time they occurred, intensity, order of succession, etc. These were all properly recorded, classified, checked up and arranged, truly making what is termed the pathogenesis of the drug. Small doses amuse many and are considered by some as a joke. The small vial and minute dosage leads many to say it is harmless and taking a bottle full would do no harm. With a few remedies it may be true, yet the first decimal of *Rhus toxicodendron*, *Colchicum*, *Nux vomica*, *Aconite*, etc., when taken in large doses will prove to be fatal.

Trousseau, who was by no means an admirer of Homœopathy, in a lecture on medicine, said "that Allopathy could learn a great deal more of it in the way of assisting, rather than doing violence to nature." Homœopathy is a law of nature and small doses is a law of natural corollary of what we have seen in connection with the principle of *Similia Similibus*.

Hahnemann advocates the using of a drug for the sick in such small doses that it will not produce a physiological result, a dose small enough so no "aggravation" will be produced. Dr. Dujardin Beaumetz, the well-known therapist of Hospital Cochin, Paris, in a *Bulletin General de Therapeutique* (Vol. 128, page 97), gives a lengthy article on *Aconite*, telling of results without proofs of how this drug acts and the dangers resulting from it. The article is purely homœopathic. He says: "Even at its be-

ginning, we can surely abort a cold, and that remedy is Aconite," and "every year, unfortunately, we have to record cases of death due to Aconite or Aconitine, with the additional unpleasant accompaniment of coronial inquests," so much so that Dr. Brouardel is reported to have said that he will never again have anything to do with those preparations.

The article continues: "If we wish to succeed in aborting acute bronchitis with Aconite, we can only do so by giving it in large doses, and only to those patients who have taken it before without bad results." The large doses are from fifteen to twenty minims of the tincture twice in the twenty-four hours. In order to be effective it must be continued for, at least, eight days, and Aconite has a decided influence on the nervous system, so that treatment is only for adults who must be known to have taken the medicine before without any disagreeable symptoms and should not last more than eight days. For years the Homœopaths managed to get excellent results from Aconite. They have been checking and curing colds in several hours with doses of Aconite not larger than one-tenth and often on one-hundredth of a drop.

Homœopathy demonstrates its superiority among the sick whenever it is possible to make a comparison of results and no one who knows how to apply it should lose the benefit of this. The infinitesimal dose is no longer an object of scorn and derision. The allopaths have been benefited by our great law and now they appreciate the advantage of dispensing medicines in smaller doses. Now they are giving the so-called little sugar pill with a minim or so of drug contained therein.

Mercury, says Ringer, of London, was formerly indiscriminately administered in all the forms and stages of syphilis. "Given in enormous quantity, the constitutional effects sought to be produced were very serious." The bad effects undoubtedly resulted from the too free use of Mercury. It produced symptoms of bone destruction, which were thought to be symptoms other than syphilitic, and resulting from the drug, while now they find these symptoms found in advanced stages of syphilis.

Mercury is useful in syphilis when judiciously employed and with proper care and precaution it usually clears up the symptoms. Now our confreres of the old school are coming down

heavily with the small dose as seen in the *Journal des Praticiens* (April 3, 1909). Dr. Fuster has become a warm defender of the small dose of Quinine. The majority of physicians used as much as ten to twenty grains per day. Numerous remedies have been proven and added to our list. Take *Apis mellifica*, a remedy first employed by Braums on animals (1835), proved by Dr. Humphreys, of Utica, N. Y. (1850), and after a thorough investigation and research (1857) was introduced into our practice by Dr. Hering.

Hering gives the most extensive and correct history of this drug, *Apis mellifica*, the bee poison, and its provings. The allopath can learn the range of usefulness of this remedy, a more inhuman and effectual method of application than theirs, not only in rheumatism, but in dropsy, acute œdema, hydrocephalus, ascites, meningitis, scarlatina, diphtheria, genito urinary troubles, ovarian and uterine irritation, and typhoid and intermittent fever. Dr. Wolfe, Berlin, and Drs. Goullon and Weimar are enthusiastic supporters of this remedy. Inexhaustible reading can be had by referring to Dr. T. L. Bradford's *Index of Homœopathic Provings* (B. & T., Phila., 1901), who is our faithful and able recorder of Homœopathy. The wonderful results of this drug can be found under the writings of Dr. Tere, of Marburg; Dr. Lamarche, Mr. Ainsley Walker, of Oxford, etc.

