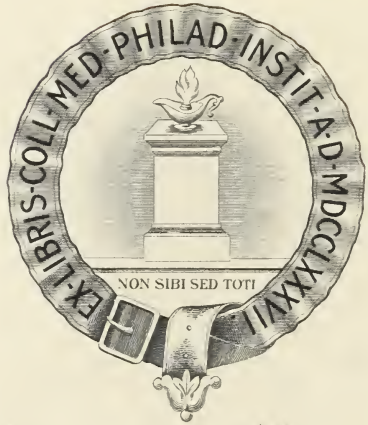




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THE HOMŒOPATHIC RECORDER

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A PLEA FOR A CLOSER AFFILIATION OF THE DIFFERENT MEDICAL SCHOOLS.

Geo. W. Mackenzie, M. D., Philadelphia, Pa.

The subject which I have chosen for my paper, so far as I am aware, is one which has never before been presented to any medical association for consideration. There are good reasons, however, for believing that the subject has been discussed in a desultory sort of way, by small groups of individuals, here and there, holding progressive ideas generally. The subject, therefore, has no claim to popularity in the medical profession at large; it is one, however, that concerns the interests of the medical profession directly and those of the laity as well, though rather indirectly yet none the less vitally; for the least the laity has a right to expect of a physician is that he possess some working knowledge, the more the better, of every possible means of cure, no matter what its nature may be—physical, psychical, chemical or biochemical, or whatever its appellation—hydrotherapy, electrotherapy, homœopathy, eclecticism, osteopathy, spondylotherapy or chiropracticism. There is no reason why there should be any antagonism between two equally well educated physicians, merely because they hold divergent views, concerning the efficacy of any particular form of treatment.

Everyone should possess the right to hold fast to those truths which have been demonstrated to his satisfaction by repeated past experiences; at the same time he should be liberal enough to keep

*Read before the fiftieth annual meeting of the American Medical Editors' Association, Atlantic City, N. J., June, 1919.

his mind open for the acquisition of additional truths, reserving the right of challenge; for truths may dove-tail into one another, but can never conflict. There can be no fault to find with any truth; however there may be with its misapplication. It is well to bear in mind that all truths are not yet known, the sum total of which may well be as large as the universe itself.

The greater the number and variety of truths of which an individual has a working knowledge, the better equipped he is to fulfill his obligations, even though these obligations be the cure of the sick.

Furthermore, there may be individuals possessing a knowledge of truths, the substance of which has not, as yet, been demonstrated,—as was the case with John Kepler, who possessed a knowledge of the laws governing the planetary movements, years before he proved it mathematically; the same was no less true of Sir Isaac Newton and the laws of gravitation.

The lack of proof in the existence of a certain truth does not prove its non-existence. There must be positive proof that it is an untruth; in other words, proof by elimination. This method of elimination is accepted as the ideal plan to follow, in the solution of problems generally and of medical ones in particular.

Claims to the discovery of new truths are constantly being made by those who stand high in authority, and, too, by others, who have not yet reached that stage. The merit of such claims is too often judged by the popular mind, according to the rank of their authorship. This is especially true in those cases where two claims appearing contemporaneously conflict, whereupon one must be wrong. Because a certain individual may have accomplished something of value in a particular field, is no reason why he should be granted life-long authority to pass final judgment on everything else which may appear in that field, nor should his judgment be forever immune from criticism. It was the worship of authority in the case of John Hunter, together with his false conclusions, based on a single experiment with supposedly gonorrhœal pus, that balked further progress in the field of syphilis for years to follow. Many other instances might be cited, of progress having been balked by the too early and ill-conceived notions of men in authority. Verily, any one upon

whose shoulders has been placed the mantle of authority must thereafter bear a weighty responsibility and be on constant guard, for fear of making a false step.

The tendency to accept the word of authority blindly holds true, not alone among individuals, but also among bodies of individuals, medical associations, medical colleges, and, in fact, among large bodies of any kind. There is no reason why anyone who attempts to point out an error, long supported by authority's "say so" alone, no matter whether that authority be in the form of an individual or of an organization, should be condemned as a heretic, so long as his attempt is made within the organization and with a feeling of loyalty toward it and not from the outside or with a feeling of antagonism against the organization.

Unfortunately, there are too few people who do their own thinking; it is so much easier to borrow that which some one in authority has to say upon a subject, and thereby remain with the crowd. There are so many problems, all of them important in their way, awaiting solution; in fact, they are so numerous that they keep most of us dodging them. This is particularly true in medicine. It seems as though enough investigators could be found eager to take up the task of determining what there is and what there is not of value in the various therapies. It is largely a question of popularity, once the tide starts in this direction, there will be no stopping it until it reaches the full flood of achievement.

Would it not be better to popularize investigations of the many forms of therapy extant and have this done legitimately within our organizations and by men qualified for the purpose, rather than have this work done by outsiders who are not fitted for the purpose and who are too often prompted by other than scientific and legitimate motives—that is to say, by fakirs.

Up to the present time, medical associations and medical colleges have made no attempt to investigate the relative merits of the numerous methods of cure, that are at present being practised by supposedly legitimate physicians, as well as by the illegitimate healers. They and their methods have simply been ignored, in the hope that they would die out in time; on the contrary, they have been multiplying and gaining ground every-

where; besides they have kept the legislative committees of the various state medical societies busy, preventing them from passing pernicious legislation.

Would it not be better to have students of medicine taught psycho-therapy while at college, in a thorough and scientific manner, by the best equipped teachers on the subject, who could at the same time point out to them the real scope and limitations of this form of treatment; rather than to see a large proportion of the laity seeking treatment at the hands of Christian scientists and other fake healers?

That psycho-therapy plays a role, and not a small one, in the healing art cannot be denied by anyone who has practised medicine for any length of time. It is often overdone, however, by the overly confident, to the disgust of the ultra-scientists. It has a definite place in medicine, but a limited one.

Concerning osteopathy, there is no doubt that those who practise it as a profession know the most about it; while those who rant the most against it know the least about it. The osteopath, no less than the electro-therapist, sees all knowledge as light reflected through a prism and projected on a screen, and being color blind, the whole spectrum appears as one color. This is not the worst feature, for he goes so far as to deny that there is anything else aside from what he sees. I do not wish to infer that there is nothing of value in osteopathy; for we have ample evidence that there is; when we consider the number of recognized physicians who have adopted its bastard and dwarfed offspring, chiropractice. Why not give osteopathy a hearing, both by direct and cross-examination, with our recognized medical associations acting as jurors, and if the subject is found to contain anything of value, even though to a small degree, let it be accepted as a legitimate branch of therapeutics and taught as such in our medical colleges, by the ablest exponents of it who can be found. The student of medicine should be allowed to pass judgment upon the truth of its philosophy, its applicability and its limitations in the practice of the healing art, as well as of that of other forms of therapy. Let him hear all, see all, and try all! For whatever is fit, is bound to survive, and whatever is not fit, will sooner or later take the pro-

verbially long trip from which there is no return. By constantly presenting to the novice a single side only of a large subject, such as religion, politics or medicine, nothing but a bigot can be bred. Let the time for bigotry in medicine pass from us forever and allow us to have in the future none but the broadest trained physicians and, therefore, the ablest.

Concerning homœopathy, it has reached that stage of recognition by the dominant school in which it ceases to be criticised; while quite a number of the really big men in the profession even refer to it patronizingly, not the least among them being Osler himself. Verily, the bigger the man the less the bigot!

The United States Government, through its War and Navy Departments, recognizes three schools of medicine—the so-called regular, the homœopathic, and the eclectic. All have been placed upon an equal footing, and to the credit of all be it said that the representatives of each, in proportion to their numbers, have rendered equally valuable services to the country. By so doing, the Government has furthered a movement toward the permanent amalgamation of these three schools of medicine, which is yet to be completed.

As an evidence of the fair-mindedness which exists in the government services toward the different schools of medicine there is yet to be found a single case of a returned physician who is able to claim that he was, in the least way, discriminated against because of the school from which he was graduated; while there have been numerous cases of complaint for other causes. The relationship of physicians of different schools in the service, toward each other was most cordial. The harmony which existed may have been due to one common cause—patriotism. If this be the sole explanation, why did it not extend to and include the osteopaths who, as individuals, were quite as patriotic and willing to serve the country? The more probable explanation appears to be, that the Medical Corps of the Army and Navy were composed mostly of younger men, physicians who have obtained their education during the last twenty-five years when, with the increased studies and facilities for study, they have become generally broader and more tolerant than those who were graduated during a previous period. At all events, medicine has advanced and is advancing at

a tremendous rate, and with this advance the quality of the students and of graduates of medicine has been keeping pace. In consequence of the progress thus far made and of still greater progress in the making, I cannot help but believe that the time is rapidly approaching when the student will be given the broadest possible education in college, where he will be taught the principles and practice of every possible form of therapeutics, and to this end I wish to contribute every effort of which I am capable.

As a preliminary to this end, I would like to see this association devote a place on its next program for a symposium on some of the more popular forms of therapeutics; for instance, homœopathy, eclecticism, and osteopathy. Let the ablest of their kind obtainable present the merits of their respective systems of practice, while those who care to, may take exceptions in just as earnest and frank a manner. We should not be alone content with inviting these representatives formally, but we should do so in the most cordial manner, prompted by honest motives. Such a move on our part, I feel, would be promptly followed by investigations and research which eventually would result in the discovery of the proper levels of the various forms of therapy; at the same time the full truth of each would be conserved to the largest number of physicians; or, in other words, the greatest good to the greatest number would be the principle to prevail.

More might be said, largely by way of prognostication of the future, in the event that the move is once started; but enough for the present! My aim in this paper is to introduce the subject with a sincere purpose, with no desire to serve any particular school of medicine; but to serve the profession and laity at large, for I feel that every physician is my brother; to the big I look for help and encouragement; to the small, I gladly offer the same in return.

1831 Chestnut St.

Cultivate the habit of walking with head up and the shoulders thrown back. It is cheaper and better than bottled tonics, says the United States Public Health Service.

THE CHALLENGE OF THE HOUR.

By J. E. Rowland, M. D.

Scientists tell us matter may change its form and force its direction, but neither can be destroyed. To us there is no more conclusive evidence of a great intelligent, creative force somewhere in the universe than the fact that man has been created with a mind apparently capable of endless advancement, and placed as it were within a laboratory supplied with endless possibilities for research work.

The mind of man is a force distinct, independent and different from any other force in the universe.

One can scarcely contemplate the marvelous achievements of the past decade, without crying out, "Verily, the gods have come upon earth."

But the very achievements of science may work man's destruction and tend to retard his progress. It is only when man's thoughts are in tune with the Infinite that great progress is made.

It is said of the great astronomer Kepler, that after years of patient observation and calculation he predicted that a certain planet would cross a certain path at exactly a certain time, and when at the predicted time he sat with his eye to the telescope and saw his prediction fulfilled, he took his eye from the telescope and exclaimed, "My God I am thinking Thy thoughts after Thee."

In his longing Hahnemann cried out, "It can not be that the Divine Creator of mankind has left his highest and noblest creatures to suffer and die without some fixed principle to help them in time of affliction."

It was with the prayer in his heart that Divine wisdom might impart to him some guiding therapeutic principle, that Doctor Hahnemann prepared and drank the decoction of Cinchona bark, and when he found that it produced in him the symptoms of malaria, he said, "Can it be that this similarity is simply a coincidence in the case of this particular drug, or is it a general law of nature?"

Hahnemann knew that cinchona had long been considered a

specific for ague. Learned as he was in six different languages, he was conversant with all the ancient masters in medicine. He gathered the fragments of truth which they had uttered and discarded, he correlated and amplified them, and after years of patient investigation, he convinced himself that diseases were most gently, speedily and permanently cured by the use of remedial agents which possessed the power of producing phenomena similar to those present in any case at a given time. As he says, "The remedy must be able to occupy the place of the disease," or, in common parlance, must be capable of calling forth a reaction similar to the disease, not in one organ or tissue, not in some particular cell structure or structures, as is claimed by Sajous when he asserts that the adrenal system is the great immunizing machinery of the body, but more like Abderhalden who carries his reactions to the cell ferments. Hahnemann believed that the all-pervading vital force must be so influenced as to set up simultaneously in all affected tissue a reaction similar to that of the disease.

The proclamation of this principle produced almost, if not as great a cleavage in the medical profession, as did the declaration of Martin Luther in the church.

We marvel when we contemplate the titanic labor undertaken by Hahnemann. He must not only overturn all previous conceptions of disease, but he must create by the proving of numerous drugs a *materia medica* along lines never even dreamed of by his predecessors.

Hahnemann proved upon himself and his friends over 100 drugs. He compiled the *Materia Medica Pura* in six volumes, the *Chronic Diseases* in five volumes, in spite of persecution, which drove him from city to city causing untold suffering and loss of time.

The *Organon* is a marvel of erudition; written at a time when the microscope played an insignificant part in the study of disease, and the story of the microbe had not been told, he foreshadowed the very principle of reaction upon which rests everything curative claimed for serums and vaccines, and it is the belief of the writer that one hundred years hence the *Organon* will still prove an inspiration to the real student of medicine.

In sections 100-105 of the Organon Hahnemann discusses acute and chronic miasmatic diseases, and sets forth clearly the fact that he recognizes their specific nature, and he recommends that the remedial agents be chosen according to the totality of the symptoms of the epidemic as observed upon a number of different individuals, thus he recognizes the difference in type and severity of different epidemics of the same disease known to-day to be largely due to different strains of the same organism, and so marked is the difference in the aggressivity and toxicity of different strains, that Simons in his work upon Immunity quotes Horiuche as stating that he at one time had in his possession a highly virulent, densely capsulated strain of the micrococcus tetragenus, which resisted phagocytosis almost entirely, and killed guinea pigs in doses of 100 organisms; when, however, this was grown for a number of days upon rather dry agar, it lost its capsule forming power, became subject to phagocytosis, and did not affect guinea pigs in doses of 1,000,000,000 organisms.

But Hahnemann gives us to understand that it is not the aggressivity or toxicity of an organism that determines whether we are to fall sick when exposed, for in section 31 of the Organon, speaking of noxious influences, he says, "They do not possess the power of modifying human health unconditionally, but only do so when the body is disposed or inclined to be affected." This observation has recently been substantiated.

Henry Smith Williams, M. D., LL. D., writing in the October issue of *Physical Culture*, reviewing a symposium upon influenza read before the A. M. A. at Atlantic City, states among other things, "That the germ supposed to be the influenza germ is not the cause, that the true influenza germ has not been discovered." Also, "That in an effort to determine the method of transmission groups of healthy but supposedly susceptible individuals were subjected to various tests, such as spraying the nasal mucosa with cultures of germs taken from infected throats, the scrapings from infected throats were placed in the throats of healthy individuals and the matter was injected subcutaneously all to no effect. They were allowed to sit by the bedside of the sick inhaling their breath and exhalations when coughing and sneez-

ing, and still nothing happened." Might not the scientists of to-day do well to study carefully the works of Hahnemann.

The student of medical history can not but be impressed with the marvelous slowness with which man works out his own physical salvation.

In Hahnemann's time physicians of the dominant school vied with each other in polypharmacy and the quantity of drug administered. As says Roswell Park in his *Epitome of medicine*, sixty grains of gamboge and three ounces of saltpeter were administered to a patient in a single day. Is it strange, he asks, "That homœopathy or any other heterodox system sprang up in the midst of such means."

To-day Osler proclaims, "He is the best physician who knows the least of drugs." And we understand that Johns Hopkins University has this year made *materia medica* elective. Thus in one hundred years swings the therapeutic pendulum in the so-called scientific school of medicine.

The mind, the very being of man, cries out against nihilism, especially therapeutic nihilism, and no better proof of this is wanted than the fact that the very men who condemn the use of drugs are spending time and money without end in an attempt to identify micro-organisms and their toxins, and find specifics for diseases.

They worship the creature rather than the Creator. With high powered microscopes they study matter in all its forms, ignoring absolutely the ego, that all-determining force which makes one person different from every other person who ever trod the earth.

That great discoveries have been made we do not deny. Research work along the line of the life forces led to the discovery of micro-organisms and their relation to the body in health and disease.

Hahnemann demonstrated the efficacy of remedial agents chosen according to the totality of symptoms.

Jenner demonstrated the efficacy of vaccines; both rest upon the one great principle of SIMILAR REACTION.

Though the first vaccination was performed in 1796, the real study of micro-organisms which opened up such a wide field

for investigation began with the study of fermentation by such men as Helmholtz, Schwann, Schroeder, Tyndall, Pasteur, Lister and others and extended over a period from 1840 to 1860. The result of their investigations worked a great revolution in surgery, and for a short time it was hoped that the same principle might also apply in general medicine and that germicides might be found for the numerous diseases characterized by the presence of micro-organisms; this hope was, however, soon abandoned, and it was Pasteur who first called attention to the fact that resistance was increased and immunity produced by the introduction of the infecting organism into the body of the susceptible animal.

Thus the study of the serums and vaccines was the direct outcome of the study of the forces operative in nature's efforts to combat disease.

In a few cases antitoxins, or real antidotes, are produced. That drugs may assist in the formation of the antibodies may be inferred from the writing of Sajous, who says, "If, therefore, we grant life saving properties to antitoxin (which is undoubtedly the case in so far as diphtheria antitoxin is concerned), we must concede the same value to drugs which are capable of evoking in the blood the formation of the same substance, *i. e.*, auto-antitoxin. And again, he says: "It is the small doses of drugs which are the beneficial ones, because they raise the germicidal and antitoxic properties of the blood to a safe limit."

We have a right to use antitoxin, but the true physician has no right to neglect the use of a remedy that may arouse the reactive forces in each individual case.

In his work, "Longevity of Life" or "Old Age Deferred," Professor Lorand makes the assertion, "That he is the best soldier who has never suffered from any disease." Basing his statement upon the grounds that all his combative or reactive forces are still intact, and while we are forced to admit that universal vaccination against typhoid fever as practiced in the army may serve a great temporary advantage, we believe we have a right to question whether it has added anything to the sum total of the powers of resistance during the remainder of the life of the individual.

We believe the following points to be conceded as true in regard to infectious diseases:

(1) One disease furnishes no immunity against another unless as Hahnemann says, the two diseases resemble one another in character.

(2) One disease often predisposes the patient to another.

(3) Few diseases produce permanent immunity. Many diseases produce but temporary immunity, while in some cases one attack actually predisposes the patient to another attack of the same disease.

If the above statements are true in reference to nature's efforts at immunization, can we expect more from the use of serums or vaccines?

The serums and vaccines act dynamically, and to obtain the best results they must be administered early, while the subject is apparently in good health. They must be properly given. To be of value the material injected must possess the power of calling forth a reaction similar to that of the disease which it is supposed to prevent or cure. The attempt to immunize with mixed vaccines is an acknowledged failure. The entire scheme rests upon microscopical findings. It is the last word in specific medication, and aims at the treatment of the disease rather than the patient, showing that the same viewpoint dominates the mind of the average research worker as it did in Hahnemann's time.

Hahnemann observed that two infectious diseases were seldom active in the body at a given time. If this be true, and if it is also true that persons can not be immunized with the mixed vaccines, have we any valid reason for the use of mixed vaccines in the treatment of disease?

Hahnemann in his *Review of Physic* states, "In all ages those sufferers who were really cured rapidly, permanently and visibly through medicine, were cured alone by a remedy possessing the power of producing by itself a similar morbid condition." So far, then, as serums or vaccines are of value, they coincide with the statements of Hahnemann, but like all specific medication, they fail to take into consideration the personal element in the equation.

Up to the present time we believe there is no method of treat-

ment which insures a lower mortality, a less number of days in confinement, or fewer complications than choosing the remedy according to the sum total of the manifestations of each individual case; or in epidemic diseases, the sum total of the symptoms of the epidemic.

We believe this to have been more than proven in the epidemic which scourged the nations of the earth during the past year.

Fellow physicians, to us his followers, Hahnemann has entrusted the keeping of a great principle, and a wealth of therapeutic knowledge. Man was never endowed with a highly specialized nervous system and a mind capable of receiving and interpreting impressions, only to be denied the use of these faculties in sickness.

Remedial agents have not been provided in such profusion without a purpose.

There is a safe, true and tried principle in therapeutics which one hundred years with all its prejudices and scientific opposition have failed to discredit.

I ask in all candor, Has the real science of therapeutics made any marked advancement in the past hundred years? Though the antitoxins, the serums and vaccines have been of great value in the hands of the dominant school, is there evidence that in their hands the mortality has been lower or the result in any way better than the results obtained by our best therapeutic specialists when the remedial agents were chosen according to the principle of similars? And ought we not to determine the place which the serums and vaccines should hold as therapeutic agents?

Have we not men thoroughly qualified to do research work? From a therapeutic standpoint, no research work in any laboratory of the country will compare with the work being done by Dr. A. E. Hinsdale, of Columbus, and Dr. W. F. Baker, of Philadelphia.

Ought not internal medicine at this time to be classed as a specialty, even the most difficult and important of all specialties?

Ought not we, as a recognized medical body, through the A. I. H, make some effort through legislation to compel men who expect to practice internal medicine to qualify in what is known to be of value in therapeutics?

Ought not colleges which fail to give thorough and complete instruction in therapeutics to be rated lower?

Has not the time come when the homœopathic colleges should go boldly before the world as the institutions equipped to instruct and qualify physicians as therapeutic specialists?

Ought we not also to have somewhere in the U. S. a post-graduate therapeutic school?

As an integral part of the great medical profession all medical knowledge is ours, by tradition, by inheritance, by right.

Suffering humanity and the very nihilistic spirit of the hour CHALLENGES the homœopathic profession of the U. S. to exert every influence through its local, state and national organizations, through legislation, through the endowment of research laboratories, and above all, through the support of our colleges in money and in students, to the end that the Divine purpose of the Creator be accomplished; confidence in therapeutics be re-established, and the peoples of the earth receive the full benefit of a universal therapeutic principle.

South Euclid, Ohio.

BRYONIA.

**Prosper D. White, M. D., Detroit, Michigan, with Thanks
for Assistance from Dr. Jean Douglas, Wooster, Ohio.**

(Continued from December.)

5. *Chest.* *Bryonia* is suggested in descending respiratory complaints. First the coryza with running nose, red eyes, lachrymation, aching through nose, eyes, and head. Then the inflammation extends to post-nasal space, to throat, then to larynx with hoarseness—then bronchitis or even pneumonia with pleurisy. During the above the patient is < all motion, has dullness of mind, fever, congestive headache, is sore, bruised, lame, < 9 p. m. Great dullness on waking from sleep in a. m. Has a cough of great violence, dry, hacking and constant—as if chest would burst from coughing, with rawness and soreness in chest. The cough is so severe that it shakes the whole body. He has to sit up in bed involuntarily and hold his side to relieve the pain. The cough is < p. c. with vomiting, < from open air to warm. *Bry.* breathing is short and rapid; he desires to take a

long breath to expand his lungs, but it causes too much pain. This shortness of breath almost amounts to suffocation. (Like *Phos.*) In pertussis the cough is dry, spasmodic and at night.

Bry. has a spasmodic tracheal cough from a spot in upper part of trachea. He feels as if his head and chest would fly to pieces. It shakes the whole body causing pain in head and abdomen. It has a severe dry cough as though from a crawling in stomach. The stitching pains when coughing with the necessity of holding side of chest are very characteristic.

Note the *aggravation* of the cough: In a. m. from touch or motion, therefore, < talking, laughing, smoking, eating or drinking.

Amelioration from firm pressure; lying on painful side; cold air or cold drinks.

In inflammation of the serous membrane in pleurisy there is pain in side > lying on it, or > pressure. This sounds like a common symptom. When you get it, be careful how you exclude *Bry.* There is also fever, and stitching pains < on motion, > pressure. To illustrate, called to a case of pleurisy in which a little boy was on the couch with his father beside him holding the child's side. Every few seconds the little fellow would cry, "Hold my side, daddy, hold my side." A few doses of *Bry.* 30x, every two hours, produced a well boy in 24 hours.

In pneumonia *Bry.* is one of our most frequently indicated remedies. Usually every case is pleuro-pneumonia, and the best time according to some men to give it is during the stage of exudation, red hepatization. (Give it from the first if indicated.) Pulmonary oppression is evident as seen from anxiety from oppressed inspiration. The breathing is quite difficult from stitches in the chest, which are < on inspiration or any motion. The shortness of breath is increased by the least motion.

Often in pneumonia there is pressure in the middle or lower part of the sternum; a bruised feeling in the chest and the characteristic shooting or stitching pains, which cause him to hold the sternum or side during cough. The expectoration is not yet free, with a dry teasing cough, sputum frothy, yellowish or blood-streaked. It may be viscid, tenacious, light yellow or soft brick-red.

Very commonly *Bry.* pneumonias are the end of a descending cold. For example, hoarseness, rawness in trachea, dry, hacking cough, as if chest would burst; burning, tickling in larynx with constant cough; sputum at first difficult to dislodge—may be yellow or blood-streaked; later tough and hard to separate, falling in a jelly-like lump, light yellow color or soft brick shade; still later bloody, rusty, tenacious or brown like liver.

When he coughs he feels as though the chest would fly to pieces, hence he holds his sides to support it. Often he must sit up when coughing; he may hold the head, the abdomen or the back; each may hurt with the cough.

Bry. pneumonias are usually on the right side, although a left-sided pneumonia would by no means exclude *Bry.* Usually there is a history of a descending cold and cough with a hard chill causing the physician's aid to be sought. He usually finds, if the case is *Bry.*, a right-sided pneumonia with a very characteristic picture. There is the *Bry.* quiet. An immobility to be seen before appreciated. He dreads movement and lies on the painful side or back, or holds the painful side or back to keep it still. The pulse is full, hard, tense; urine dark or scanty. Sharp stitching pains of pleurisy; intense pain on inspiration.

The student should be able to distinguish all the possible remedies in every case of acute illness.

Acon. pneumonia has intense fever, restlessness, fear, excitement, is usually left-sided, with expectoration of bright red blood.

Chel. pneumonia comes very close to *Bry.* There is usually involvement of the liver, right side affected, fullness and stitching there very much like *Bry.* Both are < motion, but *Chel.* is < pressure, and has the characteristic pain from liver through to right shoulder blade.

Fill in the indications for the following in pneumonia and file them for a time of need: *Ant. tart.*, *Carbo veg.*, *Hepar*, *Hyos.*, *Iod.*, *Kali iod.*, *Lyc.*, *Phos.*, *Rhus*, *Sulph.*, *Verat. virid.*, etc., etc.

Bry. has many more respiratory symptoms. For example, respiration; moist sounds; weak speech in a. m.; short quick abdominal type; prevented by the stitches in the chest, especially on inhalation; respiration short on the slightest motion; panting

in whooping cough; crowing or grating breathing; deep and slow; tendency to sigh (*Cham., Cimic., Cocc., Ign., Rhus, Sec., Stram.*); < during perspiration; dyspnoea; choking; "asthma as if something should expand, but would not." Asthma at night with pains in abdomen or chest. Asthma from over-heating, < in warm room. Dry spasmodic cough of whooping cough, shakes whole body. Cough compels him to spring up in bed involuntarily. Tough, difficult expectoration. Coughs evening and at night, dry cough.

The *Bry.* cough is dry, hacking from an irritation in the upper respiratory tract. It is < talking, smoking, eating, drinking. Seems to be induced by a tickling in the throat and pit of stomach. Seems to be excited by nausea or entering a warm room from the cool air. In the evening and night, there is no expectoration, yellow during day. *Bry.* has the sensation of vapor of sulphur, which induces a spasmodic cough; but does not have it nearly so strong as does *Ars., Brom., Carbo veg., Chin., Ign., Lach., Lyc., Par., Puls.* The dry spasmodic cough of *Bry.* occurs principally at night, after eating and drinking, from cold to a warm room, and on taking a deep inspiration.

Cough accompanied with vomiting or gagging without nausea. (*Arg. n., Anac., Arn., Ars., Alum., Ant., Carbo veg., Cina, Cimex, Cham., Cocc., Cup., Dros., Ferri, Hep., Hyos., Ipec., Kali c., Kali p., Lach., Lyc., Nat. m., Nit. ac., Nux v., Phos. ac., Puls., Saba., Sep., Sil., Sul.*)

Involuntary urination during cough is found in *Bry., Alum., Ant., Carb., Apil., Bell., Caps., Caus., Cinch., Colch., Ferri p., Kreos., Lyc., Nat. m., Phos., Ph. ac., Puls., Rhus (Rumex?), Sep., Spong., Thig., Verat., Zinc., etc.*)

There is much constriction and oppression felt in the chest. This causes the desire for deep breathing which in turn brings on the characteristic pains—stitching—which are < coughing, breathing, motion.

When one remembers the rheumatic nature of *Bry.* with its affinity for serous membranes, rheumatic pleurodynic pains are to be expected. In fact, in pleurisy generally *Bry.* with *Acon., Carbo an., Senec., Sul., etc.*, but especially *Bry.* comes to mind.

6. *Heart:* Irritable, fast on slight motion; *stitching pain in*

region of; cramp in region of, < motion; endocarditis with palpitation; rapid at night, slower by day.

7. After eating: Always worse; vomiting immediately after eating with constipation and dry, cracked lips; sensation of weight or stone; pressure in stomach especially after eating bread; tasteless eructations after oysters or salads; < after nitrogenized foods, sausages, old cheese, milk; tastes food on belching; bitter vomiting, vomiting when drinking; distension of the abdomen, diarrhœa; hiccough; eructations becoming bitter; water brash and vomiting. Sometimes < *after drinking, e. g.*, headache if heated after cold drinks; again cold drinks often relieve; cough after meals; cold drinks also aggravate rheumatism and cough (*Rhus tox.*).

The nausea of *Bry.* is very characteristic, viz., on waking in morning; < motion; with thirst while sitting up or when rising from lying even on raising the head. (*Ars., Cocc., Colch., Nux Mosch.*)

Bry. has vomiting; of food not drink; of mucus and bile; bitter, musty, putrid matter; during stool; after drinking; of food when coughing; sour; with hiccough and retching of blood; pain and weight in liver extending to right shoulder after chill; with distension. Vomiting on coughing or on motion.

Thus *Bry.* gives a picture of disturbed digestion with hiccough, belching, nausea, vomiting; eructations tasting bitter; nauseous, vomiting bile, all < p. c. In stomach and abdomen there are many symptoms from disordered stomach—dietetic errors in warm weather after taking cold, getting overheated. Cannot eat but the pain gets worse, until the patient has gastroenteritis, which, strange to say, is < pressure; sore, tender, stitching pains, with burning—all < on motion, as is the nausea with vomiting, diarrhœa, and tympanitic abdomen.

All *Bry.* pains are > *pressure but abdomen and stomach pains.* One often sees the *Bry.* patient who has abdominal inflammation, lying in bed with his knees up, aversion to talking, to thinking,—every movement is painful. For it aggravates the fever and causes alternation of chills and heat.

Nausea *with every effort to raise the head.* Every movement causes gulping of a little putrid mucus. Pain of all sorts in

stomach and abdomen, but chiefly stitching and burning,—bursting. Peritoneal exudation, awful soreness. Peritonitis, with stinging burning pains, sore abdomen and constipation in rheumatic subjects. The sensitive stomach and abdomen are $>$ heat, but the patient desires cold air. He hates to move so his breath gets shorter and shorter until a long breath, then this causes groaning. Think of *Bry.* in gastritis from suppressed menses.

The stomach symptoms of *Bry.* are $<$ summer and sun. Pain in right hypochondrium $<$ motion, $>$ lying on it. Jaundice after anger. *Chel.* is close to *Bry.* in these right hypochondriac pains. The *Chel.* pains shoot in every direction; particularly under angle of right scapula is a painful spot. The pains have a decided from before backward extraction. The yellow or clay-colored stool of *Chel.* is unlike the hard, dry, brown stool of *Bry.* *Bry.* has a profuse putrescent stool with colic resembling *Colocynthis.*

Kali carb. resembles *Bry.* here, but is not $<$ on motion particularly; nor is it better when lying on the painful side.

Cham. has jaundice after anger, but *Bry.* is chilly with the anger, while *Cham.* is hot and sweaty.

7. *Stools:* Constipation; the stool is large, dry, burnt—appearing difficult of expulsion, in small pieces, often with mucus, which is separated from the stool, and is apt to come after the dry stool. *Bry.* has a diarrhœa, a constipation and an alternation of both. In the chronic constipation, which is the characteristic state of *Bry.*, the stool is large, hard, dry, dark as if burnt. There is inactivity of the rectum, causing much straining to accomplish defecation, and having a confusion in the head afterwards. This confusion is noted also after stool in the diarrhœa, which is $<$ 2 or 3 p. m., driving out of bed on waking, or $<$ after rising and moving around; in the summer or when the weather gets warmer; when a rash becomes suppressed; or on motion.

Not so marked aggravation of the diarrhœa are the following: At the seashore; during typhoid; from taking cold or from cold drinks; from milk, vegetables, sour kraut; from anger.

Of course, *Bry.* diarrhœa is $>$ quiet, also $>$ on back and like *Colocynthis* and *Puls.* the pain is $>$ doubling up. Nearly all the

abdominal pains in diarrhœa are < before stool and > after. (*Colch.*, *Colocynth*, *Nux v.*)

There is a pinching and griping motion in the abdomen. The diarrhœa may be involuntary while asleep. (*Ars.*, *Arn.*, *Con.*, *Hyos.*, *Mur. ac.*, *Phos.*, *Ph. ac.*, *Podo.*, *Puls.*, *Rhus*, *Sulph.*) Diarrhœa often comes on suddenly preceded by colic and followed by a watery stool with flatus, pinching sensation, frequently repeated during the afternoon; soreness; dragging downwards and outwards sensation in the intestines with slight burning in the anus. With bilious diarrhœa there is lancinating pain or the stools may be loose, painless, undigested; smelling like old cheese, with burning and soreness in the anus.

Stools may be like dirty water with whitish granulated sediment of undigested food; or brown, thin, fecal or bloody.

When the stools are hard they are passed with great exertion, accompanied with confusion of head, burning in anus, fermentation in abdomen, pain in stomach, vomiting, coldness or rigors, thirst and drowsiness.

Or the stool may be pasty, soon after waking, followed by a second fluid stool in half an hour with copious urination each time when at stool. Almost always the patient is better except for the confusion in the head, after a copious pasty stool.

Often the diarrhœa is ushered in before or shortly after rising with nausea, uneasiness, pain and distension of the abdomen; then a profuse stool which causes the patient to lie down exhausted and covered with sweat. If he keeps quiet for a time he will be all right, but he pays for the slightest motion with another stool. In a few hours or less he must rush to have a profuse bilious stool.

Bry. has diarrhœa after fruit, vegetables, and in summer. This is worse in the a. m. after rising, like *Nat. sulph.*, not driven out of bed like *Sulph.*

When there is dysentery there is tenesmus, pain in abdomen, bloody discharge. In constipation, ineffectual straining—urging several times before result—*inability to strain*. Another form of diarrhœa has a yellow mushy stool, with mucus and slime, also with blood. Stools are more frequent in the morning, none at night if quiet.

(To be continued.)

HOW TO TAKE THE CASE.

Mr. President and Members of the Homœopathic Medical Society of the County of Philadelphia:

The topic assigned me by your chairman is, "How to Take the Case." At first glance the answer to this question would seem to be easy. Many eminent physicians of our school have written numerous essays upon this subject; all of them have illuminated it, yet it still remains true that no better answer to the question can be given than that found in the *Organon* itself. Strangely enough, this fountain-head of the philosophy of homœopathy is almost a sealed book to the majority of homœopathic physicians who, in every other respect, pride themselves upon their familiarity with the works and writings of men of importance in the scientific world to-day. We seem to forget that, although Hahnemann lived in an age of medical crudeness, he nevertheless was in every sense a man of science, keen, analytical and exact. The more we study his works and particularly his wonderful philosophy, as elucidated in the *Organon*, the more must we be impressed by his remarkably intuitive mind, his broad insight and his undoubted anticipation of the truths which to-day men of science are everywhere confirming. Hence we, who profess to be his followers, should be thoroughly familiar with the fundamental principles and corollaries as laid down so wisely by him.

In the opening paragraph of the *Organon* it is clearly stated that "the physician's high and only mission is to restore the sick to health, to cure, as it is termed."

No shorter or more explicit definition of the office of the physician has ever been penned. Paragraph two amplifies this statement of the physician's duty still further; but in paragraph three we find the most remarkable perception of the requirements to be observed by the physician in his efforts to cure the sick. Here it is plainly stated that the physician must know what is to be cured in every individual case of disease; also what is curative in medicines, or in each individual medicine, and lastly, what the obstacles to cure may be and how these obstacles are to be

*Read by the editor at the meeting of the Philadelphia County Homœopathic Medical Society, December 11, 1919.

removed. If these three requirements have been met, then and then only, does the physician understand how to treat judiciously and rationally and thus is he rated a true practitioner of the healing art.

To know what is curable in disease is to know histology, physiology, anatomy, pathology, physical and clinical diagnosis. To diagnose disease means far more than affixing a mere label. Disease is not a simple tangible thing, a definite entity which can be permanently classified and laid upon the dusty shelf of high sounding nomenclature. On the contrary, disease is motile, changing, progressive, in a sense, physiology running amuck and it is only when it has lashed itself into its final state of pathologic fury that it can be rounded up as a morbid end-product and confined within the crystal jar of the pathological museum.

To know diseases in this sense, to know as it were, the natural history of disease, its various and varying peculiarities, its habitat and habits, is, then, to know just what can or cannot be done to cure it; to know just how far, or if at all, homœopathy is to be applied and how much is to be reasonably expected of it. Homœopathy as a therapeutic method is after all, a therapeutic specialty, absolutely supreme in its legitimate sphere, yet not without its proper limitations. A recognition of the latter must come to him who knows disease as disease should be known. It follows then, that in the taking of the case, diagnosis in its real meaning is the first essential. Diagnosis may be said to be the great foundation stone upon which all the rest of the case is to be built up. Without it no therapeutic effort or result can be called complete, within the meaning of what should be the object and goal of the truly educated and wise physician. Diagnosis places upon the physician's successful effort a value to be reached in no other way. Hence we would emphasize therefore, the paramount importance of diagnosis in the taking of the case.

As each human differs in some degree from every other human, so does disease expression in each human differ from that in every other. Each person has an individuality quite his own, albeit feebly or strongly emphasized. The same observation applies to drugs, especially as we of the homœopathic school know them. To know materia medica is to know sick people; the more materia medica we know the wider becomes our acquaintance

with the sick. Hence knowledge of drugs and knowledge of disease is interchangeable. Knowledge of drugs enables us to recognize what is curative in them, when they are to be therapeutically applied. Therefore, if we possess both a knowledge of disease or of its diagnosis and a knowledge of drugs, we are placed in a position to bring about cure, if cure be reasonably possible. The conclusion follows that since symptoms are the language of disease, the symptoms of the patient as vocally expressed by him must of necessity form the most important part of the case record, for the purpose of therapeutic endeavor. Subjective symptom peculiarities will find their counterparts in the peculiar and characteristic symptoms of drugs, and the sum total of all subjective, objective or pathologic must of necessity form the real basis of every well taken case. Summarizing, therefore, we may properly say that the recognition of what ails the patient, added to the recognition of how the patient is ailing, constitutes the answer to the question, "How to take the case?"

The elucidation of the case in order that a therapeutic basis may be reached, requires frequently the wisdom of a savant, the knowledge of a sage, the acumen of the successful lawyer, the tact of the trained diplomatist, the logic of the philosopher, the trained knowledge of the physician himself, and last, but by no means of unimportance, that rare insight into the human soul, that in its highest consummation, was possessed by Christ Himself. Hence he who aspires to be the great physician must in large measure possess the attributes of all. Narrowness, pettiness, smallness should have no place in his make-up, but charity for the opinions and beliefs of others should enshroud all other qualities.

The mere details of the routine method of case taking are best set forth in paragraph 84 of the *Organon*; they need not be reiterated here; but it may in all fairness be said, that homœopathic physicians too frequently are found wanting in their ability to properly take the case from the therapeutic standpoint. We are too prone to treat diseases instead of patients, in whom diseases are manifested. Hence, let us not forget, that in our work as physicians, individualization should form the great keystone of the arch of successful therapeutic endeavor.

FIFTY YEARS' PRACTICE.

By **Eli G. Jones, M. D., 1331 Main St., Buffalo, N. Y.**

It has been said that the average physician in this country lives to the age of 57, and has had 30 years' practice in his profession. This year is a "red letter" period in the life of the writer, for it is fifty years since I began the practice of medicine, and if I live to July 26th, 1920, I shall have reached the age of "three score years and ten," the allotted period of man's life on earth. I have lived to see one after another of my *own* family pass on to a better world.

At times there comes to me a feeling of such intense *loneliness*; it is then I *long* for the touch of a vanished hand, the voice that is hushed in death.

My mother was a *saint* on earth. If there is any *good* in me I owe it *all* to *her*. She was an invalid all her life, and was under the treatment of some of the most prominent physicians on both sides of the Atlantic. It was her wish that I should study medicine and be a physician; but I had *no* taste for medicine, I wanted to be a lawyer.

If a person was sick or injured, I wanted to be as far *away* from them as *possible*. I naturally had a perfect *horror* of death, and funerals, and that feeling has remained with me all my life.

I realize the fact that a boy's *best* friend is his mother. No one *understands* a boy so well as his *mother*—

"Who taught me the prayers that I learned in my childhood,
 Who nursed me in sickness and bound up my wounds,
 Who smiled at my coming, and blessed me when parting;
 I can see her to-night in that old rocking chair."

I have lived to see one after another of my *dearest* medical friends pass away. I *prized* their friendship, they were like *brothers* to me. It seemed to me I could not *bear* the *great* loss of their companionship. Yet God knows what is *best* for us poor mortals, and when our work is done here below He calls us home.

"After life's fitful dream they sleep well." While they may be

forgotten by the world at large, they will *live* in the hearts of the patients whose *lives* they have *saved*. For the *good* that men do *lives* after them.

I have seen *great* changes take place in the medical world within the past fifty years. I have seen one "fad" or "hobby" after another have its day, then to pass away and be forgotten. I am glad that I have lived to see a more *liberal*, a more *progressive* spirit in the medical profession than when I first began practice. For the past 37 years I have been writing articles for the medical journals of *all* schools of medicine, to *help* our doctors to be *better* physicians, to help them to do *more* for the sick than they *were* doing.

Not only that but I have tried to bring about a more *kindly* feeling among our doctors of *all* schools of medicine by *showing* them in my articles what could be *done* with *new* school remedies when prescribed according to *definite* indications. As a result of my work in this direction there is to-day a more *liberal* spirit in the independent regular medical journals, and *very* many of our doctors of the regular school scan the pages of the above journals for articles about *new* school remedies.

There is a *keener* interest in the study of materia medica than ever before. Our doctors seem to *realize* the fact that the craze for "*needless* surgery" and the "*serum* craze" will ere long have spent its *force*, then the doctor who *knows* materia medica "*will come into his own*." He will be *the* man whom the people will learn to *depend* upon when they are sick.

It makes me *sad* at *heart* when I see our young doctors and some older ones running after this "fad" or that "serum," some new "hobby" they have heard of. All this is a *mistake*, for *materia medica* always has been and always *will* be the *solid rock* upon which the young physician *must* lay the *foundation* of his skill and reputation. It is his *best* bower anchor that will help him to *ride out* the storm when the angel of death seems to be hovering over his patient. It is then he *must know* his materia medica to enable him to find the *indicated* remedy. When *death* stares us in the face it is *no* time to *theorize* or *experiment* with any *fad* or *serum*, but it is your *duty* as a physician to find the *indicated* remedy and *give* it.

In my experience of very many years in the practice of medicine and a *wide* circle of acquaintance with physicians of *all* schools on both sides of the Atlantic, I have been *impressed* with this *fact* that the doctor who has the *best* reputation in a community, who has the *largest* practice, and the man whom the sick *turn* to when *other* doctors *fail* to help them, is the doctor who *knows materia medica*. I have wandered through some of the beautiful cemeteries of our country, in the silent city of the dead, in the polished white mansions of stone they have each found a place of rest. The thought comes to my mind, How many of these people that are sleeping their last sleep are the victims of some doctor's *experiment*, of some doctor's *mania* for an operation, of some doctor's *mistaken* diagnosis, of the remedy that never *ought* to have been given? When we think of all this, how *forcible* the words of one of the fathers of medicine comes to our minds: "Oh, medicine, what crimes are committed, what maladies engendered in thy name!"

When we, as physicians, are called before the Supreme Court above, the "court of last resort," it will be no *defense* for us to plead that we followed the *authorities* of *our* particular school of medicine; but the main question will be, "Did you do your whole *duty* by your patients, *did* you leave no stone *unturned* to cure them?"

Very *many* adults and little children have gone to an *early* grave because some doctor followed *blindly*, *slavishly* the *authorities* of *his* particular school of medicine.

When I see such things and read about them "*I tremble for my profession when I remember that God is just.*" If we, as a profession, expect to *hold* the *confidence* of the public we have got to *show* them that we can treat *successfully* the diseases *common* to our country.

The fact that they are *not* being *cured* by the average physician is the cause of the drugless healers getting such a *strong* foothold in this country. If the doctors *can't* cure the people when they are sick, the people will go where they *think* they can be cured.

We are on the threshold of the New Year, 1920, may it be a

prosperous year for *all* my readers. May we all be *better* men and *better* physicians than a year ago.

Our God, our country, our profession, our dear ones, *demand* the BEST there is in us. Are we *doing* it, or just "drifting with the tide."

In one of the great battles of England's naval history, Lord Nelson signalled the fleet, "England expects every man to do his duty." The Great Physician expects every doctor to *do his duty by his* patients, to leave no stone unturned to *cure* them!

During the Civil War a regiment was leaving N. J. for the front. A flag was presented to the regiment. When the color sergeant received the flag he said: "I'll return with the flag or report to God the reason why." If the time comes that you have the misfortune to *lose* a patient, if you can with a *clear* conscience say that "you have done your whole duty by your patient, and left no stone unturned to cure them," then you will have no *sting* of *regret* to follow you through life.

There is many a doctor in our country to-day haunted by the *ghosts* of the *past*, the *sting* of regret, for there are "some things we *would gladly forget*."

In looking back over my past life I can truthfully say that I would rather have the *gratitude* of one man that I had *helped* to be a *better* physician than *all* the *honors* that could be *conferred* upon me by my profession. I would rather have the *gratitude* of one poor patient that I had restored to health than to have the name of building a library or hospital. For the Great Physician says: "Inasmuch as ye have done it unto one of the *least* of these, my brethren, *ye have done it unto me*."

Industrial accidents killed 3,400 persons and seriously injured 50,000 in the State of Pennsylvania in 1918, according to reports reaching the United States Public Health Service. Most of such accidents are preventable; many the result of carelessness. Safety First.

A MAN WITH A NEW THOUGHT.

It was my pleasure a few months ago to make a trip from San Francisco to the State of New York, to see and talk with a physician of whom I had read so much in a number of medical journals. I wanted to see the doctor who is devoting his entire time to teaching physicians a simple method of diagnosis and a better knowledge of the materia medica. I am referring to no other than Eli G. Jones, M. D., of Buffalo, N. Y.

My conversation with him had progressed but a few moments when it dawned on me that I was talking to A MAN WITH A NEW THOUGHT. A thought developed. A thought that fitted him perfectly in his chosen field of teaching those of the profession, who have not delved as deeply as he in medicines and their proper administration, and who may not have taken the time to plan a simpler method of arriving at a correct diagnosis, so that indicated remedies could be prescribed with absolute accuracy.

I shall never forget when he said to me: "When in doubt about your diagnosis, read the pulse." That in itself was a revelation to me. It, however, took him but a short time to make himself clear to me on this point. What he did say about the proper method of reading the pulse will be of much value to me in the future. I am certainly glad to note that he feels inclined to "help brother physicians to be better physicians."

Dr. Jones' good work is commendable. It would be wrong for me not to mention this fact to others. Although I could not spare the time necessary to study with him during my short stay in Buffalo, it is, however, my intention to take up this course a little later on. In the meantime I will avail myself of the good advice given me, and I am proud to be able to state in this writing that some of it has already helped a few of my patients wonderfully.

My wish is that the doctor may remain with us for a number of years to come. This, for the good I feel he can do, is doing, and is willing to do for physicians, who, in return, will be as thankful to him for his sound teachings as I am. After all, it is the good we can do to others while alive which counts most.

San Francisco, Cal.

DR. C. M. BECK.

November 21st, '19.

Editor of the HOMŒOPATHIC RECORDER.