Dr. Robert Walter, of the Walter Sanitarium, Walter's Park, Pa., who has had marvelous results in his practice at his Sanitarium, writes in his recent work:—"The Exact Science of Health," an excellent section on Homœopathy, which I here quote:—"We are aware that we are now upon disputed ground, for notwithstanding the remarkable growth of Homœopathy, to which hundreds have given adhesion, it still remains that the masses who have never tested its merits continue to repudiate as chimerical its claims. It is absurd, they tell us, to believe that a medicine calculated to produce disease can cure it, and particularly so after it has been triturated or diluted until there is no medicine in it."

"We agree to the absurdity were it not for the law; but it is no more absurd than that darkness shall become more profound and the cold more intense as we approach the sun; no more ab-

surd than that all the beauties of nature are revealed to us by the dust in our atmosphere. All the light we have is reflected light, which, in appearance, as well as in direction, is the opposite of the original rays. Why then should not the same principle apply in the physiological world and make the result the opposite of the primary effect? Medicine, homœopathically prescribed, though calculated to produce conditions similar to those which afflict the patient, does, by that fact, relieve him with great promptness."

"It is the same law that causes trimming of the tree to increase the amount of its fruit, or cutting its roots with plow or spade to increase the vigor of its growth. It is the same that makes shaving to increase the growth of the beard; the woman may be annoyed by the hair on her face, but let her refrain from shaving it if she would avoid becoming a bearded person."

Hahnemann's teachings, based upon the truth, are gradually being accepted by the allopath or, as has been termed, the regular school of medicine. They were slow in accepting the principles and never with frank admission. Every important fact which has been accepted has been carefully investigated by independent research in their laboratories, and found to be true.

TWO FAVORABLE RESULTS FOLLOWING THE USE OF PULSATILLA IN OBSTETRICAL CASES.

Reported by Dr. Chas. B. Prouty, Chicago, Ill.

"Case No. 1 was a retained placenta, following an instrumental delivery. After waiting several hours for the expulsion of the after-birth, the doctor before deciding on instrumental delivery gave three doses, a few minutes apart of *Pulsatilla* 2x (B. & T.'s), which produced immediate resumption of pains and expulsion of the placenta.

"Case No. 2 was a transverse presentation. *Pulsatilla* 2x was administered in this case, and after a few doses were given the woman told the doctor that she felt that the child had turned. Upon examination a breach presentation was found, with immediate delivery."

BECHAMP'S BOOK ON THE GERM THEORY.

To the Editor of the *HOMŒOPATHIC RECORDER*:

I anticipate much pleasure and profit from a perusal and study of Professor Béchamp's long-suppressed work on the germ theory, "Le Sang" (the blood), and am especially gratified to learn from your last issue that this remarkable book will be published by the old reliable Boericke & Tafel.

Through a peculiar coincidence the last *RECORDER* copied a short article of my own on the subject of the great works of Prof. A. Béchamp. While I do not claim to know very much on the general subject, I have browsed some on the very little that has been published in the English translations from the French, and so, with your permission, will make a little addition to the article above alluded to, premising with the statement that the last month's article would be read first.

As therein stated, and as the translated work will, it is claimed, clearly show, Pasteur became famous through his plagiarism of Béchamp's writings and transposing their teachings, hence, if it transpires that Béchamp was the real investigator and the real discoverer, and Pasteur only a base imitator, adapter and plagiarist, the popular so-called germ theory must fall to the ground because built on an insecure foundation.

Béchamp's microzyma theory fills up a blank in other theories of life. None other explains the mystery of the soluble ferments nor the evolution of the matter we call protoplasm into our complex cell life. It makes the cellular theory intelligible and comprehensible. His position is that the "spontaneous" alterations of our bodies, our humors, our growth and development, our degradation and decay, are all the work of the microzymas—and this provides the missing link between dead matter and living tissue. When these microzymas are degraded or injured they become the very "bacteria" that Pasteur claims came from without.