As a friend of THE HOMŒOPATHIC RECORDER the writer desires to enter a protest against the unjust attack of a subscriber who, on page 514 of the November number, cancels his subscription on account of the journal, as he avers, having been "taken over by the Alcohol Trust." It is to be hoped that the publication will not have to cease on account of this. Seriously, the charge is absolutely false, as the RECORDER has always taken the only sensible view, which is to protest against a despotic rule. That alcohol is in many cases a source of great evil no one, even a liquor dealer, will deny, but for any set of men, however sincere, to demand that all others shall be governed by their views, is un-American and absolutely wrong. The very methods which were adopted to bring about prohibition were those of the intriguing politician; those who voted for the measure do not, most of them, live up to its principles, and voted for it for political influence; the editors of many newspapers were afraid to express their actual disapproval for fear of the fanatical opposition expressed in the letter above referred to. The whole question is one that should be put to a popular vote, indeed it is the custom of all societies to demand a personal vote in every change of a constitution. Imagine if you can a club or association, that would permit its constitution to be altered except by such a means.

As to whether the saloon has any real value a little incident that once came to the attention of the writer may be interesting. Some years ago a flour and feed dealer of Scotch Presbyterian habits was a strict prohibitionist, in fact as well as in theory. One fine day he fell in an unconscious state on the sidewalk near his place of business, and a rush order was sent out for a doctor. Being at a time of the day when none were to be had, some thinking individual ran into a near-by saloon and brought out a glass of whiskey. This was given to the man, with quick action, so that on rubbing his eyes and hearing what had accomplished this happy result, exclaimed: "No more prohibition for me; they couldn't get a physician; a druggist would not sell it without

a prescription, and I would have died without it." Whether the latter is true is not the question at issue; if the people show by actual vote that they want alcohol (under proper legal restriction) they should have it, and if they object to it as a *majority*, that ruling would be just and that only.

The RECORDER is to be congratulated on its platform of unbiased neutrality.

Very truly yours,

WM. JEFFERSON GUERNSEY.

4340 Frankford Ave., Philadelphia, Pa.

Editor of the HOMŒOPATHIC RECORDER.

Dear Doctor:

I read in the November issue of the RECORDER, on page xvi, a statement by Dr. J. P. Biddle, of Washington, Pa., regarding cases of smallpox which occurred in January, 1903, and which received through the doctor the *Internal Vaccine*, and that not one of the eleven cases, under his care, developed the disease.

Thus the good doctor emphasizes the use of this method rather than have recourse to the usual method of vaccination.

But the doctor likes at the same time to hear from other colleagues on the subject.

Well, had the doctor perused Dr. P. Jousset's *Practice of Medicine* (translated and published in 1901 by the undersigned) on page 198 he would have found in my annotations a great support for his wonder.

For his benefit and merely for a revival, I glean a few lines from the text to show that this very *Internal Vaccine*, as the doctor calls it, has been used in very early days for the same purpose and by our leaders.

Dr. Jahr extols *Vaccinum* and the late Drs. Raue and Straube recommended highly *Malandrinum* as a preventive medication. Dr. Wm. J. Guernsey in favor of *Malandrinum*, basing upon his own clinical experiences, says: "*Malandrinum* is more consonant with homœopathic principles, because it is similar, yet not the same. It produces no ill effect, nor stirs up within the individual any previously unsuspected latent scrofulous taint, and it is a

protective agent, as I have often verified. Those directly exposed to the contagion of variola will escape its contamination by its protective influences."

Dr. Kippax, Dr. Kalzkowsky speak highly of *Malandrinum* and *Vaccininum*. On page 200 my own notes crystalized:

In 14th March, 1893, a girl aged 7, not vaccinated, red face, injected eyes, throat hyperæmic, left tonsil red, enlarged, no sign on the body, pulse 190, T. 107°. \mathcal{R} . *Aconitum* on the 15th. P., 160; T., 105°. Mother told child delirious, moaning, restless very. \mathcal{R} . *Rhus* 6th. On the 16th pulse, 120, T., 103°; better. 17th, P., 100; T., 101°. \mathcal{R} . Placebo. 18th, *Sulphur* 30th, one dose with a view to arouse reaction. 19th, some eruptions began to show over the face, and on the 20th body was covered from head to feet with the characteristic eruption. The case, as I was expecting, was one of smallpox. The board of health confirmed the diagnosis. House private, quarantined.

Following the advice of Dr. Jahr, I prescribed on the 20th *Variolinum* 30th, gtt. xv in one-half glass of water. Teasp. every hour.

21st. Very quiet; disease followed usual course; no fierce symptoms; no marked secondary fever when eruptions became pustular, nor the characteristic odor. *Variolinum* continued until the 24th. On the 25th every two hours. 27th every three hours. Dessication had already begun, and the crusts fell easily; no pitting; no cicatrice left.

The younger brother, also not vaccinated, started with T. 103 on the 29th. \mathcal{R} . *Acon.* 6th; on the 30th T. 101½° continue. 31st, T. 100½° continue. On the 3rd April, characteristic exanthem. \mathcal{R} . *Variolinum* 30th up to the 7th hourly. Crusts began to fall and boy had an easy convalescence. Discharged cured on the 10th April. Had I known better I should have given *Variolinum* for the boy soon as the elder sister was affected, as a prophylactic.

Our late and lamented Dr. C. Hering, in his *Domestic Practice*, also suggests *Variolinum* 3rd dilution, when pustules are fully developed. Dose, 1 to 2 drops in a glass of water, teasp. every six hours.

Dr. Samuel Swan, of New York, reported in *Med. Advance*, 1910, two cases cured by *Variolinum*.

Allopaths are getting hold of this valuable agent, as late Prof. Koch did with *Tuberculinum*, more than fifty and sixty years ago, proven and introduced by our Dr. Constantine Hering, like the *Glonoinum*, so-called Nitro-glycerine now. Articles on anti-toxin for smallpox, which appeared both in *International Brief*, January, 1895, and in the *New York Medical Times*, February, 1895, justify this statement.

DR. JOHN ARSCHAGOUNI, M. D.,
Sr., A. I. H.

New York, the 3rd December, 1919.

Titusville, Pa., December 10, 1919.

R. F. RABE, M. D.,

New York City, N. Y.

My Dear Dr. Rabe:

I received the December number of the RECORDER yesterday, and it seems that it is the best issue of the RECORDER I ever saw. I have not been a subscriber for some time. I notice that you ask me for another article in the near future. I will try to comply, and will write you something occasionally.

At the present moment it seems to me that I could write something on the thoughts which I will sketch below.

I moved the first of November to this place. I am the only avowed homœopathic physician here. There are about ten physicians here now. Twenty years ago there were about twice that number, seven or eight of them being homœopaths, for less population. I left Evans City a month ago because I simply could not do the work in the winter, it being scattered. There were small country towns where there were one or two physicians some years ago and now have none. The Evans City doctors had to attend them or let them do without medical attention. Now what am I trying to get to? I have never been much for students, but I made up my mind to-day that I would turn over a new leaf and try to induce really good young men to attend a homœopathic college in Philadelphia or N.Y. I would also urge every other homœopathic physician in the country to make a mighty effort to get at least one student into a good homœopathic college next fall. If

we can do that what a boost it will be for our dwindling colleges. What a boost it will be for homœopathy in a few years. If the Iowa and California homœopaths had done their duties, would the homœopathic teaching be as it is in those States? Too many of us, like myself, have been lazy and indifferent as to whether we upheld the homœopathic colleges. If we neglect longer it will be too late.

This looks like a wild fairy tale, but if we aim high we will surely do some good to increase the percentage of homœopathic physicians as well as supplying physicians where they are badly needed.

Page 496, Nov. RECORDER, beginning paragraph on third line is certainly appropriate at this moment. The materia medica laboratory looks to me largely like as if it was a grandstand play, but of little practical value to cure the sick. With best wishes, I am,

Very truly yours,

E. P. CUTHBERT, M. D.

201 West Main St., Titusville, Pa.

EDITOR'S NOTE: Homœopathic colleges are constantly receiving letters from towns all over the country asking for homœopathic physicians. The demand is constant and great; the supply pitifully small. Dr. Cuthbert's observations are timely.

MEETING OF MATERIA MEDICA SOCIETY.

A regular meeting of the section on Homœopathic Materia Medica and Therapeutics was held at the Hahnemann College on the evening of Nov. 19th. Before the regular program interesting cases were presented. Case of Donald Macfarlan: Louis F., 28 years, has been ill for four years with hemorrhoidal trouble; bad for the last year. Was seen for the first time October 24th, 1919. Sometimes in the case the blood was dark red, sometimes in lumps. Had a good deal of treatment without effect. His lodge doctor told him an operation alone would cure him. He was < when going to toilet, and had chilliness < at night right along. Constipation. Stopped-up nasal

condition every morning. Gas in stomach. Cannot sleep well, a trouble in getting to sleep, especially in hot weather. Bad taste noted in mouth. Pain in both sides of chest, and it sometimes hurts to breathe. No vomiting. Pain around both kidneys once in a while. Sometimes nervous. Takes little tea or coffee, and he imagines they are injurious. The urine is always dark and heavy, and is offensive. No nocturia complained of. Has lost five pounds since last fall, and is asthenic. Reflexes (patellar) are normal. No sore throat. For two or three weeks appetite incriminated. Sores like fever blisters on lips come out he thinks. *Nux vomica* was given 10/29/19. He returned not having used up the medicine. The bleeding piles have stopped. Sleep much better. Chilliness and gas in stomach improved, as was the bad taste in mouth. Urine is clearer and not so offensive. Fever blisters gone. He continued a short time longer with the remedy, a high one made after the Fincke procedure, and then went on *Sac. lac.* When he returned a slight head condition solely remained. This was presumably cleared by a little θ *Iodin*, as he has not reported lately.

After this there was a discussion on the reducing of blood pressure, and Dr. Karsner spoke about the possibility of *Viscum album* on that state. Dr. T. H. Carmichael said a good word for *Cactus* and *Glycerin* was mentioned not only in its power of lowering blood pressure, but in its ability in clearing up urinary casts and sugar (Note—This can only come from the dynamized drug.) Case of Dr. Carmichael: Boy of 6 years afflicted with laryngeal diphtheria. No swelling of glands. Slight discharge from nose and mouth. Positive culture. House was placarded. No throat lesion seen. Another medical man called him a carrier. Case was seen late. 2000 units were given. *Spongia* and *Kali bichromicum* were used.

Dr. Karsner spoke well of *Mercurius* in diphtheria. Dr. Douglas Macfarlan spoke concerning anaphylaxis in asthmatic cases. For post-diphtheritic ear cases he had used with success the 30th dynamization of antitoxin in a case of aural tinnitus and deafness.

During the course of the meeting Dr. Theo. J. Gramm and Dr. Carmichael spoke of the serious injustice done to homœo-

pathic practitioners anent the present day *purchase-of-alcohol question*. It seemed indeed singular that a Jewish rite, for instance, permitted that race to have alcohol *because it always had had that right!* Dr. Carmichael quite properly viewed the follower of Hahnemann in the light of a pharmacist, so to speak, as he dispenses his own medicine. He considered it an infringement on his rights when he was required by statute to put up a \$1,000 bond, and at that was only permitted a quart of alcohol a month. The public also should be consulted and interested, too, as the superb results of Hahnemann's methods showed a mortality of 5 per cent. in the recent Spanish influenza pest, while our old school confreres lost 25 per cent. of their cases. Two quarts of sixty-four remedies meant only four ounces for every remedy. On motion by Dr. Karsner and on the seconding by Dr. J. M. Caley a resolution was passed that the secretary of this section should send notice to the County Medical Society presenting the point at issue and requesting action suitable to the condition.

Dr. A. S. Ironsides next presented a very interesting case illustrative of repertorial analysis: A woman, æt. 50 years, when seen Nov. 4, 1913, an operation had been undergone one year before for an ovarian cyst. Patient had complained of occipital headache, spells of giving out, cardiac palpitation, < night nervous, soreness in left hip, flashes of heat, smothering, full of gas, backache and sacral trouble, late sleep but great drowsiness when she would arise, free sweat in axilla and with a poor memory (names and numbers), sudden goneness at noon, and a complaint of being too hot in summer and too cold in winter (the feet). The action of *Sulphur* in the case was excellent. Each symptom, seriatim, was taken up by Dr. Ironsides. Bœnninghausen was used in the analytical work. Discussion followed.

Dr. T. L. Van Tine spoke of the recent work done at the Hahnemann Hospital. Dr. Gramm spoke of the fine work of our men out in the west along this line. Jahr, and Possart, and Lippe's repertories were considered.

Signed,

DONALD MACFARLAN, M. D.,

Secretary.

Philadelphia.

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

Edited by **Stuart Close, M. D.**, 248 Hancock Street,
Brooklyn, N. Y.

INTRODUCTORY.

The editor and publishers of *THE HOMŒOPATHIC RECORDER* have honored me with an invitation to use the space hitherto so ably and profitably utilized by Dr. Clifford Mitchell as *The Specialists' Department* for the creation of a new department to be known as *The Department of Homœopathic Philosophy*.

In accepting this invitation I desire first to express, for other readers of *THE RECORDER* and myself, our high appreciation of Dr. Mitchell's work and our sincere regret that he has found it necessary to bring it to a close. We shall miss his able reviews, his brilliant essays and his pertinent paragraphs which did much to keep us in touch with advances in medical thought and practice.

In the new *Department of Homœopathic Philosophy* I shall endeavor, in a series of essays and paragraphs, original and quoted, to set forth and explain the fundamental principles of homœopathy and their application in practice. In doing this I shall have in mind not only the older practitioner who may sometimes profitably review and possibly correct his early teaching, but more particularly the younger generation to whom, perhaps, the subject has not been systematically and clearly presented.

The exacting demands of the regular curriculum of *General Medicine* in our homœopathic colleges have heretofore made it impossible for the student to devote the time and study necessary to attain proficiency in this important branch of medical science. Post-graduate study of some kind is imperative if the recent graduate is to become a worthy exponent and practitioner of homœopathy.

While a series of articles in a monthly journal can not take the place of a course of personal instruction which might be given by competent instructors in a post-graduate college of homœopathy, something can be done in this way to meet the existing need. That the importance of the subject is felt and that it is interesting to a large proportion of students was clearly shown

during my four years (1909-1913) engagement as Professor of Homœopathic Philosophy in the New York Homœopathic Medical College.

The interested attention shown by the students who were able to attend the lectures, was all that could be desired. If I succeed half as well in that respect with the readers of *THE RECORDER* in conducting this department I shall be happy.

(NOTE.—It doesn't take much to make me Happy.)

THE PSYCHOLOGICAL POINT OF VIEW.

Stuart Close, M. D.

All great forward movements in religion, science or art have originated in the mind of some individual who appears at the psychological moment and announces his mission. His personality and teaching represent the substance of the truth for which he stands.

To a Moses or a Luther, to a Washington or a Lincoln, to a Plato or a Bacon, to a Hippocrates or a Hahnemann, each in his own sphere and period, the world comes and must come for instruction, inspiration and leadership.

Always, following the appearance of a great teacher or leader, opponents, detractors, or corrupters spring up and attempt to stray, or destroy, or divert to their own glory the progress of the new movement. Disciples, or would-be disciples, have always to be on their guard against false teaching. Their principal safeguard is in maintaining a sincere and intelligent loyalty to the historic leader whose personality and teachings represent the original truth, and in intellectual and personal fellowship with other followers who maintain the same attitude and relation.

Lesser lights and lesser leaders there must and always will be, to whom, each in his own rank and degree, honor and loyalty are due; but the disciple is never above his master. He only is "The Master" to whom the first great revelation of the truth has come, and by whom it has been first developed and proclaimed; for such epochal men are supremely endowed and specially prepared, usually by many years of seclusion, intense thought and labor. They are raised up at last to do a great work. They stand on the mountain tops of human experience, from whence they have a

field of view and a grasp of truth never before attainable. Like Moses, they have as it were, received the "Tables of the Law" direct from the hand of the Almighty.

Homœopathy, the science of therapeutic medication, has a two-fold existence—as an institution, and in the personnel of its loyal individual representatives.

These two constituents are pervaded by a common animating influence or spirit, which finds expression respectively in its organizations and literature and in the life and practice of its followers.

The fundamental principles of homœopathy are embodied in a group or system of doctrines, laws and rules of practice which were first formulated and authoritatively set forth by Hahnemann in his *Organon of the Rational Art of Healing*.

The *Organon* is, therefore, the fundamental text-book and highest authority of homœopathy, which is and always must be accepted as such by his followers, without derogation of the works of any of his successors who have written more or less ably upon the subject.

The practical demonstration of homœopathy is committed to its personal representatives, whose success will be proportionate to their efficiency. Efficiency in homœopathy implies and involves native ability, acquired technical proficiency and logical consistency in the application of its principles. The exercise of these qualifications requires honesty, courage, fidelity to a high ideal and a right point of view.

Every problem with which homœopathy deals must be approached and every technical process conducted from a particular and definite mental standpoint. The student or practitioner of homœopathy must not only know what this point of view is, but he must attain or acquire it, and act from it in each case. This might be called the personal side of homœopathy; for in the last analysis homœopathy, from the psychological standpoint, is essentially a state of mind, existent in the person of its representative. In this sense, personality, or the sum of all the essential attributes and qualities of the individual is a condition precedent to professional success.

Having defined the qualities and attributes that enter into the

make-up of a homœopathician the various practical problems and technical processes of homœopathy can be taken up and discussed from the point of view already established.

As a prerequisite to a clear understanding of the subject, as well as to the attainment of efficiency in the practical application of its principles, it is assumed that homœopathy is what it is claimed to be, *a complete system of therapeutical medication*. As a scientific system it is made up of certain facts, laws, rules and methods or processes, each of which is an integral part of the whole.

Nothing conflicting with its established principles can be added to it, nothing taken away, if it is to stand in its integrity. Once it is determined what these essential elements and principles are, homœopathy must stand or fall as a whole.

A mutilated homœopathy is a lame and crippled thing, obliged to sustain itself by crutches, splints and braces. An emasculated homœopathy is an impotent homœopathy, without the virility necessary to maintain or reproduce itself. Some short-sighted, superficial and weak-kneed individuals, actuated by their prejudices or through their failure to comprehend the subject as a whole, have adopted an emasculated homœopathy for themselves, and attempted to support their crippled eunuch as a candidate for general acceptance. Subjects such as the "Life Force," the single remedy, potentiation and the minimum dose and the totality of the symptoms as a basis for the prescription they have characterized as unessential, "so long as the principle of Similia was maintained." They do not perceive that each of these doctrines is logically drawn from and inseparably connected with the one fundamental doctrine which they profess to accept and apply. It is this which has brought homœopathy, as an institution, down to a point where its very existence is threatened.

Within its sphere homœopathy is entirely adequate to meet all its own problems in its own way, when it is practiced in its purity and entirety. But homœopathy will fail if it is forced outside of or beyond its real sphere, or if it is perverted and emasculated. To know the true sphere and limitations of homœopathy is as necessary to practical success as to know its technic and resources. The subject of the scope of homœopathy will be considered later.

Mere formal knowledge of the "law of cure" and the technic of prescribing does not make a homœopathic physician in the true sense of the word. Something more than that is needed. Into that cold and inert body the "breath of life must be breathed," before it becomes "a living soul,"—active, vital, earnest. Homœopathy is a spirit as well as a body of rules and principles, and the spirit must be incarnated in every true believer and follower. That incarnation takes place when the mind of the neophyte is opened to the philosophical truths which underlie both the method and the principles, and he becomes imbued with the desire and the purpose to make them the ruling influence of his life.

Methods of adapting and applying the principles have changed to some extent as the technic of prescribing has developed, but homœopathy is essentially the same to-day that it was a hundred years ago. Individual practitioners, nominally followers of Hahnemann, have drifted away from his teachings and method, and some have attempted to inject into or graft upon homœopathy all sorts of "fads or fancies;" but the mongrel thing thereby created deceives no one who has derived his knowledge from the fountain head. Homœopathy as set forth by Hahnemann is complete in all essentials as a system. It is supreme within its legitimate sphere, because it is the only method of medical practice which is based upon a fixed and definite law of nature.

That claim has been disputed by the dominant school of medicine ever since the law was first promulgated by Hahnemann; but it has never been disputed by any one who has complied with all the conditions necessary for a scientific demonstration of its verity. To comply with those conditions in good faith and test the matter, is to be convinced.

It is conceivable and probably true, that the reason for the rejection of the homœopathic principle is that the principle, as usually stated, has never been fully understood. It is a fact that most, if not all of the attempts (with an exception to be brought forward later) to state the principle have been faulty. Analysis and comparison have not been carried far enough, in most cases, to clearly reveal the principle and establish homœopathy in the "Circle of the Sciences" where it belongs.

The dominant school of medicine not only denies that the so-

called "Homœopathic Law" is a law of nature, but denies that there is any general law which governs the relation between drugs and disease and have ceased searching for one. The existing situation has never been better characterized than by Mons. Marchade Calvi in an eloquent and stirring address to the French Academy of Medicine over fifty years ago. I present it for the thoughtful consideration of my readers until we meet again.

"In medicine, there is not, nor has there been for some time, either principle, faith or law. We build a Tower of Babel, or rather we are not so far advanced, for we build nothing; we are in a vast plain where a multitude of people pass backwards and forwards; some carry bricks, others pebbles, others grains of sand, but *no one dreams of the cement*; the foundations of the edifice are not yet laid, and as to the general plan of the work, it is not even sketched. In other words, medical literature swarms with facts, of which the most part are periodically produced with the most tiresome monotony; these are called observations and clinical facts; a number of laborers consider and reconsider particular questions of pathology or therapeutics—that is called original research. The mass of such labors and facts is enormous; no reader can wade through them;—but no one has any general doctrine. The most general doctrine that exists is the DOCTRINE OF HOMŒOPATHY. This is strange and lamentable; a disgrace to medicine,—but—such is the fact."

A person can live weeks without food, days without water, but only a few minutes without air, says the United States Public Health Service. Persons who pay little attention to the purity of the air they breathe are not careful as to drinking water and food. Become a fresh air crank. Raise the office windows.

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for the editor, to*

R. F. RABE, M. D., Editor, 616 Madison Avenue, New York City.

Shall We Amalgamate?—The subjoined letter to homœopathic physicians of Philadelphia from the O. S. county medical society is another illustration of the systematic efforts constantly put forth by organized medicine to wipe out sectarianism. If this were the sole object of these alleged altruistic endeavors homœopathic physicians might welcome with open arms a real affiliation with our friends of the other persuasion. The day of sectarianism has indeed gone by; no one is more ready to acknowledge the wisdom and truth of this statement than the homœopath himself; but let our O. S. friends bear constantly in mind that they themselves, by their bigotry, narrowness and intolerance, have compelled us to remain wrapped in the mantle of sectarian medicine. This mantle, not of our choosing, obsolete though it be, and not cut in accordance with the ideas of the present, can easily be discarded if our O. S. brothers will in good faith agree to incorporate in the curricula of their medical colleges and universities, courses in homœopathic philosophy, materia medica and therapeutics, and if they will further agree to exemplify in their hospitals homœopathy at the bedside.

In no other way can an honest amalgamation between the two schools of medicine be brought about, and the attempts of our old school friends at weaning away from their organization, individual homœopaths are, to say the least, in questionable taste. "Beware of the Greeks when they bear gifts!" is an injunction which rises in the mind of every homœopath who possesses a spinal column worthy of the name, when he is approached in the manner as outlined by the county society's letter.

Among the reasons given why physicians should seek membership in this county society, reason No. 3 is deserving of full quotation: "Belonging to an organization having offices whose

business it is to promote everything that is for the good of the entire profession and at the same time to be alert to detect anything inimical to our profession."

The high moral tone of this statement is beyond question, and has our full endorsement; but we submit that *to promote everything that is for the good of the entire profession*, must include the promotion of the knowledge of homœopathy. We challenge the Philadelphia County Medical Society to show that this has been done, or that it is even under contemplation. Until we have abundant evidence of a real spirit of altruism, of fair play and of broad-mindedness on the part of our O. S. colleagues, we cannot for one moment listen to their blandishments, however alluring these may be.

It is, therefore, with much satisfaction that THE HOMŒOPATHIC RECORDER gives publicity to the fact that on December 11, 1919, at a crowded meeting of the Homœopathic Medical Society of the County of Philadelphia, this society voted unanimously to reject the offer of affiliation of the O. S. county society.

Philadelphia, December 10th, 1919.

My Dear Doctor:

The Philadelphia County Medical Society recognizing that it is imperative that the medical profession of Philadelphia County be represented as one body are making a canvass for members.

We are extending to you an invitation to join the Society, not however with an idea of interfering in any manner with the work being done by the Homœopathic County Society, but for the express purpose of consolidating the entire medical profession, so as to have a majority representation in all matters inimical to the profession.

The need for this consolidation was demonstrated by the recent activities of the legislative conference, and it is the opinion that in complete affiliation only can definite results be accomplished. Trusting that we may hear from you at an early date we are,

Very truly yours,

J. W. CROSKY,
Chairman of the Committee on
Increase of Membership.

Toleration in Medicine.—With this issue we take pleasure in presenting a paper read by Dr. George W. Mackenzie, of Philadelphia, before the Association of American Medical Editors at their meeting in Atlantic City last summer.

With Dr. Mackenzie's plea we have full sympathy. His ideas are those of a man of broad gauge, who has the interests of his fellow man at heart. His spirit of tolerance of the opinions and claims of others is worthy of emulation. Had this spirit long ago found lodgment in the minds of medical men, the world would not be, as it is to-day, plagued by a multiplicity of incongruous pathies, isms, fads and fancies. Medicine missed a great opportunity when it failed to grasp the virile germ of truth now almost suffocated by the sophistries of Christian Science. Instead of incorporating that which is reasonable and true in osteopathy, medicine has rejected it, compelling those who believe in this method of treatment to organize in its defence. Even the homœopathic school itself, once the victim of bitter persecution, has not hesitated at times to indulge in the puerile sport of throwing stones at our osteopathic friends. Medical men often vie with, if they do not outstrip even religious fanatics, in their misdirected zeal to keep medicine pure and holy. And all the time we see medical nihilism growing among the rank and file, while the fakirs wax fat upon the credulity of a helpless and bewildered public.

Dr. Mackenzie would have medical associations and colleges investigate the various claimants for medical recognition; he would have our colleges teach psycho-therapy and osteopathy, should the latter prove its claims for consideration. His idea is good; whether it could be carried out in practice is another matter. Medical colleges are overburdened with multitudes of subjects as it is. Four thousand hours are at present required of the poor medical student, who is at the same time condemned to indulge himself in heaven knows how many hours of collateral reading at home. Each specialist emphasizes the supreme importance of his own particular field of work; the rhinologist relates everything to the nasopharynx; the gastroenterologist sees misplaced and misshapen stomachs and coli in every patient; the proctologist believes that everything begins and ends at the rectum.

His claim at least has the merit of a partial truth! The student finally emerges from medical college as a half-baked specialist in everything and a master of nothing. In most cases he is unable to properly treat, even the simpler ailments of everyday practice, the very things he is first called upon to prescribe for. The technic of an amputation of the thigh at the hip is of precious little value to the embryo doctor, yet hours are spent in operative surgery upon the cadaver and in illustrating a kind of knowledge which will rarely if ever be called upon.

Medical courses are still very top heavy and far from ideal. There is abundant room for much needed reform, which can only be brought about by the combined wisdom, experience and knowledge of practical men in the field and of medical teachers. In this reform toleration for the opinions of others must be in evidence; there will then be some hope of the dawn of a brighter day in medicine, as desired by such men as Mackenzie. May their efforts continue!

Another Change of Name.—In the December number of our big brother—or shall we say sister—*The Journal of the American Institute of Homœopathy*, we are told that Hahnemann Medical College of Chicago is henceforth to be known as the Chicago Memorial Foundation.

If this item of news interest be correct, and we have no reason to doubt its authenticity, we are furnished with a second illustration of the recent tendency to omit all sectarian titles in the medical colleges of the homœopathic school. That Boston and then Chicago should take this step is indeed significant, a sort of union if you choose, between pork and beans; but there the comparison stops. Let us hope, however, that this combination of erudition and alimentation may not lead to future disturbance, such as might require *Carbo vegetabilis* for its banishment. The vegetable protein element contained in legumes is capable of stirring up considerable trouble at times, the echoes of which may occasionally be quite pronounced, not to say noticeable to the olfactory nerves.

Seriously, however, it is incumbent upon the homœopathic profession in general, to profoundly study this momentous question

of the abolition of the sectarian title; there is much to be said on either side; the possibilities of much acrimonious debate and of bitter discussions are boundless. At least one other homœopathic medical college is solemnly considering the taking of a similar step, and its faculty and trustees welcome light and guidance in the question.

To us it seems as though a referendum of the entire homœopathic profession throughout the country could with profit be taken. Possibly the membership of the American Institute of Homœopathy, should alone be consulted, since this organization is plainly most concerned and interested in the welfare of homœopathy. It may be urged that the alumni alone, of the several colleges should have a determining voice, but our experience at least, with alumni is disappointing, so far as helpful expression of opinion is concerned. Alumni are notoriously remiss and tardy in matters of this kind.

After all, the question is one which concerns every physician who practices homœopathy. Provided that the perpetuation of homœopathic principles and practice be assured, it would seem as though it should make little difference under which appellation this is done. In any case let us approach the question with open and honest minds. In the last analysis, the voice of the trustees and faculty of each institution must and will determine.

The Specialists' Department.—It is with genuine regret that THE HOMŒOPATHIC RECORDER announces the retirement of Dr. Clifford Mitchell from the editorial staff. For several years Dr. Mitchell has faithfully conducted his department to the interest and satisfaction of RECORDER readers. His ability in his special field of work is known to many who will miss his contributions in the future; but the increasing pressure of manifold duties and activities compels Dr. Mitchell to relinquish his position. The editor takes this opportunity to express to his colleague his appreciation of his co-operation in the past, and to wish him even greater success in his endeavors in the future.

A Department of Homœopathic Philosophy.—The HOMŒOPATHIC RECORDER is to be congratulated upon the addition to its editorial staff of Stuart Close, M. D., Brooklyn, N. Y.

Dr. Close will, commencing with the current number, conduct the Department of Homœopathic Philosophy, a field in which he particularly excels. RECORDER readers have in the past, had the pleasure of occasionally reading the scholarly articles of Dr. Close, and the editor of the HOMŒOPATHIC RECORDER assures them of a monthly treat in this respect, hereafter. The editor of the department will be glad to answer questions of interested readers, whose communications should, therefore, be addressed to Dr. Stuart Close himself, at 248 Hancock St., Brooklyn, N. Y.

BOOK REVIEWS.

THERAPEUTICS OF THE RESPIRATORY ORGANS. By Francois Cartier, M. D., Ex-President of the Homœopathic Medical Society of France; former physician to the Hospital Saint-Jacques, etc., etc. Translated from the French and edited by Carl A. Williams, M. D.; attending physician, City Hospital, St. Petersburg, Florida; member of the American Institute of Homœopathy, etc. Authorized translation. Published by Boericke & Tafel, Philadelphia, 1919. Pp. 302. Price, \$2.25.

Have you ever strolled along the seashore looking for interesting treasures of the ocean, when your attention has suddenly been attracted to a particular beautiful specimen, of a wonderfully polished quartz pebble. You have stooped to pick this up and after an admiring inspection, you have placed this specimen of Nature's handiwork in your coat pocket. Once again at home, you have laid this interesting stone upon your library table, where at any time during your hours of study, you may gaze upon it with pleasure and satisfaction.

The same pleasure and greater satisfaction will be gained by the reading and study of Dr. Cartier's book, which is a mine, rich in value of practical homœopathic therapeutic knowledge. Dr. Cartier's long experience entitles his observations to great respect; his remarks upon the use of such remedies as *Naphthalin*, for example, are most helpful. The chapter on the use of the tuberculins is alone a sufficient inducement to possess this work.

Dr. Williams is to be congratulated upon his most excellent translation of the original French text into correct and delight-

fully readable English. We are pleased to commend the book most highly.

PERSONALS.

To My Friends and Patrons:

Although I have changed my residence to Holden I intend to give my Worcester patients the very best service possible. To this end I have opened an office at 78 Pleasant street, Worcester, where I shall be in attendance every week day from 11:30 a. m. to 12:20 p. m., also at other times by special appointment. Trusting the above arrangement will prove satisfactory to all,

I am cordially yours,

J. P. RAND.

Worcester, November 1, 1919.

Dr. William Clark McKnight announces that he has been relieved from active military service and has resumed practice. Hours: 9:30 to 12:30. Preferably by appointment. Telephone, Circle 7052. "The Rutland," 260 West 57th street, New York.

Dr. Chas. Winfield Perkins has resumed practice 104 East 40th St., New York. By appointment. Vanderbilt 9736.

THE HOMŒOPATHIC RECORDER

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THE PUERPERA.

By Robert Lowell Wood, M. D., F. A. C. S., Obstetrician,
Cumberland Street and Carson C. Peck Memorial
Hospitals.

I might take as my text the statement, "The sins of the obstetrician maketh the purse of the gynecologist to wax fat," for there is no doubt that many of the operations done in women are due to neglect during the puerperal period. Let us consider a few measures looking toward the restoration of the mother to her ante-partum state of health, measures simple in themselves, but requiring the diligent care of the physician, and a strict attention to detail. First, the care of the perineum, both before and after labor. We have to face the fact that we are increasingly called upon to confine more comparatively elderly primiparæ every year, owing to economic conditions, which are the subject of anxious care and thought with all of us. The use of cocoa butter, rubbing the abdominal muscles and perineum for five minutes daily in the latter three months of pregnancy, will aid in softening and relaxing these tissues, and enable them to stand the test of labor better. In the event of a perineal tear, immediate repair is to be preferred, since the passage of lochia over the parts tends towards infection; and even mucous tears, which are not a factor in producing relaxation of the perineum, should be sutured, for this reason. Episiotomy, in the presence of a rigid and short perineum, is not practiced often enough. The lateral incisions are to be preferred, and we have then a clean surgical wound, easy of repair, instead of a ragged tear which is sutured with difficulty. Pomeroy advo-

cates even the division of the median raphe down through the sphincter if necessary; this seems to me too radical and unnecessary. If the patient complains that the sutures hurt her, and we can decide that this is more than the pain produced by the nurse in carelessly pulling upon the sutures when doing the vulvar dressing, they should be inspected and removed. If such removal is necessary, *Calendula succus*, pure or diluted, with an equal part of hot water, makes an admirable dressing.

Douches should not be used after a normal labor, as they are not indicated, unless one has gone into the uterus, as in version, and then an intra-uterine douche of Lysol, 1 per cent., should be given, always by the physician.

The diet of the nursing mother has been the subject of superstitious quackery ever since Cain and Abel entered the world, and you remember that Eve, in her approaching maternity, was advised to let fruit alone. The diet for the first day after delivery should be liquid, a hot drink being given (in the absence of any anæsthetic) as soon as the mother is back to bed. On the second day the diet should be semi-solid, and after the third day, in the absence of any complications, a light, general diet is given. Anything that the woman is used to taking in her usual state of health, and which agrees with her, may be taken. We would make this exception, that, as the puerpera is almost always constipated, the starch bearing vegetables, such as potatoes, peas and beans should not be given while the patient is confined to bed, thereby avoiding the production of flatulence. When the mother nurses her babe, it is unnecessary to force milk upon her in excessive quantities, under the impression that it is needed for the baby's nourishment; it merely increases the mother's weight and her discomfort. More than one quart per day is unnecessary, and some women who dislike milk drink none at all. Crab meat, prepared in any form, helps to stimulate the lacteal production, but regularity of nursing and thorough emptying of the breast is the greatest factor in a regular milk supply. These remarks apply to normal puerperiums, but after an eclamptic attack diet should be limited to skimmed milk until daily urinalysis demonstrates that there is no longer danger of pyelitis developing, as the writer has seen on two occasions, once on the twelfth, and once on the fifteenth day.

Homœopathic medication is to be used in the puerperium: *Arnica* being a perfect similimum for the bruised tissues of the mother, and it is routine on our service, unless some other remedy is indicated. *Arnica* is usually given low, except when there is retention of urine, when the thirtieth potency gives good results, where the three x would have apparently no action. *Caulophyllum* or *Cimicifuga* are most often indicated for after-pains in our experience. *Secale cornutum*, in the thin, scrawny multipara of many labors, is too often neglected, given not in the form of *Ergot*, but the homœopathic dilution (6x).

Involution of the uterus must be well established before the mother leaves her bed, lest the heavy, sub-involutèd organ cause prolapse and a train of symptoms which lead to chronic invalidism. The height of the fundus should be measured daily from the pubes, and the measurement recorded on the chart. The uterus, a suspended and not a fixed organ, tends to fall backward if the patient is kept on her back for an extended period, and the woman should be encouraged to lie on her face for fifteen minutes three times a day, after the third day, to promote the slight anteversion which is the normal position of the uterus. *Pituitrin*, instead of *Ergot*, after labor, if either be needed to secure firm uterine contraction, is preferable, in fact, with advancing experience I use *Pituitrin* more after labor than during it. The simple application of low forceps, when the head is well down on the perineum, in careful hands, is preferable and less productive of tears. If *Pituitrin* is given during labor, it should be used in three to five minim doses, twenty minutes apart, to guard against undue haste in delivery, and possible uterine rupture.

While the puerpera is still confined to bed, her muscular nutrition must not be neglected. Passive exercises of the arms, and later, of the legs, should be instituted early in convalescence, and soon the woman herself must be encouraged to perform the exercises that muscle tone and peripheral circulation be preserved. Excellent exercises may be found in DeLee's books.

Leg exercises tend to strengthen the relaxed abdominal walls and restore the tone of the recti muscles, which in multiparas are often separated by previous labors. The abdomen should

not be splinted by a tight binder, as the re-education of the abdominal wall is thereby prevented. A binder may be worn while the patient is in bed, but not afterwards. Attention to these exercises will not only keep up the nutrition of the patient's muscles, but will aid in restoring the "straight front" figure, a matter in which the woman is much concerned.

Another word as to subinvolution. Syphilitics, especially after abortion, when body resistance is lowered, are especially liable to subinvolution, and require very careful treatment before they are allowed out of bed. It may be said that no woman should get up until the fundus has receded below the iliac crest.

The subject on which I feel most strongly is the care of the breasts during the nursing period. Too often they are pumped when a little patience, especially on the part of the nurse in attendance, would enable the mother to feed her infant in a normal manner, and this condition obtains more in hospitals than in private houses. It is necessary for the physician to actively interest himself in the care and condition of the breasts, and to inquire frequently of patient and nurse as to the presence of caking, cracked or painful nipples, or other abnormal conditions. Too often these matters are left to the nurse alone. A breast abscess is a reproach to the physician, and a source of agony to the mother. Caked breasts should not be pumped, in the average case, but should be stuped with hot flannels wet as often as necessary, and massaged. The breast pump is a fertile field of infection in the hands of the hospital nurse, who has many patients to care for. Do not release a patient from observation without a thorough bimanual examination to determine the condition of uterus and adnexa, perineum and abdomen.

In conclusion, I am well aware that most of the topics here treated are extremely elementary, but observations during fourteen years of hospital and private practice, show that these are the very points where the busy practitioner falls down, to the dissatisfaction of his patients, and consequent loss of confidence in the profession.

HOMŒOPATHIC ATTENUATIONS AND THE ELECTRONIC REACTIONS OF ABRAMS.

By Benjamin C. Woodbury, M. D., Boston, Mass.

During a recent sojourn of three months in San Francisco *en route* from Hawaii to New England, it was the writer's good fortune to spend the last ten days of this period in investigation at the Abrams laboratory.

Through the courtesy of Dr. William Boericke, the Dean of Hahnemannians of the Pacific, the writer was presented to the polyglot scientist and man of letters, Dr. Albert Abrams.

The casual visitor to the modern scientific laboratory finds a certain unanimity in personnel, equipment and general conduct befitting the advanced age in which we live. This is true of the Abrams laboratory to a certain extent, yet this particular laboratory is unique in several respects that make it probably more typically individualistic than almost any other institution for medical research. In fact, one seems to be impressed with the idea that this is not alone a laboratory for physical and pathological diagnosis, but an institute for biodynamic and vital research as well.

In this laboratory many subjects possibly considered by the ultra-conservative as very far afield from medical diagnosis have from time to time come under consideration. For example, not only have the visceral reflexes been utilized for testing the electronic reactions and vibratory rates of various pathological lesions, and for ascertaining the radioactivity of metals, the electromagnetic theory of light, gravitation and polarity in the field of electrophysics, but also such subjects as psychoanalysis, bicerebration, hypnosia, and various phenomena of the subliminal have likewise been under consideration. All this data has been carefully set forth in more or less detail in Dr. Abrams' "New Concepts in Diagnosis and Treatment."

Not the least of these various lines of research has been that of the author's investigation into the Hahnemannian doctrine of attenuation and the homœopathic law of similars, the exact details of which were originally reported in *Physio-Clinical Medi-*

cine for Sept., 1919, and widely quoted in various homœopathic periodicals. This investigation is of particular significance to the homœopathist; for, undertaken as it was, in the spirit of scientific investigation, yet with the author's avowed intention of demonstrating the fallacy of the Hahnemannian teaching regarding drug attenuation, its outcome was of such a nature as to convince its investigator not alone of the truth of Hahnemann's theory, but to furnish one of the most substantial proofs of the potency of the infinitely minute, and represents one of the first really scientific demonstrations of the radioactivity of homœopathic remedies.

Henri Bergson, in his presidential address before the Society for Psychical Research, in London, May 28, 1913, is reported to have said:

"What would have happened if all our science for three centuries past had been directed toward the knowledge of the mind instead of toward that of matter. If, for instance, Kepler and Galileo and Newton had been psychologists? . . . Probably, instead of their being disdained *a priori*, all the strange facts with which psychological research was concerned would have been sought out more minutely. Probably we should have had a vitalistic biology quite different from ours, perhaps also a different medicine, or therapeutics by way of suggestion would have been pushed to a point, of which we can form no idea. Then the world of physical and not that of psychical phenomena would have been the world of mystery."*

The latter, however, he says, "was not possible . . . nor was it desirable."

The electronic method of diagnosis is in fact based upon such a "*vitalistic biology*" as here referred to, and that "*different medicine*" which Prof. Bergson mentions is quite within the therapeutic possibilities of homœopathy.

The electronic method, in contrast to ordinary methods of laboratory diagnosis, is based, not upon pathology primarily, but upon biology. Hence, there is introduced at once into diagnosis the vital or functional element.

*"Ainsi se serait fondée ainsi se serait développée la science de l'activité spirituelle."

It is not the purpose of the writer to attempt at this time an explanation of the *modus operandi* of obtaining these reflexes. These data in all their interesting details are to be found in the author's "New Concepts;" also in a chapter in the most recent edition of the Reference Handbook of the Medical Sciences.

With due apology for personal references, it may be stated that it occurred to the writer that it might be interesting and at the same time of profit to carry out, under Dr. Abrams' personal direction, some elementary experiments with a single series of an attenuated drug, much in the same way that the experiments already referred to were conducted. Accordingly, with the cooperation of Dr. Boericke, the writer assisted Dr. Abrams in testing the radioactive potentiality of *Natrum muriaticum* in the 6x and 12x potencies (the latter being, to the writer's present knowledge, the highest potency thus far examined by this method), with the following results:

Natrum mur. 6x (Boericke & Runyon) gave a reaction of $3/25$ of an ohm.

Natrum mur. 12x (Boericke & Runyon) gave a reaction of one and $3/25$ of an ohm, thus showing that its potentiality was increased nearly 1,000 times.

This result is not reported with the idea of its being anything at all extraordinary, but merely as a suggestion for future investigation of this method of scientific accuracy, by which each remedy of the materia medica may be tested as to its electronic reactions, and the data recorded.

The writer has no hesitation in stating that Dr. Abrams has expressed his willingness to at any time place himself and his laboratory at the services of the homœopathic profession.

The meager experiments here reported were undertaken merely by way of corroboration of what Dr. Abrams had himself already reported, and so far as they go, correspond very accurately with the data already obtained.

It is a well known fact that in the now famous "Milwaukee Test" so-called, experiments were made which satisfactorily demonstrated the presence of drug substance in potencies as high as the 24th or 28th decimal. Furthermore, tests made at the Boericke & Tafel laboratories some years ago gave positive photographic

impressions with potencies of *Radium bromide*, as high as the 60th decimal, or the 30th centesimal. Dr. Abrams contends that not only does *Radium* and its salts possess this property, but that radioactivity is a property of practically all atoms of matter. Experiments have thus far confirmed this belief.

It remains for the homœopathic profession to demonstrate the truth or fallacy of this contention.

Unfortunately, lack of opportunity made further experiment by the writer at this time impossible. It is hoped, however, that the American Institute of Homœopathy, or some other national or local organization, may carry out a series of definite experiments under the guidance or with the co-operation of Dr. Abrams.

Laboratory demonstration of the pathologic or toxic effects of homœopathic remedies, laudable as it may be in the hands of proper experimenters, cannot augur more favorably for the establishment of homœopathy upon a really scientific foundation, than a series of pharmacological experiments with the electronic method, which seems to afford such a fascinating and apparently encouraging outlook.

There are undreamed of possibilities in this method. For instance, the radioactive potentiality of each remedy may be determined in the various potencies in common use, from the lowest to the highest, and each homœopathic pharmacy can so test its attenuations and label them.

Thus in the future, in addition to the maximum or minimum percentage of alcohol in a given dilution of *Belladonna*, for example, its radioactive potentiality might also be indicated.

Likewise triturations of *Natrum muriaticum* 6x, let us say, may be labelled "radiopotentiality" or "radioactivity," $\frac{3}{25}$ of an ohm.

Again, the physician can be sure when prescribing a given potency of a drug that he is giving a preparation that has been carefully assayed and its radioactivity recorded.

It might, it is true, be the case that certain preparations of a medicine may be found to be more potent than others more commonly used; again, some potencies, contrary to expectation, may be found to possess superior electropotentiality. This would not necessarily supercede the clinical test; it would, however,

give the physician greater confidence in the use of remedies at the bedside. There would in all probability be no danger that the clinical knowledge of remedies would be lessened: on the contrary, only added confidence should accrue.

At any rate, it would be the supreme test of faith, and surely no thinking physician, the follower of the higher or lower potencies, should hesitate to place credence in carefully conducted experiments, which, judging from the initial tests, will undoubtedly not deny the efficacy of the attenuated drug. At all events, such experiments can do no harm.

And, finally, as a safeguard, when the Pure Food laws have become so stringent as to prevent possibly the use of any drug, the actual drug substance of which can be demonstrated, and can be so indicated plainly upon its label, its importance to the homœopathic profession can scarcely be overestimated. Thus, all our reliable homœopathic pharmacies can do a signal service to the homœopathic profession in co-operating in such experiments.

It must be observed, however, that there may be found to be a limit to the extent to which drug substance can be determined by this or by any other method of scientific demonstration, yet it will in all probability, prove a reliable aid so far as present methods are concerned; beyond this point there will still remain the clinical proving and the therapeutic test at the bedside. What more could be desired? It is hoped that this golden moment for the scientific demonstration of homœopathy may not pass unnoticed and unimproved.

Carelessness with the hands and teeth causes more deaths in America every year than carelessness with motor vehicles, says the United States Public Health Service. Keep the hands clean, free from germs, away from the mouth and visit the dentist regularly.

A STUDY IN THERAPEUTIC ANALYSIS—MATERIA MEDICA DEPARTMENT.

Guy B. Stearns, M. D., Associate Prof. of Mat. Med. N. Y. Hom. Med. College.

Section C, Juniors. Seven Students.

Ruth W., æt. 8.

Dec. 8th, 1919. Earache all day, but remained in school.

Complained bitterly on coming home.

Pain dull, steady (left ear).

Not better or worse from heat or cold, but more comfortable from the warmth of hand.

Feels sick all over and melancholy because fears will have to miss school.

Slight thirst and *chilly when drinking cold water*.

Face *flushed* pink and feels *hot* to patient but *cold* to mother.

Left ear red and standing out from head.

Swelling and *redness* of left *mastoid*.

Left mastoid very *sensitive* to touch.

Temp. 99.8.

Diagnosis: Mastoid inflammation.

Therapeutic analysis: Infections of the mastoid are treacherous and serious, and the rapid onset of this case leaves little margin for error in initial treatment. First, as to local treatment: The patient has indicated the natural procedure in the relief from the warmth of the hand. Therefore, warm wrapping of the head is indicated. Absolute quiet in bed away from cold or drafts. Liquid diet.

Question to students: What remedy is indicated? No one felt sure, but two suggest *Arsenicum*, though could not defend their choice.

All felt that they should study the case in the materia medica.

Question: What are the peculiar things in the case?

Ans. by student A: *Chilliness when drinking*.

Student B: *Red face which is not hot*.

Instructor: Keep in mind also the location. The mastoid on the left side is affected. The closer the affinity of a remedy for

the tissues or part affected, combined with the similarity of its symptoms to that of the case, the more certain it is to be the similimum.

The analysis as made by the seven students: Starting with Kent's Repertory, the rubric Chilliness from drinking cold water was taken.