What Prof. Béchamp calls a direct demonstration that the microzymas are an essential part of us, and are not parasites, is stated about like this: If the simple or evolved microzymas which may be found in certain humors of the body came from the air and penetrated so easily the cells of the human body, there is the

humor in ceaseless contact with the air we breathe in which we should find them always the same in all animals. This is the saliva of the mouth.

It is found, however, that the properties of human saliva and that of other animals are different. Béchamp says that the epithelial cells, the microzymas, and the bacteria of the tongue of man have a special chemical action personal to themselves, and altogether different from those of the tongue of the cow or the pig, the horse or the dog. Now, if the germs of the air do not operate to modify the function of a humor which is so unceasingly, so largely, and so directly in contact with the common air, it is impossible to understand how they operate to modify the functions of the inner tissues and humors protected by barriers insurmountable.

Before we all "shoot Niagara" because obsessed by the superstition that the propagation of epidemic diseases is solely by infection proceeding from the bodies of the sick, and because the phagocytes have become tired of their steady diet of live bacilli we should first read Béchamp's "Le Sang" and his other great work, "Las Grands Problems Medicaux" (the grand problems of medicine), the latter of which should also soon appear in English.

Two other interesting views of the germ theory may be here mentioned in this connection. Florence Nightingale, the famous nurse, so recently deceased at the age of 90 (falling two years short of Béchamp's age), wrote the following in 1867 to a member of Parliament regarding some contemplated legislation:

"The disease-germ fetish and the witchcraft-fetish are the product of the same mental condition—both of them considered simply as superstitious or harmless theories. But when either the witchcraft hypothesis or the disease-germ hypothesis is made the basis of legislation on the assumption that any public good can follow from any act of Parliament, then the matter becomes very serious indeed. And the fact of such legislation being possible can only be considered as a striking proof how rapidly the so-called 'scientific mind of England' is sinking into a condition of abject superstition."

Lest it should be said that Florence Nightingale's opinion was

given out while bacteriology was in its infancy, we will let Dr. George Granville Bantock, Fellow of the Royal College of Surgeons of England, challenge the whole theory of pathogenic micro-organism, and quote from his paper of 1900:

“I claim to have shown that the poisons of variola, vaccinia and syphilis are not and cannot be the product of bacilli; that Læffler’s is not a constant, and, therefore, cannot be the essential element in the production of diphtheria; that the essential element in typhoid fever, is not the bacillus typhosus; that there is no evidence worthy of the name that tuberculosis is due to the ravages of the tubercle bacillus, that the comma bacillus cannot be regarded as the essential element in the production of an attack of cholera, and that the same may be said of the plague and its special bacillus,” etc.

To this, as far as I know, there has never appeared an adequate reply, nor to Dr. Lawson Tait’s statements to practically the same effect.

Very respectfully,

W. B. CLARKE, M. D.

Indianapolis, Ind.

BOOK REVIEWS.

ORGANON DEL ARTE DE CURAR O EXPOSITION DE LA DOCTRINA MEDICA HOMŒOPATICA. Por el Dr. Samuel Hahnemann. Corregida y revisada por el Dr. Heginio G. Perez, Professor de La Escuela Nacional de Medicina Homœopatica. Segundo edicion Mexicana. Mexico. Imprenta d Munoz y Serra. Puerta del Carmen, 10. 1910.

It looks as if the National Homœopathic Medical School, of Mexico, was teaching good Homœopathy, and that the true art of healing must be prospering in that country, for this is a second edition of the foundation on which Homœopathy must be built, to be Homœopathy at all. If any Homœopathic College will insist on its students reading *The Organon* it is then the student’s fault if he drifts away. Success to our southern neighbors!

BERI-BERI: ITS CAUSATION, PREVENTION AND HOMŒOPATHIC TREATMENT. By Sarat Chandra Ghose, M. D. Cloth. 72 pages. Price, 10 annas. Calcutta, India, 1910.

"Beri" is Singalese for "weakness," and the repetition of the word signifies extreme weakness. Dr. Ghose has gotten up a useful book for those who may come in contact with this disease, but which, so far at least, is never seen in this country save occasionally at the sea-ports. It seems to be a species of dropsy of those who are badly nourished. Dr. Ghose gives a long list of homœopathic remedies that may be indicated, but in his "clinical verifications" are given six cases, all of which were cured with *Bryonia* 30 or *Apis* 30. The former was indicated by constitution with the dropsy and the latter by a certain puffiness peculiar to *Apis*.

MATERNITY AND THE CHILD. By Harry Carlos de Vighne, M. D.

This thin little cloth-bound book of twenty-three pages has for its title what is given above. A card accompanying the book reads "Doctor Devighne. Douglas. Alaska. Office 3d and D Streets. Phone 4," from which it may be inferred that the book is one of the earliest coming from that far-off region. It tells the mother what to do before, during and after child-birth. In Alaska, during mid-winter, a physician's visit is no easy thing, hence, doubtless, the mission of this little publication.

A CONCEPTION OF THE SELF. By The Dreamer. Oshor Nath Datta. Theosophical Publishing Society. Calcutta.

This eighty-page pamphlet to the man of the occident is, at best, but confusion, appearing to him like a mixture of Theosophy, Emerson and Mrs. Eddy. Take this, picked at random, and comprehend it: "Thus we believe we know a thing when we know its cause. We care not to understand that if a thing is really individual, if it be unique in the sense of being something essentially different from every other thing, then there can be no meaning in cause and effect."

While we are at it here is another bit from the pamphlet for those theosophically inclined: "It is only when the Self is real-

ized in the objects as individuals as well as in their addition or totality, it is only when we realize the Self as underlying objects and also underlying specific powers of assimilation called desire or thinking, that the whole manifested nature of an object becomes assimilated." It takes all sorts to make up the world, for which let us be duly thankful, and especially thankful for the fact our "self" isn't some other fellow's "self," for in that case our self would be the other's self, yet being our self there would result—what? You could maunder on this way indefinitely and never get anywhere.

The Sterile Man is the title of a reprint pamphlet (*N. Am. Jour. of Hom.*) by Dr. Bukk G. Carleton, being a paper read before the Homœopathic Medical Society of the District of Columbia. "Everywhere," says Dr. Carleton, "in biography, history and fiction, we read of the barren wife. We do not recall having read of the sterile husband. The old days, however, are passed when a man can lay the blame of a childless marriage to a barren wife without being challenged."

It is these defects in man that are discussed. Dr. Carleton is the author of *Urological and Venereal Diseases*, the homœopathic text-book on these subjects. If you should happen to want a copy of this pamphlet just drop a request to Dr. Carleton, 75 W. 50th St., New York City. He doesn't ask this; we suggest it.

A Text-book on the Therapeutic Action of Light, including the Rho Rays, Solar and Violet Rays, Electric Arc Light, the Light Cabinet. By Gorydon Eugene Gordon, M. D., formerly Demonstrator of Anatomy in the University of New York City. With original illustrations. 323 pages. Cloth. Published by the Author.

Whether there is anything of worth in the treatment of disease by the new lights recently discovered is a question that each one must decide for himself. If he decides in the affirmative we can say that this is the latest and fullest work on the subject.

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EDITORIAL BREVITIES.

IMMUNIZATION BY INOCULATION.—“Artificial immunity,” says Dr. Wilder Tison, of New Haven, in the *Boston Medical and Surgical Journal*, “to a given germ is caused in two ways: first, by inoculation with non-fatal doses of this bacterium” and, second, by its serum. It is a curious cycle. In the year seventeen hundred and something they practiced inoculation to prevent disease. In eighteen hundred and something they passed laws forbidding, with penalty, the practice. In nineteen hundred and something the learned take up the old, forbidden practice and rush it to “the fore-front of modern medical practice,” as something spic and span new. What has become of the old laws no one knows or cares. It is quite likely that if one could get hold of the books and papers of the old fellows who advocated inoculation three centuries back they would be just about the same as those of today barring the newly minted words.

OSLER'S ADVICE.—In an address at Nottingham, England, Dr. Osler, the famous, is reported to have advised his brethren to: Listen to no tale told by a patient of another doctor; tell no tale yourself, and “believe no tale of a doctor, even if you know it to be true.” The great man should remember the chloroform bottle he once mentioned in another after-dinner speech, for this last attempt at advice is more sentimental than practical. To listen to no tale from a patient sounds well, noble indeed, but if you follow on in the case it is well, perhaps even necessary, for your best efforts, to know what the other man has been doing. To

tell no tale yourself is the policy all decent men follow. To believe no tale even though you know it to be true shows only that the speaker must have been in an emotional state when he spoke.