The prominent remedies are:

ARS., ASAR., CALC. C., CAPS., *Chel.*, CHINA, *Chin. a.*, *Con.*, *Elaps.*, EUP. PER., *Lob.*, NUX VOM., *Rhus t.*, *Tarax.*, VERAT. A.

Of these, the ones having red face are:

Ars., CAPS., *CHEL.*, CHINA, *Elaps.*, *Eupat. per.*, NUX VOM., RHUS TOX., *Veratrum alb.*

Comparing these nine remedies in the materia medica, each student selected *Capsicum* as the similimum, though none of them had ever studied the remedy before.

Observations on *Capsicum*: This has an affinity for the mastoid region, and has, clinically, cured many cases of mastoid disease. It causes depression, chilliness, flushed face without heat, burning in the mucous membrane, coldness in stomach, chilliness when drinking cold water. Lack of reaction, relaxed obese persons. Helped cases of influenza which developed the above symptoms after aspirin.

Compare in mastoiditis: Aur., Bar., Calc. s., Carb. an., Graph., Hep., Lach., Nit. ac., Sil.

Capsicum 30th every two hours relieved the pain in four hours. Swelling subsided steadily and was gone in five days. Sixth day swelling and itching in external auditory canal, red lips. *Sul.* 200. Small boil opened that night in posterior wall of canal. Convalesced with no further symptoms.

Observation: The similimum always tends to abort impending suppuration or brings it to the surface or localizes the process so that it can be easily and safely evacuated.

Warning: Never leave such cases unobserved many hours, as they at times fulminate rapidly.

A clean house with plenty of fresh air and sunshine is a long step in the direction of health, says the United State Public Health Service.

BRYONIA.

Prosper D. White, M. D., Detroit, Michigan, with Thanks
for Assistance from Dr. Jean Douglas, Wooster, Ohio.

(Concluded)

8. *Liver*: The liver or sometimes the spleen shows involvement in *Bry.* cases. The right lobe of the liver is sore, heavy and tender—it prevents motion. It, like the other abdominal organs when involved, has the usual *Bry.* modalities—< touch, motion, inspiration. Both liver and spleen or either may have stitching pains. Burning, sticking, stinging in the liver. Icterus. Bursting pain in the liver during cough.

9. *Cough*: The gouty nature of *Bry.* may be seen in the urinary symptoms. Urine profuse and pale, scanty and dark; hot, red and scanty; frequent; thick on standing. Sediment; white, turbid, pinkish. There is an urging to urinate especially after heavy lifting. Urine may be passed involuntarily during exertion or comes away without sensation during motion. Burning in urethra before, during and after urination. There is a cutting, drawing, tearing sensation in the urethra.

10. *Female sexual organs*: Stitching and extreme soreness of ovaries, especially of the right one. This is apt to be seen in rheumatic patients or during confinement. The uterine pains are < on motion. *Bry.* has prolapsus, dropsy of the uterus, burning in right side of the fundus.

Menses: Too early, too profuse; dark red; with backache, headache < motion; suppressed with nose bleed or from the ear; or with abdominal and urinary symptoms; membranous dysmenorrhœa. There is a gradually increasing congestion at menses or until menses appear, with the abdomen sore and tender. Menses are easily suppressed or there is amenorrhœa from being overheated. In young plethoric women there is suppression of urine and menses after exertion. Threatened abortion from overheating or exertion. Suppression of milk from overexertion. Exertion and sweat of confinement, then chilled, then fever with a threatened peritonitis. Gonorrhœal troubles. Rheumatic troubles, pains and aches, if worse on motion. If there is septicæmia after labor, use a deeper remedy.

In pregnancy: Nausea and vomiting, but other symptoms must lead to the selection of *Bry.*, burning in uterus with pain in abdomen; spasmodic pains with chill after anger; threatened abortion.

After labor: After pains < on motion; ill effects from suppressed confinement sweat.

Lochia: Too profuse with burning in uterus; offensive; suppressed with bursting headache.

In milk leg there is a drawing pain from hip to foot, < on touch or motion.

In milk fever *Bry.* is very valuable. Tension in breasts with headache, tearing in limbs and a desire to lie still. (It has not the depths to reach puerperal fever as has *Sulph.*, etc.) To head off mammary abscess, when there are sharp stitching pains, tension, and pale red, stony heaviness in breasts. Swelling, nausea in using breasts, etc. In inflammation of the breasts there is a great deal more to do than dry diet and bandage.

Acon. Exposure to dry, cold air. Simple fever with fear, restlessness and anxiety. Rarely indicated and then only for a very early stage.

Bell. Often used in the early stages where an abscess is threatened. Red radial lines running from a central focus. The usual characteristic throbbing must be present. Pain < jar or jolt.

Carb. an. Respiration difficult: with child to breast or from darting pains.

Croton tig. Nursing causes a severe pain from mammæ to back.

Graphites. Old scars nearly prevent flow of milk. It relieves this and heads off abscess.

Lachesis. Breasts have the characteristic purple color with cutting in mammæ and down arm. Chill at night and hot flashes during day.

Phos. This drug has a special affinity for the mammæ and follows *Bry.* well. Hardness and caking apparent from the be-binning, caked or gathered breast with large fistulous and gaping ulcers, with a watery and fetid pus. Sensitive nipples and mammæ after healing.

Sulphur. Inflammation in lines from nipples; chilliness in forenoon, with heat in afternoon; copious suppuration; heat in breasts, night sweats, flushes of heat, etc.

Merc., Hep. and Sil. must always be studied in every inflammation. They are our three great abscess remedies.

The symptoms of *Bry.* may take a cerebral direction. Sleepy pale face, twitching eyes and mouth. The child brings forth screams. Instead of a cerebral direction, the symptoms may run to pneumonia, etc. (*Ipecac.*) In suppressed eruption affecting the brain, do not forget *Cuprum* and *Zinc*.

When it is remembered that *Bry.* has a special affinity for serous membranes, it is natural to expect: Rheumatic affections of joints; inflammations that have advanced to serous effusion; effusions; arthritic affections or nodosities; fixed acute rheumatism < motion; it travels slowly. (*Puls., Kali bi., etc.,* move more rapidly.)

The joint sensations are: Pressure, tension, tearing, *stitching*, drawing, rending, constriction, broken, sprained, < motion. Hot pale, shiny swelling of joints. Thus the symptom: "Joints red, swollen, stiff with stitching pains from slightest motion." Again, "Rheumatic pains in limbs with tension < motion and from contact."

Puls. has wandering pains which shift rapidly from one part to another, also with swelling and redness of joints. Is < evening, > cool open air. While *Bry.* although in general is warm but desires his rheumatic joints covered. *Puls.* is restless and thirstless, while *Bry.* is just the opposite.

Bry. has synovitis, rheumatic or traumatic, pale, red, tense joint, sharp stitching pains < motion.

Apis comes near to *Bry.* here, especially if the knee is involved. The pains have more of a sting to them. *Apis* is thirstless and restless and desires more cold than *Bry.*

There is not much tendency to shift in *Bry.* with rheumatism. Sharp local inflammation, hot, dark or pale red.

In *Rhus* cases they have had a wetting or a checked perspiration. They are > motion. It tends to affect the fibrous tissues and sheaths of muscles, while *Bry. affects muscles and joints.*

Ledum commences in feet and ascends. The joints are swollen

and hot but not red. Pain $<$ night and from heat of bed, *i. e.*, $<$ covering them. It tends to form nodosities of feet and hands $<$ pressure. In chronic cases *Bry.* is $>$ heat while *Ledum* is $>$ cold.

Colchicum $<$ evening, joints swollen, dark in run down cases. Nausea on smell of food. Urine scanty, dark, burns during urination. Periosteal tearing. The colder it is the deeper the pain. They appear over a small portion of the body at one time and shift a great deal more than *Bry.* Consider both in rheumatic metastasis.

Bry. has stiffness of neck or back $<$ motion. It seems to prefer the right side of the neck—a drawing stiffness. The extension of the *Bry.* neck or back pain is from behind forwards. For example:

- a. Stitches between shoulders extending forward $<$ p. m. and lying.
- b. Stitches under left scapula through to heart.
- c. Stitches and jerking between scapulæ through to epigastrium when sitting.
- d. Shooting stitches in back through to chest.
- e. Pain from 1st dorsal vertebræ through chest to end of sternum.

Of course, the *Bry.* back pains are mostly $<$ motion, but there are some exceptions, *e. g.*:

Stitches between scapula while lying or sitting; a drawing pain down back when lying, disappearing on motion.

Bry. is one of our lumbago remedies as evidenced by: Stitches in small of back; dull aching lumbar muscles; stiffness, tearing tenderness in joints and muscles (lumbar) prevents motion or stooping. $<$ standing or sitting, $>$ lying; painful stiffness in small of back which causes a crooked posture on walking or sitting; the drawing pain in the small of the back and loins wakes him, on turning during sleep.

To take up each joint of the extremities would be useless repetition. They may all be affected as the following will show:

“Rending in shoulder joints and upper arms with tightness and pinching.” Right elbow feels broken with a paralytic pain, etc. Swelling of elbows. Sprained sensation in wrist. “Hot,

pale swelling finger joints and hand." Pains cramp-like and bruised, < a. m., dislocated in hip joints.

Sciatica: Pains left lumbar to thigh, < motion, even sitting up, < afternoon or late evening; < cold, > lying on it, *i. e.*, > pressure. Pains in leg often in front of thigh or in calf.

Knees: Stitches when walking; < evening; < touch, especially inner side; < after rising in a. m., though > in bed; stitches with stiffness on exertion or motion. Synovial membrane of knee—*inflammation of*; sensation in capsule of long kneeling; tension, later drawing sensation in hollow of knee; swelling of with tensive pain in ligaments; red, swollen and shiny—*motion impossible.*

Tearing in shins, bruised pain side of calf < motion and contact. Weak legs.

Ankles: Dislocated sensation, < walking; tension in; bruised sensation in tendo Achilles.

Feet: Tense and swollen in evening. "Hot inflammatory swelling of feet with redness." In soles: Stitches, pricking, when walking; severe pain in; great lameness prevents walking. Stitches in big toe.

Pain in limbs in general: During the hot stage of intermittents. "Rheumatic and gouty pains with tension < motion and contact;" wearing and stiffness, bruised and paralyzed sensation; heaviness like lead; feet feel so heavy as to make walking difficult.

Opposite to the usual *Bry.* quiet is: "Constant thrashing of left arm and leg during hydrocephalus."

Faintness to fainting when rising from lying—so great is the prostration of *Bry.* Weak, weary, prostration.

Bry. has many sleep symptoms, for example: Yawning, sleepy, starting before falling asleep; sleepless before midnight because of heat; fright on waking; walking in sleep; nightmares; restless nights; busy in dreams of what he had read in evening or of the business of the day; kicks covers off; delirium as soon as he wakes; sleep comatose, broken by delirium; desire to leave bed.

Bry. is < warmth in general except warm drinks, and warmth to painful limbs. Many *Bry.* complaints come on when warm

weather sets in after cold days. Complaints from ice water in hot weather.

Bry. is usually chilly or has a real chill during fever. There will be a hot head, flushed cheeks, dusky red, with thirst. With his chill he is cold externally. The chill or chilliness of *Bry.* is usually in the evening and seems to have a preference for the right side. His chill is worse in the house than it is in the open air. Internal fever, a dry burning heat as if his blood was heated—burning. *Bry.* has a general aggravation during the heat.

Perspiration: Profuse; easy; even slight exertion in the open air; sour; oily. Before chill he has vertigo and headache. Chill begins on lips, tips of fingers and toes. Chilly about ulcers. Thirst in the fever, the chill and the sweat, or only during fever. Sweat relieves. Sweat over entire trunk and head, but not on affected part. During continued fever there is soapy, frothy saliva in mouth and throat.

Bry. has the continued fever type, with severe throbbing, stabbing headache. In and around eyes, pains, < motion, nausea and faintness on rising from a pillow. Dry mouth and tongue coated white with clean edges and usual thirst.

Later bilious symptoms come out. Tongue yellow with bitter taste. Continuation of headache, soreness in epigastrium with stitching soreness in hypochondrium. Chilliness with hot head, red face with thirst. Sweats come on least exertion.

On closing eyes he seems to see people who are not there, and surprise comes on opening them. Dreams of his day's work. Congestive headache, with naturally epistaxis with a 3 to 4 a. m. modality. As stupor deepens he puts his hand to his face and head and shows he has pain but does not say so.

There is dryness from mouth to anus (Nash). Stool large, hard, dry and burnt appearing. Difficult expulsion. Great thirst but nausea from it, also from raising head. Heavy pressure in stomach as if there was a stone there. Later in cases, stools may be mushy.

Do not forget the delirium with desire to go home.

It is inexcusable to confound *Acon.*, *Bell.*, or *Rhus* with *Bry.*

It is necessary first to remember that drugs follow in many

cases a certain sequence. Here it is *Acon.*, *Bry.* and not *Bry.*, *Acon.*

Acon. has the chill and congestion in an inflammatory fever, but is not suitable to a gastric, malarial or typhoid fever. There is little or no exudation to *Acon.* Often *Bry.* will be indicated when *Acon.* fails. While this is true the question is, was not *Acon.* the wrong remedy in the beginning of the case. That is, *Bry.* was indicated all the time.

Acon. is excited, restless, fearful, thoughts of death possess him. *Bry.* is perfectly quiet, motion < all his troubles. Be careful here, for early in a continued fever *Bry.* may be restless from nervousness but is < motion.

Bell. has erethism, cerebral in type. It is more indicated in typhoid. *Bell.* is hot, throbbing, dilated pupils; may have violent delirium; jerks in sleep; starts from sleep in fright; has vision on closing eyes (*Calc.* and *Cinchona*); rapid, excited speech. The full, bounding pulse, throbbing pain, congested head, the excitement, make *Bell.* a picture to recognize at a glance.

Rhus tox. is a very useful continued fever remedy when indicated. It is restless, change of position helps for a minute, then he seeks a new position to relieve the ache. This helps again for a minute, etc. Restless *Rhus* and quiet *Bry.* *Rhus* has triangular red tip to tongue and board sensation on forehead. In continued fever, diarrhoea is most common with *Rhus.*, while with *Bry.* there is constipation.

Inflammation of serous membrane with exudation brings *Bry.* to mind. Fever, stitching pains < motion, > pressure. In pleurisy, pain in side > lying on it, or > pressure, sounds like a common symptom. When you get it, be careful how you exclude *Bry.*

In meningitis think of *Bry.* when there has been suppressed measles or scarlet fever. Pale or alternately red and white face, white tongue, sudden screaming, pain sharp and cutting, usually < motion, strabismus, constipation, abdominal distension, stupor more or less profound. He has hasty drinking as under *Bell.*, but there is more rolling of the head with *Bell.* Measles when rash comes out on stomach only. The hard dry cough makes the child cry. It doubles him up.

SOME IMPORTANT POINTS WORTH REMEMBERING.

By Eli G. Jones, M. D., 1331 Main St., Buffalo, N. Y.

When a person has a felon of the thumb or forefinger with *terrible throbbing pain*, they walk the floor in agony, *Fluoric acid* 6th x is the remedy, three tablets every two hours.

In sciatica, when there is *shooting pains* the *whole* length of the right leg, *worse* when *moving* the leg, entire *relief* when keeping perfectly *still*, it indicates *Tr. dioscorea*, 3d x, 10 drops every hour. In sciatica, when the pains are violent and come in *paroxysms*, of a *tearing, shooting* or *boring* nature, relief from *heat* and *pressure*, and by *flexing* the leg on the *abdomen*. The remedy for the above symptoms is *Tr. colocynth*, 3d x, five drops every hour until relieved.

In that form of deafness following *scarlet fever* or chronic catarrh, where they can hear better when *riding in the R. R. train*. They have a sensation as if a *membrane* covered the *ears* or as of valves opening and shutting, with every step, and *cracking* on moving the jaws or on swallowing. The above symptoms call for *Graphites* 6th x, three tablets three times a day.

When there is *backache* in *pregnancy*, with a sense of *weakness* and *dragging* in the *loins*, *Kali carb.* 6th x is the remedy, three tablets three times a day.

For the *constipation* attending pregnancy *Tr. collinsonia* 3d x is the remedy, 10 drops every three hours.

The writer has in preparation a lecture on "THE TREATMENT OF PAIN; OR HOW TO FIND THE INDICATED REMEDY FOR PAIN IN ANY PART OF THE BODY." The lecture is to be delivered in the "Post-Graduate Course Lectures" at Fifth Annual Meeting of the "Medical Society of the United States," to be held at Hot Springs, Arkansas, Oct. 12th, 13th and 14th, 1920. It will be the *first* lecture of the kind *ever* delivered before *any* medical society in this country. It would be a *good* thing for our doctors if it could be delivered before *every* medical society in this country. For it is one of the *weak* points with the average physician, he can't find the *cause* or the *indicated* remedy for *pain*

in any part of the body, so he gives the patient some kind of "dope."

A doctor who would make a *specialty* of the *treatment* of *pain* and be *successful*, would be doing a *world* of *good* to poor suffering humanity. To do *this* he must needs *know* *Materia Medica*.

In angina pectoris, when there is *rush of blood to the heart* and then to the *head*, a violent *beating* as if it would *burst* the *chest*, with *labored breathing* and *pains* in both *arms* with loss of *power* in them. For the above symptoms *Glonoine* 6th x is the remedy, five drops every hour until *relieved*.

In that form of vertigo when there is *blurring* vision or loss of sight, a lack of muscular *steadiness*, especially *weakness* of the *knees*, so that he *staggers* when he walks, then *Tr. gelsemium* 3d x is the remedy, 5 drops every three hours.

When there is vertigo with *biliousness* and tendency to *pitch forward*, *Tr. bryonia* 3d x is the remedy, 5 drops every two hours. Vertigo on *going up stairs* or on *looking up*, indicates *Calcarea carb.* 6th x, three tablets three times a day.

In whooping cough, when the patient gets *blue* in the *face*, vomits *tough, stringy* mucus, or may have *hemorrhage* from nose, mouth or lungs. The cough often preceded by a sensation of *smothering*, and each paroxysm leaves the patient "*weak as a rag*." For the above symptoms *Corallium* 30th x dilution is the remedy, 5 drops every two hours.

In neuralgia of the uterus and ovaries, with great *tenderness* and a *bearing down* sensation, pains *shooting up* the *sides* down the *thighs*, and across the *lower* part of the abdomen.

The above symptoms indicate *Tr. cimicifuga*, 20 drops in half a glass of water, a teaspoonful every two hours.

In the years when I was in general practice I used to carry a vial of *Tr. China* with me, and when I found the pulse *irregular, weak* and *small*, with *dark* circles under the eyes, I used to prescribe *Tr. China*, 20 drops in half a glass of water. Give a teaspoonful every two hours. I often used it instead of quinine and with good results. When you prescribe quinine the patient is very apt to say, "Doctor, what makes you give me such nasty tasting medicine?"

When I look back to the early years of my practice and think of some of the *horrible mixtures* I used to prescribe for the sick, it makes me *sick* to even think of it. I hope I may be *forgiven* for it.

As we grow older we acquire wisdom from bitter experience, and we should try to make our medicines at least palatable. I have in my time known of children hiding under the bed, or in a closet because they had seen the doctor coming, and they *dreaded* his *nasty* medicine.

How much better it is to get the right side of the children by giving the medicine in a form that is pleasant to the taste, and thus gain their *confidence* and their *good* will. When I read in the medical journals of some of the *horrible* doses prescribed for little children, it makes me *shudder* at the thought of how it will *taste* to them. May God forgive such doctors, "*they know not what they do.*"

It is well to remember the indications for *Antimonium tart.* (tartar emetic) in pneumonia. The face is *pale* or cyanotic, the pulse *rapid* and fluttering, tongue *red and dry through the center*. There is a *great* accumulation of mucus with *coarse rattling*. The patient is apt to have some *nausea*, and will hold *back* the cough as long as possible for *fear he will vomit*. I give one grain *Tartar emetic* in four ounces of water, one teaspoonful every hour.

In extreme *irritability* and fretfulness of children, the *child can't bear* to be *touched or even looked at*, the remedy is *Antimonium crudum* 6th x, 3 tablets every three hours.

In all complaints that come on at a *certain hour* with *clock-like* regularity, with a tendency to *coldness* and are *worse* in *damp* cold or *rainy* weather, we should remember *Tr. aranea diadema* 3d x, five drops every three hours.

Some time ago I received a letter from a physician in Texas. He had *ulceration* of the stomach. "The vomitus is so *sour* it sets the *teeth on edge*. There is pain in *one* spot. The liquid he vomits looks like *coffee grounds.*" Advised him to take *Ferri phos.* 6th x, three tablets every two hours, in alternation with *Natrum phos.* 6th x, three tablets every two hours.

To-day I had a letter from him. He says: "Your two remedies

have *done wonders for my stomach.*" It affords me a great deal of pleasure when I can be of service to a brother physician.

It is now five years since I began to write regularly each month for THE RECORDER. During that time I have had *hundreds* of letters from physicians of all schools of medicine on both sides of the Atlantic telling me how "much they *enjoyed* my articles and how much they had *helped* them in their *daily* practice. We are in the world to *help* each other. I am satisfied that my series of articles have *CREATED* a greater interest in the study of materia medica. As a result of this there has been a greater demand than ever for homœopathic books and journals. The articles have shown the readers of this journal what can be *accomplished* with remedies when prescribed according to *clearly defined indications*. Many a time a remedy has been *abused* and *condemned* because it was prescribed *when not indicated*.

Many of the teachers of materia medica waste the *precious* time of the lecturer in telling the student what the remedy is "good for," or what this doctor or that author has to say about it.

It should be the aim of the teacher to give the student the *essential facts* about each remedy and to make the *indications* for each remedy so *plain* and so *clearly* defined that even a *child* could understand them.

This is the *only* way to teach materia medica so that the *definite* indications of each remedy will be *fixed* in the *mind* of the student.

COUGH.

Ordinarily a homœopath has no difficulty in finding the remedy for a cough. We can all recall case after case when the most prompt results came from *Bry.*, *Hep.*, *Phos.*, *Bell.*, etc. And then we can also relate magical cures with *Dros.*, *Hyos.*, *Ipe.* Just about one year ago I was called to a case of *Coccus cacti* cough. The patient was pulling *white strings* of mucus from his mouth. It was the only time I ever prescribed that remedy, the results were positive and prompt. We would not think it worth while to report the majority of our cases, and *cough* is considered a minor subject, one of the simple things.

Farrington said the cure of colds and coughs is a test of the prescriber's ability.

It is the combination of trifling things that makes perfection, and perfection is no trifle.

We hear so much about preventive medicine, and there is where the homœopathic system shines.

Humanity will never know or appreciate the value of homœopathy in what it has accomplished in the realm of prevention. We are appreciated less when we do our best. The prompt prevention of pneumonia by *Acon.* or *Bry.* is not appreciated. But in a long drawn-out case, where we have failed and blundered, and the patient finally pulls through, we are crowned with laurels and paid a big bill. Some of my greatest victories have been won curing cough, and I have several times gone down to ignominious defeat in my failure to cure so simple a thing as cough.

A. L. Chatterton published a wonderful work on "Cough and Expectorations," by Lee & Clark.

It almost inspires one to become a *specialist* on cough.

Now there is a difference between curing a patient with a cough or strangling that cough with *Opium*, *Codein*, etc. The suppression of cough with *Opium* (*morphin*, *codein*, etc.) is seldom justifiable; it is generally harmful and frequently fatal. We should not, however, decline to use any remedy properly, because it has been used improperly. I have several times used *Opium* 200 with brilliant results in cough.

Pulsatilla is a remedy frequently neglected in cases where they cough only during the night.

In any case of cough persisting in spite of seemingly close prescribing, a dose of *Tuberculin* c.m., interpolated, will often be a great help. Cough is often caused by the mechanical irritation of a foreign body, either in the respiratory tract, or the auditory canal. The removal of impacted cerumen has frequently banished cough of long standing.

I remember a case in which I was accredited with a cure of consumption. It was a persistent, long-standing cough, reflex from the spleen. *Ceanothus* cured the patient quickly and completely.

I once promptly cured a cough with *Nitric acid*; at the same time I cured the patient of hæmorrhoids. I was not aware of the latter. The patient came to be cured of the cough.

Drinkers and smokers often come to us to be cured of cough. *Nux*, *Sang.*, *Kali bich.* and *Cubeba* have all done good work for me in such cases.

The winter is with us. Colds and coughs demand our attention. They are the advance agents of all the *itis* and *ias*.

It behooves the homœopath to work up the mat. med. and be prepared. Had homœopathy never given humanity more than that priceless trinity, *Acon.*, *Hep.* and *Spong.* for the cough of croup, she would still *be* the great medical benefactress.

For the services in ridding the nursery of that dreaded malady alone, her name will shine resplendent on the arch domes of the future.

We are told in medical history of a man who wanted on his tombstone, "He fed fevers."

On the monument of Samuel Hahnemann I would suggest to his glory and for the benefit of generations to come, He was the first physician to cure colds and *coughs*.

JOSEPH E. WRIGHT.

Westfield, N. J.

AN OBSERVATION ON THE USE OF TUBERCULIN IN BRONCHITIS.

By O. S. Haines, M. D., Prof. Materia Medica, Hahnemann Medical College, Philadelphia, Pa.

Perhaps all of us have aged patients under our care, who take cold rather easily during the cold season. After a few days of febrile rise, dry cough, some pain or rawness throughout the chest, we note the stage of free expectoration. But the trouble is, that while the sputum is profuse, yellow or yellowish green in character, raised without discomfort; we cannot seem to stop its production. Week after week there is still the loose cough, the easy expectoration of large lumps of this purulent material. And, after a time, the strength of these old people diminishes. In such cases it was formerly my habit, after repertorial study, to arrive at the conclusion that perhaps *Stannum* or *Pulsatilla* or *Sulphur* might put an end to the bronchorrhœa. This did not always follow. Lately, it has been my observation that the 30x

dilution of *Tuberculin* will answer nicely in such cases. And now I have a sufficient number of successes to justify a recommendation of this remedy. Formerly I had the notion that one must not repeat *Tuberculin* frequently. It must have been a notion simply, because latterly I have found it quite advantageous to repeat the remedy every two or three hours until the desired effect has been obtained, which, in my experience, should be within two or three days.

A lad of fifteen had a good sized wart at junction of skin and mucous membrane, upper lip, to right of median line. Been in situ several years. On account of disfiguration, had it burnt off with acid several times, once with caustic. Returned quickly. Thought of having it cut out. Prescribed my old friend *Causticum*, this time in the 2x (B. & T.), six pellets of number 40, every fourth hour. One week wart had shriveled and turned black on tip. Two weeks entirely disappeared leaving smooth healthy base. My indications for *Causticum* were "warts in unusual localities." I have had similar results many times.

EDITOR'S NOTE.—*Causticum* given in low potencies will at times be successful when the higher potencies fail in the treatment of warts. Gross tissue change often requires frequent repetition of the lower potencies; but the rule is not invariable. Unfortunately there is as yet no law of dose.

A SUBJECTIVE PROVING OF SKATOL.

By William B. Griggs, M. D., Philadelphia. Director of
Constantine Hering Laboratory, Hahnemann Medical
College, Philadelphia.

SKATOL represents the ultimate end of proteid decomposition and is a constituent of human feces. Its relation to *Indol* in the various phases of auto-intoxication prompted the Hering Laboratory to make a proving of this substance and prove its value in certain cases of auto-intoxication, from a homœopathic viewpoint.

Merks' *Skatol* was used in the 6th potency.

The proving was conducted along modern scientific methods;

students were used, kept under constant observation with accurate physical and laboratory examinations. Length of proving was six weeks; length of time before symptoms appeared was two weeks. The symptoms given have been carefully analyzed and given wherever possible in the prover's own language.

The following symptoms were produced in nearly all provers and many have been confirmed clinically by my intimate co-workers:

The stomach and abdominal symptoms were the first to appear. After the stomach and abdominal symptoms had begun to appear and develop, a frontal headache began over both eyes, about 2 p. m. Somewhat worse over the left eye, and as it extended backward it markedly increased in severity and also became very much more acute towards evening. This was not affected by noise, light moving about or eating, but was entirely cleared up by a *short sleep*, "when it was possible to drop off."

Later this headache came on regularly every afternoon, and was *only relieved* by *sleep*. Sluggishness, with absolutely no ambition. Along with this came a lack of concentration and impossibility to study; this increasing more and more as the proving progressed. A marked and overwhelming consciousness of despondency evidenced itself even from the first. This feeling was not of apprehension, but rather of hopelessness.

Desire to be with people. Nerves and sleep. Simultaneously with the despondency an irritability manifested itself; very easily peevish; felt mean towards everyone.

Violent desire to curse and swear, was developed during the third week in all provers, and several ceased taking the drug at this stage of the proving. Easily tired with slight exertion (was absolutely fatigued one noon time by walking four more squares than the usual distance home). This tired feeling relieved somewhat in the day time by sleep. Sleep at night did not rest; increased desire for sleep; would awake in the morning after a good night's sleep, unrefreshed; at the last of the proving even a much longer period did not rest. Arose in the morning with a "half-doped" feeling. This was entirely contrary when normal before proving.

A sleepiness after lunch meal altogether cleared up during the proving (frequently confirmed).

MOUTH.—Toward the last of the proving a coated tongue developed in all provers, yellow in color. Salty taste to all cereals in the morning for two weeks. Awakens with foul taste in mouth.

STOMACH.—One of the first symptoms of the drug was the removal of a bad taste in the mouth in the morning in two provers who had this condition for nearly two years before beginning the proving. In several of the other provers this symptom was developed as a foul taste in the morning after awakening; very disgusting to provers.

A great deal of belching, with effort, and with a taste of food previously eaten, this occurring soon after meals; at the last of the proving before meals also, with a tendency to be worse after lunch at noon time. Much increased appetite, not satisfied by even a full feeling.

ABDOMEN AND STOOL.—Passing of gas forcibly, mostly after meals. Whereas normally stools were dark in color, with regular movements daily; during the proving the stools were of light yellow color, tight, narrow, disintegrated into many parts, with obstinate constipation at times, but at other times loose and watery, with no desire more than once a day, at the most. The light yellow, narrow stools had a particularly strong, intensified fecal odor, which became almost unbearable to the prover, and was a persistent symptom after the third week of the proving and has been confirmed.

URINARY.—At the beginning of the proving a burning in the glans after urination. This lasted from three to four days in succession, but disappeared at the end of that time. During the entire proving a difficulty in voiding urine, with frequent desire and little result.

The urination was frequent and scanty.

Urates were increased.

Urea diminished for at least two weeks.

No other pathological feature was shown in the urinary examinations.

SKIN.—Comedones, or blackheads, and small papules, clinically a type of acne, which had persisted for years, gradually cleared up in two provers.

There were no particular blood changes noticed. At the end of the proving two students presented a mild leucocytosis, ranging from twelve to fourteen thousand.

The odor of the mouth and stool exhalations are similar to *Baptisia*, Sulphur poisons.

Skatol proved highly curative in a case of intestinal dyspepsia in a child 10 years old, at Children's Homœopathic Hospital. The child was very much emaciated, developed an afternoon temperature of 100° F., accompanied by excessive drowsiness, foul eructations; also eructations tasting of food eaten; constipated, light-colored, very foul stools; scarcity of urine; bloating of abdomen; generally irritable. After the failure of several remedies *Skatol* was tried in the 8x, with a prompt removal of all symptoms in about one week.

I wish to commend Mr. Geo. D. Geckler, one of the provers, for his perseverance of six weeks' proving. His only reward was having his acne and comedones completely cured.

I believe this remedy, *Skatol*, may help the acne of young folks, who suffer with some degree of auto-intoxication dependent upon intestinal decomposition.

The proving is an effort to develop the practical efficiency of our materia medica, and the profession is asked to put it to the clinical test in suitable cases.—*The Hahnemannian Monthly*.

RECENT OPINIONS ABOUT TOBACCO.

The present agitation against tobacco gives especial importance to recent observations concerning the effects of smoking.

The anti-tobacco crusade itself is not new; among other movements of the kind, one was started a hundred and fifty years ago when a German professor wrote a treatise in Latin on the supposed ill effects of the plant. In the '80s of the last century, when the cigarette came into fashion, its use was violently opposed by smokers and non-smokers alike. Yet some good judges of the time, like Lord Goschen, predicted that cigarette smoking after dinner would diminish the consumption of wine, an opinion which many others have since held. That the cigarette is milder than a pipe or cigar cannot be doubted by those who have followed the researches of Lehmann, Brunton and Russian and Italian chemists.

The war has shown the fallacy of the mean argument against tobacco, that it is this plant and no other which is at fault. In Holland and Germany, where the scarcity of genuine tobacco has been most marked, the substitutes used have had worse effects than the pure leaf, and the absence of tobacco has not put an end to man's taste for smoking.

The war has, however, increased both the taste for and the amount of smoking. A London journal, the *Hospital*, in a recent issue complains that English women, and particularly English nurses, have become very largely devoted to the enjoyment of smoking, and it deploras the custom among women, while leaving the question of smoking among men to the reader's judgment. This is a fair specimen of present opinions regarding the use of tobacco.

The use of cigarettes has increased enormously among soldiers. It has been observed that aviators smoke cigarettes excessively. Probably the most valid objection to tobacco is based upon observations of the effects. They appear to be both good and bad, according to the temperament of the smoker. In an impartial and well reasoned book, just published, "The Medical and Surgical Aspects of Aviation," there is no evidence that the moderate use of the cigarette should be avoided except by the peculiarly

susceptible, and there is much evidence that the cigarette has been of great assistance in soothing the nerves after a flight.

The anti-tobacco theorists have always made the cigarette the main object of their attack, although the evidence shows that it is not the tobacco which is the injurious element, but the abuse of the form of smoking. It is this abuse that has led to "nerves," as has just been pointed out by European surgeons. As this is the most serious objection to smoking, it seems best to note the fact, and advise caution, not prohibition, which is not a cure.—*The Sun*.

PHILADELPHIA COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

A regular meeting of the section on Homœopathic Materia Medica and Therapeutics was held at the Hahnemann College on Wednesday evening, Dec. 17th, Dr. T. J. Gramm being in the chair. The secretary read the minutes of the previous meeting, which were approved. Case reporting was then requested. Dr. Shemely presented the report of an ear case, treated with *Chamomilla*. "It is my privilege to report to you a case, in which the indicated remedy appeared to be *Chamomilla*, and which remedy when prescribed produced a marked relief in the conditions, which would seem to be beyond the scope embraced by the remedy. This case is offered, not because one case proves anything in medicine, but because there may be present a few who have lost faith, and a result such as this may stimulate them to further work and investigation.

A patient, Mrs. B. R., visited the office on October 30th, 1919, presenting the following history: Five or six years ago a swelling formed back of the right ear, with slight pain, but does not remember having any discharge from the ear at this time. Hearing was not disturbed. Family physician pronounced it a "swollen gland." It was painted with iodine several times. At present the patient notices that when she is fatigued the spot hurts worse. For the past three weeks she has had throbbing sensation more than pain. This keeps the patient awake at night. Hearing is not diminished in the right ear. At times she seems to have ex-

cessive amount of soft wax in the right ear canal. At other times she seems to have a film or cloud come over her hearing, in the right ear. Swelling behind the right ear varies in size at different times. Examination: Slight dermatitis in the right external canal, with excessive amount of soft brownish cerumen. Membrane is intact, brilliant, slightly opaque, but the long process of the anvil is visible. No retraction. Normal mobility with Siegle otoscope. Left ear same findings as right, with the exception that the external canal is normal. External findings (right ear): Retro-auricular swelling, circumscribed, painful on pressure, periosteum is normal. Conversational speech 8m. plus in right, 8m. plus in left. Whispered speech: 4m. in right, 4m. in left. Weber test indefinite. Schwabach normal in both ears. Rinno plus 37" in left, plus 25" in right. C. is normal in both. C. normal in right; normal to second sound in left. Lassar's paste was first prescribed to be used externally in the canal of the right ear. *Belladonna* was prescribed internally. On Nov. 6th patient reports slight relief, but she seems to be very fretful in temperament. Same treatment prescribed as on former visit. On Nov. 12th fretfulness increased. Feels as though she should move about. Recurrence of former symptoms. Nov. 22d patient reports that ear had felt all right up to Nov. 21st, when she had a recurrence of former complaints. Because of a tendency to formation of pus in the canal of the right ear, *Graphites* was prescribed internally in addition to the use of Lassar's paste externally. Patient still has the same fretfulness present. On Nov. 24th this symptom of fretfulness being so pronounced, together with the fact that the pains were of a tense darting nature, worse at night, and that the ear felt hot to the touch, *Chamomilla* was prescribed. Two days later the patient reported marked relief from her symptoms and has remained free from them ever since. Under ordinary conditions one would scarcely think of prescribing *Chamomilla* for the ear condition above described, but in view of the fact that the patient's temperamental condition stood out so prominently the remedy was chosen with the happy results mentioned. Dr. W. F. Baker commended the paper because a specialist had seen fit to prescribe in his local field. Dr. T. H. Carmichael spoke of the need of looking at the

patient as a whole, and not directing our gaze at the offending part solely. The genius of homœopathy is quite opposed to a confining specialization. We are told of the group specializations which will come in future. It is illusory and will not be the natural evolutive process of change. The fallacy is not new either. At the time of the decadence of Imperial Rome the idea was put into practice; but this organ treatment business died with the Empire. A consideration of the symptomatic totality alone is correct as it regards the human as a whole. Dr. Carmichael emphasized the need of frustrating disordered function before its ultimatum into concrete pathological entities.

In reverting to nose cases Dr. G. W. Mackenzie spoke of the value of *Nux vomica* in the treatment of vasomotor paresis, following cocainizations (the latter is bad practice as the drug is distinctly habit-forming). He considered that compound tincture of benzoin topically applied was worthless in vasomotor paresis, Dr. Haines dissenting from this view.

Dr. O. S. Haines read a paper on repertorial analysis. He spoke of the personal influence of abstract views in arriving at remedies. He placed them among the things deprived of individual features; but which had a powerful influence on his judgment. *Nux vomica* was so very good in the costive state, *Bryonia* on dry cough was very effectual and the same values could be put on *Mercurius* in lues, and *Phosphorus* in hoarseness. But this lacked the due precisioning he thought. It was not individualizing concrete facts from experience and from the works of other men, and yet it seems so useful. From his experience he mentioned *Tuberculinum*. Now when it is proven, after the initial stage of dry cough and fever and malaise have gone by, there develops on a further pushing of the remedy what is really a continuous expectoration, even up to a pint daily, of a nummular lumpy discharge, and this loose yellow expectoration goes on for an indefinite period as long as you push your remedy. Hence *experiment* showed the way to frequent repetition in tubercle and not the bungling one dose a week practice, which is only too futile in actual practice. He repeated, in fact, in the sick, every one or two hours and his results were so much superior to the remedies sometimes used, such as *Senega*, etc.

The doctor thought that after forty years of study that he could often sense the atmosphere of an indicated medicament by simply hearing the patient's own story. But even with much practice one may be mistaken and at sea, and in this connection it is wise to remember the words of Tennyson, "Worse than being fooled by others, is to fool one's self." If you are not in the habit of using a repertory it seems very hard indeed when you do attempt its use. One very important question not to be overlooked in a case presenting itself is this telling query, "Have you been sick long?" This is *very important*. If the patient has been ill but a short time, say, forty-eight hours or thereabouts, the case will be a simple one. Should it give a lengthy history, *take your time*, sit back comfortably in your chair and let him talk. Do not antagonize by interruption, especially when dealing with a crotchety type. If the case does not present good generals, go in for location, (2) sides of the body, (3) sensations, (4) modalities. Three or four good generals are fine, if you are fortunate enough to get that many; they are, in fact, all that you will need in that line. Kent's work is full of inaccuracies; but better for generals than the repertory of Boenninghausen. Snap prescriptions are bad, slovenly work should never, in fact, be indulged in.

Dr. W. Franklin Baker, who has done such splendid work recently in animal experimentation, stressed the psychic element, even in animal work. The beasts undergoing the tests should enjoy life's amenities as regards their housing, their feedings and their drinks. He thought that a pathology had a big field in therapeutics. *Bryonia*, for an example, given to a rabbit in the natural state, and in *very small dosage over a long period of time*, developed a distinct and highly individualistic pathology. What is more, *the course of these pathological changes* from the beginning to the end was also individualistic. "How does it get that way" appears thus to be a most important and leading question to be solved in each case. Dr. Baker stated he was not so much interested, however, in the end results. *Bryonia* he found *dried up* the space around the cell. When pushed, however, a reversal of the serous to a mucoid influence ensued, with a subsequent collapse of the lung. With these finer observations Dr. Baker had experimented with no less than twenty drugs in the last five years.

Dr. Macfarlan spoke on the great practical value of provings and cited some work done on *Butyric acid*, which was indelibly impressed in his mind. (Some symptoms are of great note in a remedy's pathogenesis—for instance, the slow pulse of *Digitalis*—seen in the healthy prover in the tincture, in the low potencies, and in the higher and highest ones. Bleeding from the nose of an alarming nature, which can be produced by the high dynamizations of *Camphor*, was not seen in the low potencies; very high dynamizations of *Lycopodium* affect the left lung in marked fashion, as is so well recorded in Dr. Adolph Lippe's fine work, but this is certainly not seen in even the medium range 30th dynamization.

Dr. Arnold spoke of Gentry's Concordance as a fine work of reference, and spoke about a case recently in which he had used it.

Dr. Baker made a few remarks on hay fever, which had been discussed earlier in the evening, and mentioned the fine field in that affection for *Kali iodatum* and *Lycopodium*.

DONALD MACFARLAND, *Secretary*.

Thousands of children are killed every year because parents say, "They will have it anyway," and permit the little ones to expose themselves to whooping cough, measles and scarlet fever, says the United States Public Health Service.

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

Edited by **Stuart Close, M. D.**, 248 Hancock Street,
Brooklyn, N. Y.

INDIVIDUALIZATION.

In line with the thought presented last month is the subject of Individualization as a working principle and a method in homœopathic practice. Its importance and usefulness are so great that it may well be taken as one of the first subjects to be presented in this Department.

It is a characteristic of homœopathy that all of its practical processes are governed by the idea of principle of individualization. In its drug provings; its study of the materia medica resulting from those provings; its examination of a patient and study of a case; its selection of the remedy and its conduct of whatever auxiliary treatment is required, it seeks always to individualize. •

Homœopathy recognizes the individuality of every drug and substance in nature, which may be discovered and defined by appropriate means and methods. Its method of testing or "proving" drugs upon the healthy is designed and used for the express purpose of bringing out the symptomatic individuality of each drug so that its full powers and relations may be established. There are no "succedanea" in the homœopathic materia medica. A given drug is symptomatically indicated in a case or it is not. There are no substitutes for the conscientious prescriber. Symptomatic comparison between similar drugs is instituted and carried on until *one* (the one bearing the closest symptom-similarity to the case) stands clearly out as the indicated remedy.

Homœopathy recognizes the individuality of each patient or "case." The entire examination of a patient is conducted with a view to discovering not only the general or common features of the case by which it may be classified diagnostically and pathologically, but the special and particular symptoms which differentiate the case from others of the same general class. It recognizes the fact that no two cases or patients even with the same "disease" are exactly alike, and maintains that a true science of therapeutics must enable the practitioner to recognize these differences and find the needed remedy for each individual. In

actual practice the "differences" are very often the deciding factor in the choice of the remedy. To use a frequently quoted epigram: "Homœopathy does not treat *diseases*. It treats *patients*." In one word, it individualizes. It may be added that homœopathy is the only method of treatment by which the prescriber is able to thus individualize his treatment.

In the auxiliary treatment the same principle is applied as far as possible. In dietetics, for example, instead of laying down rigid rules and making up a diet list composed of articles selected solely for their supposed chemical or physiological relation to the case, the patient's idiosyncrasies; his likes and dislikes; his aggravations and ameliorations, as revealed by his symptoms, are considered and allowed for. Nature, as thus revealed in the patient's temperament, constitution and experience, is consulted.

This is not to say that theoretical considerations are of no use or value, but simply that theory is to be checked up and modified by facts as revealed in the individual. That a patient *ought* to take or avoid a certain article of food does not always mean that he *can* do so. Frequently he cannot do so. Knowledge of homœopathic principles and methods thus enables the practitioner to make these individual adjustments and modifications intelligently and overcome obstacles otherwise insurmountable.

S. C.

SUSCEPTIBILITY TO THE ACTION OF POTENTIATED MEDICINES.

A subscriber to THE RECORDER writes asking why homœopathic pharmacists who prepare and doctors who handle the high potencies of such a multitude of elements, or their combinations, "do not seem to be badly affected by the potencies nearest their similitum?" He states that he has "seen persons who inhaled deeply from a vial of the 200th potency of a remedy soon become affected by intense and unusual symptoms." This letter may serve as the basis of some remarks on the topic of susceptibility.

Reply 1. There is a difference between merely handling potentiated medicines in their containers and "inhaling deeply from a vial." In the latter case the exhalation or effluvium from the medi-

cine contained in the vial is brought forcibly and in its full power directly to the highly sensitive mucous membrane and terminal nerve filaments of the entire respiratory tract, by which it is absorbed. In the former case the medical effluvium is instantly diffused into and diluted by a comparatively immense volume of air of which the subject inhales only a very small portion. In either case the individual may not be in a susceptible condition at the time.

2. The question of individual susceptibility to medicinal action must be considered. Susceptibility to medicinal influence varies in different individuals according to time and circumstances as well as to different drugs. In health one may be susceptible to the action of a potentiated medicine at one time and under certain circumstances and not at other times and under other circumstances. Moreover, one may be constitutionally susceptible to only one or two of the many medicines handled and their effects may be antidoted by the others frequently handled. In sickness, susceptibility to the symptomatically similar, potentiated medicine is greatly increased, but in that case the action is curative, although new symptoms (proving) may arise if the potency be not suitable or too many doses be taken.

Cures have been effected by inhalations of the indicated potentiated medicine in many instances, and cases are occasionally met in which a knowledge of this fact is useful—cases in which it would be difficult or perhaps impossible to administer the remedy in the ordinary way, as when a patient is unable to open the mouth, protrude the tongue or swallow. Resort to the hypodermic needle is not at all necessary to obtain the action of the homœopathic remedy in such cases, nor in any case. Any mucous membrane will instantly absorb the potential remedy placed upon it.

3. Those who are constantly handling medicines appear to become immunized to the medicines they handle in the ordinary way. This general immunity continues as long as they remain in health, but ceases for the symptomatically similar remedy when they become sick.

The writer of the letter, referring to the death of one whom he truly calls "A Past Master of the art and science of Ho-

mœopathy," asks how it happens that such men, taken sick and dying from disease before reaching a great age, do not respond to treatment?

He partly answers his own question by asking further, if it is the result of overwork, wearing out of certain organs, etc. (which is often true), "or to the impossibility of pure homœopathic action of medicine after so many years of material and immaterial contact with the various potencies they have handled?"

As to the latter reason, I do not think it applies. The indicated remedy always acts, but the extent and degree of its action is modified and limited by many conditions.

Again, we come back to the matter of individual susceptibility and its modifications.

Age, sex, temperament and constitution; occupation, habits, climate, season, weather; the nature, type, extent and stage of the disease—everything, in fact, which modifies the psychological, physiological, or pathological status of the patient modifies, at the same time, the susceptibility to potentiated medicine, increasing or decreasing it, in health and disease. All these modifying factors must be observed, considered, weighed, and their influence estimated in conducting a proving or treating a case. One will react only to a high potency, another only to a medium potency, or still another only to a low potency or tangible doses of the crude rug.

The whole scale of potencies, from the lowest to the highest, is open to the physician in practice. He defines his sphere of influence over health and disease largely by the number of differing potencies he uses and the skill with which he uses them.

Success in treatment largely depends upon the ability to correctly measure the individual patient's degree of susceptibility to medication and select the most appropriate potency.

Some of the points which aid in making this estimate will be presented later.

S. C.

PRINCIPLES AND ORGANIZATIONS.

A common mistake and one of the greatest that can be made, is that of attaching to organizations the importance that belongs only to principles.

Organizations are formed for the purpose of maintaining and advancing principles, but it often happens that in the stress of building and maintaining the organization the principles are pushed into the background, neglected or forgotten. The man too often becomes the slave of the machine instead of its master. The organization becomes a Frankenstein which destroys its creator. Worse even than the mere neglect or forgetting is the wilful corruption and perversion of principles which is often the result of the mad struggle for organization prestige, power and position. Moreover, individuals connected with or responsible for the success of the organization are easily infected with the germ of selfish personal ambition and come to regard their official contract with it as a through ticket on the Limited to the City of their Dreams.

Out of these conditions, which it is not necessary to illustrate or enlarge upon, arise some of the most serious problems of the world. Organizations—civil, military, medical, political, social, religious and educational—may and often do become corrupt, mercenary, tyrannical; a menace to liberty and progress, enemies to the principles they are supposed to represent and agents of compulsion.