TUBERCULOSIS AND CANCER.—We are in receipt of a reprint of a paper by Dr. Thos. G. McConkey, of San Francisco, from the *Medical Record*, under the title, "Is Koch's Bacillus the Cause of Cancer?" A truer title to the contents might have been made by transposing "is" to follow the next two words, for Dr. McConkey holds that the cause of tuberculosis, cancer and scrofula is the same—"Koch's Bacillus." The only difference between this view which, in a sense, is the true one, and Hahnemann's psora lies in the fact that the bacillus can be seen, and probably is not the cause of these diseases, but an effect that is nearly always present, while psora is the name given to the real cause, the origin of which no man knows. When it is said that Koch's Bacillus is the cause of tuberculosis and cancer, the question is merely shifted to—What is the cause of that bacillus? Hahnemann did not see psora, but only its effects. From it comes "a flood of numberless nervous troubles, painful ailments, spasms, *ulcers* (cancers), adventitious formations, dyscrasias, paralyses, *consumptions*," etc., etc., and among these he would no doubt have included the Koch's bacillus had he known of its existence. Psora, really, as we read Hahnemann, might be termed the effect of a series of ill spent lives in ancestors.

Hahnemann's great work, *The Chronic Diseases*, went down in the opinion of many because he said that "the itch," then so prevalent, was one of the numberless manifestations of psora, and as he did not know of the existence of the itch mite he wrote against the external methods of cure employed. But this fact or mistake does not interfere in the least with the fundamental idea on which his book is based, namely, that the origin of chronic diseases lies partly in the suppression of the visible evidence of an internal disturbance. If you "cure" a scabby baby with zinc ointments or some other external means than mere cleanliness you suppress the outward evidence of an internal disease which, later, may show itself in one of many forms (according to the idiosyncrasy of the patient), from "nerves" to cancer or tuberculosis. The evil seen must be removed, not hidden; that is the

real keynote of *The Chronic Diseases*. Minor errors do not affect this central truth of the book. So it would seem that Dr. McConkey is quite right in seeing in cancer but another development of what is known as Koch's bacillus, but really the cause is something deeper than any bacillus, which is but one of its manifestations. Metaphysically one might almost see in *The Chronic Diseases* the analogue of "confess your sins" and do not hide them.

All this is far-fetched and fanciful say you? Perhaps it is, and again perhaps if a man will lift up his eyes from the microscope to a wider view he will see that the thing on its slide is playing a much bigger part in medicine to-day than a wise manager would assign to it.

AND AFTERWARDS.—Solomon said something to the effect that much learning is vanity. We vaguely feel that there is something in the saying, but what is it? L. Emmett Holt, M. D., of the College of Physicians and Surgeons and of Columbia University, writes the leading paper for the *Journal A. M. A.* for October 8. It treats of the results of the bacteriological examinations of the bronchial secretions of several hundred patients in the Babies' Hospital. There was found the *bacillus influenza*, *pneumococcus*, *streptococcus*, *staphylococcus aureus*, straight or mixed, in these secretions, besides other things. The paper is able, careful and very learned, but, after all that is admitted, the question arises how much nearer is a man to curing a sick baby than he was before he knew all this? The homœopathic physician who is wise, though he may not be deeply learned, when he sees *Aconite* writ large in the case under his care gives *Aconite* regardless of the *coccus*—and cures his case. Perhaps this may vaguely indicate what Solomon meant.

THE WASSERMANN REACTION.—Dr. Albert Freudenberg, of Berlin, Germany, contributes "A Caution About the Diagnostic Value of the Wassermann Syphilis Reaction" to the October number of the *American Journal of Dermatology*, which seems to show that there is nothing certain about it. He tells of a man who had syphilis and was apparently cured by a course of potassium iodide. He came to Dr. Freudenberg in time (his cure must have been on the surface only), who suggested a Wassermann test,

which, when made, showed "decidedly negative," but another test by another expert was decidedly "positive." Then Dr. Freudenberg carefully secured some of the patient's blood and sent it to three laboratories for examination. Two of them reported "positive" and one "negative." In another patient's case six different tests were made; of these three were "negative," "two positive" and one "uncertain." Dr. Freudenberg thinks that it is not well to place "too great confidence in a single test," with which conclusion nearly every one will agree, though how conflicting tests can lead to a correct diagnosis is not explained. It may be after all that the judgment of a good clinician is better than a laboratory test.