The individual truth seeker must, therefore, keep his eyes open and walk circumspectly if he would keep in the path of progress and preserve liberty of thought, speech and action.

It has come to pass that individual liberty is calculated only in percentages now. The increasing pressure of institutional compulsion encircles us. The moral compulsion of the "Drive" is but a short remove from the physical compulsion of the "Draft." The Internment Camp, the Prison, the Dead Wall and the Firing Squad are just beyond.

The world is in a state of War. It is a "War of the Worlds." The political world, the industrial world, the social world, the religious world, the medical world—organizations all—are torn by war because importance has been attached to organizations that belongs only to principles.

Organizations, like men, are subject to disease, decay and death. When they become corrupt they die, for corruption is elementary death. Institutions, nations, whole civilizations have

died, disappeared and been forgotten until brought to light by the excavations of archeologists centuries or perhaps millenniums afterwards. But principles never die.

Principles are essential truth, represented by or corresponding to facts. The essential characteristic of truth is its steadfast conformity to law and order. Truth is Life, Mind, Spirit; absolute, infinite and immortal. Organisms, in which truth embodies itself, are transitory. They change, decay and pass away, but life is continuous. Truth, like the fabled Phœnix, burns itself on the altar and arises from its ashes.

Homœopathy, as pointed out in the preceding Articles, has a two-fold existence—as an Institution or organization and in the individuals who make up its following. The spirit and principles of homœopathy have never been and never can be long in the keeping of any institution, for organizations are continually changing.

Individuals unite in small or great societies and work together harmoniously for a time, but not for long. Disagreements arise, they dissolve their original relations and form others; but the work goes on because the Spirit of Truth always draws together those of like minds for the attainment of a common object. At critical periods and in the long run it is always the individual who preserves, passes on and perpetuates the truth.

Upon individuals, therefore, as living embodiments and representatives of the truth, rests a great and solemn responsibility which each one should realize. No man can shift his personal responsibility to an organization. As a creator and member of organizations he does not cease to be an individual trustee, nor does he become slavishly subject to the organization. The creator is greater than the creature. He may work *in* or by means of an organization, but he may not work *for* an organization, lest he presently find himself in bondage to a creature which has become corrupt.

It follows that our greatest concern as followers of Hahnemann and representatives of homœopathy is primarily with individuals—with *men and principles* rather than with organizations. We will build men into organizations and keep the organizations clean and useful as well, and as long as we can; but let us be sure that we *build principles into men*.

Nature puts man first. Truth is not revealed to institutions but to *men*. Let us have done with fiction and deal with realities. An organization is a machine; an inanimate, soulless thing; a figment of the imagination; a creature of the law, deriving its existence and seeming vitality only from the individual men who compose it; ceasing to be when their relations are dissolved. Man is a real living, thinking human being, "made in the image and likeness of God," an individual embodiment and personification of a portion of the Infinite and Universal Mind; endowed with the ability to exercise creative power within his appointed sphere and destined for immortality.

With which are we most concerned? Which is most important? Which comes first in the line of duty? Men or organizations?

S. C.

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R. F. RABE, M. D., Editor, 616 Madison Avenue, New York City.

EDITORIAL NOTES AND COMMENTS.

The New York Homœopathic Medical College is about to begin an experiment in the demonstration of homœotherapy under rigid scientific control. It is purposed to set apart five hospital beds which are to be under the absolute direction of the department of materia medica. To these beds will be assigned cases which are medical in character and in which it can reasonably be expected that cure is possible through internally administered medicinal agents. Members of the department of clinical medicine will co-operate with the materia medicists by making all examinations, physical, chemical, serological, bacteriological, etc., and by establishing a positive diagnosis in each case; but will have nothing to do with the therapy unless called into consultation.

In this manner it is planned to replace mere assertion of the superior efficacy of homœopathy by actual scientific demonstration, which will compel recognition on the part of both students and interns. Skepticism among students of homœopathy is more widespread and more profound than ever before in the history of the school, and it is incumbent upon homœopathic medical colleges to remove this agnosticism in the minds of their students by every means possible. Unless this can be done in a manner satisfactory to inquiring minds, our schools must continue to fail in their endeavor to graduate real homœopathic physicians. That they are not doing so at the present time is only too painfully apparent to those in a position to observe and to know. May this New York experiment, therefore, be the beginning of an epoch-making advance in the history of homœopathy.

The Need of a Consistent Policy.—No doubt, in spite of all the boasted advances in medicine and surgery, physicians will continue to disagree until the end of time. It would seem, however, as though no valid reason could exist for the numerous disagreements among homœopathic physicians as to the sphere and scope of homœopathy. Yet such is the fact, and homœopathic interests suffer accordingly. We need only point to the treatment of uræmia, for example, for confirmation, though numerous other examples come readily to mind.

Now uræmia, to be sure, is not a disease, but is rather a toxæmia or toxic end-product of a disease. In this sense, therefore, it is easy to maintain that it should be treated by the methods of elimination in vogue in the treatment of other intoxications, and that homœopathy cannot or does not apply. There are many homœopaths who hold this view and who, therefore, apply the classical treatment of modern, so-called scientific medicine to cases of this kind. So far as we have been able to observe they lose cases in much the same monotonous way as do others who are more orthodox in their homœopathic methods. If we study certain drugs in our materia medica and relate their pathogenic effects to the kidneys, we are forced to conclude that some of their manifestations very closely resemble those found in uræmia. Such drugs are *Apis mellifica*, *Opium*, *Plumbum*, *Stramonium*, *Ammonium carbonicum*, *Cuprum arsenicosum*, etc. If this is so and our provings would seem to prove that it is so, then is there any good reason for us to depart from the principle of similars in such cases?

It is hardly logical to maintain that homœopathy will work in one kind of disease but not in another. Were this so homœopathy would long since have fallen to the ground. Again, we find the same inconsistency in the treatment of syphilis. Probably the vast majority of homœopathic physicians treat this disease in the classical manner—arsphenamin intravenously or otherwise given in accordance with the stage of the disease and the nature of location of the lesions, or fairly large doses of *Mercury* and of *Potassium iodide*. But what about other remedies in the materia medica, such as *Aurum metallicum*, *Hepar sulphur*, *Nitric acid*, etc., etc. have they no place, no field of usefulness?

Do potencies fail in syphilis, yet succeed in pneumonia? Many of us think not; but what is anyone doing to prove the claims of one or the other side?

The facts are that we homœopaths have been too complacent, too self-satisfied, too lazy to do the things which ought to be done; nay, which must be done, if the school is to survive. Our hospitals have failed in their plain duty by neglecting to carry out a series of parallel experiments in their wards, so that after the lapse of three, five or even of ten years, statistics worthy of the name might be presented, showing beyond question or doubt the real superiority or otherwise, of homœopathic treatment.

Here and there in society proceedings, or scattered throughout our journals, we find isolated demonstrations of a convincing nature; but nowhere do we discover series of cases by tens, fifties or hundreds. What an eloquent argument it would provide if, in a series of fifty cases of syphilis, it were shown that under strict homœopathic treatment the Wassermann test had, after proper length of time, proved repeatedly negative in all.

Here, indeed, would be material for propaganda, irrefutable and convincing evidence of a superiority which we now boastfully assert, but do not prove. Where lies the fault? Who will answer?

Mentha Piperita.—Recently we had another illustration of the ability of peppermint, in the fifteenth centesimal potency, to relieve a dry, irritating, paroxysmal cough, which was markedly aggravated by tobacco smoke, whether emanating from the patient's own *perfecto* or not. We have called attention to *Mentha piperita* before. *Ignatia* should be compared, as it has an aggravation from tobacco smoke or rather from smoking; but *Ignatia* suits the general nervous irritability, with nausea, occasionally found in high-strung, neurotic tobacco smokers. In this connection it is of interest to recall that *Mercurius* has a cough which is relieved by smoking. *Tarentula* is also credited with this symptom; but *Mercurius* we have verified and know the indication to be a reliable one. Such curious little facts are frequently most handy when at the command of a retentive memory. Another curious symptom, and one verified, is the palpitation of

Alumen whenever the patient lies upon the *right side*. *Argentum nit.* and *Lilium tig.* are credited with the same symptom. *Alumen* we have verified beyond question.

In his exhaustive article on *Bryonia*, now running in THE HOMŒOPATHIC RECORDER, Dr. White calls attention to the occasional absence of thirst in febrile states of this remedy. *Bryonia*, as we all know, usually has an unquenchable thirst for large quantities of cold water. Recently we have met this thirstlessness in two cases of simple acute bronchitis in which all the other characteristic symptoms of *Bryonia* were, however, present. *Bryonia* acted promptly in these patients, proving the correctness of its selection. We must here be on our guard, lest we resort to either *Gelsemium* or *Pulsatilla*, called to our attention by this very lack of thirst. The moral is, of course, not to discard a remedy on account of one exception. The totality of symptoms must decide.

Shall Surgeons Prescribe?—The really expert surgeon, not the man who merely “does surgery,” has his hands full in perfecting his technic and in keeping abreast of the constant advance in surgical pathology and diagnosis. As a homœopath he has little or no time to devote himself to the technic of homœopathic prescribing, yet the latter rarely fails to find some place, often a vital one, in the conduct of a surgical case. To be sure, there is no such thing as homœopathic surgery any more than there can be allopathic surgery. But with medicinal therapy it is quite another matter. The usual O. S. routine post-operative drug therapeutics is lamentably inefficient and painfully crude; any hospital surgical case record will bear witness to this indictment. Unfortunately for the homœopathic profession, too many by far of its surgical members ape the O. S. in their therapeutic floundering. The amazing ignorance of materia medica of any kind, betrayed by some of our homœopathic surgeons is almost beyond belief, and leads to the thought that these men have no business to enter the field of drug prescribing at all. What would be thought, for example, of the internist or materia medicist who should have the hardihood to essay a delicate major operation? In any properly managed hospital he would not be permitted to operate and rightly so. Why, then, should surgeons

be allowed to conduct the purely medical treatment of their cases? They should not be; of this there can be no question. Our better surgeons to-day are following this very course and are co-operating with medical men in the management of surgical cases by relegating to the physician the duty of prescribing all drugs which may perhaps be required.

The sooner the homœopathic school comes to recognize its materia medicists as specialists in medicine, the better will it be for homœopathy in general and for the innocent, unsophisticated patients in particular.

Examine the Urine.—It ought to be a matter of routine with every physician to examine properly or have examined the urine of every new patient, at least. Care in this respect will forestall painful regret and may indeed be the means of saving many a life. Particularly is this of importance in the welfare of children. Every child which shows even the mildest symptoms of sore throat should have the benefit of an examination of its urine. A mild pharyngitis at times fails to betray a scarlatina which a urinalysis promptly discloses; but the damage to the kidneys has already been done. Many a victim of increasing malnutrition, or of boils, is not regarded seriously until an examination of his urine shows the presence of sugar—and diabetes. The frequent examination of the urine during pregnancy is of such importance that to even mention its necessity seems superfluous; yet how often do we hear of uræmic convulsions during pregnancy and of the neglect to keep close watch of the urinary output. Such neglect is, of course, absolutely without excuse; fatalities due to such mistakes unforgiveable.

Quo Vadis?—The new year has now been entered, the days are growing longer and soon our thoughts will turn to early spring and summer. College activities are now on the home stretch, and the class of 1920 eagerly looks forward to commencement day in June. Briefly, this summarizes the student situation at the New York Homœopathic Medical College whose faculty, both paid and volunteer, are working earnestly with one common purpose to give the best that is in them. Let no one be under any misapprehension that the salaries paid the full-time pro-

fessors and their assistants are princely. The average mechanic to-day earns far more than the professional man who has given years to his education. The salaries paid many of the teachers are shamefully small; but for this the institution is not to blame. Even our richest universities and colleges pay niggardly salaries. The dean of this New York college, under difficulties both numerous and peculiarly trying, has with the means at hand, already accomplished wonders; but there is a limit to a man's endeavor when the tools are not at hand. The tools in this case are dollars, round and shiny, but also elusive to the point of actual vanishment.

The alumni of this college are thirteen hundred and sixty-one in number; to the suspicious the word thirteen will have a sinister meaning. Who knows? The Alumni Association has guaranteed the sum of thirty thousand dollars yearly for a period of at least three years; this money to be used in the payment of teachers' salaries, which aggregate just about the sum it has been proposed to raise. It is significant that at this writing but 157 alumni have pledged their support and have made these pledges good. A little over fourteen thousand dollars have been paid to the trustee or custodian of this fund, while the total amount actually pledged has been but eighteen thousand dollars. These facts speak eloquently to those who are interested enough to listen; but we suspect that the number of interested listeners is lamentably small. It begins to look as though the cause of homœopathy is to be ruthlessly sacrificed upon the altar of so-called scientific medicine. We say so-called because scarcely one out of ten liberal homœopaths knows what scientific medicine really is. The liberal homœopath out-herods Herod when it comes to prescribing allopathically (?). The really scientific allopath makes no such blunders. Shoemaker, stick to your last! Homœopath stick to your own philosophy of treatment and its attendant materia medica! The whole field of curative medicine contains nothing half so brilliant, nothing half so full of real promise, as the homœopathic materia medica. Why not earnestly till this field and seek the diamonds it contains? Why run after strange gods whose religion is as shifting as the sands of the sea? When finally the wheel of time shall have made another

revolution in the direction of progress and attainment, we shall see the principles of Samuel Hahnemann firmly established in the realm of scientific medicine, albeit the name of homœopathy and of Hahnemann may have vanished from the horizon. Willy nilly, the investigators of the O. S. are drawing closer and closer to the truth; why not assist them in their search, instead of tumbling over ourselves in the mad rush to imitate the poorer specimens of the dominant school

A great many homœopaths have flexible gelatinous spines; much stiffening is sadly needed, for the weak are wobbly indeed! Perhaps *Silicea* is indicated; but this time in allopathic doses.

PERSONAL.

Dr. C. M. Worth has changed his address to Yuma, Colorado, and will engage largely in office work there.

He has a \$5,000 homœopathic practice in Vernon, Colorado, that will be turned over to the purchaser of a stock of drugs amounting to about \$1,500, the buildings (optional) at \$2,000, consisting of store, office room and three living rooms, with garage, ice house, chicken yards, etc. Good roads, churches, schools. Inland town, fifteen miles to railroad. Best farming section of the county. Collections, 95 per cent.

Dr. Worth will be only thirty miles distant, and will gladly assist his successor.

THE HOMŒOPATHIC RECORDER

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THE RELATION OF PATHOLOGY AND SYMPTOMATOLOGY TO THE HOMŒOPATHIC PRESCRIPTION.

A. E. Hinsdale, M. D., Columbus, Ohio.

In the development of this subject I desire to start with two propositions which are so apparent that their truths cannot be questioned. One of these is that every substance which we call a drug or a medicine produces a reaction when taken by the human being similar to at least some definite disease, regardless of its cause. The other fact is it was ordained by the Omnipotent Power which gives the forces and laws of nature that whenever one of these drugs is given to treat some functional abnormality which presents symptoms similar to that particular medicine the disease disappears.

The homœopathist makes use of this principle in the treatment and cure of the sick; a principle so dependable and that has received such an abundant amount of clinical and experimental verification that it may rightly be called a law of nature.

Since the homœopathist makes use of this symptom similarity existing between drug action and disease, he has frequent opportunity and occasion to use the words "symptom" and "similarity." We employ these words, especially the former, far more frequently than does any one else. A "symptom" may be defined as the reaction of an organism to an irritant. If the irritation has progressed sufficiently far a definite abnormality in cell structure and function results, which is termed "pathology." This is the standard definition of the latter term, and is another word of which we make frequent use.

In *this* discussion I attach a somewhat broader meaning to the word "pathology" than is given it by the student of disease alone. I include within the meaning of *this* term, in addition to its ordinarily accepted meaning, the various mechanisms involved in the production of symptoms, be they due to drug action or to disease. These mechanisms may be of many kinds. They usually consist of processes of stimulation or depression acting directly upon a given organ or through its nerve supply. They may also be due to an inflammatory state terminating in real tissue change, a definite pathological condition, as the term is ordinarily understood. These mechanisms may be excited or called into action by absorbed drugs circulating in the blood stream, by toxins of disease, by anaphylactic antigens, psychic influences or by idiopathic factors. In addition to symptoms and their cause, pathology, as I am using the word for the purposes of this discussion, also includes the determination of the exact seat or origin of these symptoms. *This* I like to term "symptom localization."

Homœopathic physicians have, as a result of their adherence to their principle of treatment, developed by means of their drug provings a vast amount of information concerning drugs and their effects or symptoms. Their knowledge of drugs has been developed to a high degree of perfection. In other words, we have fairly completed lists of the reactions of the human organism to medicinal irritants; while our information concerning many of other drugs in *this* regard is incomplete and even fragmentary; yet it may safely be said we have ample and accurate information concerning at least fifty of them. Our materia medica, as now developed, is not to any great degree deficient in *this* particular and, while considerable improvement might be obtained by reprovings and other forms of experimentation, it is so deficient in another direction that we can temporarily lay aside our search for symptoms and develop the other field, which is that of determining the pathology of drugs.

Two factors enter into a correct or scientific homœopathic prescription. One of them is that a very close similarity between the symptoms of a medicine and a particular disease must exist in order that the abnormality may be corrected. The greater the degree of symptom similarity the more rapid and certain is the

subsequent recovery. The founders of homœopathy laid great stress upon this point and they have very properly emphasized its importance. Those who have given materia medica and homœopathic philosophy special study realize that very frequently something else must be taken into consideration in prescribing if the anticipated results are to be obtained. The other factor is equal in importance to mere symptom similarity and consists of a pathological similarity, "Pathological" as meant by the foregoing paragraph. I should define a remedy as being homœopathic to a certain condition when it is known to have produced symptoms and pathological changes similar to that condition. Unless these two elements are taken into consideration, no benefit will result from the administered remedy in about fifty per cent. of cases. The latter point, or element, in prescribing has never received its proper mention or emphasis. For some reason or other, we have been content with mere symptomatic similarity between therapeutic agents and diseases and have never given the other factor its proper place or consideration. Several of the earlier homœopaths hinted at it and occasional mention of it is to be found in the periodical literature.

However, the word "pathology" has been used in these references in its narrow sense. It did not convey the broader meaning suggested. The prescription should include within its pathogenesis the symptoms of the disease and the pathology in either the restricted or broader meaning of the term, as each particular case permits. When the pathological similarity is that of the "restricted" type, it is a rare occurrence for a cure to result for it is outside the province of homœopathy to transform an abnormal cell structure into one of histological make-up. The result may be palliative, arrestive, but it is not curative. Dr. Thos. H. Carmichael says that "the fact that *Phosphorus met.* causes fatty change in the heart and liver does not enable you to use it successfully in cases of fatty heart, but if you are a sufficient diagnostician, both of the diseases and the remedy, as to recognize a condition which, if not arrested, will develop a fatty heart, then *Phosphorus* may prevent the development of changes in the heart, and that arrest the disease."—*Journal A. I. H.*, Sept., 1919. If we will bear this in mind, there will be no

danger of riding the "pathological jackass" to death. When we are prescribing for a disease which presents symptoms due to a pathological change in our broadest understanding of that term, a cure can, and ought to be accomplished. Professor W. A. Dewey says, speaking of the indications for *Hyoscyamus* in typhoid fever, that "this fact should be borne in mind in the treatment of typhoid fever, and drugs selected according to the totality of symptoms; but the pathological condition should be taken into consideration in making up that totality."

It is not incompatible with the Hahnemannian hypothesis to consider "pathology" in our prescribing. Hahnemann tells us in the *Organon* that the complete expression of every symptom is that of sensation, location and modality. I have previously stated that the location of symptoms is an element in "pathology," and many times it is the sole element within my meaning of that word.

Now why should pathology, in any of its meanings, be considered in the homœopathic prescription? My answer is that the "pathology" is one of the symptoms of the disease, as well as any other of its manifestations, and if we do not consider it we are not prescribing in accord with the totality of symptoms. Neither do we individualize the case if we do not properly consider pathology. The doctrine of individualization is the greatest medical maxim, and is the most important and sublime statement ever made regarding therapeutic measures to be employed in the treatment of the sick.

We must bear in mind the important, self-evident and daily occurring fact that it is quite possible for two or more persons to be suffering each with a different pathological condition or localization of symptoms, and for each of these persons to present a group symptom identical to the other groups, but resulting from different causes. Now, if these causes,—the pathology—are not given consideration, and if we rely merely upon the symptomatic similarity to that of a given drug, it will happen that sometimes the remedy will be effective and sometimes of no avail. That remedy will be effective in that case when it produces similar pathology and symptomatology; it will be ineffective when it is only symptomatically similar or pathologically

similar, but not both. If only one of these similarities is covered by our prescription, we will not be treating the organs affected. It is the purpose of a remedy to act homœopathically upon diseased tissues and cause them to return to a normal degree of functional activity, a process which cannot take place when the prescription does not cover or include both forms of similarity.

We have asked the question, "Why should pathology be considered in the homœopathic prescription?" Another answer is, "Because homœopathy is intimately related to all the sciences regardless of their nature. Especially it is connected with and related to anatomy, chemistry, biology, bacteriology and pathology. If these sciences are not related to homœopathy and its practical application, the prescription, why are they taught in homœopathic schools? If our materia medica cannot be of such a nature as to conform to the facts of these sciences; if our ideas of drug action and their application cannot be supported, confirmed and demonstrated by these branches of the curriculum, then it is time to discard this materia medica and these ideas and to substitute others for them. Fortunately, however, such is not necessary or the case. To my mind the greatest proof of our principle is the truth that it is in perfect harmony and accord with other branches of knowledge, and when the attempt is made to bind the whole into a concrete unity, discordant notes are not heard or fallacy revealed.

The writer would offer a forecast. When the time comes, as come it must, when perfection of all things is obtained, there will be, in each of our lecture rooms and laboratories, some one gifted and well versed in our art to correlate and unite our facts concerning the action of drugs with the various other sciences. Such a one will, in the dissecting room, in addition to demonstrating the origin, insertion, nerve and blood supply of the right deltoid muscle, also inform the freshman student that *Sanguinaria* affects that muscle, that *Secale* modifies its blood supply and that *Colocynthis* attacks its supplying nerve. In the clinical laboratory the student will receive just as thorough instruction in the detection of albumin as does his allopathic associate, but he will be taught in addition that *Mercurius corrosivus* will cause the ap-

pearance of albumin in the urine, and that *Causticum* has an influence upon the excretion of urates. The instructor will also in his lecture on bacteriology point out that, as different bacteria elect certain tissues upon which they act, in a similar manner drugs do the same thing; and so on through the course, "hooking up" homœopathic science with other fields of knowledge. What is the use of teaching the microscopical pathology of enteritis unless it bears some relationship to and should be considered in the prescription? At present, all this is left for the teacher of materia medica to accomplish but, try as he may, the result will not be nearly so satisfactory as it would be, could he have the co-operation of other teachers.

We have in homœopathy what might be called a "homœopathic technician." By this term I mean one who has made a special study of drug action, particularly from our standpoint, and who is gifted with the ability to prescribe scientifically for the sick. He knows drugs, their toxic action, their physiological action, their symptomatology, modalities, concordant relationships, etc. Such a one has a right to the designation "specialist" or "homœopathic technician." He who would demonstrate the relationships of the different sciences to the student need not be a "technician," that we will leave for the materia medicist. It is said by the average student that materia medica is "hard to learn." When there shall come into effect such a system of demonstration as proposed, such will not be the case and, not until the aim is accomplished, will homœopathy be a reality to the average student, who, at the present time, leaves his materia medica in the class room and does not associate its truths with the ordinary affairs and phenomena of life.

Let us illustrate how pathology and symptomatology should be regarded in connection with the prescription. Suppose that two persons are suffering with the symptom, "burning pains in the stomach." For the sake of brevity, we will let this represent the totality of the symptoms. The diagnosis in one case, *i. e.*, the pathology, is hyperchlorhydria, and in the other it is a mild form of gastritis. Both conditions give the same symptoms, a fact well known to the diagnostician. The remedy homœopathic to the former case would be that one which has in its symptom-

atology "burning pains" and also the ability to cause excessive acid formation. Such a remedy is *Calcarea phos.* The remedy that is homœopathic to the latter state is one that also has "burning pains" and beside is capable of producing the changes of inflammation. This remedy we will say is *Arsenicum*. Both these therapeutic agents are symptomatically indicated, yet neither of them has the same cause or pathology for its symptoms of indications as the other. *Calcarea phos.* will not help the latter case nor will *Arsenicum* be effective in the former. Hundreds of examples of this kind are constantly occurring. We meet them constantly in everyday practice, and failure to prescribe the remedy that agrees both symptomatically and pathologically in a particular case is the most frequent cause of failure to cure the sick.

Another example is the use of *Ipecac* in the treatment of asthma. *Ipecac* is homœopathic to the mere symptoms of many cases; it is quite closely related to the associated bronchitis, but it bears absolutely no relationship, similar or otherwise, to the underlying cause (pathology), which is a bronchial constrictor; hence it is not curative in spasmodic asthma. Remedies prescribed for diseases when there is present only one of the important elements of the prescription, namely, a symptomatic similarity or a pathological similarity, cannot cure and all that can be expected of them is to relieve temporarily or to palliate. We have been guilty of teaching many therapeutic fallacies because the remedies recommended for various diseases did not cover the complete requirements for a prescription. Examples of this are: the use of *Gelsemium* in labor when the os is hard, unyielding and does not dilate; the use of *Uranium nitrate* in diabetes; *Belladonna* in locomotor ataxia; *Argentum nit.* for Addison's disease; the use of *Hepar sulphur* in angioneurotic œdema, and *Phosphorus* in hæmophilia. None of these remedies, and many more that can be mentioned, will cure the conditions for which they are recommended because, while symptomatically similar, they are not pathologically so as well.

Suppose we are to prescribe for the following groups of symptoms which are present in each of two persons, the totality being represented by contracted pupil, difficulty in walking and diar-

rhœa. All of these symptoms are found under the pathogenesis of *Physostigmin* and *Secale*. Upon examination, it is discovered that in one case the contracted pupil is due to the fact that the toxin of disease is stimulating the nerve supplying the iris, and in the other case the myotic effect is due to the toxin's affecting the iris directly. *Physostigmin* is the indicated remedy in the first instance because it contracts the pupil in exactly the same manner as does the disease (nervous effect). *Secale* will cure the latter condition for a similar reason (direct muscular effect), and the drugs cannot be used interchangeably because, while they are both upon the face of it symptomatically indicated, only the one is fulfilling all the requirements of the correct prescription.

Another illustration is the symptom, "difficulty in swallowing." *Gelsemium* will remove this if it is due to a paralysis; *Cantharides*, when due to inflammation, and *Agaricus* when caused by muscular contraction. Here the suggestive symptom is the same for each remedy, but the pathology is different, in each instance the remedy must be selected according to the combined indications, the real totality.

Sometimes, in instances of this nature, enough study has been devoted to the pathology of drugs to enable us to prescribe scientifically, but in many more instances we know little or nothing at all concerning the mechanisms involved by drugs in the production of their symptoms. Examples are the heart symptoms of *Spigelia*; we know nothing at all about the influence of it upon the vagus, accelerators and the myocardium, or whether the effects are central or peripheral. The cardiac symptoms of *Spigelia* have not been localized. Studies to determine information of this kind cannot be conducted upon human beings in many instances. Here is where the properly selected animal experimentation comes in to help out and carry on to completion information of this sort which, for obvious reasons, cannot be gained in the case of the human. The science of pharmacology is of the greatest help in this direction, and the proceedings and findings of pharmacological research are of immense importance to the homœopathist.

The pharmacologist, by determining with exactitude the tissues

and organs acted upon by medicine so that he can explain and locate their action, is putting to a practical application the Hahnemannian injunction of "individualizing the case." When we add to our symptomatology of drugs his findings and utilize them in prescribing, we will have approximately a perfect materia medica.

With the great majority of our medicines we know absolutely nothing of the reactions involved in the cause of their symptoms. Sometimes an inference can be drawn from the effects produced; for example, we regard *Kali carbonicum* as affecting the lung. This, which is called the "clinical method," is only applicable in cases where the organ involved is of large size and the effects of the medicine upon it of gross action. It will never permit of a fine degree of symptom localization. How could it be determined in this manner that nicotine affects the pre-ganglionic fibres of the vagus or that *Belladonna* produces dryness of the throat and absence of salivary secretion by a toxic elimination of the function of the terminal nerve endings and not by paralysis of the gland cells? Who can explain how *Phosphorus* produces vertigo, hence, in what kind of a case of disorder of this type it will be effective? How does *Leptandrin* affect the liver? What effect does this drug have on the biliary secretion or the glycogen content? How does *Rhus* produce paralysis, and is the action central or peripheral? What is the explanation of the vomiting of *Aethusa*; is it due to local gastric irritation or to central irritation? We know that medullary depression is the keynote to the action of *Gelsemium*, but how is it that similar effects are produced by other drugs? *Curare* produces a paralysis by paralyzing the end organs of motor nerves, but how does *Lathyrus* act? Hundreds of similar inquiries are continually suggesting themselves and until we find out the explanation we will be forced to put up with indifferent results because we cannot, many times, except by mere chance, prescribe scientifically.

Is this fact alone not a sufficient incentive to homœopathic research? If we had laboratories working under the guidance of men of scientific attainment, gifted with a knowledge of homœopathic theory and philosophy, within ten years most of these things could be found out and then we could cure almost at will.

Determining the pathology of either a drug or a disease is

essentially the same as making a diagnosis; hence diagnosis is of great importance to the homœopathic prescriber. We are not so unfortunately situated in this regard as is our allopathic confrere, but in most chronic or obscure conditions at least a proper prescription implies a correct diagnosis. Acute functional inflammatory disease of many persons, in their incipiency, especially in children, need not have assigned to them a designated diagnostic appellation before a very effective prescription can be made. This is because of the fact that in such conditions most of the bodily functions and tissues are in a state of generalized simple irritation and congestion, which is similar to effects, pathologically and symptomatically, of several of our remedies, but even here we knowingly or unconsciously take into consideration the congestion which is practically a diagnosis, and prescribe accordingly. I have no sympathy with those who would allow a child to suffer and receive no benefit until a correct diagnosis be made; neither can I entertain the idea that a diagnosis is not of the greatest help whenever it is possible in order that the symptoms may be localized, *i. e.*, the pathology determined, and the suitable remedy selected.

It is an observation of mine that as a rule homœopathic physicians do not carefully examine their cases. This is a consequence of our being taught symptomatic prescribing without, at the same time, considering causes. If we do not examine cases we make no diagnosis, pathology is ignored and a suitable prescription is an accident. How embarrassing it is to prescribe *Colocynth* for a pain in the sciatic nerve, and later to discover that the trouble was due to a knuckle of bone in one of the lumbar vertebræ, whose removal by surgical means effected a cure.

There are at least two great groups of conditions to which homœopathy does not apply, regardless of any consideration of pathology and symptomatology in the prescription, and consequently, if such diseases are treated homœopathically, the prescribing will have no effect and the prescriber need not be disappointed. No system of medicine or rule of any kind should be blamed for not fulfilling expectations which it could not cover from the beginning. One of the exceptions to the successful application of the homœopathic principle is the attempt to relieve

by it conditions which are surgical in nature. The end-products of disease are not cured or removed by any drugs, no matter what rule may be followed in their selection or application. The sooner we admit this fact the better. This is not saying that the incipient stages of many states which may later become of a surgical character may not be cured homœopathically. But do not let us wait for an ulcer to degenerate into a gastric cancer and then blame homœopathy for failure to cure it. Neither do I mean to say that surgery cures; it only removes the temporarily offending tissue which later, by metastasis, blooms forth again in a new location and eventually destroys life.

The second limitation to the successful employment of homœopathic therapeutics occurs whenever any disturbance, although at first purely functional, develops alarming or extreme toxic tendencies. An example will illustrate my meaning. Suppose a person be infected with the virus of some disease of bacterial origin and that within a few days he develops great tumefaction in the glands of the neck; the parts are blue, sore, a muttering delirium is present, and he has all the symptoms of an acute and more or less generalized septicæmia. In the earlier stages of such a condition there is no better treatment than the indicated homœopathic remedy, and, with occasional exceptions, such a condition may be expected to recover. Now let us suppose that such a case in the terminal stages as above represented is to receive the indicated remedy and nothing else. We should not blame homœopathy for failure to cure, and our attempts to employ homœopathically selected remedies to conditions to which they do not apply are the cause for frequent outbreaks of therapeutic nihilism and pessimism. The homœopathic prescription is an aid in the reaction of the body to overcome the beginning symptoms of injury. It is broader than, but includes immunity since the latter applies only to increasing the resistance of the body to bacterial injury. In the case we have cited above, in its last stages, homœopathic therapy does not apply because the injury was not in its beginning. Whenever the effects of injury become of a much greater degree than when present in their incipiency, other therapeutic measures must be employed. Sometimes these will be effective and sometimes they will not. Con-

ditions of this kind should in general be treated as one would treat a case of poisoning—the proper antidote should be given; this may be a drug or a bacterial antitoxin. For many such instances, such a drug or antitoxin has not been discovered; hence the condition is necessarily fatal.

The line of demarcation between conditions which should receive surgical, antidotal or homœopathic treatment must be drawn by the individual experience of the physician. The separation between the two types of cases is what might be termed the homœopathic therapeutic threshold.

ADJUNCTS TO THE PRESCRIPTION.

Roy C. Wolcott, M. D., Ph. D., Columbus, Ohio

The object in writing this paper is not to bring you into new pastures, or present you with treatments entirely out of the ordinary. My intention is to outline some of the little helps that not only make the patient feel better, but bring an ultimate cure more quickly and permanently. There are times when we do not have at hand all the drugs that are needed for the particular case we are treating, and often a very difficult situation can be bridged over until we have the proper helps by using some of the accessories I have in mind. Very few times we do not have hot water, and have you thought of the uses that can be made of this one common article? Let me enumerate some of them—hot water bag, applied locally, or hot cloths and packs, drinking hot water, hyperdermoclysis, enemata and douches, baths (tub, sponge, vapor, sitz, bed, feet, sheet, shower), in making hot nourishments, and in fevers all applications. Not often do any of these uses of hot water interfere with the action of the homœopathic remedy, and many times they do hasten the action and results are much better.

The care of the sick now requires many precautions that were formerly deemed unnecessary, but now are required for the proper care of the sick as well as health precautions for others. All the discharges from patients sick with contagious and infectious diseases are carefully disinfected and so the prevention of other cases. With cleanliness in the foreground our remedies are

more active and results are much better. When we stop to consider the number of micro-organisms that are constantly using the outside of man as an abiding place, and the inside as a harem, and the wonderful freedom they use in working for a living on his anatomy, we see the necessity of assisting nature along with our homœopathic remedies in removing the cause of some of man's troubles.

Has it ever occurred to you that the uses of heat in disease are legion—everything from gout to a toothache can be relieved by heat. Some of the more common uses may be mentioned, and it astonishes us at the number. Female diseases of all kinds, orchitis, lumbago, backache, colic, gout, rheumatism, neuritis, heart diseases, congested liver, pneumonia, pleurisy, headaches, and so on. Yet the use of hot applications, be they by hot water bag, soapstone, electric pad, hop sack, salt sack, boiled corn, packs, plates, stove lids, irons, or woolen blankets will often hasten the cure as well as give a great amount of relief to the suffering patient. They do not cure the trouble but they do make it easier for the drug to do the work.

When medicine has rounded out the sum total of its objectives we find the ultimate end to be the cure of the patient. We know the best and surest way to accomplish cure is by the homœopathic route. But there are times, and we all know it to be true, that the route can be made much smoother and easier to travel if the road-bed is improved with a little help from other sources than just throwing in a little medicine. Surgery is often required if a big snag is in the middle of the path of cure, and the knife removes the obstacle.

Overeating and injudicious eating that so derange the stomach that it is hard to distinguish that very useful organ from a garbage pail can be straightened out by listening to the sweet story of the dietitian.

Man that is of few days and his days full of troubles can be taken care of in the most intelligent way or can be so sadly neglected and experimented with by pills, powders and plasters that the angels will not recognize their likeness. And so we use accessories to this apothecary's shop in order to hasten our relief and aid to the sick.

In the case of insomnia and difficulty in going to sleep some of

the adjuncts can be used and avoid the use of opiates, chloral and dopes of all kinds. A glass of hot milk, a hot bath followed by an alcohol or vinegar rub, or even gentle massage will often produce sleep, and we do not have to contend with any of the after-effects of dopes. The use of mental suggestion of different kinds. Why does the child like to hear his bed-time story? Use the same psychological reasoning to your adult and you have relaxed his nervous tension so that sleep will soon come.

Nausea and vomiting can be treated similarly. The application of heat to the stomach often relieves the troubles for a while, and then our remedies will do the rest. Even mustard plaster not too strong are useful, or applications of mustard, drinking sips of hot water or tea, or in severe vomiting where life depends on the quick relief of the vomiting lavage may be used. Small pieces of ice in the mouth have been a Godsend to some suffering patients. Not a one of us will say these are cures, but what a help to relieve the agonies of the suffering!

No hard and fast rules can be used in selecting certain outside measures for cases, individual idiosyncrasies as well as means at hand must be taken into account when a choice of adjuncts is to be made. Acute cases are different from chronic lesions, temperaments vary, dispositions and people with their loves and hates, desires, passions, sensitiveness, jealousies, all make outward manifestations as different as the personal appearance of each individual. Some need sympathy and others the opposite. The discriminating physician knows what adjuncts to use with his remedies.

There are modes of stimulation that are useful and the patient's stomach is not upset with various and sundry drinks and his skin planted full of hypos. Plain baths are sometimes useful for other than cleansing purposes. Hot foot baths or sitz baths have often been of the utmost value in female troubles. Alcohol rubs have saved the day for more than one tired body. Olive oil, cocoa butter, and plain lard have helped infants through many a hard place in their lives. Local washes have relieved tired eyes. Enemas of hot water have stimulated sluggish bowels to more efficient service, and douches have caused female organs to take a new lease on life. Chewing gum has stimulated gastric

glands that have been as dry as if eating cracknells. Massage and vibrators have shaken up tired nerves and sluggish circulation till the body feels like new. A cold morning bath has helped to open more than one boy's eyes in the morning.

Protective applications have soothed and cooled many a burning surface. Collodion and paraffin dressings have come to their own in relieving pain, and what a palliative they are. Sometimes the cerates will relieve the intense itching found in certain skin troubles until permanent relief is found in the internal treatment possessed in our homœopathic remedies.

I am passing the many adjuncts that the surgeon uses, for you will say they are mechanical treatments and should not be classed with drugs. So they are, most of them, but so often a remedy administered by the surgeon will help to cure the patient speedily, gently and permanently that I feel they are a part of our own treatment either surgical or medicinal. For a strapped back will help *Belladonna*, *Arnica*, *Bryonia*, or *Rhus tox.* cure a lumbago, a proper bed for a rheumatism patient, elastic bandages for varicose veins—all have their places and we are glad to accept them as helpers.

I have purposely left mental suggestion till the last of my paper, for I feel that it plays a much more important part in the practice of medicine than many of us think it does. The personality of the physician means more to the patient than we realize. His presence in the sick room and the stimulation from his call are often wonderful in results. Patients will say: "Well, I feel better since my doctor was here." What do they mean by such remarks, if there is not a mental something that goes along with the physician's presence. Often the mere suggestiveness of questions such as "Are you nauseated?" will bring on a sick stomach, or "Are you thirsty?" and the patient will want a drink, or "Have you a pain?" and one is found, or "Are you hungry?" and he wants something to eat. You have all told patients they are better, and made them feel they are improved. The sober face, look and action of the physician will not bring much good cheer to a suffering child. Encouragement sprinkled with happy thoughts will make a patient glad to see his physician, and the effects from his homœopathic remedies will nearly always manifest themselves in a greater degree.

THERAPEUTICS OF HAY-FEVER.**Carl H. Rust, M. D., Cleveland.**

Ever since Bostock in 1816 gave us a very accurate description of what we to-day know as hay fever, a new etiology has been brought forward by nearly every investigator.

The disease described by Bostock, later called Bostock's catarrh, is one which appears during the summer months, brought on or aggravated by odor of certain flowers, hay, horses, dogs or cats, by dust, fogs, heat or cold, but not aggravated by these causes at other seasons of the year, thereby eliminating from this category paroxysms of nervous sneezing to which so many are subject.

The treatment of hay fever as an uric acid disease, while perhaps in part true, has nevertheless brought relief to many sufferers.

The bacterial origin of hay fever has many advocates. Stricker insists that it is an infectious germ disease.

The theory of anaphylaxis is the latest.

As Stricker seems to have studied the various theories more technically than most writers, let me quote from his great work on Bostock's Catarrh in Nothnagle (American edition).

"The annual attack is ordinarily ushered in with premonitory symptoms which last from a few hours to two weeks. This stage is absolutely denied by the followers of the pollen theory with which it is not consistent. Frontal headaches, general malaise, digestive disturbances, heaviness or sleepiness after eating, œdema of the face or other parts of the body and irregularity of the menses for the previous two months."

I have found in many cases this prodromal stage.

He also says: "The conclusion that a certain constitutional anomaly underlies the individual predisposition to Bostock's catarrh is becoming more and more positive. Moreover, it cannot very easily be denied that this diathesis is what the French and English call the arthritic, which expresses itself in the hereditary predisposition of families to rheumatism, gout, diabetes, corpulency, migrain, furunculosis, bronchitis, asthma, etc." In proving

"lithemia" in Bostock's catarrh. Haig, Bishop and others confirm it.

The limitation of the disease to a relatively small number of people living under the same conditions as thousands who remain free, its pronounced predilection for a certain class of society and for a certain race; its repeated appearance in members of the same families, the ineradicable tenacity with which it clings to life, the typical changes that it undergoes with years, sufficiently prove that the principal cause of its origin lies in the affected person himself.

Furthermore, the typical course of the individual annual attacks, and the undisputed possibility of escaping them by avoiding certain local necessary conditions, point unquestionably to external exciting causes that must reach the susceptible individual before the disease can originate.

Bostock mentioned his own gouty condition. A Dr. Kirkman wrote to Phobus that before his first attack of hay fever he had a nettle rash every June. This never occurred after the advent of the hay fever. DeMussey, in 1868, strongly advocated the theory that a gouty constitution caused the individual susceptibility. Geo. F. Laidlaw has written a very interesting booklet on hay fever, giving various theories and modes of treatment but emphasizes his theory of urticaria and his rosin-weed and ichthyol.

Ballinger says: "Hyperesthetic rhinitis or hay fever is characterized by annual paroxysms of sneezing accompanied by a severe and prolonged coryza and asthma." He gives as the predisposing causes constitutional, local, climatic, geographical, racial and altitudinal.

Under constitutional causes he mentions gout and rheumatism, and says further: "A gouty or rheumatic diathesis is held to be the basic cause. It is obvious, however, that there must be a reason for the gouty or rheumatic expression."

A hyperesthetic rhinitis is an oversensitive rhinitis which we see at all times of the year, and is not always a true hay fever. These cases are many times cured by cautery, opening diseased sinuses or cells, and by the homœopathic remedy alone, but many cases with sinus trouble do not have hay fever, and many cases

of hay fever have had tonsils out, spurs removed, turbinates trimmed and sinuses operated and continue to have hay fever.

Lane, in *New York Med. Journ.*, Nov. 16, 1918, says: "Boston's summer catarrh or true hay fever, is very difficult to cure, even the authorities most at variance with one another are agreed on this point."

I believe that most of the different opinions concerning hay fever are true as viewed from the different angles, but as the two views of the stereopticon when properly focused, give us a finer picture, so those views taken from different angles, when properly focused, dovetail into each other and give us a more comprehensive picture of this many-sided disease.

The majority of cases first come to us when their hay fever is just starting or in full bloom. Our duty is first to give them as much relief as possible during the attack. Our materia medica is quite rich in first aids to these sufferers.

Hale in his excellent work on "Practice" mentions a number of the usual remedies but especially *Chloral hydrate*, which he says has that serous acrid discharge which runs down the posterior nares and causes such constant hawking it prevents sleep. He says: "In my own case I suffered greatly from these symptoms, and never found any remedy for them until I took five grains of *Chloral* every hour. After the fourth dose I fell asleep and did not wake until nearly morning, when I found to my surprise that the thin acrid discharge was replaced by a bland thick mucus, and in a few days afterward the catarrhal symptoms disappeared. This has since been the invariable result in nearly every case in which I have prescribed it."

E. B. Nash was another hay fever subject. In discussing *Lachesis*, he says: "Headaches extending into the nose, come mostly in acute catarrh, especially when the discharge has been suppressed or stops after sleep. This kind of headache is often found in hay fever, with frequent and violent paroxysms of sneezing. Now, if the hay fever paroxysms of sneezing are decidedly aggravated after sleep, even in the day time, *Lachesis* 2000th may stop the whole business for the season."

Laidlaw uses rosin weed 10, 20 or 30 drops after meals, but Dr. Kirtland reports a case cured by the 3rd taken every three hours.

Ambrosia in some cases where the respiratory tract in its entire length is stopped up; lachrymation, smarting and burning eyes, watery coryza, sneezing and asthma.

Aralia racemosa; asthma coming on after first sleep, frequent sneezing with copious excoriating salty discharge, brought on by exposure to the slightest current of air.

Naphthalin might help some cases where the hay fever and asthma were better in the open air. Some cases have a very irritable bladder with very frequent desire to urinate that *Naphthalin* might cover.

Sabadilla has been frequently used. It has the eye, nose and throat symptoms, but the asthma is worse from cold and cold drinks and better from warm food and drink and being well wrapped up.

Iodine is worse in a warm room, discharge burns and excoriates; but there is one thing that differentiates it from all others, the patient immediately begins to emaciate when the complaint comes on and is very hungry.

Arsenicum album and *Arsenicum iodide* are excellent remedies, but *Arsenicum album* wants to be warm and is relieved by hot cloths over the eyes and nose. These cases do not do well when sent north. The *Iodide of arsenic* is worse in a warm room but much relieved in the cool air.

One of my patients had suffered from hay fever for fifteen years, and thought she had tried everything. After the attack she would be very weak and would not begin to regain strength until December. She would then be fairly comfortable until April or May when she would begin with the premonitory symptoms. During the summer months she would be confined to her bed most of the time with her sneezing, asthma and irritable bladder, sometimes having to urinate every fifteen minutes. *Succinic acid* 3x every three hours brought absolute comfort in thirty-six hours. She has taken this remedy for the past six years and has no dread of hay fever. This year she took in all twenty powders.

I have also used *Nux vom.*, *Chrom-kali-sulph.*, *Pulsatilla*, and *Sulphur*.

In some cases I have used the *Bacterins*, a very small dose

once a week, but always with the remedies. In those cases in which I used the *Bacterin* alone I did not get the desired result.

Harold Wilson has recommended the use of *Calcium chloride*, saturated solution, a teaspoonful in water, after meals. Ball uses this remedy but with the application of *Argyrol* on a cotton pledget in the nose every third day.

I would like to mention a few things which have given great relief to my patients.

Those who get relief from cold should bathe the face very frequently during the day with cool water. Some you will find get relief from hot compresses. A little white petroleum or cocoa butter rubbed in the inner and outer canthus of each eye on retiring is soothing and relieves irritation.

Many patients who are perfectly comfortable lying still in bed will, on the slightest movement of the legs, begin to sneeze. This is caused by contact with a cooler part of the sheet. Have them wear long stockings during the night, or better still, flannel pajamas with light woolen or cashmere socks pulled over the legs of the pajamas and they will avoid their night or morning sneezing.

Woolen stockings and wristlets with light underwear make an excellent combination. The legs and wrists perspire easily and unless protected are very sensitive to the slightest change of air and their chilling starts the sneezing.

Cut down meats, fats, rich foods and sometimes certain of the fruits.

Having eased the patient through this period of great torture, our hardest task begins. We must try and find the basic cause. As soon as the nose is in a normal condition, careful search should be made for sinus or cell infection.

The teeth, tonsils, gall bladder, ovaries and prostate should be considered, but great attention should be given to the digestive tract in its entire length.

The majority of my cases of true hay fever I find to be, or have been, subject to urticaria, or have gouty joints. One woman over 50 years of age, suffers with her finger joints until the appearance of the hay fever, Aug. 15th, and has absolute relief of the joint trouble until the hay fever ceases.

IN THE LIMELIGHT.

By Eli G. Jones, M. D., 1331 Main St., Buffalo, N. Y.

If you have a case of *chronic* uterine or ovarian disease it is always *best* to examine the *breasts* for *lumps* or *tumors*, for under such conditions you will find the lumps there in a large proportion of cases, and they will be of a *cancerous* nature. Remember that in *four-fifths* of the cases of cancer of the female breast the disease is *rooted in the uterus and ovary*. From this you will see the *intimate sympathy* between the breasts and the uterus or ovaries. It will also be seen from this how *foolish* it is to *cut out* a cancer in the female breast, for it is simply removing the *effect* without *touching* the cause. If you have an obstinate case of leucorrhœa that *doesn't* yield to ordinary remedies, it is always best to examine the *spleen* for enlargement of that organ. Then give the *indicated* remedy to reduce the enlargement.