KILLING THE BACILLI.—That the disappearance of the spirochetes under "606" may not necessarily mean a return to health is shown in a paper in *The Lancet*, some years ago. These cases showed the presence of the bacillus of tuberculosis, but there was no fever, night sweats, or greenish sputa. Serum was injected, the patients for a short time seemed to improve, and the bacilli disappeared in a remarkable manner, but hectic fever soon set in, and death followed "with the symptoms of septic poisoning." All this calls up what Jacobi once said: "It may be possible for us to learn how to poison and exterminate the so-called germs, but in so doing we may kill the patient." No one wants to "down" a remedy that will cure a disease like syphilis, but the rational man must remember that a case treated with "606" is a body full of syphilis plus appreciable quantities of arsenic.

DREAMS.—Our grandsires dreamed dreams of a world regenerated through universal education, the panacea, in their eyes, for crime and folly. Well, we nearly have universal education now, and with it the need of more and larger jails, many more insane asylums, more policemen, more battleships and other things to keep educated humanity in order; with it also has come such a horde of "cults" in medicine that the man who is a square-toed "regular" has ceased to exist, though a confederation of cults who have jumped his claim are lustily shouting for laws to protect themselves against the other cults, even though the present claim holders have a brand new set of "principles" every year.

In all this drum-beating, horn-blowing and brazen-throated shouting of the passing show, medical or otherwise, the need of truth, the immovable rock, is more felt than ever before by sane men. In medicine we have in the *Principle*, of which "Homœopathy" is the synonym, one basic truth, a priceless heritage, for on it the feet can rest. It isn't pathy, school, potency or ism, it is one of the great immovable rocks on which man can rest sure of his footing, a law not passed by a legislature and one which no supreme court can overrule.

ANIMAL EXTRACTS.—In the October number of *The Medical Times*, Dr. Q. W. Hunter, of Louisville, Ky., fires a broadside at "quacks" under the title, "Medicine and the Newspapers." The shots aimed at the quacks are bull's eyes, but it won't hurt them, nor will their victims know of it. The interesting shot is what is aimed at "animal extract"—though this seems to over shoot the quacks and land nearer those who would repudiate the stigma, and properly, too. He writes: "With our present knowledge of organic chemistry the attempt to introduce animal extracts as therapeutic agents seems an insult to professional intelligence! * * * No one really believes in animal extracts, not even their sponsors, but this is an age of discovery and experiment, and some have not hesitated to make truth and honesty subservient to the mercenary instincts of the commercial sense!" It is to be feared that much modern quackery can be traced to a very respectable source, for too often what the quack advertises to-day is but the now discarded scientific treatment of yesterday. Really there is little in therapeutics outside of the homœopathically indicated remedy but what is like "the baseless fabric of a vision."

DIAGNOSING SCARLET FEVER.—Director, Dr. Neff, of the Philadelphia Health Department, has issued a warning to parents concerning scarlet fever, which is steadily increasing, the mortality being 27 per cent. above the corresponding period of last year and 18 per cent. above the average of the preceding five years. The Director says:

"The most common symptoms are vomiting, fever, sore throat and a rash; but one can have scarlet fever without the vomiting or fever or without the rash, and the throat trouble may not attract attention."

All this must be highly illuminating to the people.

INFANTILE PARALYSIS.—At a meeting of the Idaho Medical Society Dr. Williams said of infantile paralysis, "The cause is a living organism, but it is so small that it has not yet been discovered by the microscope." Others have said the same thing. It *must* be there in order to fit in with the prevailing theory on which all medical power is based, namely, that all diseases are caused by germs bred in another person. Acting on this the secretary of the State Board of Health told the meeting that the board was quarantining all cases, the duration of the quarantine being fixed at three weeks, the time being fixed on a guess. Wonder if men, even in the "dark ages," ever went to such lengths on a mere theory?