Remember that intercostal neuralgia is often *one* of the symptoms of spinal irritation, so is numbness of hands or feet, and also a headache, that commences at the *back* of the head and goes *over* to the *frontal* region. If you have a patient with *either* of the above symptoms be *sure* and examine the *spine* for *tender* spots. Then you will *know* that you have a case of spinal irritation, and you can *cure* it if you go the *right* way about it.

When you have a patient with a torpid liver, *weak* digestion and *constipation*, the remedy indicated is:

℞. Tr. Euonymous fl. ʒi.

Simple Syrup fl. jv.

Mix. Sig.—One teaspoonful night and morning.

Dr. John Rae, Lethbridge, Alberta, reports to me the following interesting case, which is a *splendid cure*, and one the doctor may well be *proud* of. He writes: "A young lady married a Lethbridge soldier in Edinburgh, Scotland. He went to France and she went to work in a munition factory in London, England, and there she became *totally blind*. She was taken to the London Hospital, but was sent out *incurable*, the professor said that she would *never see again*. She was next taken to the Edin-

burgh Hospital with the *same result*. Her mother-in-law went from here to Scotland and brought her back with her. She was then taken to a French specialist here, but he was unable to help her.

"She was brought to me six weeks ago, and now she can *see as well as ever* with the *right eye*, and the opacity is showing *favorable signs* in the left eye. I prescribed *Calcareo fluorica* and *Kali mur.*" A doctor who can perform such cures as the above is a "*Godsend*" in every community."

One *good cure* will often *make* a doctor's reputation in his field of practice.

It is a *sad fact* that the *average* regular physician *can not* cure a *chronic disease*, for the *very good reason* that he has *not* been taught *how* to *cure* such diseases in medical college.

A stream is no *higher* than its fountain head. The professors in the college can't teach a student what they *don't know themselves*.

The *principal* qualification for a professorship in a medical college *ought* to be a man's *ability to heal the sick* and not a "*pull*" that he may have, or the many *degrees* he may have received.

The degree of Doctor of Medicine (M. D.) is *honor* enough for *any man*, *provided he is a physician*, one *fitted to heal the sick*.

Rhus tox. is said by some doctors to be *the* remedy to cure rheumatism, but it will *not* unless it is *indicated*.

When there is *lameness* and *stiffness* and *pain*, when the patient *begins* to move about but feels *better* after he gets "*limbered up*," then *Rhus tox.* will be *the* remedy.

The pulse of *Rhus tox.* has a *sharper* stroke than normal, the tongue has a *triangular red tip*.

In all inflammatory conditions and in intermittent fever if you find the patient *alternately dry, hot, or perspiring*, *Apis mel.* will be *the* remedy *indicated*.

In tonsillitis and diphtheria if the pain and suffering in the throat is *relieved by swallowing* or is worse *between* acts of deglutition, then *Ignatia* will be *the* remedy indicated.

In affections of the *throat* when *empty* swallowing or swallowing of saliva or liquids *aggravates a great deal more than swallowing solids*, then *Lachesis* will be *the* remedy indicated.

A good remedy to *clear* the urine of *albumen* in the last two months of pregnancy is *Fluid extract eupatorium purpureum*, 15 drops, three times a day.

When there is a disposition for stool in the *upper* part of the intestinal canal, and an *indisposition* in the *lower* part, give *Tr. Veratrum album* 3d x, 5 drops at bed time. Do not *forget* the above remedy in *that* form of *constipation*.

It has been said that the Psalmist David was "a man after God's own heart." The xxxviii Psalm is supposed to have been written by him. In this psalm we find a pretty good description of the *symptoms of syphilis*.

He says in the third verse, "There is no *soundness* in my *flesh* because of Thine anger, neither is there any *rest* in my *bones* because of my sin."

Fifth verse, "My wounds *stink* and are *corrupt* because of my foolishness."

Seventh verse, "For my *loins* are filled with a *loathsome* disease, and there is no soundness in my flesh."

Eleventh verse, "My lovers and my friends stand *aloof* from my *sore*, and my kinsman stand *afar* off."

The Psalms are the *Poetry* of the Bible, and in them will be found a "*balm for every wound*."

Dr. Robert Bell, London, England, one of the most eminent cancer specialists in Great Britain, says that the "colon is a *breeding* place for cancer." In that statement I think he is exactly right.

In Webster's Dictionary we read that the definition of the word "Quack" is a "boastful pretender," but the *modern* definition of a quack as given by our *regular* physicians is *entirely* different. It means that: "A doctor who can *cure* a case that they *can't* cure is a *Quack* of the *worst* kind."

A physician of *all* men should be a gentleman. A gentleman will never *hurt* another's feelings if he *knows* it. He is *gentle* and *kind*, that is the *true* definition of a *gentleman*.

To call a brother physician a "*Quack*" or an "*irregular*" doesn't *hurt* him any, but it *degrades* the man who *uses* such terms, which are beneath *the dignity* of a *gentleman*.

What a *grand* world this would be to live in, if *we* could only

forget our "isms" and "pathies," our prejudices, and remember only this *one* thing, that we are *physicians* here; *heal the sick*. Just think how *much* real good could be accomplished for God, for our profession and our common humanity. One of the *first* things at the very *beginning* of my course of instruction to students, I try to *impress* this fact upon their minds that they *must rid* their *minds* of *all* prejudices against *any* school of medicine or system of therapeutics. Make up your mind to know the *truth*, for the "*truth shall set you free.*"

"I live for those who love me,
 For those who know me true,
 For the heaven that smiles above me,
 And awaits my spirit, too;
 For the wrongs that need resistance,
 For the cause that needs assistance,
 For the future in the distance,
 And the good that I can do."

THE TEACHING OF THERAPEUTICS.

By Hobart Amory Hare, M. D., Professor of Therapeutics, Materia Medica and Diagnosis, Jefferson Medical College of Philadelphia.

I am writing this paper because I am hopeful that it may direct attention to what is a crying fault in medical education to-day, namely, the neglect of teaching students how to treat patients for the alleviation or cure of disease. I am hopeful that some good may come of it, because the Council on Pharmacy and Chemistry of the American Medical Association, for years past has been endeavoring to inform physicians regarding the use of proprietary products and to persuade them to prescribe drugs, proprietary or not, intelligently.

The work that the Council has done is, of course, praiseworthy in intent, and is good as far as it goes in one line, to wit, to improve medical practice among graduates; but the prime difficulty lies in the teaching of practical therapeutics to the undergraduate and to the hospital intern. This embryo practitioner

in almost every medical school has no training in pharmacy, little or no training in the use of the official names of drugs or of their doses, and no training whatever in the fact that doses of different sizes, although they be of one drug, may be useless, useful or harmful, or become so after some days. He, therefore, enters practice utterly at sea when he is called on to write a prescription.

I have known of eye drops to be ordered by the quart, oleo-resins mixed with aqueous solutions, powerful alkaloids, such as strychnin, put in a mixture with potassium iodid, whereby nearly all the strychnin went into the last dose, and a host of other errors too numerous to mention. I have seen a thousandth of a grain of arsenous oxid given three times a day to an adult, and a grain of atropin put in each pill; and no druggist exists who, if diplomacy did not restrain him, could not humiliate almost every physician whose recipes come to his shop. Because the medical man knows nothing of the bulk of drugs or the most efficient vehicles, or excipients, he takes the easiest way out of his dilemma and orders products already prepared, which products are often the result of much experience and scientific pharmacy.

The remedy for all this is to have every student make in a pharmacy laboratory at least one representative of each class of preparations official in the Pharmacopœia and the National Formulary. I believe that this is done in only one school of medicine in the United States.

The young graduate, having had no experience or teaching as to doses, naturally uses doses that some commercial laboratory names. He may have been taught "doses," but he has no idea that small doses of digitalis may be useful in one case, whereas almost toxic doses may be absolutely essential in another, and so loses the patient that needed the large dose. He uses the compound mixture of licorice as a vehicle in a case of profuse bronchorrhœa or threatened pulmonary œdema, not knowing, or forgetting, that its most active ingredient is antimony, which is absolutely contraindicated.

When he becomes an intern in a hospital, he learns one thing of great importance, namely, that the chiefs who prescribe little

and "let the patient get well" often obtain the best results; or if he is on a surgical service, the entire drug therapy may be in his hands, and the chief often boasts that he "knows nothing about drugs and don't want to." On the medical side in large hospitals he will find a hospital formulary from which mixtures are made up by the gallon with all sorts of drugs, and contradictions, with widely varying doses of the ingredients; but there is a standard dose of the whole mess whether it be for a young girl of 16 weighing 100 pounds or an old rounder weighing 200 pounds. Not only this, but these mixtures go by names which often do not mention the most active ingredient or, worse still, go by numbers, so that the order on the treatment card reads: "No. 23, dessertspoonful t. i. d."

The fault does not stop with internship. Never having been taught practical therapeutics, the man steps into practice a fair mark for the loquacious traveling salesman, who places him in the vocative by being familiar with what he ought to know. Some years ago, telling a distinguished ex-President of the Association that a patient was getting acetphenetidin, I found he did not know it was phenacetin. When he was told that the first term was the official one, he laughed and admitted that he had asked a student what he would use in a given case, and the reply was "phenol." The clinician "long on pathology but short" on therapeutics then informed the astonished youth that "phenol was no doubt very good, but carbolic acid was better."

The remedy for the state of affairs just described, is in teaching and experience when a student. This, in my experience, which is a fairly large one, is best accomplished by having the student, in his course, not only taught doses by rule of thumb, but also given the opportunity to prescribe for suppositive or actual cases, and to see the results of his order, both as to the prescription itself and as to its effect on the patient. Under the direction of an assistant professor the whole class may attend a therapeutic conference, or quiz, on the treatment of a given class of diseases, and during the conference several of the men who advise plans of treatment are called to blackboard to put in black and white what they have suggested. When they have finished, the instructor, who has continued his quiz in the mean-

time, criticizes the pharmacy, the doses, the form, the combinations, the therapeutics and the quantity in the whole prescription, as well as the Latin.

The number of occasions on which such criticisms lead to howls of delight at the discomfort of the man at the blackboard may be subversive of discipline, but all hands remember how John Jones wrote for nitrohydrochloric acid, iodid of potassium, tincture of gentian and tincture of iron in a quart of water, particularly if the mixture is prepared forthwith.

This large class teaching, is driven home by a junior teacher taking the class in sections and having it spend one or two hours a week for several weeks writing prescriptions, for suppositive cases, which are then criticized, and the writer asked to give his reasons for using each remedy.

The regular medical ward classes should emphasize therapeutics; and, in addition, clinical, not laboratory, pharmacology should be taught. This is done by demonstrating a case of auricular fibrillation both at the bedside and with the electrocardiograph, and then giving full doses of digitalis, a second demonstration revealing the effects. So, too, the mode of action of atropin in partial or complete heart block is demonstrated, and the effects of nitrates in lowering pressure are taught, by seeing a patient to-day with high pressure and again at the next visit with a reduced pressure. Any number of these therapeutic demonstrations can be made by the regular ward class teacher, and made still more useful if a demonstrator of clinical pharmacology who can use the polygraph and electrocardiograph, is given proper hours. By this means the student is taught how drugs act and how various doses act, entirely apart from the didactic lectures on therapeutics or the general therapeutic clinics given by the head of the department, who deals of necessity with principles and practice.

All this seems so obviously practical that the question arises, "Why is it not done?"

The answer is that there is not time. If there is not, why not? There is not time for two chief reasons. The first is that the student is taught too much of the special part of the specialties, many of which he will never attempt to practice; and unless he

takes a postgraduate course after several years in general practice, he ought not to try to practice. At present the young graduate can talk learnedly of the difference between paralytic and concomitant squint or about the Barany test, but is stumped when told to write a recipe for diarrhœa.

The second reason is that the laboratory of pharmacology has drowned practical therapeutics, and has done it so effectively that in most schools literally no bedside therapeutics as a separate branch is taught, the original chair of therapeutics being filled by a laboratory pharmacologist who in some instances is not even a doctor of medicine, or if he has the degree of M. D. has never practiced a day in his life or even been an intern in a hospital. When he attempts to tell students bedside facts, it is as if he were an astronomer trying to teach a sailor how to navigate a ship, without ever having been to sea. As he lacks bedside experience, he teaches, for example, that the best treatment of fever is a combination of the cold bath and coal tar antipyretics, when every one who practices knows that this is a great error. It is enough to bring the grey hairs of Dr. Simon Baruch, the great apostle of hydrotherapy, in sorrow to the grave, and if carried out will bring many patients there.

Valuable time which should be spent at the bedside learning how to use drugs is employed in having students carry out pharmacologic technic in a course of six or eight weeks or their equivalent. It is safe to say that not one man in a thousand who takes this course becomes a pharmacologist or learns to be an efficient technician. What the student needs is not to do the experiments himself but to see them done by a man so well trained that results are produced that make a demonstration that really demonstrates the fact to be remembered. I can see no more reason for making a group of students, designed to be practitioners, make bungling experiments with a Kronecker-Bowditch heart apparatus than I can for their performing amputations and visceral operations on dogs or cats with the idea that they will become good surgeons; indeed, there is less reason. One cannot make a man who has no music in his soul a violinist in a six weeks' course, and probably it is safe to say that the majority of excellent physicians have not the qualities which produce original contributions to medical knowledge.

My point is not that there should not be teachers of pharmacology. On the contrary, there should be, because it is only by the efforts of these men that the scientific or investigative side of therapeutics can be advanced and the errors of empiricism corrected. Their existence develops those who have the talent, initiative, the power of proper deduction and the love of investigation, and their methods of thought and mode of study are examples of the highest type of medical man; but in their enthusiasm they should not forget that 999 of their pupils want to know how to make the sick well and do not want to know by personal experiments on dogs the effect, for example, of cutting the animal's sympathetic or the action of cocain on the eye. If this is to be taught, let the pharmacologist make the experiment and demonstrate the result.

It may be said that I do not know whereof I speak; but I do, for I was once a pharmacologist myself. In the eighties I worked in laboratory pharmacology, and taught it, too, as a somewhat long list of titles in the Index Catalogue will show. I am not an iconoclast, and no one rejoices more than I do that the only pharmacologic laboratory in the United States in 1886 has been followed by two score of such laboratories from which a wealth of wonderful work has originated; but it is *post-graduate work*. I am pleading that hours now used otherwise may be employed to teach not only the theory, but also the practice of therapeutics. When this is done, the work of the Council on Pharmacy and Chemistry will be helped to its completion; for when the practitioner knows how to prescribe, he will not tolerate the commercial concern that poses as his teacher.

At present an attempt is made to make pharmacologists out of men who are going to practice medicine. A real pharmacologist is a highly educated man in physiology and chemistry, an investigator, a discoverer, and by rights a leader in the higher realms of therapeutics—one who should teach medical students how drugs can be studied and should be studied in the laboratory, and to determine fundamental facts about remedies. But to try to train the general run of students, who will never have a laboratory, to be pharmacologists without first teaching elementary practical therapeutics is somewhat like a great opera

singer trying to make every one a great singer, or as if one should attempt to make his infant son sing before he tried to teach him to walk. The use of instruments of precision necessary for the study of drugs, if taught at all, should be at the bedside. I repeat what I said above: The lack of training as to what to do, what not to do, and when to do, as to remedies, is one of the weak spots in medicine to-day. I firmly believe that if the present generation of students is properly taught practical therapeutics, the chief labor of the Council on Pharmacy and Chemistry will be an accomplished fact, for the right way will be the easiest way. Let us first make good physicians and from these may be sifted out those who can and want to become laboratory pharmacologists.—*J. A. M. A.*

PHILADELPHIA COUNTY HOMŒOPATHIC MEDICAL SOCIETY

The regular monthly meeting of the section on Homœopathic Materia Medica and Therapeutics was held at the Hahnemann College on January 21st, Dr. Theo. J. Gramm being in the chair. The secretary read the minutes of the previous meeting which were approved. Dr. O. S. Haines then gave a humorous case. (Record not here.)

Dr. T. H. Carmichael spoke of the formation recently in Chicago of the American Association of Homœopathic Pharmacists which will be guided in their work by the Homœopathic Pharmacopœia of the United States. Any medicament not included in the same will be considered in the nature of a proprietary medicine. This is a new departure in that it makes matters standard. By this scale the tincture will equal the present first decimal dilution, and the tincture now will be the equivalent of the trituration. Our British confreres, however, consider the tincture as unity.

Dr. W. Franklin Baker "read the paper," or, more properly, demonstrated *viva voce* some wonderfully fine experiments on rabbits which had been put under the influence of *Bryonia tincture* in two drop doses every two hours in their bread feedings. The greater magnitude and mass of heart, lung and renal cases seen by physicians should call them to just such study, more

insistently so than the surgeon who would require it in much lesser degree. Dr. Baker thought that we should finance our vocational asset, homœopathic materia medica study, and that it was an unfortunate fact that only 2 per cent. of our resources has found its way into that channel of usefulness. The entire burden also should not fall upon the shoulders of the professor of materia medica.

Dr. Baker then went on to his topic, which dealt with *Bryonia* and its synthetical propositions in regard to medical problems. The synthetic consideration is important in that it differs greatly from what is now generally considered the purely analytic method of investigation.

The experiment animals were kept in their natural state of life in order to determine the organic drug selectivity, the logical sequence of symptomatology, and the incipient and end-pathology. The medical man who ridicules pathology is foolish, he thought. Hahnemann's dyscrasies were important, too. He had recognized scleroderma in cattle and *Bryonia* can produce it. Alopecia in rabbits can also be produced and cats can also be affected through medication. All these effects may be remedied by the dynamized drug, however. Idiosyncrasies must be taken into account in drug study, as witness the fact that fifteen grains of potassium cyanide may be given the ground hog without death ensuing. Dr. Baker found out in his studies that the potentized drug had a tremendous effect on ventricular size (cardiac effect). Feeding was an item. A specific toxæmia of any type varied with the character of the feeds themselves. Corn content, chlorophyll, fat soluble substances, vitamins, etc., all have their part to play in the functioning of the economy.

By exercising judgment an experimenter can begin and end a pathology at will. The study he had carried on touched on various subjects in a practical way which was of great use to the practicing physician, and the doctor specifically mentioned the complemental relationships of remedies, antagonistic remedial effects, alternation of remedies (poor homœopathic practice), and the dose itself. In the studies, Dr. Baker found that *Bryonia* affected the lymphatics to a very marked degree. It affects interstitial tissue, where, in fact, the pneumonic process first starts:

Bryonia really covers the whole lymphatic field, and it may even eventuate in an auricular blocking as a consequence. Under *Bryonia*, however, an œdema of the lungs was not developed, but as the doctor showed on the carcasses of the rabbits brought to the meeting there was a marked up-filling of the auricles. Imagine the futility, therefore, of using *Digitalis* in such a state as had been the "unfortunate" practice in our army cantonments with their dreadful and revolting mortality! Cactus, however, is a remedy which will empty the auricles of the heart in any terminal stage. There is an equalization of blood pressure in a sense and the renal and hepatic engorgement lessens and goes. This equalization of blood pressure is important, as, after the setting in of the red hepatization the essential feature, Dr. Baker thinks, is the treatment of the circulation. The hardest work the doctor contended with was the photographic work. He found, however, that a long exposure of twenty minutes was best. He had used filtration in the lens (red, yellow and blue filtration). With a good technique, one can get the intercellular tissue in the picture. The 'scope was most useful in disclosing the character of the pneumonic picture. The experiment animal was never chloroformed but actually decapitated and then the blood was drained. After decapitation he either slit the animal straight down and trimmed the sides or else he cut across it.

A seven-day rabbit, proven upon and eviscerated, was shown and much appreciated. A reddish inflammatory muscular reaction was seen, rigidity was present but no intestinal plastic exudate was there. Patchy streaks of pneumonia could best be seen in the right lung which was slightly adherent at the pleural area. The heart was shaping toward a terminal block in the auricle. A relaxed stomach and bowel condition was present. The eleven-day rabbit was much more affected, and the diaphragm was inflamed. It was curious to note the *decided* preference of the *Bryonia* for the whole right side of the body. The right kidney was fairly plastered down by adhesions. Lung tissue was like liver in the case and looked like a brownish variety of cranberry jelly.

Symptomatically the rabbits started to run a very moderate temperature within forty-eight hours of administration, and this held

uniformly. Dr. Baker, I believe, said there was a further mounting after a longish proving. If the drug after seven days was stopped there was a gradual decline by lysis. Some medication of the dynamized drug would effect a speedier return to normal, however. When the rabbits were given a potentized *Bryonia* (6th or 30th) a punctate and disseminated pneumonia developed which thing did not obtain in the tincture. The latter was streaky and patchy in type. In experiments such as these the effects of stopping the drug could be noted, or the effect of feeding of different food stuffs on the course and duration of the diseases, as well as the effects of covering of fresh air, etc., etc. All this had great practical value to a knowledge of good treatment. The rabbits craved covering, and if hay were about would roll themselves up in it like a ball. They developed thirst and a taste for sour dressing on their feeds. They all held themselves in a crouching position, head dropped down and the longer the proving the more would the tail straighten out. They were very averse to movement. Many microscopic pictures were shown and were appreciated greatly. Dr. Baker has worked on twenty drugs after this fashion.

DONALD MACFARLAN, *Secretary.*

To the Members of the I. H. A.

Very highly esteemed members of the International Hahnemannian Association:

We have entered upon a year freighted with momentous problems. The solution of these problems is not an easy task. They demand the most thoughtful consideration of every individual in the United States. Politically, there is restlessness; commercially, there is insecurity. In the great field of healing the sick there is a painful element of uncertainty. To us, therefore, who believe in and practice the law of Similia in the most careful manner there is but one solution to the problem of preventing and healing sick people—the single, simple medicinal substance prescribed on the totality of symptoms present.

Our next convention which meets in Cleveland, Ohio, in June, promises to be one of the very best in the history of the Associa-

tion. The fact that we meet at the same time and in the same city with the A. I. H. gives every member an opportunity to renew old acquaintances, get in touch with the leaders in both organizations, hear the most advanced thought, and emphasis on old thoughts on the law of cure, and for one week to have a veritable "feast of fat things."

The bureau chairmen are working hard to present a most instructive literary and scientific program. The business meetings will be short and to the point, and the local committee will arrange for all the diversions time will permit.

Please, therefore, begin now to arrange your business and professional affairs so as to be there from the beginning to the end. The instruction given and the pleasure enjoyed will repay you a hundred fold for time and money spent.

Come one, come all! As we unfurl anew the banner of homeopathy in this reconstructive period, let every one have a part in this great work. Hoping to greet you all personally on the floor of the convention,

I am very sincerely,

G. E. DIENST, *President.*

Every sore throat is a danger signal, says the United States Public Health Service, and may indicate some acute, infectious disease, such as diphtheria or scarlet fever. Take no chances. Have a physician make an immediate examination. A few hours' delay may cause death.

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY

**Stuart Close, M. D., Editor, 248 Hancock Street,
Brooklyn, N. Y.**

THERAPEUTIC NIHILISM.

Although it has spread to all parts of the civilized world, numbering its practitioners by thousands and its patients by millions, the principles of Homœopathy have never found open and general acceptance in the so-called regular medical profession. Occasional conversions of individuals from the ranks of the dominant school have apparently made little impression on the profession as a whole, but the influence of Hahnemannian principles is increasingly perceptible as time goes on. By long, tedious, circuitous routes medical science appears to be approaching the goal attained over a century ago by Hahnemann.

It is only another illustration of the fact that poets, prophets and philosophers often perceive great truths and announce them to the world long before slow moving scientists succeed in proving them to their own satisfaction.

Intuition, the highest faculty of the human mind, wings its aerial way home, while research and investigation laboriously plod their way along the ground.

The main subjects of controversy in the past have been the idea of a general principle of curative medication; the doctrine of potentiation and the minimum dose; proving medicines on the healthy and the single remedy.

Refusing to submit these questions to the test of competent, systematic investigation and experimentation, and baffled in their efforts to find a successful way of treating the sick by medication, leaders of the dominant school have practically abandoned drugs, and now rely mainly upon hygienic methods, supplemented more recently by the use of sera and vaccines.

In pathology and physiology there has been a gradual breaking away from the tyranny of authority that has so long held the medical profession in its grip. But in therapeutic medication this nihilistic tendency has carried them almost to the point of complete negation.

Osler, writing in 1901, said: "He is the best physician who knows *the worthlessness of most medicine.*"

Barker, his successor at Johns Hopkin says: "The death-blow came first to polypharmacy; to-day with many, *pharmacotherapy as a whole is almost moribund.*"

Billings in his address as president of the American Medical Association says: "Drugs, with the exception of quinine in malaria, and mercury in syphilis, *are valueless as cures.*"

Musser, of Philadelphia, two years later, from the same chair said: "*One sees less and less of the use of drugs.*"

Cabot, of Harvard, in his notable address before the Boston Homœopathic Medical Society said: "I doubt if you gentlemen realize how large a proportion of our patients *are treated without any drugs at all, and how little faith we have to-day in the curative power of drugs.*"

These extracts indicate the extremity to which some keen observers, clear thinkers and honest men of the dominant school have been driven, in the absence of a general principle of therapeutic medication. In the meantime, the rank and file have gone on solidly in the same old course of pernicious drugging.

Blinded by professional pride and prejudice, the dominant school as a whole has ignored the principle clearly enunciated by Hahnemann a century ago and demonstrated by him and his successors continuously ever since.

In no profession, perhaps, has there been so little openmindedness, so little of the impersonal, so little of the true scientific spirit, as in medicine. Few indeed have there been, in either school, who could rise above the petty personal and professional jealousies which have hampered them, into the freedom of the higher, impersonal realm of pure science. The controversial spirit, rather than the scientific spirit, has ruled too largely on both sides.

In one respect, at least, the leaders of the old school are in perfect accord with the followers of Hahnemann, who have always maintained that the use of drugs in the treatment of disease *except in minimum doses and in accordance with the law of similars* is both useless and injurious.

One of the first and most important truths taught the ho-

mœopathic students is that drugs, in crude form and ordinary so-called physiological doses, have the power to make *even well people sick*. It is demonstrated by the pathogenetic record of every drug in our materia medica. How much more injurious drugs are to sick persons, with their lower power of resistance and increased irritability, might easily be inferred theoretically, if the comparative mortality rates did not continually furnish proof of their deadly influence and make such inferences superfluous.

There have been signs of a beginning change of base in the ranks of the dominant school of medicine within the last few years. The wide acceptance and practice of serum and vaccine-therapy, the hospitality of many of its advocates to the suggestion that the underlying principle of this form of treatment is analogous to, if indeed it be not the actual homœopathic principle, tends to show a more tolerant spirit toward the acceptance of the idea of a general therapeutic principle governing the curative action of all drugs in all diseases by medication.

General medicine has made great advances since the days of Hahnemann; notably in the sciences of biology, physiology, pathology and bacteriology. Research and discovery in these fields have revealed facts which not only tend to confirm, but to elucidate the essential principles of Homœopathy. This has not escaped the notice of certain of the leaders in the dominant school of medicine, although, for obvious reasons they prefer not to enlarge upon it publicly. Having made and announced an important discovery in medical science, it is not flattering to one's vanity to be shown that the essential points of the discovery were made, announced and put to use more than a century ago, by one who has been held up to obloquy and scorn by a large part of the profession ever since.

Modern biological science has confirmed homœopathists anew, in their belief that in Homœopathy, they have not only the basic law of therapeutic medication, but also of all tissue reaction. Study of the reactions of protoplasm to stimuli-chemical (drugs), electrical and mechanical, has led to the formulation of the biological law now universally accepted, that "*the same agent which in relatively large quantities damages or destroys vital activity, will in relatively small quantities stimulate it.*"

This is substantially a statement of the well known law upon which Homœopathy is based. It establishes a firm foundation for a practical system of therapeutic medication, formulated by the methods of pure experimental science. It leads naturally and logically to systematic experimentation with drugs upon healthy, living subjects to determine their natural tissue relations and organic affinities and the kind of reactions their administration arouses.

Reactions in the living subject manifest themselves in perceptible functional and tissue changes which, in the case of human beings, may be felt and intelligently observed, described, measured and recorded. In medical parlance, reactions are expressed by symptoms, subjectively and objectively. Under this principle and by this method, have our homœopathic provings been conducted and from these provings, our *materia medica* is constructed.

Provings, of course, are conducted with doses only sufficient to arouse characteristic reactions, without endangering or destroying life, since to do otherwise would defeat the end in view.

Knowing, experimentally, the damaging or pathogenetic effects of relatively large doses of a drug upon the healthy living subject; and knowing also that relatively small doses of the same drug exercise a more moderate and stimulating effect, the next logical step is to determine the relation between drugs and disease.

Reactions to disease producing agents of every kind, tangible or intangible, are observed and studied by the physician under this method in the same manner as the reactions of protoplasm to drugs and other stimuli are studied by the biologist; for the physician is essentially a biologist, as medicine is essentially a biological science.

Reactions to disease producing agents are manifested by perceptible phenomena or symptoms precisely the same as are the phenomena of drugs. In fact, the student of the comparative symptomatology of drugs and diseases needs not to progress very far to realize that it is impossible to draw any sharp line of demarcation between them. All diseases are produced by morbid agencies or poisons of some kind, primarily or secondarily generated, and the symptoms of disease are precisely similar to the

symptoms of drugs. It is not illogical to deduce that the causative agents are identical, and that the differences in effects are merely differences in the size and quantity of the doses.

Modern medical science, in its use of the sera and vaccines, is demonstrating this identity, or at least the similarity of disease producing and curative agents, and in so doing, is demonstrating the truth of Homœopathy.

The biological law under discussion brings again to the front, as of fundamental importance, the old, old subject of The Dose, which has received so much discussion in the past. Perhaps from this time on the discussion can be carried on without bigotry, acrimony or prejudice, to a point where the two schools of medicine can arrive at some amicable understanding based upon the acceptance of a general principle of therapeutic medication.

S. C.

MEDICAL MISFITS.

The medical profession would have been spared part of the tiresome and unprofitable discussions which have wasted time, paper and printer's ink in the past, if would-be critics, before entering the literary field, had at least informed themselves correctly of the derivation and meaning of certain terms used by those whom they attacked. Misunderstanding or misusing a word, they attached an arbitrary or imaginary meaning to it and proceeded to belabor their "man of straw."

In reviewing the controversial literature of Homœopathy it is surprising to find so large a part of it thus initiated. Much of it could never have been written by men who had even "a speaking acquaintance" with sciences other than the one they professed to represent.

Men who thoroughly understand a subject rarely misunderstand each other. They have been over the same course and learned the same language. They know the ground work and essentials of their common art or science and they also know its relations with other branches of art and science.

All true sciences are interrelated. They touch one another at many points. Each is dependent upon the others in many respects. They often "exchange works" as well as words.

Entrance upon the profession of medicine has, until recent years, been so easy and unrestricted, that a large proportion of its matriculants had not even the equivalent of a modern grammar school education. With little or none of the cultural and still less of the scientific training which goes into the make-up of a well educated man, they have been permitted to take a course in medicine and enter upon its practice. Innate ability, a studious disposition and hard work have enabled some of these men to make up for their pre-medical shortcomings and earn high honors; but the majority have been medical misfits, without whom the profession and the public would have been better off.

So long as such men confined their attention strictly to the practice of medicine, according to their lights, much could be forgiven them. But when they invaded the literary field and began to write of matters of which they know little or nothing, and even to set themselves up as critics of men who did know, patience ceased to be a virtue. In pillorizing the culprits, the editors of magazines and society transactions who admitted such trash to their pages should not be overlooked. Verily, they have much to answer for!

A striking example of the misunderstanding and misuse of words is found in the voluminous and, for a long time, seemingly endless discussion centered around the word *Dynamis*, used by Hahnemann in paragraph 9 of the Organon, which reads as follows:

"In the healthy condition of man, the spiritual vital force (autocracy), the *dynamis* that animates the material body (organism), rules with unbounded sway, and retains all the parts of the organism in admirable, harmonious, vital operation, as regards both sensations and functions, so that our in-dwelling, reason-gifted *mind* can freely employ this living, healthy instrument for higher purposes of our existence."

Swooping down upon this inoffensive word like a hawk upon a chicken, the self-appointed critics fastened their talons in it and proceeded to make the feathers fly. Apparently unfamiliar with the word and ignorant of its derivation and meaning, they turned their imagination loose and assumed that Hahnemann was referring to some mystical, ghostly, "Spiritualistic" sort of a thing

which, to their uneducated and crudely materialistic minds, had no existence. Much ridicule and cheap wit, as well as invective, were wasted upon Hahnemann and Homœopathy.

Had they taken pains to refer to a good dictionary they might have learned that *dynamis* is a Greek noun meaning power or force; the power or principle *objectively considered*.

By the use of that word and its adjectives, *dynamic* and *dynamical* (of or pertaining to forces not in equilibrium; pertaining to motion as the result of force; opposed to *static*); Hahnemann introduces us into the realm of *Dynamics*, the science which treats of the motion of bodies and the action of forces in producing or changing their motion. In medicine *dynamical* commonly refers to functional as opposed to organic disease. Hahnemann thus opened the way for bringing Homœopathy under mathematical laws, creating the Science of Homœopathics and giving it its rightful place in the "Circle of the Sciences."

The relation of Homœopathy to physics, and more particularly to the science of dynamics, is a very important subject which will be taken up briefly in later articles.

S. C.

Cattle are fattened for slaughter by being overfed and not allowed to exercise. Many men and women prepare themselves for slaughter by voluntarily adopting the "stall fed life," says the United States Public Health Service. Don't overeat and take plenty of healthful, outdoor exercise.

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R. F. RABE, M. D., Editor, 616 Madison Avenue, New York City.

EDITORIAL NOTES AND COMMENTS.

The Teaching of Therapeutics.—Elsewhere in this number of THE HOMŒOPATHIC RECORDER, we publish with trifling omissions, a most illuminating article by Hobart Amory Hare, M. D., taken from the *Journal of The American Medical Association* for February 7, 1920.

Anything which Prof. Hare has to say, is entitled to the great respect which his distinguished service to medicine must compel. It is, therefore, with much pleasure that we reproduce his observations upon the teaching of therapeutics in the O. S.

In our own, the teaching of therapeutics and of materia medica is given much greater prominence, but by no means the prominence which the importance of this great subject deserves. If the hours devoted to the description of impossible operations or to the laborious teaching of useless technical specialties were devoted to materia medica and therapeutics, the graduates of homœopathic medical colleges would go out far better equipped for their life's work than is at present the case. Homœopathy is losing ground for this very reason, and a large majority of the homœopathic graduates are floundering in hopeless ignorance of the tools with whose use they ought to be familiar. It is really pathetic to see the unscientific, incongruous therapeutic medley of remedies, applied in the treatment of patients who are finally brought to the hospital, after surviving the onslaughts of these so-called doctors. Small wonder, then, that so little homœopathy is practiced by present day graduates. There must be reform soon or we as a school will be lost!

Rumex Crispus.—This remedy is chiefly of use in affections of the respiratory organs, particularly in laryngo-tracheitis or in a bronchitis of the larger bronchi. Certain guiding symptoms stand out prominently and must be present if this medicine is to be given. A recent striking case will serve to illustrate its sphere of action very clearly. A brunette of nineteen years and a sufferer from hay fever, had been coughing for nine weeks without respite and in spite of treatment. She had been examined physically by competent physicians, but with negative findings, except for the ordinary signs of a bronchitis of the larger bronchial tubes. A skiagram of the lungs proved negative also, as did a bacteriological examination of the very scanty sputum. Some surgical work had been done in the nose, to remove an enlarged middle turbinate; but the cough went blissfully on. The latter was dry, choking, spasmodic, often causing vomiting of the food previously eaten. Cough < when going into the cold open air, from inhaling the cold air of the bed-room at night, from laughing, talking, exertion, or from anything which increased or disturbed the respiratory rhythm. Cough > by keeping the mouth covered at night, by warmth in general and by quiet. Tickling in suprasternal fossa.

Pallor, some sense of weariness and loss of appetite were present. Temperature at the time of examination 99. *Rumex crispus* 200, in repeated doses for a few days, produced a decided improvement. The underlying constitutional state will, of course, require further treatment; in all likelihood *Psorinum* will prove to be the basic remedy.

Benzol in Leukæmia.—The following extract from *J. A. M. A.* is of importance. *Benzol* should receive a careful homœopathic proving, as no doubt it would prove to be a valuable addition to our materia medica. At present, from the standpoint of homœotherapy, we can say nothing about it. In the O. S. Bastedo and Wilcox do not mention it in their works on materia medica and pharmacology.

BENZOL IN LEUKÆMIA.—Pignetto reports two cases of myelogenous leukæmia in which marked improvement followed *Benzol* treatment. The first patient was a woman of 45; the erythrocytes

increased from 2,000,000 to 5,000,000 by the eighty-third day, the hemoglobin from 60 to 88 per cent., while the leukocytes dropped from 600,000 to 7,500. She took 2 gm. *Benzol* daily at first and increased to 5 gm. without any signs of intolerance except at first and toward the last, compelling brief suspension of the treatment. A total of 256 gm. was thus taken. She kept well for three months after the close of the course of treatment, and then returned to her home in the country and further details are not known. The second patient was a woman of 55, and the leukæmia subsided somewhat under roentgen exposures three times a week for a month, the leukocytes dropping from 200,000 to 120,000. Then increasing weakness and other symptoms compelled abandonment of the exposures, and *Benzol* was given, a total of 150 gm., with improvement as in the other case. It has persisted during the two years to date, with nothing left of leukæmia except the anæmic complexion. This patient takes arsenic twenty days each month.

Homœopathic Symbols.—A correspondent asks the meaning of the symbols or signs commonly employed by homœopathic physicians in their case reports. The sign < is used to denote "growing worse," "made worse by," "becoming worse." It is synonymous with the word *aggravated* or *aggravation*. It corresponds to the word *crescendo* as employed in music.

The sign > is, of course, the opposite in meaning, signifying a betterment or lessening of the condition. Hence "made better by," "ameliorated by," "becoming better from or by," will explain its use. It corresponds to the word *diminuendo* as used in music.

The letter x is used to denote the word "decimal," and when used after a number such as 30x means that the thirtieth decimal potency is intended. The Greek theta (θ) is the symbol used to denote a tincture. Thus *Arnica* θ means the *Tincture of Arnica*.

A Common Misconception.—In making rounds in the hospital ward we recently met a case of pleuropneumonia of the left side with an accompanying meningitis. Clinicians had examined the patient, a neurologist had passed upon him and a lumbar puncture had been done. The question of therapeusis was now to be con-

sidered. Coma, hot sweat, abolition of all reflexes, very sluggishly reacting pupils, constipation, all pointed to but one remedy and that one *Opium*. This was given in the thirtieth potency" produced a favorable reaction, but the patient died some thirty-six hours later. How long the patient had been ill before his admission to the hospital we were unable to discover. The question of one of the interns interested us immensely and was, "Which do you consider the more important, the pneumonia or the meningitis, and *which will you treat first.*"

The same intern upon his own responsibility had in the first place, upon the admission of the patient, given one drop of croton oil. Hence it is quite consistent to expect almost any exhibition of crass ignorance from such a man. When will embryo homœopathic doctors learn to treat patients and not diseases? To this intern the symptom-complex of the patient meant nothing. Presumably he had never heard of the totality of the symptoms and yet his instructor, during his years of undergraduate study, had emphasized time and again the importance and truth of Hahnemann's basic principles.

Where lies the trouble? Right here in that our present educational system is radically wrong; our boys and girls are not taught to think, but acquire knowledge in a parrot-like fashion. In New York State the regents require a certain arbitrary number of points before a student can qualify for the study of medicine. Heaven knows how or in which manner the points are obtained, but they might as well be representative of a knowledge of Hot-tentot for all the real intelligence which is signified by their imposing array.

Not long since, a female student who lacked a few "points" necessary to make up her Freshman course, was told by the registrar in all seriousness, that she could make up the deficiency by taking up *automobile mechanics*. Is anything more asinine than this, conceivable?

Our whole American educational system has one grand characteristic and that is *superficiality*. What we need in this country of ours, is to get down to good old fashioned fundamentals, to teach a few subjects and to teach them well; to teach pupils to think; to abolish the fads and fancies, such as teaching boys how

to prepare chocolate souffle and the number of calories which it represents. Let our boys and girls learn how to spell and speak the English language correctly. Scarcely one New York stenographer in ten appears to be able to do either. Lastly, so far as medicine is concerned, let it be understood that many a useful chauffeur or grocery clerk, has been spoiled to make a poor doctor.

Rhus Tox. the Epidemic Remedy.—In the present epidemic of influenza in New York, *Rhus tox.* has been very frequently indicated and its administration followed by very prompt relief. A good composite picture of the average case is about as follows: Headache, flushed face, heavy eyes, tongue red or brownish-red, cracked, red tip, at times triangular; dryness of the mouth and throat with soreness of the latter > by warm drinks. Thirst, however, for cold water. Cough harsh, racking, loose, with bronchial rales or the signs of a typical broncho-pneumonia (influenzal pneumonia), scanty, yellow, bloody or blood-streaked sputa. at times blood alone is coughed up, with violent effort. Restlessness, due to general aching and soreness of the body and limbs will complete the picture. In our hands, *Rhus tox.* 200 q., three hours, has worked marvelously well.

Occasionally with a right-sided pneumonia, bloody sputa, flushed face, especially the right cheek in the afternoon, delaying resolution, *Sanguinaria canadensis* will be required. A few doses of the 200th have proved all-sufficient. Where, after an influenza, a myocarditis is in evidence, with irregular or intermittent pulse, becoming much accelerated upon slight exertion, goneness at the stomach and facial pallor, *Digitalis* will be useful. The first decimal potency, in tablet triturate form, one tablet four times each day, will soon, together with rest in bed, put matters right.

Rhus Tox. and Eupatorium Perfoliatum.—These remedies are both likely to be indicated in influenza. Do not forget certain useful differential points. Both remedies are restless, both are full of pain, both complain of the aching and soreness. *Eupatorium* feels this soreness deep in the bones, as though these were broken. But the restlessness of *Rhus tox.* is > temporarily by a change of position, whereas that of *Eupatorium* is not.

Both are thirsty, but *Eupatorium* complains of a bitter taste and may vomit. The vomitus is bitter. *Rhus tox.* is worse in the evening and especially at night. *Eupatorium* is worse in the morning, generally from 7 to 9 a. m.

The tongue of *Eupatorium* is coated white; that of *Rhus tox.* is brownish-red and cracked. In *Eupatorium* the patient holds the sides of the chest when coughing, a symptom not found in *Rhus tox.*

Remember that *Bryonia* is to be differentiated from *Eupatorium* by the fact, that in the former the pains compel the sufferer to keep quiet, whereas in the latter, they make him restless, *Bryonia*, furthermore, has free sweat, which is lacking in *Eupatorium*.

Bactericidal Power of Various Plant Juices.—A subscriber sends us the subjoined clipping from the *Therapeutic Digest*. The observations made are of much interest, particularly to homœopathic physicians, who depend upon fresh plant tinctures for their therapeutic results, or upon potencies made from such tinctures. Old Mother Nature does some truly wonderful things in her great laboratory, and it behooves us to employ her products much more than many of us do.

The modern craze for synthetic coal tar drugs is productive of immense harm, particularly in the hands of uneducated physicians whose ignorance of drugs is as deep as the sea.

“A study of certain aspects of this subject has recently been made by Sarti, of Modena, Italy, who writes in *Annali d'Igiene* January 31, 1919. The juices particularly investigated were those of the orange, mandarin orange, lemon, onion, and garlic. The experimental procedure followed was to dip silk threads in suspensions of bacteria in saline solution, dry them in the incubator, place them in contact with the various plant juices, leave them for a definite time in empty, sterile receptacles, and finally wash them with saline solution. After this contact the latter solution was inoculated on agar plates and the bacterial growth watched. The bacteria used in the experiments included the streptococcus, staphylococcus, colon bacillus, typhoid bacillus, comma bacillus, anthrax bacillus and spores, and the oidium

albicans. The conclusion reached was that all the plant juices tested had some bactericidal power. This was especially the case with lemon and garlic juices ; it was less pronounced with orange and onion juices, and very slight with mandarin juice. In the case of the lemon, orange, and mandarin, the bactericidal property seemed to be connected with the acid content of the juices, as it was found to disappear when the juices were made neutral. In the case of the garlic and onion, the bactericidal power is ascribed to allyl sulphide or related compounds. Treating these two juices with ether almost entirely removed their bactericidal property."

The same subscriber sends us an editorial comment upon the value of *Calendula* as an antiseptic dressing, also taken from the *Therapeutic Digest*.

"Suitable preparations of *Calendula* have long been recommended as a dressing for bruised and lacerated wounds, and it has been stated that however contaminated or unclean these wounds may be, suppuration would not set in if *Calendula* were applied promptly. Dr. Wm. M. Gregory confirms this statement, saying that he has found that *Calendula* prevented suppuration not only in contaminated, lacerated wounds, but that large burns would remain permanently clean and aseptic if dressed with an extract of *Calendula* and a saturated solution of boric acid."

The uses of *Calendula* are well known to homœopathic physicians, who would be most unwilling to part with this valuable remedy. There are still some surgeons in the homœopathic school, who use and depend upon *Calendula* in suitable conditions and the elder Helmuth was wont to frequently extol its virtues.

One part of *Calendula tincture* to eight parts of glycerine makes an excellent dressing for open wounds or for burns. Chapped hands are made smooth by the same preparation.

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No. 4

THERAPEUTICS OF DIPHTHERIA, TONSILITIS, SEPTIC SORE THROAT, ETC.

Part First. Repertory.

By C. M. Boger, M. D.

CONDITIONS.

SWALLOWING, *Agg.*: Ap., *Ars.*, Aru-t., Bar-c., BELL., Bry.,
Canth., *Hep.*, Hyo., Lac-c., LACH., Lyc., *Merc.*, *Merc-c.*,
Merc-cy., *Merc-i-f.*, NIT-AC., *Phyt.*, Rhus-t., Stram.
Amel.: Bap., Calc-c., *Caps.*, *Ign.*, Iod., Lach., Led., Mez.,
Nux-v., *Rhus-t.*, Sul., Zin.

COLD THINGS, *Agg.*: Alu., Am-c., *Ars.*, Bap., Canth., *Hep.*, Lac-
c., LYC., *Merc-i-r.*, Rhus tox., *Saba.*, *Sil.*, Taren.

CONTINUED, *Amel.*: Arn., *IGN.*, Pho., Pul., *Rhus-t.*

EMPTY, saliva, etc., *Agg.*: *Bar-c.*, Bell., Bry., Canth., Coccl.,
Hep., Lac-c., LACH., *Merc.*, *Merc-c.*, *Merc-i-r.*, Rhus-t.,
Sul.

Amel.: Alu.

FLUIDS, *drinking*, *Agg.*: BELL., Canth., Carb-ac., LACH., Lyc.,
Merc., *Merc-c.*, *Merc-cy.*, Pho., Stram., Sul-ac.

Amel.: Alu., *Bap.*, Bar-c., Crot-h., Lac-c., Nat-m., Nit-ac.,
Nux-v.

return through nose: Aru-t., Bell., Canth., Carb-ac Kali-bi.,
Kali-per., Lac-c., *Lach.*, *Lyc.*, *Merc.*, *Merc-c.*, *Merc-cy.*,
Mur-ac., Nit-ac., *Phyt.*, Sul., *Sul-ac.*

WARM THINGS, *Agg.*: Ap., *Ign.*, LACH., *Merc-i-f.*, *Phyt.*, Sang.
Comp. PARALYSIS.

WHEN NOT, *Agg.*: Ap., *Caps.*, *Ign.*, Zin.

Chewing: Sang.

Clothes, pressure of, about neck: Agg.: Ap., Bell., Caus., Crot-h.,
Elap., Kali-bi., Kali-c., LACH., Merc-c., Naj., Nux-v., Sep.
Comp. TOUCH.

Cold air, inhaling: Agg.: Ail., Ap., Aru-t., Hep., Merc., Merc-
i-r., Mez., Nux-v.

Amel.: Sang.

Coughing: Agg.: Aco., Aru-t., Caps., Carb-v., Hep., Ign., Iod.,
Kali-bi., Lac-c., Lach., Lyc., Merc-cy., Mur-ac., Nit-ac.,
Nux-v., Pho., Spo., Sul., Taren.

Dampness, getting wet, etc.: Agg.: Ars., Bell., Lach., Lyc., Pho.,
Phyt., Rhus-t.

Nose, blowing: Agg.: Carb-v.

Sleep: Agg.: Am-c., Ap., Aru-t., Bap., Carb-v., Crot-t., Kali-bi.,
Kali-c., Lac-c., LACH., Lyc., Merc-i-r., Merc-p-r., Naj.,
Op., Spo., Sul.

Sneezing: Pho.

Speaking, talking: Agg.: Aco., Am-cau., Bell., Bro., Bry., Merc.,
Merc-cy., Pho., Rhus-t., Sul.

Amel.: Hep.

Sweets: Agg.: Bad., Lach., Sang., Spo.

Amel.: Ars., Bell.

Thoughts of food: Agg.: Merc-cy.

Time: Agg.: Periodically: Ars., Caps., Nat-m.

Midnight to 3 A. M.: Ars., Rhus-t.

2 A. M.: Hep., Kali-bi., Kali-c.

3 A. M.: Am-c.

4-5 A. M.: Nux-v., Sul.

9-11 A. M.: Ars., Mur-ac., Nat-m.

Noon: Lach., Zin.

3-4 P. M.: Ap., Aru-t., Bell.

4-8 P. M.: Lyc.

6-7 P. M.: Hep.

7 P. M.: Rhus-t.

10 P. M.: Saba.

Morning and Evening: Pho.

Night: Merc.

Tongue, protruding: Agg.: Kali-bi., Phyt.

Touch: Agg.: Ail., Ap., Bell., Bry., Lac-c., Lach., Merc-c., Merc-i-r., Nux-v., Petr., Phyt., Pul., Spo.

Turning Head: Bell., Bry., Hep., Lach., Lachn.

Yawning: Pho., Rhus-t.

REGION.

Right: Ap., BELL., Bry., Ign., LYC., Merc-i-f., Phyt., Sang., Stamm., Sul., Taren.

Left: Crot-h., Elap., Kali-c., Lac-c., LACH., Merc-i-r., Naj., Petr., Pho-ac., Rhus-t., Saba., Sep., Sil.

Alternating sides: Arn., Lac-c., Pod., Sul.

Tonsils: Aco., Ail., Am-cau., Ap., Bap., BAR-C., BELL., Canth., Hep., Ign., Iod., Kali-bi., Lac-c., LACH., LYC., MERC., Merc-cy., MERC-I-F., Merc-i-r., Nit-ac., PHYT., Sil., Sul., Sul-ac.

Uvula: Aco., Ap., Arg-n., Bell., Bor., Carb-ac., Kali-bi., Kali-io., Lac-c., Merc., Merc-c., Merc-cy., Merc-i-f., Mur-ac., Nat-s., Nit-ac., Nux-v., Phyt., Rhus-t., Sul., Sul-ac.

Arch and pillars: Aco., Am-cau., Ap., Lac-c., Merc., Merc-c., Merc-cy., Merc-i-f., Merc-i-r., Mur-ac., Nit-ac.

Palate, soft: Am-cau., Ap., Ars., Caps., Carb-ac., Iod., Kali-bi., Lac-c., Lach., Merc., Merc-cy., Merc-i-f., Mur-ac., Nit-ac., Nux-v., Phyt., Sang., Sul.

hard and inner gum: Ap., Bell., Caps., Kre., Merc-cy., Nux-v., Pho., Zin.

Pharynx: Am-c., Am-cau., Ars., Bor., Canth., Carb-v., Elap., Kali-bi., Kali-c., Merc., Merc-c., Merc-i-f., Mez., Mur-ac., Nit-ac., Nux-v., Phyt., Pul., Sang., Sil., Sul.

Larynx: Aco., Am-cau., Ars-bro., Aru-t., Bell., Bro., Hep., Iod., KALI-BI., Kali-m., Kali-per., Kali-p., Lac-c., LACH., Pho., Plb-i., Spo.

Comp. HOARSENESS.

beginning in: Bro., Iod., Kali-bi., Lac-c., Lach., Merc-cy.

Nose: Am-c., Am-cau., Aru-t., Carb-ac., Crot-h., Kali-bi., Lach., Lyc., Merc., Merc-c., Merc-cy., Nit-ac., Petr., Sul.

begins in: Am-cau., Lyc., Merc-cy.

Ears: Ars-io.

Mouth: Ars., Ars-io., Aru-t., Bry., Caps., Carb-ac., Iod., Kali-chl., Kali-m., Kali-per., Kali-p., Lac-c., Merc-cy., Merc-p-r., Mur-ac., Nit-ac., Sul-ac.

- angles of:* Ars-iod., Aru-t., Bry., Iod., Kali-bi., Nit-ac.
Lips: Am-c., Ars-io., Aru-t., Bry., Lach., Merc-cy., Nit-ac., Rhus-t., Sul-ac.
Tongue: Aco., Ap., Ars., Aru-t., Bell., Canth-c., Kali-bi. (edges), Lach., Lyc., Merc., Merc-i-f., Mur-ac., Nit-ac., Rhus-t., Sul.

APPEARANCE AND COLOR.

- Aphthous:* Aru-t., Bor., Canth., Kali-chl., Kali-m., Kali-p., Merc-c., Merc-cy., Mur-ac., Nit-ac., Rhus-t., Vin.
Brown: Bap., Cup-s., Iod., Kali-bi., Kali-c., Lyc., Rhus-t., Sul-ac.
Capillaries showing: Bor., Lac-c., Pul.
Curdy, cheesy, mouldy, deposit: Ap., Ars., Lac-c., Lach., Lyc., Merc-p-r.
Dark, livid, purple, bluish, black, etc.: Aco., Ail., Ars., Bap., Carb-ac., Crot-h., Diph., Iod., Kali-bi., Kali-per., Kali-p., Kre., LACH., Lyc., Merc-c., Merc-cy., Merc-i-r., Naj., PHYT., Pul., Rhus-t., Sul., Sul-ac.
Depressed, excavated, deep-seated deposit: Ail., Ap., Kali-bi., Lac-c., Nit-ac.
Gangrene, sloughing, etc.: Ail., Am-c., Ars., Aru-t., Bap., Canth., Carb-ac., Carb-v., Crot-h., Hep., Kali-p., Kre., Lac-c., Lach., Lyc., Merc., Merc-c., Merc-cy., Mur-ac., Nit-ac., Phyt., Sal-ac., Sec-c., Sul., Sul-ac., Taren.
Glistening, china-white, pearly, translucent, velvety, etc.: AP., Ars., Bell., Iod., Kali-bi., Lac-c., Lyc., Merc-c., Merc-cy., Merc-i-f., Merc-i-r., Petr., Pho., Phyt., Sang.
Gray, dirty, etc.: Ap., Carb-ac., Iod., Kali-bi., Kali-m., Lac-c., Lach., Lyc., Merc., Merc-c., MERC-CY., Merc-i-f., Mur-ac., Nit-ac., PHYT., Rhus-t., Sul-ac.
Greenish: Ail., Ars., Elap., IGN., Kali-bi., Lac-c., Lyc., Merc-cy., Pyro., Rhus-t.
Inflamed: Aco., Ail., Am-cau., Ap., Arg-n., Bap., BELL., Bry., Canth., Caps., Hep., Ign., Kali-bi., Lach., Lyc., MERC., Merc-c., Merc-cy., Merc-i-f., Mur-ac., Nit-ac., Petr., Pho., Phyt., Sul.
slightly, only: Carb-ac., Lac-c., Lach.
Irregular, deposit: Lac-c., Merc-i-f.
Migrating deposit: Lac-c.

Mottled: Ail., Am-bro., Ap., Bap., Bufo., Cup., Flu-ac., Kali-per., Lach.

Profuse, copious deposit: Ali., Am-cau., Ars., Aru-t., Caps., Carb-ac., Kali-bi., Kali-per., Lach., Lyc., Merc-c., Merc-cy., Sul-ac.

Raeness, excoriation, etc.: Ail., Am-cau., Ap., Arg-n., Ars., Aru-t., Canth., Caus., Kali-bi., Kre., Lac-c., Lach., Lyc., Merc-c., Merc-i-r., Mur-ac., Naj., Nit-ac., Nux-v., Phyt., Sul-ac.
in a spot: Mur-ac.

Comp. SECRETIONS, ACRID.

Red line about deposit: Ap., Ars., Bap., Lach., Merc-cy., Nit-ac.,
Redness, bright: Aco., Ail., Ap., Ars., Bell., Caps., Kali-chl., Lyc., Merc-i-f., Petr., Rhus-t., Stram., Sul., Sul-ac.

Comp. INFLAMED.

Scabby, scaly, crusty, etc.: Ail., Ap., Ars., Bor., Elap., Kali-per., Mur-ac., Plb-io., Sul-ac.

eroding or oozing pus, from beneath: Ars., Kali-per., Lac-c., Sul-ac.

Scanty deposit or absent, with diphtheritic symptoms: Aco., Bell., Lach., Merc-i-f., Merc-i-r.

Shreddy, deposit: Lac-c., Lach., Merc., Sul-ac.

Shrivelled, wrinkled, dry, etc.: Am-cau., Ars., Bor., Carb-ac., Sec-c.

Soft, loose, pulpy: Ail., Ap., Carb-ac., Kre., Lac-c., Merc., Merc-cy., Merc-i-f., Merc-i-r., Sal-ac., Sul-ac.

Specks, small patches: Ail., Ant-t., Ap., Ars., Canth., Carb-ac., Iod., Kali-bi., Kali-m., Kali-per., Lac-c., Lach., Lyc., Merc-i-f., Merc-i-r., Mur-ac., Nat-r., Nat-m., Nit-ac., Thu.

Comp. APHTHOUS.

Swelling: Ail., Am-c., Ap., Ars., Ars-i., Aru-t., Bap., Bell., Carb-ac., Kali-bi., Kali-per., Lac-c., Lach., Lyc., Merc., Merc-c., Merc-cy., Merc-i-f., Merc-i-r., Mur-ac., Nit-ac., Petr., Phyt., Rhus-t., Sul., Sul-ac., Taren.

of body: Crot-h., Lac-c.

cellular: Crot-h., Lach., Merc-i-r., Rhus-t., Taren.

glandular, tonsils, etc.: Ail., Ap., Ars., Ars-i., Aru-t., Bap., Bar-c., Bell., Calc-c., Carb-ac., Crot-h., Hep., Ign., Iod., Kali-bi., Lac-c., Lach., Lyc., Merc., Merc-c., Merc-cy.,

Merc-i-f., *Merc-i-r.*, Nit-ac., Pho., *Phyt.*, *Rhus-t.*, *Sil.*, Sul., Zin.

before deposit appears: Bell., Carb-ac., Merc-cy.

of neck: Ail., *Ap.*, *Ars.*, Crot-h., Kali-per., Lac-c., Lach.

Merc., Merc-cy., Merc-i-f., Merc-i-r., *Rhus-t.*, *Taren.*, Zin.

edematous: Ail., *Ap.*, *Ars.*, Bap., Crot-h., Kali-bi., Kali-per.,

Lac-c., Lyc., Merc-cy., Merc-i-f., Mur-ac.

rapid: Crot-h., Lach.

of tongue: Aco., *Ap.*, *Ars.*, Aur-t., Bell., Crot-h., Lach.,

Lyc., *Merc.*

of uvula: Amy., *Ap.*, *Ars.*, Bell., Caps., Kali-bi., Kali-per.,

Kali-p., Merc., Merc-c., Merc-cy., Mur-ac., *Nat-ar.*, *Rhus-t.*

Sul., Sul-ac.

velum: Lach., *Phyt.*

Thick deposit: *Ap.*, *Ars.*, Bor., Iod., Kali-bi., Lac-c., Lach., Merc.

Merc-cy., Merc-p-r., Nit-ac., Sul-ac.

Thin deposit: Bry., Lac-c., *Merc.*, Merc-cy., Zin.

Ulceration, perforation, sloughing, etc.: *Ars.* Aru-t., Carb-v.,

Kali-bi., Kali-per., Kali-p., Lach., Merc-c., Merc-cy., Mur-

ac., Nit-ac., Plb-i., *Sil.*, *Sul.*, Zin.

Comp. APHTHOUS AND GANGRENE.

White: Am-cau., *Ap.*, *Ars.*, Iod., Kali-bi., *Kali-chl.*, Kre., Lac-c.,

Lach., Lachn., Lyc., Merc., Merc-c., Merc-cy., Merc-i-f.,

Mur-ac., Nit-ac., *Phyt.*, Stram., Sul-ac., Zin.

like china see *Glistening*.

mucous membranes: *Ars.*, Lach.

Yellow: *Ap.*, Bap., Kali-bi., Lac-c., Lach., Merc., Merc-c., Merc-

cy., *Merc-i-f.*, Merc-i-r., Mur-ac., Nit-ac., *Phyt.*, *Rhus-t.*

* *Sul.*, Sul-ac., Zin.

SECRETIONS.

Acrid: Ail., *Ars.*, Aru-t., Ign., Kali-per., Kre., Lac-c., Lach.,

Merc., Merc-i-f., Mur-ac., NIT-AC.

Comp. RAWNESS.

Bloody, hemorrhage, etc.: Aco., *Ap.*, *Ars.*, Aru-t., Carb-v., Chin.,

Crot-h., LACH., Led., *Merc.*, Merc-cy., Mur-ac., NIT-AC.

Pho., *Rhus-t.*, Sec-c., Sul-ac.

streaked: Kali-bi., Sul.

Decreased, dryness, etc.: Aco., Ars., BELL., Bry., Carb-v., Kali-bi., Kali-per., Lach., Lyc., Merc., Merc-c., Nat-m., Pho., Phyt., Rhus-t., Sang., Sec-c., Stram., SUL.

Dryness, sense of, with increase of saliva: Alu., Calc-c., Ind., Kali-c., Lyc., MERC., Nat-m., Nux-v., Plb., Sep.

spot: Lach., Nat-m., Pho., Phyt.

Frothy: Am-cau., Ap., BRY., Crot-h., Ign., Kali-bi., Kali-m., Merc., Pho., Stram.

Increased, salivation, etc.: Aru-t., Bar-c., Canth., Iod., Kali-io., Lac-c., Lach., MERC., Merc-cy., Merc-i-f., NIT-AC., Phyt., Sep., Stann., Sul.

Tenacious, stringy, sticky, adherent: Am-cau., Ap., Arg-n., Bap., Bell., Caps., KALI-BI., Kali-chl., Lac-c., Lach., Merc., Merc-c., Merc-cy., Merc-i-r., Mur-ac., Nit-ac., Nux-v., Petr., Pho-ac., Phyt., Pul., Sang., Sec-c., Sil., Stann., Sul-ac.

Thin: Ail., Ars., Kali-per., Nit-ac.

SENSATIONS AND CONCOMITANTS.

Abdominal or gastric distress: Cup-ar., Kali-per., Merc-c., Nit-ac., Phyt.

Aching, general: Ap., Bap., Ign., Lac-c., Lach., Merc-i-f., Phyt., Rhus-t.

Angriness, irritability: Aco., Ant-c., Ap., Ars., Aru-t., Bell., Bry., Hep., Lyc., Merc., Nit-ac., Nux-v., Pho., Sil., Sul.

Aphonia: Am-cau., Ap., Bap., Bro., Carb-ac., Kali-bi., Lach., Merc-cy., Pho.

Breathing, affected, difficult, etc.: Am-c., Ant-t., Ap., Ars., Ars-io., Aru-t., Bap., Hep., Kali-bi., Kali-c., Lach., Lyc., Merc-c., Merc-cy., Naj., Op., Pho., Phyt., Spo., Sul., Sul-ac., Ver-a.

suffocates when least thing approaches mouth: Am-c., Cup., Lach.

Burning: Aco., Ap., ARS., Aru-t., Bell., Canth., Caps., Lach., Lach., Merc., MERC-C., Mez., Nit-ac., Pho., Phyt., Saba., Sang., Sec-c., Sul.

like pepper: Aco., Hyds., Lach., Manc., Mez., Sul.

Carried, desires to be: Ars.

Chills, chilliness, etc.: Bap., Bell., Bry., Hyds., Ign., Merc-cy., Nux-v., Phyt., Rhus-t., Sep., Sul., Sul-ac.

Choking, constriction, etc.: Ail., Ap., Bap., BELL., Bro., *Canth.*, Caps., Hep., Ign., Kali-bi., Lac-c., LACH., *Lyc.*, Merc-c., Mur-ac., Naj., Nux-v., *Phyt.*, Saba., Sang., *Spo.*, *Stram.*, Sul.

Swallowing, *Amel.*: Bell.

Convulsions: Bell., Cup., Ign., *Lyc.*

Cramps: Cup-ar., Ign., *Phyt.*

Cutting pains: Amy., Ap., BELL., Bor., *Ign.*, Lac-c., *Lyc.*, Manc., Merc-c., *Merc-cy.*, Merc-i-f., NIT-AC., Sul., Sul-ac.

Delirium: Ars., Bap., *Bell.*, Ign., Lach., *Lyc.*, Nit-ac., *Rhus-t.* Sec-c., Taren., Zinc.

Diarrhœa: Ars., Bap., *Crot-h.*, *Kali-per.*, Kali-p., Lach., *Merc-cy.*, Merc-d., *Mur-ac.*, Naj., *Phyt.*, *Rhus-t.*

Drawing sensation: Arg-n.

Drowsiness, stupor: Ail., Ap., Ars., Bap., *Bell.*, Kali-bi., Lach., *Lyc.*, *Merc-cy.*, Op., *Phyt.*, Sul-ac.

Ears, pains extend to; *carache*: Ap., Bell., Bor., Bro.(r.), Bry., Calc-c., Elap., Hep., Ign., Kali-bi., Lac-c. (1); Lach., *Lyc.*, Merc., Nit-ac., *Nux-v.*, Petr., *Phyt.*, Pod, Sang., Sul.

Eruptions: Ail., Am-c., Ap., Aru-t., Bell., Kali-bi., Lach., *Mur-ac.*, *Phyt.*, *Rhus-t.*, Sul.

Eyes, injected: U Bell., Lach., *Merc-cy.*, Merc-i-r., Merc-p-r.

lids droop: Ap., Bell., *Caust.*, Con., *Gels.*, Kali-bi., Lac-c., Lach., *Lyc.*, Naj., *Nux-v.*, Op., *Rhus-t.*, Sul., Zin.

pain in: Merc-i-r.

vision bad: Ap., *Gels.*, Lach., *Nux-v.*, *Phyt.*, Sil.

watery: Ail., Ant-t., Aru-t., Kre., Ver-a., Zin.

Face, blue: Bap., Lach., *Merc-cy.*, Naj., Op.

dark: Ail., Bap., Carb-ac., Carb-v., *Crot-h.*, *Kali-per.*, Lach., Nit-ac., Op., Sul.

hot: Bap., *Bell.*, Taren.

pale: Carb-ac., Carb-v., Nat-m., Sul-ac., Zin.

around mouth: Aru-t., Bell., Carb-ac., Pho., *Stram.*, Sul.

red: Bell., Lac-c., Lach., Merc-p-r., Pyro., Taren.

swollen: Ap., *Crot-h.*

Faintness (on raising up): Ail., Bry., *Canth.*, Lach., *Merc-i-f.*, *Phyt.*, Sul.

Petor: Ail., Ap., Ars., Aru-t., Bap., Carb-ac., Carb-v., *Crot-h.*,

Iod., Kali-bi., *Kali-per.*, Kali-p., *Kre.*, Lac-c., *Lach.*, Lyc., *Merc.*, *Merc-cy.*, *Merc-i-f.*, *Nit-ac.*, *Nux-v.*, Petr., *Phyt.*, Rhus-t., Sul-ac., Taren.

Fever, heat: Ap., Bell., Bro., *Carb-ac.*, Crot-h., Ign., Lac-c., *Lach.*, Lyc., *Nit-ac.*, *Phyt.*, Pul., Rhus-t., Sul., Taren.

absence of: Ap., Ars., Bro., Hep., *Merc-cy.*, Sul-ac., Ver-a.

irregular: Ars., Con., *Lach.*, Sul.

with sweat: Brom., Crot-h., Taren.

Fulness: Ail., Ap., Arg-n., Bell., *Carb-ac.*, Lac-c., *Lach.*, *Phyt.*, Sang.

Gums, pains in: *Lach.*

Hair, as of a: Arg-n., Ars., Iod., *Kali-bi.*, *Lach.*, Pho., Saba., Sil., Sul.

Hææk, desire to: Arg-n., Hep., *Kali-bi.*, *Lach.*, Lyc., *Nux-v.*, Pho.

Head, congestion to, headache, etc.: Ail., Am-c., Ap., Aru-t., Bell., Bry., *Lach.*, Lyc., *Nux-v.*, Pho., *Phyt.*, Rhus-t., Sang., Sul., Taren.

occipital pain: Ail., Bap., Bell., Crot-h., Ign., *Lach.*, *Phyt.*

Heart, palpitation: *Merc-p-r.*

weak: Ap., Aru-t., *Lach.*, *Merc-cy.*, Naj.

Hoarseness, croup, etc.: ACO., Am-cau., Ap., *Aru-t.*, Bro., Hep., Iod., *KALI-BI.*, Lac-c., *Lach.*, *Merc-cy.*, *Merc-i-f.*, Naj., *Nit-ac.*, Sang., SPO.

Comp. LARYNX.

Irritability, ill humor: Ars., Lyc.

Limbs, jerking: Ars., Bell., Diph.

Lips, cracked: Ail., Am-c., Ars., *Aru-t.*, Bap., Bry., Calc-c., *Carb-v.*, *Carb-ac.*, Caus., Lac-c., *Lach.*, *Merc.*, *Merc-cy.*, *Mur-ac.*, Nat-m., *Nit-ac.*, Sul., Zin.

licking the: Ars., Pul.

picking at: ARU-T., Ars., *Nit-ac.*, *Nux-v.*, Zin.

scabby: Aru-t., *Mur-ac.*

Loquacity: Diph., *Lach.*, Stram.

Lump, ball, etc, as of a: Ap., Bell., Hep., Ign., *Kali-bi.*, Lac-c., *Lach.*, Lyc., *Merc.*, *Merc-i-f.*, *Merc-i-r.*, Nat-m. *Nit-ac.*, *Phyt.*, Rhus-t., Sul.

Malignancy: Ail., Ap., Ars., *Aru-t.*, *Lach.*, *Merc-cy.*, Rhus-t., Taren.

Membrane, absent, yet symptoms of diphtheria: Aco., Bell., Lach., Sul-ac.

In ears: Ars-iod.

irregular: Lac-c., Merc-i-f.

migrating: Bro., Lac-c., Sul.

in stool: Merc-cy.

on vulva: Kali-bi., Merc-cy., Taren.

Mouth, black: Crot-h., Kali-per., Kali-p.

can't open: Arg-n., Aru-t., Merc.

hanging open: Ail., Lac-c., Lach., Lyc., Merc-cy., Mur-ac., Op., Sul.

mucus, full of: Bap., Kali-bi., Lac-c., Lach., Phyt., Rhus-t., Sec-c.

Nausea and vomiting: Ant-t., Carb-ac., Crot-h., Ign., Kali-per., Kre., Lac-c., Lach., Merc-c., Nit-ac., Phyt., Sang., Sul., Taren.

vomits membrane: Lac-c.

Neck, aching: Lac-c., Lachn., Phyt.

stiff: Ap., Bell., Bro., Bry., Ign., Lac-c., Lach., Lachn., Lyc., Merc-i-f., Phyt., Rhus-t.

tender, sensitive: Ail., Ap., Bell., Bry., Kali-bi., Lac-c., Lach., Merc-c., Phyt.

Nose, bleeding: Ars., Aru-t., Carb-v., Crot-h., Ign., Kali-chl., Lach., Merc-c., Merc-cy., Mur-ac., Nit-ac., Pho., Phyt.

flapping of alæ: Ant-t., Ars., Bap., Bro., Diph., Lyc., Merc-i-f., Pho.

obstructed: Am-c., Aru-t., Lyc., Merc-cy., Nit-ac.

picking at: Aru-t., Lyc., Pho.

soreness of bridge: Bor., Petr.

Pain absent or slight: Ap., Bap., Carb-ac., Con., Diph., Ign., Nat-ar.

intense: Am-cau., Ars., Aru-t., Bell., Bry., Canth., Caps., Ign., Kali-chl., Kali-per., Lac-c., Lach., Merc-c., Merc-i-f., Merc-i-r., Mur-ac., Nit-ac., Phyt., Rhus-t.

Comp. SWALLOWING.

Paralysis: Ap., Arg-n., Ars., Caus., Coccl., Gels., Lac-c., Lach., Naj., Nat-m., Pho., Plb., Sec-c., Sil.

Prostration, weakness: Ail., Am-c., Amy., Ap., Ars., Aru-t.,

Bap., *Crot-h.*, *Kali-per.*, *Lac-c.*, *Lach.*, *Merc-cy.*, *Merc-i-f.*,
Mur-ac., *Nat-ar.*, *Nit-ac.*, *Pho.*, *Phyt.*, *Sul.*, *Sul-ac.*

early: *Ail.*, *Am-cau.*, *Ap.*, *Ars.*, *Carb-ac.*, *Lac-c.*, *Lach.*,
Merc-cy., *Pho.*, *Sul-ac.*, *Taren.*

fever, with high: *Ap.*, *Bro.*, *Lyc.*, *Petr.*, *Taren.*

Rawness, see Appearance and Color.

Restlessness: *Aco.*, *Ap.*, *Ars.*, *Aru-t.*, *Bell.*, *Lac-c.*, *Lach.*, *Lyc.*,
Merc., *Merc-cy.*, *Mur-ac.*, *Rhus-t.*, *Sul.*

Roughness: *Ail.*, *Phyt.*, *Sul.*, *Sul-ac.*

Scratching, scraping: *Aco.*, *Ail.*, *Ars.*, *Aru-t.*, *Bell.*, *Bry.*, *Carb-v.*,
Caus., *Hep.*, *Kali-bi.*, *Nit-ac.*, *Nux-v.*, *Pho.*, *Saba.*, *Sul.*

Sinking attacks: *Canth.*, *Carb-ac.*, *Carb-v.*, *Kali-chl.*, *Merc-cy.*,
Sul., *Ver-a.*

Comp. PROSTRATION.

Smarting: *Ap.*, *Aru-t.*, *Canth.*, *Caps.*, *Lach.*, *Lyc.*, *Merc-c.*, *Phyt.*
 Comp. RAWNESS.

Soreness, *sore throat*, etc.: *Ap.*, *Arg-n.*, *Aru-t.*, *Bell.*, *Calc-c.*,
Lach., *Lyc.*, *Merc.*, *Merc-i-r.*, *Nit-ac.*, *Nux-v.*, *Phyt.*, *Pul.*,
Sep., *Sul.*, *Sul-ac.*

Sticking: *Aco.*, *Arg-n.*, *Bell.*, *Hep.*, *Ign.*, *Kali-c.*, *Lac-c.*, *Lach.*,
Merc., *Nit-ac.*, *Pul.*, *Rhus-t.*, *Sil.*

Stools, black, dark, etc.: *Bap.*, *Lach.*, *Sec-c.*

Swallow, impulse to: *Bap.*, *Bell.*, *Kali-per.*, *Lac-c.*, *Lyc.*, *Merc.*,
Pho., *Phyt.*

inability to: *Aco.*, *Ap.*, *Aru-t.*, *Bell.*, *Lac-c.*, *Lach.*, *Nit-ac.*,
Pho., *Saba.*, *Stram.*, *Sul-ac.*

Sweating: *Ap.*, *Ars-bro.*, *Bro.*, *Crot-h.*, *Hep.*, *Merc.*, *Merc-cy.*,
Nux-v., *Sul.*

Swollen feeling: *Ail.*, *Ap.*, *Arg-n.*, *Bap.*, *Caus.*, *Hep.*, *Lach.*,
Phyt., *Rhus-t.*, *Sul.*

Taste, foul: *Ars.*, *Caps.*, *Carb-v.*, *Ign.*, *Lac-c.*, *Lach.*, *Nux-v.*, *Pul.*
lost: *Bell.*, *Nat-m.*, *Pho.*, *Pul.*, *Sang.*, *Sil.*

Teeth, grinding: *Ap.*, *Ars.*, *Bell.*, *Ign.*, *Lyc.*

sordes on: *Ail.*, *Ars.*, *Bap.*, *Mur-c.*, *Pho.*, *Rhus-t.*

Temples, pain in: *Merc-c.*

Thirst: *Aco.*, *Ars.*, *Bell.*, *Bry.*, *Caps.*, *Merc.*, *Merc-c.*, *Nat-m.*,
Pho., *Rhus-t.*, *Stram.*, *Sul.*

for little and often: *Ars.*, *Bell.*, *Lyc.*, *Pho.*, *Rhus-t.*

- Thirstless*: *Ap.*, Lac-c., Mur-ac., Pul., Saba., Sep.
- Throat, grasps the*: Aru-t., *Lach.*, Naj., Spo.
- Tongue, burnt feeling*: *Ap.*, Arg-n., Bap., Bell., Caus., Lyc., Merc-c., Phyt., Pul., Rhus-t., Saba., Sang., Sul-ac.
- hanging from mouth*: *Ap.*, Bell., *Crot-h.*, *Lach.*, *Lyc.*, Merc-c., *Phyt.*
- indented*: Ars., Bap., *Merc.*, Pul., Rhus-t.
- mapped*: Ars., Kali-bi., *Lach.*, Lyc., *Nat-m.*, Nit-ac., Rhus-t., Sul.
- pain at root*: Ars., Bap., Kali-bi., Kali-io., *Lach.*, *Phyt.*, Rhus-t.
- protruded with difficulty*: *Ap.*, Carb-ac., Kali-bi., *Lach.*, Lyc., Merc-c., Saba.
- sore*: *Ap.*, *Aru-t.*, Bap., *Crot-h.*, *Lach.*, Lyc., *Merc.*, Merc-c., Mur-ac., *Nit-ac.*, Nux-v., Rhus-t., Saba., Sil.
- stiff*: Bell., *Crot-h.*, Lac-c., *Lach.*, Lyc., *Merc.*, Merc-c.
- trembling*: *Ap.*, Ars., Bell., *Crot-h.*, *Lach.*, Lyc., *Merc.*
- vesicles on*: Am-c., *Ap.*, Canth., *Lach.*, Lyc., Nit-ac., *Phyt.*, Rhus-t.
- yellow at base*: Ars., Kali-bi., *Merc.*, *Merc-cy.*, *Merc-i-f.*, Nux-v.
- Trembling*: Arg-n., *Crot-h.*, Gels., Ign., *Lach.*, *Merc.*, Mur-ac., Op., *Phyt.*, Pul., Rhus-t., Stram., Sul., Taren
- Typhoid state*: *Ap.*, Aru-t., Bap., Mur-ac., *Rhus-t.*
- Urine, involuntary*: Ail., Arg-n., Bell., Caus., *Mur-ac.*, Pul., Rhus-t., Sul.
- profuse*: *Ap.*, Kre., *Merc.*, Mur-ac., Pul., Rhus-t.
- scanty*: *Ap.*, Canth., *Merc-c.*, Op., *Phyt.*
- suppressed, retained, etc.*: *Ap.*, *Crot-h.*, Ign., Lac-c., *Merc-c.*, *Phyt.*, Sec-c., *Stram.*, Sul.
- Valve, as of a lid, leaf, skin, etc., in throat*: Ant-t., Bar-c., Ferr., Hyds., Iod., *Lach.*, Mang., *Pho.*, *Phyt.*, Saba., *Spo.*
- Weather, cold*: Aco., *Phyt.*
- stormy*: Lac-c.
- wet*: Rhus-t.
- Whining*: *Ap.*, Ign., Sul-ac.

ASPIRIN A DANGEROUS QUACK NOSTRUM.

By W. A. Dewey, M. D., University of Michigan.

Aspirin is the trade name for *Acetylsalicylic acid*. It was patented by the Farbenfabriken, of Elberfeld Company, Germany, Feb. 27, 1900, U. S. patent number 644,077, expiring in 1917. The trade mark *Aspirin* was registered about the same time and is numbered 32,805.

The extensive properties of the Bayer concern in America were seized by the alien property custodian and sold, whereupon an extensive campaign of advertising has followed. Nearly every newspaper of note has for over a year carried on its pages the *Aspirin* Bayer advertisement, and a determined attempt to perpetuate the monopoly on the drug is being industriously carried on.

The price of *Aspirin* while the patent was in effect was \$8.80 per thousand, but on the expiration of the patent it declined to \$4.40. The profit in it has been enormous, and to the time of the entry of the United States into the war, Germany derived great benefit from this by-product of the dye industry, exploited skillfully as a drug of therapeutic value.

It is the continuance of the *Aspirin* Bayer monopoly that is sought by the widespread advertising now running. It is specifically stated in every instance that *Aspirin Bayer* must be asked for to insure purity, etc., and the wild cat stories of contamination by talcum powder are probably merely a part of the propaganda the methods of which are decidedly German, such as the statement that "nearly 2,000,000 ounces of counterfeit *Aspirin* are being sold in the U. S. annually."

There are at least seven American firms that manufacture *Aspirin*, and the quality is as good or better in each instance as the Bayer product. Little stock should be taken in the pronouncement of the Bayer Company that counterfeit *Aspirin* is being sold by everyone except themselves. What counterfeit *Aspirin* there is on the market is possibly due to the characteristic German methods of propagandizing their own wares.

Let us look at the advertisements that are at this moment to be seen in the press of the country. What do we find? Some-

thing addressed to the medical profession? No. The following addressed to the laity:

Headache. Toothache. Earache. Neuralgia. Rheumatism. Neuritis. Lumbago. Joint pains. Pain in general. Colds.

Here we have the whole gamut of the quack advertiser and the promulgator of proprietary medicines for the past fifty years. It reads like an *Antikamnia* ad., a *Heroin* ad., or a *Cocaine* ad.

Any one remedy which claims to relieve all the above conditions irrespective of their causes, may be branded at once as a dangerous nostrum without further examination.

In other words, *Aspirin* stands convicted by its advertisements as a nerve deadening drug, and should be classed with *Opium*, *Heroin*, *Cocaine*, *Antikamnia*, *Phenacetin*, et al., for which the same claims have been made.

Headache powders contain *Aspirin* and the *Journal of the Amer. Pharm. Assoc.* says: "One of the best sellers in the drug stores to-day."

WHAT IS THE ACTION OF ASPIRIN?

A thorough examination of all the works on pharmacology and materia medica issued since its introduction fails to reveal any knowledge whatever of its action or uses beyond that which appears in the advertisements of the substance written by the manufacturers.

Shoemaker (1901) dismisses it by saying that its action is identical with *Salicylic acid*.

Cuthbert (1917) does not mention it.

Bastedo (1918) gives nothing different as to its action.

Cushny (1918) says: "Recently introduced, largely employed; appeared under numerous designations of later years and much exaggerated claims have been made for it as a remedy for most diverse conditions."

If one turns to Germany, however, one will find glowing reports of its action and its safety. Thus Floeckinger in 1899 says its action is marked by absence of tinnitus (*New and Non-Official Remedies* says it must be given until tinnitus appears), absence of cardiac depression and absence of impaired appetite. All false statements.

The *Journal of the A. M. A.*, Jan. 25, 1911, says: "It should be listed as one of the dangerous drugs."

Likewise an industrious search through the literature, periodical and other, for some tangible reasons for the use of *Aspirin*, some scientific observations thereupon, or something upon which to found its popular uses reveals nothing save the following illuminating sentences:

“Said to possess advantages over *Salicylic acid* by producing less of the undesirable systemic effects on account of the slow liberation of *Salicylic acid*.”

It is said to pass the stomach unchanged, decomposition beginning in the intestines. Dose, 5 to 15 grains.

TOXICOLOGY.

In one case it produced vomiting, weak irregular pulse, hæmorrhages from the bowels, unconsciousness and death. Post mortem showed small intestine uniformly inflamed, cæcum and colon loaded with blood clots, and a sharp line of demarcation between the healthy and diseased parts showing that decomposition begins only in the intestine and is dangerous.

It has in other cases produced œdema of the lips, tongue and eyelids, nose and face. Urticarial rashes, vertigo, nausea and cyanosis. Its effect is always destructive and the toxæmia produced is clearly pathological.

It has been repeatedly observed that a mixture of *Aspirin* and *Quinine* is distinctly poisonous, the combination producing quino-toxine, which in at least one instance produced death, yet we have recently seen the following prescription made by a physician and compounded by a druggist:

℞. *Aspirin*.

Quinine sulphate.

Dover's powder, aa q. s. grains v.

Bastedo states that he observed at least three cases of acute nephritis following its use.

We may summarize the absolute effects of *Aspirin* as far as scientific data upon it are to be found:

“Produces a mental condition similar to that found in the morphine habit.” (*Jour. A. M. A.*, 1914.)

“Produces violent palpitation of the heart. deficient respiration, weakness approaching unconsciousness pointing to syncope.” (*British Medical Journal*.)

In one case it produced numbness, anæsthesia and angio-neurotic œdema, and in another it produced nephritis, blue finger nails (cyanosis) and deficient breathing.

An eruption was produced on the head and face and in the mouth and throat following a five grain dose. (*Jour. Clin. Med.*, 1912.)

"*Salicylates* are known to have a deleterious influence on the digestive function and in larger doses or when long continued are frequently accompanied by symptoms of cinchonism similar to those produced by *Quinine*. The *Salicylates* may also have a depressing influence on the central nervous system accompanied by convulsions, slowing of respiration and collapse from circulatory depression." (*Drug Intoxication*, U. S. Public Health Bulletin, No. 227, 1914.)

Disturbances in the sensory centers, vision and hearing. Sensitive nerve tissue is paralyzed. It produces a poverty of the blood, a prolonged and severe anæmia. The primary action is stimulation, hence it is being now largely used by dope fiends to take the place of those drugs that are difficult to procure, but the reaction following its use is dangerous.

We know of several morphine habitues who have substituted the easily procurable *Aspirin* for it with disastrous effects to heart and circulation. Being so readily obtained without even a physician's prescription, it is being used in large quantities by drug addicts of all kinds, and the present advertising campaign is helping to defeat those who are endeavoring to banish the drug addiction habits of our people.

THE USE OF ASPIRIN IN INFLUENZA.

Dr. Simon Baruch, of New York, says in the *Therapeutic Gazette* of June, 1919:

"It was a painful disillusion to learn that these powerful agents (coal tar derivatives) only enabled the patient to die with a lower temperature while the mortality continued and even increased under their excessive use." * * * "They especially handicapped the heart just as the influenza poison does."

Dr. Albert Doerschuk, of Kansas City, Mo., writes as follows: "These drugs in remedies, preventives and cures for the 'grippe'

were swallowed by tons last winter by hysterical people who went beyond all advice in self-medication. Women numb in every limb, with barely enough intelligence to find the way home, from the effects of the preventive medicine, were suffering from the 'flu.' Men with intense pains on top of their heads and eyes bulging out from the *Salicylates* (*Aspirin*) had the 'flu.' Many persons were in bed from the prostration of the drugs taken instead of from the 'flu.'"

We can corroborate the above remarks from personal observation.

Dr. C. T. Hood, in the *Clinique*, Jan., 1919, says that the public is told that "if ten grains of *Aspirin* two or three times in 24 hours would be of service, ten grains six to eight times a day was better. People have been and are buying *Aspirin* in 100 and 500 packages and taking it by the dozen, by so doing they are driving the tack in their own door post upon which to hang the crepe."

Listen to this from a late number of the *Therapeutic Digest* in reference to the leading role of *Aspirin* in the recent epidemic of influenza:

"The routine treatment laid down in the army hospitals embraced the use of the coal tar derivatives and in cases of pneumonia large doses of *Digitalis* were ordered at frequent intervals. The rationale of this treatment is difficult to understand. We have here a disease or a complex of diseases which throws a heavy strain on the heart and are ordered to give coal tar derivatives which are heart depressants. When pneumonia sets in we are instructed to give huge doses of *Digitalis* at frequent intervals, which would cause the heart to drive more blood into the lungs already overcrowded. The action of *Digitalis* in this case would undoubtedly add to the congestion and increase the area of the lung involved. This routine treatment has undoubtedly been responsible for a considerable part of the excessive mortality."

Much of the mortality in the recent epidemic of influenza was due to its indiscriminate use. We have seen that it is a depressing drug, that it poisons the heart and circulation, that it also poisons the blood itself, and that it stupefies the mind. Add

these effects to the general depressing effect of the influenza toxæmia and death is sure to follow.

CLINICAL OBSERVATIONS.

It was observed that the use of *Aspirin* was unfavorable throughout its employment.

First.—Cases treated with it that recovered did so in an incomplete manner and the convalescence was unduly prolonged.

Second.—Its action was slow to appear and only appeared after several hours and then in a cumulative manner.

Third.—We may assert without fear of successful contradiction that pneumonia, pulmonary œdema and septicæmia were more frequently the results of the *Aspirin* treatment than the result of the influenza poison, for the reason that there was none of these complications in influenza cases treated from the beginning without this drug.

A physician who had charge of an extensive hospital barracks in one of our military camps bears out the writer in these observations. He states that he was able to tell instantly upon seeing a patient for the first time whether he had taken *Aspirin* or not, so evident was its unfavorable action.

Another physician practicing in a small country town in central Illinois told the writer that out of a large number of cases treated from the start without *Aspirin* there was no mortality, while in those who had taken *Aspirin* themselves or had it given to them by friends or physicians the mortality was very great.

There can be no better reason for the existence of the homœopathic school of medicine than is furnished by a comparison of the results of homœopathic treatment of influenza and pneumonia with those of the therapeutically floundering allopathic school, driven by the paucity of its therapeutic measures to a quack nostrum on the transcendent scientific basis of "said to be good," and upon absolutely no other basis.

There is no more scientific reason for the use of *Aspirin* by the profession or the laity than there is for Perry Davis' Pain Killer or Radway's Ready Relief. The latter are indeed safer as they are controlled by government regulations while *Aspirin* is not. It is only the government, however, that can successfully

buck against the widespreading popularity found in the press of to-day backed by the *Aspirin* monopoly. This can only be done by prohibitive legislation. It is ridiculous beyond conception to rule that an excess of one-half of one per cent. of alcohol is intoxicating and allow *Aspirin* to be sold freely over the drug counters of the country.

SUGGESTIONS ON A POST GRADUATE SCHOOL OF HOMŒOPATHY.

By John P. Sutherland, M. D., Dean of Boston University School of Medicine.

Homœopathy is a special method of Pharmaco- Therapy.

Homœopathy, therefore, is an ART. Hahnemann called it "The Rational Art of Healing."

In common with all arts, it is, or should be, founded on a Science. The only science this specialty in Pharmaco-Therapy can be founded on is "Drug Pathogenesis," a branch of Pharmacology. The sick-making power of drugs is the essential foundation of homœopathic therapeutics.

Therefore, a "Post-Graduate School of Homœopathy" should have facilities for teaching "Drug Pathogenesis" and for demonstrating "Homœopathic Therapeutics." The curriculum of such a school must include courses in the following subjects:

A. *Scientific.*

- I. *Toxicology*—chiefly didactic and review work—a foundation course.
- II. *Drug Pathogenesis.*
 - a. Effects from overdosing. Effects of drugs short of the *poisoning*. The ordinary knowledge of drug action on healthy or diseased humans and animals. The so-called "physiological action," etc.
 - b. The pathogenesies or symptomatologies developed by provings on healthy humans. Introduced by Hahnemann and improved as to methods by his followers.
- III. *Pharmacological Experimentation in the Laboratory* with as much "Research Work" including "Provings" as possible.

B. *Theoretical.*

The *History and Principles of Homœopathy* as taught by *Hahnemann* himself in his "*Organon*," the "*Lesser Writings*" and "*Chronic Diseases*."

Similia Similibus Curentur,
 Proving of Drugs,
 Totality of Symptoms,
 Single Remedy,
 The Minimum Dose,

expounded.

The limitations of *Homœopathic* and all other forms of *pharmaco-therapeutics*.

C. *Practice of Homœopathy.*

Clinical Lecture and Demonstration in Hospital and Out-Patient Department.

The treatment of *acute cases*—Intern.

The treatment of *chronic cases*—Out-Practice.

The Taking of the Case.

The Selection of the Remedy.

Homœopathic prescribing in *Surgery*, *Obstetrics* and the *Specialties*.

CHRONIC HEADACHES — TWO CASES ILLUSTRATING THE SUCCESSFUL ACTION OF SEPIA IN SINGLE DOSES AND HIGH POTENCIES.

By the Editor

To the general practitioner come, in the first instance, most cases of chronic headache, and it is, therefore, for him to determine whether these can be helped by him or whether they may need the aid and treatment of one or more of several specialists. Among the latter, the ophthalmologist or better still, oculist, will no doubt, first come to mind, as an overwhelming percentage of cases of chronic or recurring headaches is due to eye-strain or ocular disturbance of one kind or another. Such reflex headaches are usually easily recognized, and for reasons obvious are not, as a rule, amenable to internal remedies homœopathically prescribed.

This observation is, of course, in harmony with Hahnemann's injunction to seek the cause and remove it whenever possible. To prescribe remedies, therefore, where the correction of mechanical defects by lenses is required, is absurd to say the least.

Pelvic disorders in women especially are often productive of reflex headaches, and here again, the same injunction to seek the cause and remove it applies; but with this difference, that in many instances the pelvic condition is not surgical in nature, hence should be reached by proper internal remedial measures alone. When surgical or, let us say, structural, remedies will be of little use until the gynæcologist has done his work. Here, therefore, the homœopathic prescription is supplementary to the surgeon's art, but should not be neglected on this account.

Toxæmic headaches will, of course, require a recognition of the particular cause or causes of the toxic agent whenever possible and likewise its removal, if this can be done. Here considerations of general hygiene and particularly of diet will compel attention and the secretive powers of the gastrointestinal tract will need investigation. Necessarily, habits of eating or the kinds of food eaten will have to be considered and certain regulations regarding the abstention from certain foods will be required.

Similarly the condition and function of the kidneys will demand attention, as a toxæmic headache may, of course, have its origin in disease of some part of the urinary tract. A recognition of the pathology of such disease will enable us to determine how much can be done and whether internally administered remedies can have a legitimate place. In other words, we again pay heed to Hahnemann's injunction to ascertain that which is curable in disease and that which is curative in drugs. Without such knowledge our efforts must of necessity be misdirected and feeble indeed.

It is, therefore, unnecessary to say more concerning the reflex origin of headaches or of the necessity of proper recognition of causes in general. This, then, leaves us to consider those cases of chronic headache in which all reflex causes have been either recognized, removed, or their possibility precluded. In other words, we now come to the consideration of a class of headaches the legitimate object of carefully prescribed and internally given, similar remedies.

This class is large indeed, and it will scarcely be gainsaid, not easy of cure. Here the skill of the prescriber is often severely taxed to solve a problem most difficult and pressing. Much will depend upon the manner of approach and upon the proper view and estimate of the case. To treat headaches as such will be to invite failure; to treat patients with headaches is the first step in the successful opening of the therapeutic lock. Hence, once more let us pay heed to the old injunction, to carefully take the case in the true Hahnemannian manner. What does this mean? Simply this, to so examine and question the patient that we may put down in writing everything pertaining to the patient, seemingly abnormal or peculiar and included by and in symptoms, both subjective and objective. In other words, to symptomatically photograph the patient in order to develop a totality of his symptoms. This done, the work of cure is greatly lightened and often the open sesame within easy grasp. The individuality of patient and remedy must meet and in the coming together must, by virtue of the operation of the law of similars, bring about a cure.

The following cases, two in number, will be sufficient to illustrate what has been said and are, therefore, herewith briefly presented:

CASE I.—Mrs. X, age 34. Parents are alive,, but are said to be rheumatic. As a child the patient had measles, mumps and chicken-pox, all in mild form. Was nervous. First menses at 15 years, with cramps. Has now been married twelve years and has two children which she was able to nurse but a short time only. The younger child is now $5\frac{1}{2}$ years of age.

Patient's menses are very copious, occur every three weeks and last five days.

Before the menses she is nauseated and unable to eat; is irritable, and complains of sacral backache. During the menses the irritability continues; but as soon as the period is over, she feels well.

Her appetite is good and without any special cravings or desires. The thirst is not increased and the bowels move daily, as a rule.

Formerly sick headaches in the occiput and forehead preceded the menses. For the past year she has had cutting pains like

knives in and over the left eye, lasting for two days, and coming and going suddenly. Dazzling of vision, the eye becomes small as though sunken in head. The pains are aggravated by bright light. Correction of ocular defects by suitable lenses has made no difference. These attacks may come on at any time, and have no relation to the menstrual periods. Fatigue will bring on a headache. No special modalities can be obtained.

The patient has a mild, brownish-white leucorrhœa. Whenever nausea is present the odor of food or of cooking is intolerable. Occasionally brownish spots (chloasma) appear on her face. Of course, the totality spoke for *Sepia*, which was given in a single dose of Skinner's 10,000th. The same day one of the old occipital headaches came on, the first of its kind in a year. The return of old symptoms is always a favorable sign, hence this one was so regarded. The next menstrual period was less profuse and without pain. Thereafter the remedy was repeated in single or unit doses at long intervals, averaging four to five weeks and in ascending potencies.