THE EMOTIONAL.—Every man at times lets his emotions run away with his reason. With some men this is chronic. In chronic cases the beset one asks you if you wish to aid in "uplifting humanity." As few men have the nerve to say "No" you say "Yes," in a perfunctory sort of way. "Then follow me and do as I say" is the next move of the uplifter. You "but" in your objections and if you hold fast you become a stumbling block to the upward sweep of humanity"—or something like it. Mr. Flexner has told us all how to uplift medicine. If you whoop him up you are on the band-wagon of progress. If you kick, if you say Flexner's ideas will not uplift medicine, but only concentrate power in the hands of a few—who mostly need uplifting themselves—you are "interested" or "a friend of quacks" and an obstructionist generally. It is all stale.

A CHUNK OF PSYCHOLOGY. A business man in his office is approached by a glib man, who extols the virtues of a certain "advertising medium" and requests the business man to take space. Business man politely declines, murmuring a few well bred excuses. Solicitor exclaims: "Don't you want to increase your business!" This stumps the B. M. for an answer and he sometimes gets angry.

Some Health Boards whoop up the prevailing fad or practice of the hour and tell you it will "save the babies" or "save your patients." Acting on your judgment you refuse to use the fad or adopt the practice. "Do you want your patient to die!" ex-

claims the H. B. And there you are, cornered, just as the business man was by the advertising solicitor.

The power of these pests lies in their assumption of being right without the trouble of proving it. They psychically knock you down and walk on you for opposing the "right."

DIPHTHERIA ANTITOXIN.—The following is from a long, continued paper on the therapeutics of diphtheria.—(*J. A. M. A.*, Nov. 5.)

"It should always be remembered that antitoxin combats nothing but the toxins of the Klebs-Loeffler bacillus and does not combat the toxins of secondary infection. Therefore, when secondary infection is present the antitoxin must be relied on to save the patient, but every means at our command must be used to remove the secondary infection, to reduce the toxemia, and to support the patient."

"The diphtheria antitoxin has apparently no direct bactericidal effect. Whether it chemically neutralizes the toxin, or whether it stimulates the cells to tolerance of the toxin, or stimulates the production of opsonins, it does generally arrest the spread of the local infection, apparently inhibits the growth of the bacillus, and hastens the loosening of the membrane."

It is also said that "tablets made of antitoxin to be administered by the mouth are said to have been used successfully, but this method of administration is not to be recommended." One cannot see why these should not be recommended if they are successful, for that mode of administration would be less objectionable to the patient and less liable to unpleasant after-effects.

GERMICIDES.—Drs. Post and Nichol, of Rush, contribute a long paper to the *J. A. M. A.*, Nov. 5, on Germicides. Their many experiments point to the conclusion:

"1. The reliability of the prompt action of a few simple germicides such as tincture of green soap, alcohol in solutions above 50 per cent., silver nitrate solutions as dilute as 1 to 1,000, the iodine solutions either as the tincture or in aqueous solutions with potassium iodid, phenol in 5 per cent. solution."

"2. The unreliability of many agents prevalently supposed to be effective germicides."

“3. The slow action of solutions of mercuric chloride, although when given hours to act it is effective in high dilution.” And to a fourth conclusion that these are cheaper.

DR. SUTHERLAND ON THE FLEXNER REPORT.—In his opening address at the 38th annual session of the Boston University School of Medicine and Surgery Dr. John P. Sutherland touched on Mr. Flexner's report to the Carnegie Foundation. Here is a clipping from it that is worth reading:

“To my mind one great flaw in Mr. Flexner's reasoning is the purely statistical method made use of. As I understand the Report, the basis of its conclusion in this matter is wholly statistical and financial. It is argued that the amount of money now spent in maintaining 155 schools, if concentrated in the support of 20, would mean vastly superior schools and teaching. From the financial standpoint—one of the few standards of the Carnegie Foundation made use of in estimating the value of medical schools—this conclusion might be considered well founded. The experience of past ages, however, would seem to prove that something more rare and of greater value than money is needed to make good teachers, worthy scholars, true scientists.”

The address is published in the November number of the *New England Medical Gazette*.