The patient has now been under treatment four and a half months, is better in every way and with cure of her chronic headaches reasonably assured. The attacks have occurred less frequently and have been, with one exception, much less severe.

The action of *Sepia* in this case has certainly been gratifying.

CASE 2.—Mrs. Y, age 45. The patient is a highly intelligent, high-strung woman of the neurotic type. Her history is as follows:

Delicate as a child, did not go to school until 13th year. From 13 to 15 had frequent headaches, about once a month, until first menses became established during 15th year, when headaches grew better. Menses were then inclined to be two or three days late. During her 16th year she fell from a porch and thereafter menstruation became increasingly painful as the years went on. Was married at 21 years, and shortly thereafter was run into by a boy on a bicycle, after which her menstrual periods became agonizing. She was later operated upon, laparotomy performed and a misplaced uterus and ovaries corrected. Adhesions were evidently present also. Thereafter her menstruation became practically normal, and 16 months after the operation her first

baby was born. Three years and a half later another child was born. In 1908 she was ill for three months with erythema and fever. Soon after she commenced to have ovarian pains, neuralgic in character, preceding the onset of the menses. Later she had much left intra-mammary pain. After nursing her husband during an illness of one year's duration she began to have still more neuralgic pains, and was in a state of nervous exhaustion. In 1916 nursed a sick daughter for six months, and thereafter she collapsed nervously and had severe neuralgic pains in head lasting from the end of March until June, when the pain stopped suddenly. Since then there have been no neuralgic pains, but she has had sick headaches. The pain is usually located in the forehead and occiput, and the eyes feel as though they were being drawn back into the head. The pain is worse lying down, somewhat better by firm pressure. All the blood in her body seems to be in her head, which feels as though it would burst. The scalp then becomes intensely sore, sensitive to brushing the hair. During the attack she is nervous and jumps from noises, but the latter do not affect the head. A large dose of *Antikamnia* will at times give some relief. The headache is better while she is eating but is worse afterwards. Menstruation at the present time occurs every three weeks, lasts six days, and is normal. The headaches are apparently not related to menstruation. Stomach, bowels, etc., are normal. No mental symptoms. Rarely drinks coffee, tea weak. No abnormal sweats.

At first *Silicea* was given, but its administration was soon seen to be a mistake. During a severe acute attack the patient was now seen and presented characteristic symptoms of *Nux vomica* which, in the 30th potency and frequently repeated doses, modified and shortened the attack and quickly relieved the retching to vomit. The fact that *Nux* had been useful during the attack led to a consideration of its chronic and complementary remedy *Sepia*, which was now given in a single dose of an extremely high potency. Within a few days an old neuralgia of the left side of the neck, face, teeth and shoulder returned. The reappearance of this symptom was welcomed, but nothing was given to interfere with it. In the course of twenty-four hours this disappeared and thereafter a general improvement of the pa-

tient began. This amelioration has continued, the headaches have very rarely returned and then much modified, and only after periods of stress and mental strain.

In this case also, therefore, the action of *Sepia* has been most happy and the wisdom of careful homœopathic case-taking fully exemplified. It is needless to add that this case had undergone various kinds of treatments at the hands of able physicians, before resorting to homœopathy.

THE CURE OF STERILITY IN WOMEN.

By F. H. Lutze, M. D.

Mrs. John L., æt. 26 years and four years married, complained of having a miscarriage nearly every two or three months, and both she and her husband were very anxious to have children. She thought this occurred generally in the second and third month. I gave her *Apis* 200, a powder every other day. Two weeks later she told me she had again aborted. To my question if she had seen anything of the discharged matter, she replied that she had not looked after it, but was positive, for it always happened in the same way, and this time it was in the third month. Hereafter I prescribed according to the symptoms obtainable (but these were very few and not characteristic) to improve her general health and thus enable her to go on with a pregnancy without aborting. Three months later she had to tell me that the same accident had occurred again and in the same way. This time she had watched for the fœtus, but did not see any; was sure, however, that it had occurred again for she had the same frequent urination as at each previous accident. To further questions she answered: That she passed quite a good quantity of urine each time and was very irritable at this time. Had she ever thrown anything held in her hand when in anger without aiming it at any one or anything in particular? Yes, that happened very often. I then concluded that she had never been pregnant, but was suffering the frequent desire to urinate of young married women and gave her *Staphisagria* cm., then 45m, then 1m and finally 200, a powder every third day, but the *Staph.* 200 last, powder every morning. Three months later she came

to tell me she was pregnant, and I told her she should take good care and not to overexert herself, and thought she would be all right. Some eight months later, at the proper time, she gave birth to a healthy baby daughter.

Case 2.—Mrs. James M. S., married 7 years, was also anxious to become a mother. She had no symptoms to give, except that she had always cramps in lower abdomen before her period, ceasing when the flow became good; was very irritable, and pain in the vagina during coitus. *Belladonna* 30, a powder each morning then less often, enabled her to conceive after two months' treatment, and she is now the mother of a nice little daughter.

NEWS FROM THE FRONT.

By **Eli G. Jones, M. D.**, 1331 Main St., Buffalo, N. Y.

The *Tr. Strophanthus* is often given in doses of from 10 to 15 drops; this is a *mistake*, for the *best* results are often obtained with the 2x, five drops, four times a day.

It often happens that by *over sterilization* with intoxicating liquors, tobacco or coffee, the muscle of the heart becomes *weak* and then *Strophanthus* is the remedy indicated. It is especially indicated in weak hearts of *old* people.

An oldish lady came under my treatment for a *weak* heart. I tried different remedies, but I *failed* to bring the pulse of *both* wrists up to the normal standard, viz., *full, strong* and *regular*.

There was a well marked *weakness* to the pulse of the *right* wrist.

Corresponding to the weakness of the heart, I followed my rule, "When in doubt *read the pulse*." A very *careful* reading of the pulse showed a *small, weak, irregular* pulse. The pulse indicating *Tr. Strophanthus* 2x, five drops, four times a day. In a few days I read the pulse again and found it *stronger* and more *regular*.

Strophanthus has its *place* in the *Materia Medica*. It is *not* a "cure all," but must be given according to *definite* indications. It is said to be more *powerful* than *Digitalis* and more *prompt* in its action, *without* the cumulative effect of that remedy.

Very many good remedies have been thrown aside as *useless*

or *dangerous*, for the simple reason that the doctor did not know *when* to give them and *how* to give them. I was called in consultation in a case of apoplexy, about a week after the "stroke."

There was hemiplegia of the left side of the body. There was *difficulty* in swallowing, tongue felt thick, with more or less twitching of the right side of the body, eyes partially blood-shot. The pulse was a *full, bounding* pulse, with *globular* feeling to the artery, as it strikes against the fingers. It was the pulse of *Belladonna*. I had them give him *Tr. Belladonna* 1x, five drops every hour for three hours, then every three hours. This remedy was continued for 48 hours, with a general improvement in the condition of the patient.

It is a *sad* fact that the average physician doesn't know *how* to treat a case of apoplexy, so he pursues the "do nothing" plan. This is *cruel*, for it is our *duty*, not only to *relieve* the patient of the *effects* of the cerebral hemorrhage, but also by proper treatment to *prevent* another attack.

I have found, by many years' experience with apoplexy, that *Kali mur. 3x* is the remedy we can *depend* upon to prevent inflammatory deposits about the apoplectic focus and stimulate *absorption of the exudates*. Give *Kali mur. 3x*, 15 grains in half a glass of water. Teaspoonful every hour.

It not only helps to *absorb* the exudates, but it also *helps cure* the hemiplegia. It should be given at least for 60 days.

The principal remedy to *absorb* the blood clots on the brain is *Tr. Arnica 30x*, 5 drops every three hours.

The above two remedies make an ideal treatment to "*clear up*" the brain and *get rid* of the *after* effects of a "stroke" of apoplexy.

It not only helps the patient out of the *present* trouble, but by care as to diet and any excitement or worry will actually *prevent* any *future* attack.

I would urge upon my readers the *importance* of *testing* the above plan of treatment for it is a *safe* and *sane* treatment, and can be *depended* upon.

I had a very kind letter from Dr. H. F. Getzendanner, Frederick, Maryland. It is such a *good* letter that I want to share it with my friends, the readers of the RECORDER; he says, "Before

retiring from my office I decided to write the man who, through his work on Definite Medication, and most able contributions to the RECORDER, has made me '*a better doctor.*'

"Since I have been able to read the eye, pulse and tongue, I find no difficulty in diagnosis, and with Definite Medication it enables me to *cure* my patients, even if there is only a "fighting chance." Truly, I have made the remark to my medical friends "That men like Dr. Eli G. Jones should be permitted to live for ever for the good he has done the medical profession and the patients of his students, as well."

"What a God's send to all members of our beloved profession, if they would only study and practice Definite Medication. No monument would be too costly for Dr. Jones for what he has done to *make better doctors of us all.*"

During the epidemic of the "Flu," in 1918 and 1919, the above physician had *345 cases and no deaths*, using my treatment for the disease.

A letter from Dr. W. C. Knowlton, Canon City, Colorado gives me a *very* valuable therapeutic fact, the *curative* effect of *Ranunculus bulbosus*, Buttercup, in hiccough. He says, "Two years ago I had pneumonia, was just recovering from that when I was attacked with hiccoughs, and had them for 242 hours.

"I had three physicians prescribe for me *without any relief*. My son telegraphed to my old friend, Dr. Boger, who immediately replied, "Use *Ranunculus*." In two days I got a tincture of the plant from Kansas City. Three drops of the tincture was given in 32 teaspoonfuls of water, teaspoonful every two hours. At the end of the fourth dose I was better, and at the end of the 32d dose it *ceased entirely.*"

The doctor mentions *several* cases of hiccough *cured* with the above remedy.

He usually prescribed the 12x and "in all cases but one I cured them in not over five minutes."

The above is a therapeutic fact that you should "*nail down*" for future use.

I visited the case of apoplexy mentioned above (with the family physician), today, and find him *very much better*.

The system is *responding* beautifully to the action of the *Kali mur.* and *Arnica*, as given above.

He has been a month under treatment, his brain has *cleared up*, he speaks clearly, swallows naturally, and is beginning to get some *action* in the paralyzed side. The pulse of the right arm shows his *vitality* is nearly normal. The pulse of the left arm by its *weakness* and intermission tells of the local condition, paralysis. It is only a question of time and this man will be on his feet again.

There is to me a *great* deal of satisfaction in *curing* a case of the above kind.

I was sitting in a doctor's office and a young man came in. The doctor asked me to "read his pulse." I did; there was a certain amount of *fullness* to the pulse, but there was an *irritability* to it, as well as a feeling of *weakness* to the pulsations of the artery. It gave me the impression that the "nerve power" of the man behind the gun was weak; I said, "I get the impression that there has been a great *drain* upon the system." I said to the young man, "You have nocturnal emissions;" he denied it, but the *weakness* of his *knees* confirmed my diagnosis by the pulse. If you know *how* to read the pulse you can "spot" those masturbators every time. The patient may tell you one thing, and the pulse something entirely different, but remember that the pulse is *telling you the truth!*

In the month of March I was called to Stoyestown, Somerset Co., Pa., in consultation with Dr. J. H. Gardner, of that town.

Stoyestown is 71 miles southeast of Pittsburgh. It is 2,000 feet above sea level, and has 1,100 population.

The town is surrounded by mountains, there are two game preserves near the town, well stocked with deer. There is plenty of hunting and fishing, and it is an *ideal* place for the tired-out business or professional man to spend his vacation. Dr. Gardner has a Summer Hotel on the Lincoln Highway, containing 18 rooms. The doctor is a graduate of the Eclectic and Homœopathic schools of medicine; he reads the RECORDER and is a *firm believer* in the *curative* effects of homœopathic remedies. He is a very *fine* prescriber and shows *excellent* judgment in prescribing for the sick. During the "Flu" epidemic, a year ago, he had 500 cases and only *one* death and that patient took the "whiskey cure" and died. The doctor has a *very* large practice, extending

into all the adjoining towns. If I can spare the time I hope to spend my vacation with the doctor this coming summer.

Dr. Gardner has given me a report of a very interesting case that I feel sure will be of interest to our readers.

He says, Several years ago I was called to see a patient; the history of the case was as follows: This man was *poisoned* one day in June, when spreading broadcast over his potato patch (in his bare feet) a fertilizing phosphate, when the dew was on. The result to him was poisoning of his hands up to the wrist bands and his feet up to the edges of his trousers' legs. His tongue, mouth and alimentary canal were poisoned.

A regular physician was called who treated him with "washes" and ointments that only made him *worse*. When I saw the patient he was in bed, with his hands and feet *swollen*, all the skin would hold, painful and *inflamed* with a well marked *bluish* color.

His tongue was swollen to *twice* its normal size, inflamed and painful, with the same *bluish* color.

He had evacuations from the bowels every 15 minutes.

His nose was *pointed*, *pale* and *cold*, ears also pale

The pulse very *weak* and *rapid*, it seemed to me that *death* looked out of his eyes.

In my choice of remedies for him I selected *Lachesis* and *Arsenicum*. I put about ten grains of the 6x *Lachesis* in a half a glass of water, and ten drops *Fowler's Solution of Arsenic* in another half glass of water, and ordered a teaspoonful given an *hour apart, alternately*.

My indication for *Lachesis* was the marked *bluish* color of the parts, and *Arsenicum* was indicated for the *bowel movements*.

No washes, ointments or *any* form of *local* treatment were used. I told the family that "I would see him again day after tomorrow." I thought that would give him time to go "to his own place."

When I made my second visit I can assure you that I was *more* than surprised to find him sitting up at the table eating his dinner. His first remark was, "Doctor, that is the most *wonderful* medicine I ever took in my life. My bowels have not moved since I took the first dose." I found that the swelling of the tongue,

hands and feet had all gone *down*. The remedies were continued in higher attenuation.

The above was one of my first cases treated with homœopathic remedies and it *impressed* me so much as well as hundreds of other cases which I have since cured with those remedies that I can't help but say that I think Homœopathy is the *only* real scientific practice of medicine.

BEAVER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

This society was organized January 18, 1883, and is the banner organization among the homœopathic medical societies of Pennsylvania, having a membership of 100 per cent., county, State and national. The attendance at its meetings averages 98 per cent., which challenges that of any other society in Pennsylvania.

During the war, out of a membership of thirteen, this society had one member abroad in the service of his country, three members in camp, ready to go; two in the East, fighting influenza, and the rest all members of the Volunteer Medical Service Corps, prepared for any emergency.

The monthly meetings are made doubly pleasant by the ample and enticing luncheons which are prepared by the wives of the members at whose homes the meetings are held, thus illustrating the old proverb that the way to a man's heart is through his stomach. At the annual meeting, the wives and widows of the members are entertained by the society. These annual meetings are most enjoyable and enthusiastic events, enlivened by short, well-timed remarks from the toastmaster and members. This year, the annual banquet was held at the Welcome Club, Rochester, Pa., on January fifteenth, and proved to be a "hammer" in every respect. Lepp's Orchestra contributed to the evening's entertainment.

The following officers were elected for the ensuing year: President, Dr. W. M. Yost; First Vice-President, Dr. E. H. Douds; Second Vice-President., Dr. W. L. Coss; Secretary-Treasurer, Dr. William Raymer, who is now serving his thirty-

seventh year and is the only living member of the original organization.

WM. RAYMER, *Sec'y-Treas.*

PHILADELPHIA COUNTY HOMŒOPATHIC MEDICAL SOCIETY

The regular monthly meeting of the section on Homœopathic Materia Medica and Therapeutics was held at the Hahnemann College on Wednesday evening, February 18th. Dr. Theodore J. Gramm was in the chair. Two interesting cases, in which *Echinacea* acted well, were presented by J. L. Van Tine.

Dr. T. H. Carmichael read in part and spoke in part upon *Bryonia alba*, following up the splendid work of the last meeting, when Dr. W. F. Baker gave some original work on that drug upon experiment animals. This drug is hard to get at the present time, as our supply is gotten from Europe. The tincture is 10% in drug strength. Dr. Carmichael spoke at length on the entire range of the drug's sphere in practice, occasionally bringing in other drugs with their analogous values. This was given in such a way, as Dr. Gramm later expressed it, as not to tire his hearers by a cut-and-dried presentation of facts which were already familiar in their minds.

Dr. Carmichael thought low preparations were best in typhoid fever . . . possibly around the second decimal dynamization. In fact, in those cases "we should always see the color," as one medical man formally expressed it. In lung diseases, on the contrary, he favored the higher preparations, and with rheumatic states (rheumatic fever) he again thought of the low *Bryonia* and in a materially strong dose. The late Dr. Tindall, he stated, viewed the latter as a dangerous procedure, but the speaker thought his fears were really groundless. He said the late Dr. Barnes, of St. Luke's, had the same fears with respect to *Ignatia*, as he had seen that remedy in the 3rd potency throw a case into convulsions. In the discussion, Dr. Macfarlan spoke about some provings he had made with *Bryonia* and the drug had developed a selective right-sided lung effect. Singularly enough, *Colocynthis* (also belonging to the botanical family of

cucurbitaceæ) with which he had also made provings affected the left lung in the same painful fashion. In this connection the late Dr. Adolph Lippe mentions the lung action of *Colocythis* in his work on materia medica, but does not specifically mention the great left lung disability. Dr. Macfarlan thought phosphorus a more prominent bleeding remedy than *Bryonia* by far.

Dr. J. L. Van Tine, in referring to the epidemic now raging, thought *Bryonia* served to good purpose in those cases of sinusitis in which a bursting frontal headache was noted on stooping, etc., this condition coming on, however, when the nasal discharge had ceased. Dr. George Mackenzie spoke about nasal states and he thought the dryness of the nares in which *Bryonia* often acted well was a secondary condition. The doctor also stated that we should never be led astray by the personal fascinations of the drug, which was in a favorable light, so to speak, from having satisfactory results after the use of it. He thought in the near future in practice he would be constantly seeing case after case demanding the exhibition of the remedy. This failing, causes one to be too narrow in his outlook, nevertheless, just such a paper as this one should enable one in future to say with more conviction "that's a case for *Bryonia*" or "that surely doesn't need *Bryonia*," and all this certainly is a great help in our work.

Dr. E. M. Howard said he had corroborated all that the doctor had to say on the subject and what *Bryonia* alone had done for him would clinch him to the homœopathic method in treatment.

In the discussion concerning the paper to be read at the next meeting it was decided to have the paper read, which Dr. John Hutchinson, of New York City, had sent to the secretary, with some added notes of the secretary on a proving which had been made by Dr. Hutchinson of the *Sulphate of Morphin*.

DONALD MACFARLAN, *Secretary*.

Do not take drugs to cure the headache, says the United States Public Health Service. Consult a physician, a dentist or an oculist, to see if the cause can be located. Often the eyes, or the teeth may be at fault.

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY

Stuart Close, M. D., Editor, 248 Hancock Street,
Brooklyn, N. Y.

GENERAL INTERPRETATIONS IN SCIENCE AND
PHILOSOPHY.

SCHOOLS OF PHILOSOPHY.

As a preliminary to the study of Homœopathy it will be well to take a glance at the various schools of philosophy in order to be able to identify and understand the fundamental ideas and concepts out of which Hahnemann developed his system.

The various schools of philosophy may be broadly classified as materialistic, idealistic or spiritualistic and substantialistic.

MATERIALISM.

"The doctrine that the facts of experience are all to be explained by reference to the reality, activities and laws of physical or material substance. In psychology this doctrine denies the reality of the soul as psychical being; in cosmology, it denies the need of assuming the being of God as Absolute Spirit or of any other spiritual ground or first principle; opposed to spiritualism. Materialistic theories have varied from the first, but the most widely accepted form regards all species of sentient and mental life as *products of organism*, and the universe itself as resolvable into terms of physical elements and their motives." (Standard Dictionary.)

SPIRITUALISM.

Or, in philosophy, Idealism in its extreme form "makes human consciousness the only reality; more commonly it means the study and the science of the invisible, of that side of life which is not material, but spiritual." (Vide.)

IDEALISM.

"That system of reflective thinking which would interpret and explain the whole universe, things and minds and their relations, as *the realization of a system of ideas*. It takes various forms

as determined by the view of what the idea or the ideal is, and of how we become aware of it." (Vide.)

SUBSTANTIALISM.

"The doctrine that substantial existences or real beings are the sources or underlying ground of all phenomena, mental and material; especially the doctrine which denies that the conception of material substance can be resolved into mere centers of force." (Vide.)

The fundamental idea of Substantialism is ancient, but the systematic development and application of it is modern. It owes its existence as a body of formulated philosophy to A. Wilford Hall, Ph. D., LL. D. It was set forth in his work, "The Problem of Human Life," published in 1877, which passed through more than twenty editions.

"The predominant thought of substantialism is that all things in Nature which exist or can form the basis of a concept are really substantial entities, whether they are the so-called principles or forces of nature or the atoms of corporeal bodies, even extending to the *life* and *mental powers* of every sentient organism, from the highest to the lowest." (Hall.)

It holds, for example, that the "wave theory" of sound is a fallacy in science. Hall experimentally established the fact that "sound consists of corpuscular emissions and is therefore a substantial entity, as much so as air or odor." He argues "if sound can be proved to be a substance there can not be the shadow of a scientific objection raised against the substantial or entitative nature of life and the mental powers."

Mind is as real in its existence as is the physical brain, which is the tangible manifestation of the form and substance of its invisible counterpart.

If mind is the result of the motion of the molecules of the brain, of what does that result consist? If the motion of the molecules is the all of mind then the mind is nothing, a nonentity, since motion itself is a nonentity.

Drugs produce mental symptoms which represent changes in the state of mind and these symptoms are recorded in our *Materia Medica*. The only rational hypothesis by which the proved

action of drugs or any other agent upon the mind can be explained, is that mind is a substantial, living entity, capable of reacting to the stimulus of other substantial entities.

From nothing, nothing comes. Every effect proceeds from a cause. Effects follow causes in unbroken succession.

No substantial effect can be produced upon any subject without an absolute substance of some kind connecting the cause with the effect.

Gravity, or that which produces gravitation, is a substance, since it acts upon physical objects at a distance and causes substantial physical effects.

Magnetism is a substance since it passes through imporous bodies, seizes upon and moves iron.

Sound is a substance since it is "conveyed through space by air waves." It must be something substantial or it could not be conveyed.

Light, heat and electricity are substances. It is absurd to call them "modes of motion" or "vibratory phenomena." Motion is a non-entity, the mere act of a thing in changing its position in space. Motion is nothing before an object begins to move and nothing after it has ceased to move. Science teaches that light and heat are motions or vibrations *of the ether*. Physical science, therefore, tacitly teaches that the ether is substantial; has, in fact, measured it; has calculated its inertia-coefficient and its kinetic energy; has pronounced it to be the primary substance of which matter, as well as heat, light and electricity, is composed. If science is right in this theory then light, heat and electricity are substantial emanations from their producing bodies or substances; in other words, they are each composed of ether, varying in its rate of vibration. *But physical science does not tell us who or what moves the ether and determines the rate of vibration.*

Life is a substance having a real, entitative existence, since by its agency alone organized, living, conscious, thinking entities are created, maintained and reproduced. Life, therefore, is intelligent.

Mind is a substance, since it acts to think or produce thoughts and things. Mind, therefore, has intelligence. Not mind, but

thought—the action of mind—may be called “a mode of motion of mind, acting upon the molecules of the brain.” In the last analysis life and mind are one and identical since they have identical qualities and attributes.

As regards living beings, including man, the Substantialistic hypothesis is, “that within every living creature there exists a vital and mental organism, the (invisible) counterpart of the physical structure, the source of all vital and physiological phenomena, originally contributed by the Creative Will (Mind—Life—Spirit) as atoms out of His own being, and which must at the dissolution of organic life return to the vital and mental fountain whence they emanated, there to mingle by reabsorption into the original source, or, as in the case of those (human) lives which have received the spiritual impress of God’s image, live forever with the self-conscious ego inherited through their higher organism.” (Hall.)

HAHNEMANN’S POSITION.

Hahnemann has heretofore been assigned to the Spiritualists or Idealists. In an attempt to be more definite, he has been called a “Vitalist,” referring to the prominence given in the *Organon* to the doctrine of Life and Vital Force.

In advance of the appearance of substantialism as a formulated philosophy and a name, this was perhaps the best that could be done in the attempt to classify Hahnemann philosophically. But since a definite philosophy has been formulated, there can be no question that he is properly classified as a Substantialist. His position and statements in regard to God, life, vital force, mind, matter, potentization or dynamization, infinitesimals, and the emphasis he lays upon the spiritually substantial character of these, to him, great realities do not agree with any other classification. Hahnemann frankly and reverently recognizes God, as indeed every scientific man must do who thinks logically, straight through to the end.

Hahnemann’s constant appeal to experience, to facts of observation and experiment, and to the necessity, in medicine, of being guided by the educated senses governed by reason and logic, taken with his almost passionate opposition to empty specu-

lation of all kinds, establishes the practical, well balanced character of his mind. He refused to speculate about the essential nature of things. He observed and accepted the facts of existence as he saw them. To him, spirit and matter; force and motion; mind and body; health and disease, in all their mutations and modifications, *co-exist* as facts of observation, consciousness and experience. It was for him to use them in a logical and practical manner. He was not a materialist who denies the deific origin and existence of spiritual substances or agents and maintains that spiritual or mental phenomena are the result of some peculiar organization of matter. Neither was he an idealist in the extreme sense of one who believed, with Bishop Berkeley (and Mother Eddy) that all which exists is spirit, and that which is called matter, or the external world, is either a succession of notions impressed on the mind by Deity, an illusion or "error," or else the mere edict of the mind itself as taught by Fichte.

Familiarity with the works and doctrines of the philosophers is shown in Hahnemann's Writings; but he seems to have been most influenced by the Inductive Philosophy of Lord Bacon. He never mentioned nor quoted Bacon in his writings, but few finer examples of the application of Bacon's principle to the study of natural phenomena can be found than that of Hahnemann in the development of Homœopathy.

Bacon had set himself particularly to the task of a complete investigation and reformation of physical science; but his plan embraced the whole realm of philosophy and his principle was applicable to mental and moral, no less than physical science. That principle was *Logical Induction*, upon which was based the inductive method of observation and experience. This is the only valid basis of conclusions and the accepted ground of modern science. "His (Bacon's) merit as a philosopher lies chiefly in having called back the human mind from the wrong direction in which it had so long been seeking knowledge, and setting it on a new path of investigation," says one writer.

"When Bacon had analyzed the philosophy of ancients, he found it speculative. The great highways of life had been deserted. Nature, spread out to the intelligence of man, * * * had scarcely been consulted by the ancient philosophers. They

had looked within, and not without. They had sought to rear systems on the uncertain foundations of human hypothesis and speculation instead of resting them on the immutable laws of Providence as manifested in the material world. Bacon broke the bars of this mental prison-house:—bade the mind go free and investigate nature.” (Davies, Logic of Mathematics.)

Bacon's fame rests chiefly on his “*Novum Organum*,” the second part of his “*Instauratio Magna*.” “The object of this was to furnish the world a better mode of investigation of truth, that is, a better logic than the so-called Aristotelian or syllogistic method; a logic of which the aim should be not to supply arguments for controversy, but to *investigate nature and by observation and the complete induction of particulars* arrive at truth.”

It is significant that Hahnemann, in selecting a name for his own *Magnum Opus*, chose the very word, “Organon,” used by Bacon, and before him by Aristotle, whose philosophical method, misrepresented and misapplied by the schoolmen of the middle ages, Bacon restored to its true place, with improvements of his own.

The situation confronting Hahnemann in the medical world was similar in many respects to that in the world of physical science which confronted Bacon. Medical theory, then, as now, trod upon the heels of theory as they rapidly passed across the historical field of vision, each one contradicting the other and all alike the product of imagination and speculation. All were engaged in attempting to find a basis for the treatment of disease in speculations about the interior states, the visible, internal changes in the organs of the body, and the unknowable primary causes of disease.

Ideas, which now seem absurd, were then matters of the most serious moment, and in their practical working out often became tragical. Bloodletting, the outgrowth of one of these false theories, affords a good example. The celebrated Bouvard, physician to Louis XIII., ordered his royal patient forty-seven bleedings, two hundred and fifteen enetics or purgatives, and three hundred and twelve clysters, during the period of one year! During the extremes to which the so-called physiological medicine was carried, more than six million leeches were used, and

more than two hundred thousand pounds of blood was spilled in the hospitals of Paris in one year. The mortality was appalling.

In Hahnemann's time (1799) the death of our own George Washington was undoubtedly caused by the repeated bloodletting to which he was subjected.

Medicine was in a state of chaos. Hahnemann faced the problem of creating a new science and art of medicine which should be constructed *on the basis of facts of observation and experience*, according to the principles which he had laid down for his guidance.

Applying the inductive method which he had evidently learned from Bacon and Aristotle, the first thing Hahnemann did was to take a broad view of the whole field of medicine, shake himself clear of any lingering remnant of bias or prejudice which may have been in his mind as a result of his association with the medical men and ideas of his age, and ask himself a few simple, pointed question.

"What is the real mission of the physician?" "Of what *use* is the medical profession?" "Has it any real excuse to offer for its existence?" "Surely not," he says, "if it spends its time and effort in concocting so-called systems out of empty vagaries and hypotheses concerning the inner obscure nature of the process of life; or the origin of disease; nor in the innumerable attempts at explaining the phenomena of disease or their proximate causes, ever hidden from their scrutiny, which they clothe in unintelligible words; or as a mass of abstract phrases intended for the astonishment of the ignorant, while suffering humanity was sighing for help. We have had more than enough of such learned absurdities called *theoretical medicine*, having its own professorships, and it is high time for those who call themselves physicians to cease deluding poor humanity by idle words, and to begin to *act*, that is, *to help and to heal*."

"*The physician's highest and only calling is to restore health to the sick, which is called Healing.*"

S. C.

(To be continued.)

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R. F. RABE, M. D., Editor, 616 Madison Ave.,
New York, U. S. A.

EDITORIAL NOTES AND COMMENTS.

An Interesting Verification of Kali Iodatum.—A short time since a medical colleague complained of the following symptoms, evidently caused by a simple pharyngitis—soreness of the root of the tongue and of the roof of the mouth > by hot drinks and < 4 p. m. and at night; > by cold applications, externally applied to the neck and throat. She had taken *Lycopodium* without relief. One dose of *Kali iodatum* 200 produced a short initial aggravation, followed by speedy and complete relief within eighteen hours. No temperature was present. Absence of temperature is always suggestive of *Kali iod.*, when temperature is naturally to be expected. Acute coryza, with hot, excoriating, watery nasal discharge, profuse lachrymation, violent sneezing, preceded by a welling up of tears in the eyes, subjective coldness and no fever, even subnormal temperature, with prostration, will respond to *Kali iod.* very quickly.

Arsenicum album and *Kali iodatum* resemble each other in some respects, relative to coryza; but can be differentiated if we will bear in mind that the former has general amelioration from heat; the latter has general amelioration from cold. In both, heat locally applied, over the nose and forehead (hot towel in the great American tonsorial parlor), is agreeable. *Kali iod.* is useful in frontal sinusitis, *Arsenicum album* less frequently so. *Kali iod.* causes marked infiltration of bones and of soft tissues and is, of course, an antisiphilitic. It is antidotal to *Mercury* and is antidoted by *Hepar sulphur* and by *Nitric acid*.

A guiding symptom of *Kali iodatum* is general amelioration from walking in the open air; walking does not fatigue. In-

ternally, *Kali iod.* wants heat (hot drinks); externally, cold is desired (cold air).

Ptelea Trifoliata.—This remedy, the hop tree or wafer ash, was brought to the attention of our school by Hale in 1868 and a proving published in the transactions of the American Institute of Homœopathy for that year. This will be found on page 157 and occupies about eighty-two pages. As with so many other remedies, the employment of this one is comparatively rare, for the study of materia medica is relegated to an unimportant position in this ultra-scientific age.

In the practice of every day medicine, diseases of the stomach and liver are of common occurrence and many functional disturbances, at least, of these organs can be quickly and successfully relieved by well-chosen remedies. It is in this connection that *Ptelea trifoliata* will be found worthy of study and reference to its published pathogenesis will disclose its marked homœopathicity to numerous liver cases. Of these, many present the symptoms of fulness and soreness in the right hypochondrium together with a sensation of dragging when the patient lies upon the left side. Three remedies in the materia medica produce this sensation, namely, *Magnesia muriatica*, *Natrum sulphuricum* and the remedy under consideration. *Magnesia muriatica*, like all muriates, has dry and crumbly stools, or knotty stools covered with mucus and blood. In *Natrum sulphuricum*, on the other hand, diarrhœa is the prevailing symptom and this has a decided tendency to chronicity and is invariably worse in wet weather and in the morning on rising and moving about. The tongue is apt to be heavily coated a dirty greenish-gray, especially at the base. These few indications for the two remedies mentioned are sufficient to differentiate them from *Ptelea* as well as from each other.

Ptelea is apt to be confounded with *Nux vomica* and both have a bitter taste in the mouth, but whereas *Nux* likes and thrives upon fats, *Ptelea* abhors them and in this respect at least joins its near alphabetical neighbor, *Pulsatilla*.

Diarrhœa and constipation alternate in *Ptelea*. As an example of several cases cured during the past few years, the fol-

lowing will illustrate the curative action of *Ptelea* nicely. Mrs. H., age 42 years, without children and never pregnant, presented a history of malarial fever twenty years before, controlled with *Quinine*, but followed by mild malarial attacks Spring and Fall, ever since. Fifteen years before she experienced an attack of appendicitis, for which she was not operated upon. For years she has complained of pain in the liver region. She has frequent attacks of mild jaundice, especially about the mouth and in the eyes slightly. The liver region is sore to touch, feels heavy and she prefers to lie upon the right side. If she turns to the left side she experiences a dragging sensation. Constipation is frequent and enemata are used. The face feels hot, especially on the left side. After meals she bloats and often has a metallic, bitter taste. Her appetite is good, but with an aversion to fats, which cause nausea. The menses occur every twenty-three days, are moderate in amount and last but two days only. Liver normal in size.

Naturally, in the light of the history of this patient and on account of some of her symptoms, *Sepia* suggested itself, but *Ptelea* was more specifically indicated and was given in the 30th potency, a single dose each night for one week.

Immediate and general improvement followed and continued for about three weeks, during two of which *Sac. lac.* only was given. Upon a slight return of the dragging sensation the remedy was now repeated in the 12th centesimal potency, twice daily, and brought speedy improvement with no return of the symptoms. Later on *Sepia* was prescribed for the menstrual condition. There has been no return of any of the symptoms demanding *Ptelea* after a period of five and a half months and the patient feels herself to be very well. Let us remember *Ptelea*, therefore, in our treatment of hepatic disturbances.

The Training of Teachers of Homœopathy.—Among homœopaths one often hears the remark, particularly at medical conventions, that year by year the old war-horses are dropping out. And so they are, we must regretfully admit. Who does not look back with enthusiasm and pleasure to the days of Timothy Field Allen, of Henry C. Allen, of dear old Frank Kraft, of Custis.

Gilbert, and of a host of others equally brilliant and able, all staunch defenders of the principles in which they believed. As they say over on Third Avenue, "them was the good old days!"

However, it will not do for any of us to think, that when he drops out, his place cannot be filled—it can, but not always in the same way or possibly as well. De Wolf Hopper, in one of his playful scenes, with rare mock solemnity, once said: "All great men are dying and I'm not feeling well myself!" Gad-zooks Mercutio, and so it is!

But seriously, gentle and much abused reader, look about you at our homœopathic medical colleges and observe what is taking place. In New York, for example, during the present college year, some seven of the faculty are O. S. men. Of these, three have to do with the teaching of medicine itself. All are splendidly trained and ably equipped teachers, but—they are not homœopaths. It is, indeed, a sad commentary on the homœopathic profession, especially that of New York, that no homœopaths were qualified and available for any of these positions. Why is this so? Because the older men, the leaders, have failed to train the younger men to take their places; in short, there are no *understudies*. A short sighted policy by all odds and one likely to spell our doom, unless it can speedily be changed.

For this state of affairs there are, to be sure, many reasons and among them petty jealousy, narrowness, covetousness, all play their unholy parts. To many of our younger men no real incentive has been held out, ambition has not been fostered or encouraged, work well done has failed of appreciation. Nepotism in clinic or hospital appointments has too often been a governing factor and now calamity lurks without and threatens to engulf us. The pill is bitter and also large in size; let us hope that we may not choke upon it, during our effort of deglutition.

We must at once commence to train our graduates for future college and hospital positions; we must advance them as they show worth and fitness; we must allow them to share in the policies of our institutions; we must, in short, support them and make it worth their while to go through an apprenticeship which is at best long and dreary. In no other way can the homœopathic school hold its young men—as matters now stand, it is

rapidly losing many of the best of them. Let those of us who have the power, be up and doing and bring about a more healthful state of things.

Some Thoughts on Endocrinology.—Opothrapy or the therapy of the endocrines is commanding more and more attention on the part of physicians and research workers. The field for investigation is, of course, enormous and frequently most perplexing, probably for the reason that our knowledge of the functions of the various endocrine glands is as yet far from complete. Of one fact we seem to be sure and that is that the physiology of the body depends upon the normal functioning of the so-called ductless glands. It is also evident that the latter are interdependent—a disturbance in the function of one seems to drag several others into the general pathological melée.

In considering the endocrine glands we are in great measure dealing with plus and minus quantities. A deficiency in the secretion of the thyroid, for example, will cause a group of symptoms now fairly well recognized and, when of mild degree, known as a condition of hypothyroidism. The extreme degree of this state is found in myxedema or in cretinism. Conversely, an increase in the thyroid secretion leads to a different symptom group or complex, known as hyperthyroidism or thyroid plus. In the former state, a lowered blood pressure, consistent incidentally with and symptomatic of a generally lowered vitality, will be present. In the latter state high blood pressure is likely to be found, with cardio-vascular disturbance of varying degree.

Students of endocrinology recognize, however, that in these states other glands, such as the adrenals and the pituitary, are likely to be affected. The thyroid secretion possesses a stimulative effect upon the functions of the other endocrines and investigators speak of the hormone effect of this secretion and of *hormones*. The Century Dictionary does not define the word *hormone*; medical dictionaries, of course, do; but it seems unfortunate that medical men have to be burdened every year or so with an entirely new vocabulary, often of extremely doubtful or suspicious origin.

Thyroid extract has, of course, been more largely used in therapy than that of any other gland and until a few years ago was used in doses far too large, as a rule. Experience has shown the wisdom of smaller doses, such as one-tenth grain or our first decimal potency, and homœopaths have employed even much smaller doses still. Gillingham, some years ago, during his proving of *Thyroidin*, discovered that in his women provers the twelfth decimal potency produced the most striking symptoms. His experience opens a most interesting question and that is, as to whether all the endocrines should not receive a careful homœopathic proving upon normal, healthy men and women and that, in potencies from the lowest to the highest. It certainly seems logical and offers a far more certain path to an exact knowledge of the indications for the endocrines than our present empirical methods. As usual, our O. S. friends, although drawn nearer and nearer to the law of similars in spite of themselves, nevertheless invariably choose the longest way round. The ray of hope, however, is the fact that many of these men are now studying the soil rather than the festive microbe who, with tantalizing nonchalance, persists in mussing himself up with it. The O. S., more and more, concerns itself with the patient, rather than with his disease; of course, it is a trifling matter that poor old Hahnemann taught this truth more than a century ago. If the Rockefeller people, in their lofty perch above the East River, would turn for a few years from their myopic study of the bug and take a long distance view at the soil, how different the results might be! But they suffer from an institutionalism which sinks them deeper and deeper into the ruts of scientific routinism and with smug complacency invite the world to gaze upon their divine superiority. It was ever thus! The despotism of authority is pitiful, indeed!

Beauty is more than skin deep, according to the United States Public Health Service. Natural beauty is usually a sign of health that comes from keeping the body clean and getting plenty of outdoor exercise.

BOOK REVIEWS.

AN INTRODUCTION TO THE PRINCIPLES AND PRACTICE OF HOMŒOPATHY. By Charles E. Wheeler, M. D., B. S., B. Sc. (London.) Physician to the London Homœopathic Hospital, Past President British Homœopathic Society, etc. Published by The British Homœopathic Association, 43, Russell Square, London, W. C. 1919. 308 pp. Price, \$3.00.

Dr. Charles E. Wheeler, the author of this book, needs no introduction to his American confreres as one of the ablest expounders of Hahnemann's philosophy. His essays, now presented in concise form, are calculated to appeal to all who, with open minds, are in search of better things. The philosophy of homœopathy he presents in modern terms and in a most convincing manner. The second half of the book deals with the *materia medica*, of which some thirty-one remedies are presented in easy readable form. A general and a clinical index complete the work and add materially to its usefulness. We can recommend this work most highly to our readers.

PRACTICAL ORGANOTHERAPY. *The Internal Secretions in General Practice.* By Henry R. Harrower, M. D., Fellow of the Royal Society of Medicine, London; Late Professor of Clinical Diagnosis, Medical Department Loyola University, Chicago; Founder of the Association for the Study of Internal Secretions, etc. 268 pages, with 5 charts. Cloth, \$2.50. Glendale, Calif., The Organotherapeutic Review, Publishers. 1920.

In this interesting volume, Dr. Harrower presents in a practical manner, our present day knowledge of the endocrinous glands, their functions and therapeutic uses. To anyone who is interested in the subject of endocrinology and no physician can today afford to disregard the subject, this book will be most wel-

come. Its subject matter represents a sincere and earnest endeavor to clarify the fascinating study of the endocrines in medicine.

PERSONAL.

Dr. John Arschagouni announces that he has opened an office at 128 E. 27th St., between 4th and Lexington Aves., New York. Office hours: 9 to 11 a. m., 2 to 4 p. m., 6 to 7 p. m.; Sundays, 9 to 12 m., and by appointment. Telephone, 2677 Mad. Sq.

Heart diseases caused more deaths in 1917 than any other ailment (115,337), says the United States Public Health Service. Right living would materially reduce this. Don't wait for the disease to develop before you see your physician.

THE HOMŒOPATHIC RECORDER

VOL. XXXV

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No. 5

THERAPEUTICS OF DIPHTHERIA, TONSILITIS, SEPTIC SORE THROAT, ETC.

Part Second.

Symptomatology. By C. M. Boger, M. D.

AILANTHUS.

Throat livid, dark red or almost purple and greatly swollen, both inside and out.

Membrane grayish; great accumulation of, feebly organized and in part easily expectorated, but a portion is detached with much difficulty, in flakes.

Deposit on tonsils which are swollen and studded with patches or deep ulcers oozing a fetid discharge.

Greenish purulent discharge from the throat.

Dry, choky, thick feeling in throat.

Excoriating fluid runs from the mouth and nose, making the lips sore.

Cervical glands swelled and tender.

Muttering delirium or stupor.

Faintness on rising.

Occipital headache, with confusion of ideas.

Countenance shows distress and anxiety.

Thick, gray-brow scabs on upper lip.

Sudden violent vomiting on sitting up.

Rectum feels insecure (Alo.).

Extreme soreness of the lungs.

Excessive nervous prostration and early debility. Low forms.

Torpor; he lies in a profound stupor, with mouth wide open (Lyc.).

Rough livid rash coming out slowly, imperfectly or in patches interspersed with lividity of the skin or petechiæ; returning slowly after pressure.

Poisoned state of the blood.

Worse: Summer; during scarlet fever; admitting air to throat.

Compare Aru-t., Bap.

AMMONIUM CARBONICUM.

Membrane is chiefly confined to the nose, with an extension to the lips; pharynx almost free, but often gangrenous.

The nose is stopped at night and he must breathe through the open mouth.

Difficult breathing at night, the cover must not touch his mouth, for fear of suffocation (Lach.).

Aroused for want of breath every time he falls asleep (Lach.).

Great prostration.

Cerebral symptoms develop.

Epistaxis on washing the face or hands.

Aversion to water.

Excessive sensitiveness to cold air and cold drinks.

Scrofulous persons, with swelling of glands of neck.

Hemorrhagic subjects, with fluidity of the blood.

Scarlatinal diphtheria.

Should not be used before or after Lachesis.

Compare Carb-v., Lac-c., Lach.

AMMONIUM CAUSTICUM.

First appears in nasal cavities, with a burning, excoriating discharge.

Even the tears blister the cheeks.

Mouth, tongue, fauces and throat dark red, raw, swelled and tender; the epithelium is detached in places.

Albuminous, viscid, bloody secretion pours from mouth and nares.

Pain in pomum Adami, and under left ear.

Low, guttural, husky cough with smothered whoop, followed by suffocative spells with great anguish.

✓ Diphtheritic croup.

Aphonia.

Acute laryngitis.

Excessive prostration and exhaustion, out of proportion to the short duration of the disease.

Malignant cases or in later stages.

Comp. Ail., Lach., Merc-cy.

AMYGDALA AMARA.

Sharp lancinations through the swollen tonsils.

Dark red palate and fauces.

Much prostration.

ANTIMONIUM CRUDUM.

Child very cross; crying when looked at, especially on waking from sleep.

Crusts about nostrils and corners of the mouth.

ANTIMONIUM TARTARICUM.

Difficult swallowing and breathing, from swelling of the isthmus of the fauces.

Small circular patches, like small-pox pustules in mouth and on tongue.

Swallowing painful, of food; difficult, better drinking cold water.

Can't bear to be touched or looked at.

Vomits tenacious mucus.

Difficult breathing, gasps for air; with rattling of mucus in chest.

APIS MELLIFICA.

At first the throat has a varnished look, as if the tonsils and fauces particularly were coated with a glossy red varnish (*Lac-can.*).

The first patches appear on the arches of the palate and uvula or the membrane forms first on the right tonsil.

Deposit is thick, like wash-leather; dirty gray; translucent on its surface, but velvety underneath; in a ring about the uvula (*Merc-cy.*).

Œdematous swelling, of uvula: like a little bag of serum at its tip (*Kali-bi.*); red, of rim of glottis, making breathing very difficult; of throat; of neck.

The tongue is often sore or swollen so that the child can scarcely swallow, has *blisters along its edge* (*Phyt.*) and trembles when protruded (*Lach.*).

Little pain with an intense and extensive inflammation or swallowing may be extremely painful.

Stinging pains in the throat, with choking spells.

Fulness in throat, necessitating swallowing, but it is very difficult.

Scalded raw feeling in mouth and throat.

Pains extend to ears on admitting air.

Great fetor or none at all.

Despondent, discouraged and lachrymose.

Crying out in sleep or sharp, shrill, piercing screams.

Awakes from sleep anxious and agitated.

Violent headaches with aching all over, especially the extremities (Phyt.).

Rolls the head from side to side or bores it into the pillow.

Puffiness about the eyes, especially the right.

Coldness of the tip of the nose.

Absence of thirst.

The urine is scanty, suppressed or excessive and highly albuminous.

Suffocative cough which hurts the head.

Tendency to heart failure.

Numb feet and hands, even paralysis.

Sudden paroxysms of burning-stinging or *soreness*; changing location (Lac-can.).

Very restless with uncontrollable tossing about and trying to get off the bed.

Great debility from the very beginning.

Itching-stinging eruptions on the skin, better from cool bathing.

Very sensitive to touch.

Combined with scarlatina.

Weak rapid pulse, 130-140.

Decided chill, then hot fever, delirium and urine voided in drops, with burning, all worse at 4 P. M.; and from motion or there is a suspicious absence of heat.

Gushes of sweat.

Has value as a prophylactic.

Heat is very unpleasant to the patient.

In the year 1517 an uncontrollable scourge of diphtheria ravaged

Mühlhausen, Altkirch, and the neighboring towns; finally it was treated with the application of honey of roses after scraping loose and removing the membrane, which was of a curdy appearance. The cases were attended with violent headache and loss of reason (delirium) and a pestilential (putrid) fever. This treatment had success.—“Metzger Zeitung,” 1517.

ARGENTUM NITRICUM.

Sticking pains like a splinter or needle.
 Headache like a tight bandage.
 Eructations.
 Craves sweets.
 Cold drinks aggravate.

ARSENICUM.

Beginning with languor, lassitude and *very great prostration*: patient apathetic; “so tired,” with apprehension of coming distress.
 Suits the very worst cases, such as sink rapidly, overwhelmed by the septic poison.
 Membranes; dry, shrivelled, wrinkled, dark, black or gangrenous; oozing blood from beneath the thickened crusts; covering the entire fauces; ulcerating deeply; phagadenic character.
 Œdema. Swollen submaxillary glands. (Ars-io., better.)
Burning pains, better from heat.
 Great dysphagia.
 As of a hair lodged in throat.
 Tongue has a red stripe down the center.
 Pale mucous membranes.
 Acuminate pimples or pustules in mouth and on skin.
 Acrid, offensive discharges.
 Thin, excoriating discharge from the nose.
 The throat is much swollen, both externally and internally.