THE CIRCULATION OF THE BLOOD.—William Harvey was born on June 3, 1657; he was ‘the discoverer of the circulation of the blood.’ *The Inter-State Medical Journal* for November contains a paper by John D. Comrie, Lecturer on the History of Medicine, University of Edinburg, in which he quotes from some of the writings of Empedokles, who was a famous physician in the era immediately preceding Hippocrates. In these quotations the old physician writes of “the thin blood that surges through the limbs, rushes backward to the interior,” etc. Also “the heart dwelling in a sea of blood that runs in opposite directions,” etc. Those men of old, probably, knew more than we give them credit for knowing. Much knowledge was lost in the “dark ages.”

NEWS ITEMS

Dr. William Burriss, of Burton, Kansas, departed this life September 12. He was a graduate of Pulte, 1886.

Beginning with January 1, 1911, a new homœopathic journal will appear, published in London, by the British Homœopathic Society, under the title, "The Journal of the British Homœopathic Society." The quarterly, "The Journal of the British Homœopathic Society" will be discontinued. The new journal will print the paper and transactions of the society and other papers, paying special attention to homœopathic materia medica and therapeutics. Personalities and medical politics will have no place in its pages. The publishers are Messrs. Bale Sons & Danielson, Ltd., 83-91 Great Fitchfield St., London, W., England.

Dr. W. E. Kistler, Hahnemann, Philadelphia, 1909, has located at Swarthmore, Pa.

Drs. C. D. and Carl L. Fairbanks have removed from Hettinger, N. D., to Scott's Bluff, Neb.

In a letter Dean Quay incidentally mentions the fact that Cleveland Homœopathic College has "the largest class that has matriculated in the past nine years." He refuses to believe that Homœopathy is dying out in that region.

If Hahnemann, of Philadelphia, keeps spreading out it will in time become one of the really big medical centres. There is a big addition going up to their already large hospital. The hospital gets many emergency cases. "Was taken to Hahnemann Hospital" is in the papers every day.

Haven't heard from the other colleges, but are willing to bet none are going back but all are "coming back" from gazing too intently on the fantastic wraiths of modern allopathy to the solid ground of science.

One hundred and thirty-three homœopathic physicians passed over the river to the land beyond, as noted in the obituaries of this year's journals. Our colleges ought to have full classes.

PERSONAL.

"Miserific" music is bad music that produces misery in the hearer. It is by no means uncommon.

The poet wrote: "How strange that yonder is New York, and here such silence and the moon!" 'Twould be stranger still were New York where it isn't!

To be content live next door to a poor man.

The old superstitions are a-dying; whether those that are a-borning are any better remains to be seen.

Even a prohibitionist doesn't object to a dissipated fog.

If you look long enough on any bright thing you are easily hypnotized. That accounts for many divorces.

Man's right to rastle with the heater is not disputed by the suffragettes.

"Many believe that we (medical) teachers should teach less in order that our learners may learn more."—*Canadian Practitioner*.

The first thing in every "crusade" is to bone the public for money.

Fashion note. Carriers, from men and rats to bugs and fleas, are in great vogue in the best medical society.

Paradiamidodioxarsenobenzoldihydrochlorid is the full name of "606." Ask the drug clerk for it.

There are many reasons given for not using tobacco, but what men want is a good reason for using it.

The St. Louis Health Dept. call certain deaths from official inoculation "a scientific mystery." What sort is that?

The autogenous vaccine is the arrival at "the hair of the dog that bit you."

As "spit," "mucus," "pus," or, "matter" it was "a filthy remedy," but with "cocculus" tacked on it becomes a "scientific remedial agent."

When the young medic asked Aunt Dinah if she "assimilated her food," she indignantly replied, "No sah; I buys it honestly."

Brown-Sequard thought to bring again the bloom of youth to a certain organ, and now Erlich is to dust off its filth. "'Tis a great age, Hinnessey!"

Ye wily editor assaieth ye opponents' "English" knowing that ye reader will keep quiet rather than show ignorance by asking "Wherein?"

In a reminiscent tone he said that the old buggy joyrides beat the modern in benzine wagons.

He who outlines the soul of a book, good or bad, is a critic; he who only picks out petty flaws is a fault-finder.

"The toilet of the alimentary canal!"

Medical Record calls Flexner's Report a waste of Carnegie's "hard earned money."

The man who can do every thing with 4 or 5 remedies must have quite a limited clientele.