Anxiety or ill-humor; worse at night.
 Dread of solitude.

Very restless and anxious although very weak; wants to change from place to place, to be carried from one bed or one room to another: *worse after midnight.*

Changing countenance.

Grinding of teeth.

Great thirst; wants water often, but in small quantities; sometimes craves warm drinks (Lac-c.); but the drink is vomited at once.

Watery, offensive diarrhoea.

Frequent scanty stools with burning.

Scanty, frequent or burning urine.

Rapid emaciation.

Pulse rapid and weak.

Chilliness mingled with heat. Creeping shiverings and *profound fatigue.*

Cool surface with hot palms.

Inclined to be warmly covered.

Low or adynamic fever with *somnolence, broken by starts, crying out and jerking of limbs, or with restless anxiety.*
Nightly fever.

Burning flying heats, with cold hands.

Profuse sweating

Comp. Sec-c., Sul-ac.

ARSENICUM BROMATUM.

Great restlessness; *wants to be carried continually.*

Larynx and trachea invaded; the effort to breathe causes profuse sweating.

Irregular brownish stripe on center of tongue, more toward base.

Great thirst for large quantities.

ARSENICUM IODATUM.

Deposit covers mouth from fauces to outer lips, also auditory canal.

Enlarged lymphatics (better than *Ars-alb.*).

Asthmatic and croupy symptoms.

Pulse weak and slow.

Bad odor from patient.

Great prostration.

Useful in commencing pulmonary invasion.

ARUM TRIPHYLLUM.

Deposit, covers the cavity of the mouth; in nose; with (deep or angry) ulcers.

Foul, acrid discharges from nose and mouth; excoriating the skin wherever they touch it.

Putrid breath.

Swelling of tonsils; lips; glands of neck; submaxillaries (1).

Rawness, soreness and burning.

Rawness of inside of mouth and tongue: at root of tongue; of spots on face or skin, at which the patient nervously picks.

Soreness of mouth; so great the child refuses to drink and cries when it is offered; throat; palate; tongue; of corners of mouth which crack and bleed, so that it can not be opened; of lips, which peel off. The patient constantly picks and pulls these off, making the lips bleed.

Burning of tongue; pharynx and glottis; throat; with scratching and constant desire to swallow or clear it of mucus, which hurts; as of something hot in the throat, on inspiration (Am-bro., Act-sp., Phyt.).

Stopped nose; must breathe through open mouth.

Thin discharge from (1) nostril.

He bores two fingers into or picks the nose or nervously picks at one spot until it bleeds. He picks at his fingers.

Hemorrhage from the nose.

Drinks return through the nose.

Restlessness; tosses about, throws himself in, all sorts of positions, cries out and is irritable.

Excitable in mind and body.

Chapped feeling of lips, nose or face.

Urine scanty; frequent; albuminous.

Hoarseness; better moderate talking.

Pain in larynx, early.

Dry, painful cough, he cringes under it and grasps the throat to modify the pain.

Penphigoid or scarlatinous eruptions on skin.

Cross and sleepless at night.

Pulse drops every 3rd or 4th beat (Nit-ac.).

Laryngeal, typhoid or scarlatinoid forms.

Aggravation after 3 P. M., especially the fever and irritability.

Comp. Brom., Nit-ac.

BAPTISIA.

Membrane dark; may soon tend to gangrene.

Horribly foul discharges; as if from gangrene.

Absence of pain, although fauces and posterior nares are œdematously swollen.

Constant inclination to swallow.

Can swallow only liquids.

Yellow-brown coat along center of tongue.

Tongue feels burnt or scalded; feels numb, enlarged or swollen, more at root.

Very prostrated and half stupid, as if intoxicated.

Delirium with confused sight and almost complete deafness.

Sense of duality.

Dull bruised feeling in occiput (Ail., Ign.).

Dark, besotted looking face.

Excoriated lips.

Dark, blood-streaked stools.

Breathing oppressed, must go to window for air (Sul.); ceases on falling to sleep.

Numbness and pricking in extremities.

Hands feel too large (early).

The bed feels too hard (Rhus-t.).

Chilliness of lower limbs; with fever at night.

Amelioration: Hot drinks,

Comp. Ail., Kali-per., Lach., Op.

BELLADONNA.

At the start, if there is much dryness of the throat and great pain on swallowing, especially of fluids; pains go up into ear.

Throat is scarlet red, shining and highly inflamed.

Membrane appears on the right side.

The tongue is white, with red papillæ shining through the coating.

Sour smell from the mouth.

Must swallow or thinks he will choke, yet it is painful and brings tears.

Glands of neck swell (< right) at once, and become exquisitely tender.

The neck becomes stiff and the throat pains on turning head.

Excitable and restless.

High delirium or drowsiness with inability to sleep.

Congestion to head, with heat and painfulness.

Violent throbbing in temples or rises from occiput over head.

Dilated pupils; eyes injected.

Flushed face.

Thirst for sips of water; craves lemonade.

Urine scanty; blood red; precipitating phosphates or clear as water.

Will not lie down for fear of choking.

Skin feels burning hot to the hand.

Starting during sleep.

Rapid, globular pulse, like a shot passing under finger.

Occasional chilliness.

Venous congestion.

Extremely high fever.

Convulsions.

Especially suited to children.

Has aborted the disease.

Aggravation: After 3 P. M.; lying down.

Comp. Tarent.

BORAX.

Pharynx covered with a dirty, yellow, thick skin, detached in flakes, in some places.

As of a lump in throat.

Uvula swollen, with congested veins along its length.

Palate is shrunken, as if burnt or contracted into wrinkles.

Spits out bloody mucus.

Cannot speak, whole mouth seems full of pap.

On swallowing severe cutting pains extend to ears.

Nose feels woundlike in its upper part.

BROMIUM.

Rawness in mouth and throat.

Deposit worse on left side; begins in or over larynx and extends upward (Lac-c., Merc.).

Horribly offensive breath.

Malignant forms.

Profuse, thin, colorless serum flows from left nostril.

Submaxillary glands swelled and painful.

Face injected and covered with sweat.

Rattling of mucus in larynx, when coughing.

Cough, *spasmodic*; croupy, ending in a *choking attack*; with lachrymation; with cyanosis.

Diphtheritic croup.

Stiff neck.

Violent fever, with extraordinary weakness or combined with excessive sweating or else entire absence of fever.

Blondes.

Worse: Before midnight; warmth.

Comp. Bell., Hep.

BRYONIA.

Superficial deposit, rapidly spreading over all the mucous membranes and secreting acrid pus profusely.

Begins on right tonsil and spreads to left.

Pain in right tonsil on empty swallowing; with stitches into right ear.

Swallows with the greatest suffering.

Eruption on border and anterior surface of lower lip.

Full sensation in loins.

Aggravation: Motion. *Raising up.*

CALCAREA CARB.

Deposit on tonsils; whitish yellow on right.

Little blisters on uvula.

Gnawing sensation in throat and chest.

As of feather dust in throat, causing choking attacks.

Profuse sweat on head and chest during sleep.

Chubby children.

CALCAREA IOD.

Granular swellings.
Croup.
Objects to cold drinks.
Blondes.

CANTHARIS.

Membrane grayish; in patches; on posterior wall of throat; aphthous; on right tonsil.
The throat looks as if a blistering fluid had been applied.
Severe burning and raw feeling in throat, extending to the stomach.
Constriction of throat and larynx, amounting almost to suffocation on trying to swallow water.
Very painful swallowing.
Laryngeal forms.

Burning vesicles on tip of tongue.
Frequent urging to urinate, with burning cutting pains; dysuria.
Vesical symptoms, as a concomitant, < drinking.
Very marked debility; sinking death-like turns (Sul.).
Aggravation: Drinking water aggravates both throat and bladder symptoms.

Comp. Aru-t., Ars., Caps., Merc-cy.

CAPSICUM.

Deposit covering much of the fauces.
Gangrene of throat.
Soreness on swallowing.
The throat smarts as from Cayenne pepper.
Sense of constriction, as if throat closed.
Coughing pains in the throat.
Burning blisters on roof of mouth.
Carion-like odor from mouth.
In extreme cases the patient becomes greatly prostrated.
Concomitant rectal symptoms.
Burning strangling pains.
Aggravation: *When not swallowing.*

Comp. Canth., Merc-c., Merc-cy.

CARBOLIC ACID.

Fiery red, swollen fauces or no high local inflammation.
 Membrane grayish; bluish; in patches; great accumulation of;
 loose and easily detached.

Deposit tends to involve inside of mouth and nose.

Fetid discharge from nose.

Extremely foul, cadaverous stinking breath.

Glands of neck swollen; swell days before the exudate appears
 (Merc.cy.).

Headache with dizziness.

Face dusky red; white about nose and mouth (Aru-t., Pho.)
 pale with nausea and a weak thready pulse.

Regurgitation on swallowing liquids.

Highly albuminous urine.

Croup-like cough.

Aphonia.

Low adynamic fever, with absence of pain.

Rapidly sinking vital forces, excessive prostration, with violent
 fever (Bro.).

Pulse 130.

Comp. Kali-ch., Nat-ar., Pho.

CARBO VEGETABILIS.

Persistent nosebleed, of dark fluid blood; with a pale, sunken, al-
 most hippocratic face; in old, debilitated persons.

Hemorrhage causing exhaustion and anæmia.

Foul eructations.

Collapse; cold breath, cold knees or lower legs which are some-
 times covered with cold sweat.

Wants to be fanned.

Sepsis and decomposition.

COCCULUS INDICUS.

Dry, hot feeling or burning in throat.

Choking constriction in throat.

Aching, worse swallowing saliva, than solid food.

Paralysis of gullet.

CONIUM.

Exudate quickly turns ashen gray, dark or black.
Painlessness.
Unhealthy, ichorous discharges.
Tongue thick, heavily coated and painful.

Depressed, anxious or indifferent.
Face very pale, sunken or swelled.
Painless, bloody diarrhœa.
Difficult urination. Urine becomes turbid on standing.
Incessant cough with sawing, snoring, breathing.
Pale eruptions.
Deficient circulation in the venous capillaries.
Somnolence with constant waking up and changing position.
Irregular fever; chills and glowing heat.
Profuse sweat at night.
Progressive weakness and loss of bodily heat.

Comp. Kali-p., Merc-cy.

CROTALUS HORRIDUS.

The fauces, tonsils and throat swell rapidly, turning dark red.
Mouth black and repulsive, impossible to keep it cleansed
(Kali-p.).
Nose invaded.
Gangrenous diphtheria.
Very great difficulty in swallowing.
Frightful headache.
Dark, swollen, puffy countenance (Bap.).
Unquenchable burning thirst.
Much swelling at angles of lower jaw; throws head upward and
backward.
If vomiting or diarrhœa are present.
Difficult respiration.
Tremulousness.
Profound prostration; can hardly raise himself from bed.
Poisoned state of the blood.
*Hemorrhagic tendency; persistent epitaxis; blood oozes from
mouth and all orifices of body.*
General lymphangitis and cellulitis; enormous distension (Sec-
c.); worse on neck, thorax, arms and hands.

Dark œdema. Mottled skin.
Blood boils.
 Hot perspiring skin.
 Pulse small, thready and rapid.

Comp. Kali-p., Lach., Taxus.

CUPRUM ARS.

Cramps in stomach and bowels followed by tonsilitis.

CUPRUM SULF.

Dingy brown membrane here and there over parts.
 General fetor, ulceration and profuse discharge.
 Itching face.
Clenching of hands.

DIPHThERINUM.

Painless cases.
 Throat dark.
 Tongue moist with red tip or a dark red spot at center of tip.
 Red papillæ.
 Moisture along edge of hair.
 Fan-like motion of alæ, with snoring.
 Face flushed, center of cheeks purple.
 Desires to have hand held.
 Jerking of single parts.
 Restlessness.
 Skin dry.
 Talks in sleep with eyes open. Sees visions.
 Carphology.

Comp. Bap.

GUALACUM.

Sore throat with rheumatoid symptoms. Tonsilitis.

HEPAR SULPH.

Croupy cough with a *little* rattle.
 Enormous swelling of glands of neck.
 Very great dyspnœa.
 Diphtheritic croup.
 Sweaty and weak.

Comp. Brom., Merc.

HYDRASTIS.

Epistaxis is prominent.
Beating, darting headache.
Stools consisting entirely of blood.
Chilly, although well covered.
Aggravation from the least exposure to cold.

Comp. Kali-bi.

IGNATIA.

Greenish yellow patches.
Commences on the right side.
Soreness of the throat is greatest between the acts of swallowing (Caps.), or painless cases.
Tonsils hard and covered with little ulcers.
Stitches extending from throat into ears.
Much sneezing and coryza.
Anterior cervical glands swollen.

Irritable and whining (Ap., Sul-ac.).
Delirium with fear or dread (during sleep).
Pains in occiput, nucha and sometimes ears.
Craves ice water (Ars).
Green vomitus and green stools.
Suppressed urine.
Cramps in calves.
High fever.

Give three or four doses of the 200 or 1m at intervals of three or four hours then wait. A repetition will hardly be necessary (Guernsey).

Comp. Apis, Phyt.

IODUM.

White, velvety, grayish or pale ash-colored membrane.
Larynx is painful on coughing.
Diphtheria primary in or extending into larynx.

Ravenous hunger; is worse when hungry.
Patient feels hot, wants to be uncovered.
All symptoms are worse from heat.
Thin brunettes with large appetites.

KALI BICHROMICUM.

Membrane *thick, tenacious, fibrinous and adherent; yellow; grayish or brownish yellow; greenish; on posterior pharynx, roof of mouth or uvula; in larynx, bronchiæ, nose, vagina, etc.*

Hawks out or coughs up *thick, tough, ropy, lumpy or sticky yellowish mucus; streaked with blood.*

Swelling of tonsils, parotid or submaxillary glands; œdematous of uvula.

Pain in throat extends up into ear or down neck on swallowing or protruding tongue.

Tongue is red, raw and shining, or covered with a thick yellow substance.

Yellow, acrid, sticky, tough or stringy nasal discharge.

Perforating ulceration of soft palate (Nit-ac., Sil.).

Great fetor, as of decaying meat from mouth (Caps.).

Almost unconscious; feels worse on awaking (Lach.).

Thirst for beer.

Wakes up with a hoarse, croupy cough; in paroxysms, with expectoration of viscid, tough mucus, which may be drawn out in long strings.

Choking spells.

Measles-like eruption on skin.

Worse: On waking; 2-5 A. M.

Compare: Merc-cor., Phyt., Pulsatilla.

Antidotes: Arsenicum. Lachesis.

KALI CARBONICUM.

Swelling between eyes and lids like a sack.

Large, hard, swollen glands.

KALI CHLORICUM.

Severe cases, progressing rapidly.

Salivation: *tough, stringy saliva; with aphthæ; mercurial.*

Violent pain in throat.

Offensive effluvia.

Fainting fits.

Nephritis.

Rapidly developing anæmia.

KALI MURIATICUM.

Many small gray ulcers on the mucous membranes.

Occlusion of the eustachian tube (Fagopyrum).

Excessive secretion of tough, stringy mucus.

Watery froth from mouth.

Throat dry and sore.

Ravenous appetite, then anorexia.

Voice husky and hoarse.

Sputa white as milk.

Amelioration: Cold drinks.

(*To be continued.*)

**THE TREATMENT AND CURE OF A CASE OF
EPILEPSY.**

By **F. H. Lutze, M. D., Brooklyn, N. Y.**

A letter from a niece in Germany informed me that a daughter of my nephew, Miss Tessie Lutze, residing in the same town, was suffering from epilepsy, and that the attacks were becoming at that time particularly severe and frequent. Knowing that there were no homœopathic doctors in the vicinity who could treat her, and also that it would never occur to the parents to apply to a doctor a long distance from their home to attend her, I wrote to the father, my nephew, that I thought I could cure her, and was willing to undertake to do so if he would write me her symptoms at least once a month, and continue to do this until she was cured, or, I admitted, I could not do it. He answered at once and gave me the following description of her illness and treatment so far:

She had been ill with this awful affliction for fourteen years, being at present in her nineteenth year. The seizures were not severe at first, and occurred then only once in two or three months. An old school doctor was called at once to treat her. He gave the prescription usually customary with the old school doctors for such cases even to-day: *Bromine*, or its compounds.

Bromide of potash, etc., though they must know full well that it never cured a single case, but has sent innumerable thousands behind the walls of hospitals for the insane, or to their graves, as their own journals admit. Then other doctors were called residing in neighboring towns, but all gave practically the same treatment with the same result. So-called secret remedies were then given her made by persons, not doctors, or not even chemists, but often ignorant persons having the reputation of possessing the knowledge of a sure cure for epilepsy, perhaps it was inherited from their ancestors, but all with the same result: a steady aggravation of the patient's condition. The effects of these improper, and, therefore, injurious drugs being added to those of the natural disease.

At present time she had from three to five attacks in a week, often two or more in one day, beginning with a cramp in the abdomen that extends upward to the head, then she emits an unearthly shriek, falls to the floor when sitting or standing, her limbs jerk and twist, every muscle of the body twitches, her face is blue and foam at the mouth, and nearly always has an involuntary emission of urine during the attack, and her hands are clenched. After the attack she sleeps for about half an hour, and on waking is entirely unconscious of what has occurred, but seems very weak and exhausted. Her stools are in small gray balls, like marbles, very difficult to expel. She has never menstruated as yet; her appetite rather poor and not much thirst, sleeps fairly well, but is weak-minded, has no memory to speak of, cannot remember what happened a week before; acts like a little child.

March 30th, 1912: I sent her *Nux vomica* 30 to antidote the drugs taken, to take a powder dry on the tongue mornings and evenings.

May 15th. She was worse, if this could be, the father wrote, much worse; but I had warned him that this would come and was unavoidable, the result of the medicine I had sent removing the narcotic, paralyzing effect of all drugs she had taken before, and that no improvement even was possible without this having been done.

July 17th. *Secale cornutum*, a powder dry on the tongue every

third day. I gave the remedy at such long intervals that it might not cause so much of an aggravation should the symptoms not have been given correctly and always in the higher potencies, knowing from experience of my own and that of other good homœopaths that these act, and, therefore, are the best in such diseases, and if the remedy and potency is correctly chosen, a powder at such and even longer intervals is sufficient to produce a cure. *Plumbum aceticum*, *Cuprum metallicum* and the *Causticum* were sent in the order named according to the symptoms received.

April 23rd, 1913. The attacks are less severe, no more cramps in the abdomen, or blueness of the face. When a child she had always profuse sweat on the head, wetting the pillow. *Calcarea carbonica* 45m, 30m, 1m, 200, in the order named were sent to her to take a powder once a week.

September 20th. During the last month she had only two light convulsions during the day, but wets the bed every night.

December 20th. Had only two light attacks during the last weeks; no more involuntary urination day or night; looks and feels much better; appetite improving; stools more natural.

January 29th, 1914. *Calc. carb.* 200, a powder at bed-time for two weeks, only then once in two weeks or once a month, according to her condition.

October 30th. Ineffectual desire for stool; nausea on rising a. m.; *Nux vom.*

April 12th. Continues to improve; the attacks are lighter and further apart.

September 24th. *Calcarea carb.* 200, a powder once a week.

October 30th. Symptoms are unchanged. *Sulphur* 55m, a powder every Sunday at bed-time.

November 3rd. Had no further attacks but was very despondent, weeping and inconsolable, but this is better now. She feels better out of doors in the open air. Stools hard and difficult. She did not know why she had been weeping. *Pulsatilla* 30.

January 15th, 1915. Has convulsions again two or three times each week. These seem the same as those of a year ago, jerking of limbs, twitching of muscles, and involuntary urination. Saliva runs from the mouth but no foam. She likes to be in the cold

air and cannot lie on the right side. *Mercurius vivus* 45m, a powder every third morning.

May 30th. The menses had appeared, but are suppressed again. Convulsions occurred day and night; six in one day; face bluish red; eyes turned up; involuntary urination; unconsciousness. This continued for three days, then gradually improved. This suppression of the menses led me to send *Bufo rana*, to take a powder every four hours for three days, then stop.

July 30th. Improving, had no attacks since menses came on July 12th. *Bufo* cm, to take a powder every Sunday at bedtime.

October 5th. Still improving, feels well and looks well. Menses came on again lasting only three days, but all right otherwise. *Bufo* cm, one powder.

January 5th, 1916. Still all right; memory is still weak. I sent a few more powders of the same remedy should it be needed. It required a long time to cure this patient, but it must be remembered that several months passed at times without hearing any news, and, no doubt, that she was then without medicine, and the previous old school treatment was a great obstacle to the cure.

However, she is cured. I have all the letters her father wrote me to prove it, but she is by no means the young woman she ought to be at her age, in the 24th year; the ravages of her long continued illness, complicated by the ravages of the improper and harmful drugs that aggravated and continued the disease have left their mark that can never be removed, and prevented the attendance at school. All this combined to leave her at present more like a child ten to fourteen years, than the woman of 24. How easy it would have been for a good and strict homœopath to cure her at the beginning of her illness before the *Bromine* and other narcotics had exerted their baneful effects upon the child, and actually fastened the disease upon her.

A decayed tooth is far more dangerous to the health than a fly in the soup, says the United States Public Health Service. Visit the dentist regularly. Keep the teeth clean.

MATERIA MEDICA MEETING.

The regular monthly meeting of the section on Homœopathic Materia Medica and Therapeutics was held on the evening of St. Patrick's Day. The secretary read the minutes of the previous meeting which were approved. Dr. Macfarlan presented two cases of note, one calling for *Crotalus horridus* in the initial stage of a palmar abscess, and which speedily aborted the trouble, and the other in a case of mental depression, serious digestive embarrassment, distensive tightness of the belly, etc., in a woman who had been troubled for months and which *Aurum metallicum* cured in most speedy fashion.

Dr. C. W. Karsner read an able paper on *Digitalis*, going into its botanical features and its guiding features symptomatically. He also spoke about its practical use.

Dr. W. Franklin Baker presented some work which was much appreciated, as it bore the stamp of originality. "Pathology of Pulmonic Lesions Induced by the Application of Homœopathic Medicine; *Antimonium tartaricum*." Homœopathic solution 1/100.

Tartar emetic is a remedy which is closely associated with the mucoid life of the animal, affecting principally the mucous membranes of the gastro-intestinal tract and entire lining of the pulmonic structure. Experimentation in animals shows the entire absence of fever or congestive states, and there is no remedy with which Dr. Baker had had any experience that is so valuable in resolving a state of pneumonia, which has been artificially produced in animals of the same type. In these animals where we would expect further progress of the pneumonic condition, the disease has not been infrequently arrested and brought to a speedy termination. After the administration of small doses of *Tartar emetic* we find slight coryza coming on, with difficulty in breathing, eyes watery, and within four to six hours great oppression of the chest. The animal is found lying upon its left side usually and breathing is quite labored. That *Tartar emetic* has a marked effect upon the bronchial mucous membranes of all animals to which it has been administered, is at once recognized within six hours after beginning treatment. Larger doses within two or three hours have produced death by lung œdema.

In a review of the literature of the subject all writers without a dissenting voice speak in guarded tones of this remedy, and it was Dr. Baker's thought that proper attention had never been given the remedy, and that in it we possess a valuable and quick-acting agent, when indicated along homœopathic lines only. All other doses are extremely fatal and only add depression to the already inflamed lung. There are several important considerations in handling this drug, viz., the time to begin and the time to stop its use and the question of dosage.

The type of lung inflammation which, in the writer's experience in animal work typifies *Tartar emetic*, is the so-called "fluid or œdematous pneumonia and bronchitis," called by some capillary bronchitis, lung œdema, primary, and those associated with left-sided pleurisy. This briefly sums up the action of the drug when given in small doses over an extended period of time. No mention is made of the terminal œdema, secondary to heart or kidney insufficiency or secondary to any well defined pathology except a primary inflammation of the lung substance and its consequent symptomatology. This consideration is very important when one is reviewing the drug with the idea of therapy. Remembering that large doses are always fatal and extremely sedative in action, so that the animal becomes fairly water-logged, as it were, within itself. With this thought in mind, it will be seen that the lung undergoes its changes rapidly and that liquefaction of the exudate is quickly accomplished. That the deeper cell structure of the lung is involved, is evidenced by the peculiar relief of dyspnœa after expectoration or vomiting of large quantities of fluid, watery substance, untinted with blood. In several instances the animal seemed to be bubbling over as it were, with the fluid accumulations in the chest, the dyspnœa being especially pronounced just before the expectoration. The marked relief afterwards is noteworthy. In lethal doses the post-mortem examination shows a state of red hepatization and it would seem that the action of the smaller dose of the remedy begins here in an attempt to liquefy the exudate, especially if this shows any evidence of mucoid change.

The type of pneumonia which distinguishes this drug in its action is the lethal pneumonia associated with a peculiar cachexia

or paleness of mucous membranes, even verging upon the yellowish or jaundiced, viz., those types which show a particularly toxic state. The sputum and the blood taken from the animals at this time show a peculiar reaction to nitric acid, rendering it yellow. Frothy mucus of a saffron yellow tint is noticed about the lips of the animal and is associated with vomiting. Physical signs in the animal show a large area of percussion dulness and increased respiratory sounds over large areas, but usually not confined to any distinct portion of the lung. The chest seems swollen and emphysema is particularly noticed in some areas. The signs by auscultation are very often observed only after expectoration. The temperature, respiration rate and pulse frequency in rabbits is so uncertain that after considerable experience there can be said to be no fixed standard or so-called normal frequency. Dr. Baker has seen all these factors vary in healthy animals so that he would not accept these factors as conclusive.

The most important symptomatic occurrences are dyspnoea, ameliorated after expectoration and the tremendous efforts on the part of the animal to start expectoration.

Observation leads one to conclude, however, that the great percentage of lung involvement occurs on the left side. The microscopic findings lead us to conclude that all cell elements are to be found in the stained specimens. The drug needs further study and proving, and is a most valuable agent when properly understood.

The secretary read a proving of *morphin-sulphate*, the work of Dr. John Hutchinson, of New York. This will later appear in full and will serve as an addition to our materia medica, of value particularly in neurasthenia. These observations were made on human beings in the "laboratory of homœopathy," a very apt phrase well coined by Dr. Hutchinson himself.

DONALD MACFARLAN. *Secretary.*

Germ diseases kill off more people than the deadliest wars, says the United States Public Health Service. In 1917 pneumonia and tuberculosis killed 223,000 Americans, more than seven times the number killed in action in France.

FUTURE OF HOMŒOPATHY IN INDIA.

An Open Letter to the Homœopathic Profession from Dr. S. S. Johar, H. M. B. (Cal.) Editor "The Homœopathic Doctor," and President Punjab Homœopathic League, Lahore, India.

LEADERS OF THE PROFESSION AND WELL-WISHERS OF HOMŒOPATHY.

I take the liberty of addressing the following few lines for the serious consideration of those interested in, and responsible for, the future welfare of the Homœopathic Art of Healing in India. It is rather disheartening and disappointing to see the magnates of the Indian homœopathic profession snoring in a deep slumber, as if they were quite unaware of the present day activity pervading around us. And this general lethargy on their part has impelled me to say something of the future of our science.

HISTORY OF HOMŒOPATHY IN INDIA.

Generally speaking, the new science at the present moment claims hundreds of qualified doctors, as its adherents in our country. But this glorious result was not achieved without a strong and strenuous struggle—a struggle with extended over years of hard and arduous labor. That great champion of truth and righteousness—the late Dr. Mohindra Lal Sircar, D. D., LL. D., C. I. E., of blessed memory, was the first to openly practice this system, and this he did after a bold and open declaration in 1867. His conversion to homœopathy evoked opposition and contempt from the opposite camp. In his own words, the loss of his practice was sudden and complete. For six months he had scarcely a case to treat. Even those who used to receive advice gratis every morning, ceased to come, and if anybody, not finding benefit elsewhere, did come, it was only to beg him to give his old, and not the new medicines. At such a tremendous sacrifice, dear reader, Dr. Sircar took to this science in the metropolis and then capital of India. He devoted all his time to the advancement of the cause he had so much at heart. Through his labors extending over many years, he transformed this thorny path into a glorious bed of roses, making homœopathy in India

what it to-day is. His noble example was followed by hundreds of others of the orthodox school, and in *Bengal an average homœopathic physician to-day commands a better practice as compared with his brother of the so-called dominant system.* But this should not mark the end of our achievements. We have yet to fight in many other ways in order to keep ourselves abreast if not ahead of all the existing systems of medicine in vogue. Homœopaths of Bengal still owe a duty towards the other provinces which are at the present time much more backward in this respect. They have to solve the burning question of a good institution equipped with modern requirements, affording every possible facility for imparting sound training in all the other sister sciences, pertaining to medicine. At present we have quite a number of *ill-managed and badly staffed homœopathic colleges in India.* Our house is divided against itself, and we have still to learn that united we stand and divided we fall.

THE DARK SIDE.

An Urdu saying aptly depicts our present day condition. It means that this house is on fire through its own lamp.

Our opponents are not doing us the least harm through legislation, etc., when compared to what these institutions are capable of doing. Fancy a layman who has never been to any medical school or college, and who is innocent of the A, B, C of medicine, coming forward to open a college of homœopathic medicine. *He has no qualified staff or anything of the kind, and starts granting diplomas at his sweet will.* He has only pecuniary gains and selfish motives to actuate him, and his only ambition is the wholesale manufacture of homœopathic doctors at the cost of the life blood of this noble science. He has only to charge a big sum and grant a title in return. Throughout his life he was either an engineer, a printer of a newspaper, a hum drum quack, and now by a touch of the magic wand, as it were, he becomes the principal of some homœopathic medical college.

This is, in short, the standard of most of the so-called homœopathic medical colleges. Of course, one can have nothing to complain against such laymen, who have either in the past practiced this science or are to-day practicing it. They form an

important wing, though not the foremost rank of our profession. The railway baboo or the post office clerk has a right to derive every benefit from these medicines by applying them to the sick, but would it not be ridiculous if he goes in the evening to lecture on anatomy or physiology in a college of the above description after his office duties are over. Everyday we observe that the business of importing diplomas of this kind is flourishing and a man sitting in some remote place is granted the title of Bachelor in Homœopathic Medicine (B. H. M.), or is made a licentiate of homœopathic medicine. God knows how long this is to continue. And if this remains the standard of an average homœopathic doctor and a typical homœopathic medical college, our days are surely numbered and homœopathy will die an unmerited and premature death.

HOW TO SOLVE THIS PROBLEM ?

The above is the true picture of most of the homœopathic colleges in India. But there are a few noble exceptions and at the head of all is the Calcutta School of Homœopathy and the Homœopathic Medical College, as started by Dr. P. C. Majumdar, M. D., in 1881. This is the premier institution of its kind in India. Attached to it is the Calcutta Homœopathic Hospital founded by Dr. D. N. Ray. I can't say exactly how much accommodation exists at this time in this hospital, as recently an extension was made by erecting some new wards. The outdoor dispensary and the indoor department of this hospital have proved of immense value to the students of homœopathy in Calcutta in general, and of this college in particular. Both the college and the hospital have immortalized Drs. Ray and Majumdar—the two great champions of homœopathic cause in India. Both of them enjoy a world wide reputation as homœopathic physicians and organizers. Their students passed out of this college are now the most successful physicians, throughout Burma, Bengal, United Provinces, Bombay, Madras, Panjab and the N. W. F. Provinces. Their selfless efforts have created a very healthful atmosphere all over India and their useful career has proved a blessing for Hahnemann's system.

But this single exception is no safe and sure guarantee for the

future welfare, when the dark side of the picture as already shown is so depressing. It is for the authorities of this college now to undertake some measures and to improve the situation of whose gravity they are conscious. Under the garb of homœopathy worse things are happening and thus the matter is going from bad to worse every day. No doubt, as Dr. Ray wrote me lately in a letter, that both he and Dr. P. C. Majumdar are now too old for any active work, and are now on the retiring list. But before they retire and hand over the reins of this most valuable institution, I would request them to organize an all-India homœopathic congress and a national homœopathic university. And if this is done, I am sure the present day chaos amongst our ranks will disappear and quite a healthful atmosphere will be created for the future. The former should take up the work as a representative yearly gathering and the latter should control the existing institutions. It is rather a difficult task, but the spade work is already complete, in the form of the above mentioned college and hospital. Only an organizing effort is required so that the examining board of this new university should take up the task of affiliating other institutions of good and high standard.

By so doing, on the one hand really good colleges under qualified persons will receive encouragement, and on the other hand, their future progress will also provide a check on the condemnable diploma—selling methods of self-interested people.

No homœopathic diploma should be issued except by this central controlling body, and the examination papers should only be set by the board as appointed by the university.

This is as far as I think, the only solution of the problem, and if the present machinery is not altogether changed our end will not be far off, and within a couple of years the public will lose confidence which is already shaken.

AN APPEAL.

In the end I would appeal to all those having the least regard for the future of our school to give up the personal aspects of self-interests. It is for our common good if homœopathy commands a greater measure of credit. Individual efforts are not expected to do much in this direction and only a national uni-

versity with a central organization as proposed above will take us to the desired goal. Our Unani and Ayurvedic neighbors are a long way ahead of us. They have been holding their conferences for the last twelve years, and the result is that a new spirit has enlivened their old tissues.

If this is not done at an early date, rest assured the fate of homœopathy is sealed and our rudderless ship will certainly be shattered to pieces, once carried away by the opposing winds. If we have the least feeling for the difficulties and hardships that our great master—Hahnemann endured for us and the opposition that a Sircar, a Ray and a Salzar had to overcome, it is here to-day, that we should pay their due by elevating ourselves to a higher plane. Our leading lights in different parts of the country should take up this vital question in the right earnest, and the sooner it is done the better for us all. God help us in our efforts and save homœopathy from such mal-practice.

**COMMUNICATION FROM THE PRESIDENT OF
THE AMERICAN INSTITUTE.**

MY DEAR EDITOR:

As the *May Journal* will be the last issue before the Cleveland meeting A. I. H., I wish to make the following comments on the 1920 program:

Program.

The program this year has been worked out, with as great care as possible, to provide something in every Bureau, Section and Department which will be of profound interest to the homœopathic profession generally.

Purpose of the A. I. H.

We believe that the A. I. H. is one of our greatest sources of post-graduate training. With that interpretation of the matter there are to be presented at the meeting of the A. I. H. this year many important and interesting papers, demonstrations and addresses.

Publicity.

The Institute is a most prolific field for the promotion of pub-

licity and this program in its various open meetings and public gatherings, has arranged well for that.

The A. I. H. This Year.

The assembling of the A. I. H. this year means not only getting together papers and discussions of medical topics, but it means also the congregating of all the homœopathic forces for the general good of the homœopathic cause.

Forces Present.

Among these forces will be the Congress of States, our host, the Ohio State Society, the College Alliance, the Federation of State Boards, the Council on Medical Education, the American Pharmaceutical Association, the American Homœopathic Hospital Association, the National Homœopathic Women's League, the Institute Women's Fraternity, the various fraternities and Alumni Associations, etc., etc., all of which have special, well worked out programs to present.

Special Features.

As special features I would call your attention to the Bureau of Physical Science, which is entirely new to the program of the A. I. H. The purpose of this is to bring to the law of similars scientific as well as clinical demonstration of its propriety and effectiveness. This whole Bureau will be replete with new and interesting things.

Mr. Kottering, of Dayton, Ohio, who is to address the Institute on the Electron Theory will bring to the A. I. H. the most interesting information regarding the efficiency of the homœopathic remedy ever produced. This address alone will be well worth the entire time and expense of those in attendance.

Other Papers.

The other papers of this section will help to further elucidate the fact that homœopathy is not only reasonable and sensible but effectual and helpful.

All of the other Bureaus have splendid papers by most capable instructors, and each and every one of them will be full of interesting things for the general practitioner and specialist alike. Special effort has been put forth to have the various programs cover every field of practical usefulness.

Our Host.

The Ohio State Homœopathic Medical Society, which is the host of the A. I. H., will have a program to which the A. I. H. and the public will be invited. At this meeting much of special interest is to be featured. Among the extra things of general interest will be an address by Dr. W. O. Thompson, President of the Ohio State University, on the "Modern Doctor." Dr. Thompson is one of the leading educators of the times, a man of national reputation in matters pertaining to national government and a recognized authority upon all things having to do with Americanization. His presence alone is a guarantee of a wonderful meeting.

Alumni Dinner.

The Alumni dinner to be given in honor of all of the American homœopathic colleges is another special feature which presents leading and prominent men for the presentation of important and interesting subjects.

The Women.

The National Women's (formerly the Meissen) Homœopathic League, are also presenting many new features for the entertainment and practical information of the wives and daughters of the A. I. H. members. The A. I. H. Federation will also have a special program that will delight and entertain. The officers of the Women's Medical Organizations are planning for much greater activity in the future in behalf of the cause and much future interest will be arranged for at this meeting.

Hospital Association.

The New American Homœopathic Hospital Association is to complete its organization. In this the A. I. H. is awakening another favorable ally, and the program to be presented under the chairmanship of Mr. Anthony Tall, of Buffalo, will be replete with practical and interesting things for everybody concerned in the hospital service of the country.

Fraternities.

All of the fraternities are making extra effort to dine and shine as never before, and through them and the splendid local

committee of Cleveland, nothing will be left undone to entertain and please, to cheer and intoxicate, not with wine but with true fellowship.

Official Management.

The office management will be conducted on broad lines with specific headquarters for every department, and delightful locations for all correlate bodies. All of the colleges, all of the fraternities will vie with each other in making the 1920 meeting a successful occasion.

Surgical Clinics.

Surgical clinics are being arranged at the homœopathic hospitals, and the chairman of the S. and G. Society has in mind an innovation for the homœopathic surgeons of the country that will awaken new interest in our surgeons and their work.

O., O. and L.

The O., O. and L. are also planning for a very practical and interesting program.

Physical Therapeutics.

While the physical therapists will give new and important adjuncts and emphasize old and tried methods in the treatment of the sick which will be worth the while.

There are really so many important, new and interesting things on the program for this year that nothing but one's presence and participation will give even a passing impression of its scope and interest.

Just a word in closing. All of the above will be without avail without the presence of the members of the homœopathic fraternity. This is not for A. I. H. members alone, it's for all who believe in the Law of Similars. Every homœopath and his family and friends are invited to join in this grand occasion.

For completed program in detail see May issue *A. I. H. Journal*, or ask T. E. Costain, Sec'y-Treas., A. I. H., to mail you program.

C. E. SAWYER,
Pres. A. I. H.

SOME HOMŒOPATHIC CURES.

George M. Ockford, M. D., Ridgewood, N. J

A man came into my office complaining of a severe pain about the spermatic cord. I looked at him and made up my mind that *Sarsaparilla* was the remedy. I had nothing but the 200th. I gave him one dose, and the pain was gone in a few minutes. Then I gave him two powders of the same to take if the pain returned. I saw the man two months after, when he exhibited the two powders, stating that he had had no return of the pain.

I was called to a woman who had a pain in the abdomen. I gave her *Colocynth*, but she sent word that the pain was no better. Then I looked over my materia medica, and found that *Ptelia trifoliata* was the remedy. I sent her some of that remedy, and it relieved her promptly.

A man had a cough for which I had given several remedies without result. Then I studied his case, and found that his cough was relieved by lying down, with a profuse expectoration in the morning. This was a manganum cough. I gave him one dose of *Manganum* 200th at night, with a second dose in the morning. The two doses completely cured the cough.

QUESTIONNAIRE ON INDUSTRIAL MEDICINE.

1. How does an industrial physician differ from a contract doctor?
2. Upon what remunerative basis should industrial medicine be placed, as between industry and the medical profession?
3. What are the advantages of the industrial physician to the public?
4. What are the disadvantages of the industrial physician to the public?
5. What are the disadvantages of the industrial physician to the medical profession?
6. What are the advantages?
7. Should industrial medicine be a part of the curriculum of our medical colleges?
8. Should there be a bureau of industrial medicine in the American Institute of Homœopathy?

The Committee would appreciate it very much if the readers of the RECORDER would send answers to the above questions to Dr. Claude A. Burrett, Ohio State University, Columbus, Ohio.

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY

Stuart Close, M. D., Editor, 248 Hancock Street,
Brooklyn, N. Y.

THE PHYSICIAN'S RESPONSIBILITY.

Scientific medicine must conform to at least three requirements: 1. It must be based on facts; 2. It must be rational, that is, logical; 3. It must be demonstrably true.

It is not enough for medicine to be simply "rational." When people believed that epidemics were sent by offended deities it was "rational" that their children should be offered as propitiatory sacrifices. If one believes that disease is merely an "error of mortal mind" it will be "rational" to adopt the methods of "Mother Eddy." So-called "Rational Medicine," since the days of Hippocrates (whose "four humors," "humoral diseases" and "humoral remedies" still exist, masquerading under the thinly disguised term "*serum* therapy") has always been "rational," but too often neither logical, based on facts nor demonstrably true.

What a confession of ignorance of the healing art and of blind worship of false gods is contained in the following paragraphs from a recent editorial in a prominent medical journal:

"No record in history equals the death roll of the World War and the accompanying pandemic of influenza. In these two giant convulsions *man was helpless*."

In the struggle against influenza *medicine and science could salvage only a few*. If we should experience a recurrence of the epidemic, either mild or severe, are we prepared to meet it?"

Statistics of the epidemic referred to show a total loss under "regular" treatment of approximately a million lives in the United States with a mortality rate of about *thirty per cent*.

A hecatomb, indeed, on the altars of modern scientific medicine, the gruesomeness of which is brought home to us by the fact that in about fifty thousand cases reported by *homœopathic physicians* the mortality was only about *one per cent*.

GENERAL INTERPRETATIONS CONTINUED.

In the foregoing article (April number) I have classified Hahnemann, philosophically, as a Substantialist. The older and

better known name, "Realist," might have been used perhaps as acceptably, since the terms are practically synonymous.

The later substantialists broadened the scope of the already established principles of the older Realistic Philosophy by applying them in new fields.

In passing, it will be profitable to glance at some general principles which Hahnemann laid down for his guidance in his great work of creating a new science and art of medicine. These are to be found succinctly stated in the preface to the second edition of the Organon.

He there broadly defines medicine as "*a pure science of experience, like physics and chemistry.*"

He declares that "*medicine can and must rest on clear facts and sensible phenomena, for all the subjects it has to deal with are clearly cognizable by the senses through experience.* Knowledge of the disease to be treated, knowledge of the effects of the medicine and how the ascertained effects of the medicines are to be employed for the removal of disease—all this is taught adequately by experience and by experience alone. Its subjects can only be derived from pure experience and observations, and *it dare not take a single step out of the sphere of pure, well observed experience and experiments, if it would avoid becoming a nullity and a farce.*"

He continues: "Unaided reason can know nothing of itself (*a priori*), can evolve out of itself alone no conception of the nature of things, of cause and effects: its conclusions about the actual must always be based upon sensible perceptions, facts and experiences if it would elicit truth. If in its operation it should deviate by a single step from the guidance of perception it would lose itself in the illimitable region of phantasy and of arbitrary speculation, the mother of pernicious illusion and of absolute nullity."

"Such," he says, "has hitherto been the splendid juggling of so-called theoretical medicine, in which *a priori* conceptions and speculative subtleties only showed things which could not be known, and which were of no use for the cure of disease.

"In the pure sciences of experience, in physics, chemistry and medicine merely speculative reason can consequently have no

voice: there, when it acts alone, it degenerates into empty speculation and phantasy and produces only hazardous hypotheses which are, and by their very nature must be self-deceptive and false."

Ameke, the historian of homœopathy, has made an illuminating comment on the last quoted paragraph. He says:

"The great difference between Hahnemann and the later natural historical school is expressed by himself in one small word of three letters;—'and.' Hahnemann speaks of 'physics, chemistry and medicine;' they said 'medicine is applied physics and chemistry,' and founded medicine on these two sciences."

Hahnemann, as we shall see, founded medicine, not on physics and chemistry, but on the universal laws of *Life* and *Motion*.

Hahnemann starts with the conception of Life as a real or substantial, entitative power or principle, having laws of its own, and refers all the phenomena of health and disease to it under two names: Dynamis and the Life Force.

The words "force" and "life force" have been used inaccurately in this connection, making it difficult to form a clear conception of what Life is in its philosophical relation to homœopathy. The failure to make a distinction between Power and Force has caused confusion. The word "force," generally, as well as in the *Organon*, is loosely used to express the idea of any operating or operative power or energy: of any active agency or power tending to change the state of matter; and this is the sense in which Hahnemann uses the word in the *Organon* when he speaks of the life-force as that which acts and is acted upon in disease and cure.

Now, as a matter of fact, we do not act upon force, nor upon motion. These terms express abstract ideas of concepts which stand to the concrete things or reality back of them in the relation of effects to causes.

Force and motion are merely phenomena of the power which produces them. Power is the property of any thing or substance by virtue of which it is able to produce changes in itself, or in any other thing or substance.

Motion is the result of the application of force. Force is power or energy *in action*. The power inherent in a body is quite another thing from the force exerted by it or upon it.

Action (motion) takes place only upon or in that which has the power to react or resist, *the thing itself*, whether it be a rock, a machine or a living organism. The thing itself is always substantial, having a real objective existence, even if it be intangible and invisible. Strictly speaking, we do not act upon the life force, but upon *life itself*, the real, substantial, objective, although intangible substance from which the living organism is evolved, and from which the life force proceeds.

The organism does not evolve out of nothing. "Out of nothing nothing comes." The living organism is a development, an evolution from a microscopic cell, which is itself an organism composed of living matter and a nucleus, developed from invisible, living substance.

Everything living comes from preceding life, in an unbroken chain, the last conceivable link of which is in the Infinite and Eternal Source of Life which men have called God. Metaphysical science recognizes this conception under the term "The Cosmic Life."

In thinking upon this subject it is necessary to avoid confusion, to keep clearly in mind the distinction between the Thing Itself and its Action. There can be no action without something to act: no phenomena without something of which the phenomena are an expression: no force without something which exerts the force; no thought without a thinker. The words action, phenomena, motion, force, thought, stand for abstract ideas, separated from the real, substantial things or causes which lie back of them, for purposes of thought.

We do not see motion; we see *a body* change its position in space, as when one picks up a book from one side of the desk and places it on the other side. We do not see force; we see the effects of force upon *a body* in changing its position in space. We do not see Life; we see only its manifestation in organism. But knowing intuitively and by experience that there can be no effect without a cause; that there can be no motion without force, and no force without something or somebody to exercise power, we assume the existence of that power or person as an ultimate fact, and name it, although we cannot see the power or person with the physical eye, even with the aid of an ultra-

microscope. We see the primary fact, substance, power or person with the mental eye and are satisfied.

To refuse to see and acknowledge the substance, principle, power or person behind the force, and to confine thinking within the limits of matter, phenomena and force is to kill the highest aspirations of the soul, to stultify the intellect and to land the thinker in the morass of materialism. A certain class of thinkers, especially in science, plume themselves upon their rigid limitation of thought within the bounds of physical phenomena. They deny not only the validity of any attempt to see what lies beyond phenomena, but the reality and substantial existence of anything lying beyond that arbitrary boundary. Metaphysics is their pet aversion. Such men invariable entangle themselves in a maze of contradictions and absurdities, and mislead their followers. They juggle with words, invert the terms of a logical proposition, formulate "circular syllogisms" and make causes follow effects.

Metaphysical thought and inquiry are quite as legitimate and valid, and quite as capable of being conducted logically and scientifically as physical research. There is a valid and scientific metaphysics as well as physics.

George Henry Lewes says: "It is experience—our own or that of others—on which we rest. We are not at liberty to *invent* experience, nor to infer anything contrary to it, only to *extend it analogically*. Speculation to be valid must be simply *the extension of experience* by the *analogies of experiences*. * * *

"It is possible to move securely in the ground of Speculation so long as we carefully pick our way, and consider each position insecure till what was merely probable becomes proven."

Hahnemann apparently tried to make clear his distinction between power and force in his use, in the *Organon*, of two terms: "*Dynamis*," the life power, the substance, the thing itself, objectively considered and "*Life-Force*," the action of the power; but his translators, failing to recognize these philosophical distinctions, have made a sorry muddle of it.

Life is not primarily a phenomenon. It is the cause of phenomena. Life is not, strictly speaking, a force; it is a substance, a power or principle which acts to exert or cause force. Life is a substantial, self-existent, self-acting entity, not a mere abstraction.

Life is not a product; it is the producer, whether it be of matter or motion. In brief, *Life is incorporeal vital substance.*

Life, in the dynamical sense, is the universal principle and cause of vital action and reaction, organization, growth, self-preservation and reproduction, inherent in all living things.

Life is included under the general principle of science which declares that "force is persistent and indestructible;" and this is the scientific statement of the doctrine of Immortality.

Life and mind logically and necessarily precede organization and thus must be not only the cause but the controlling power of organization. Life built the body and life preserves it, as long as it is needed for the purposes of or "indwelling rational spirit," as Hahnemann calls it.

All schools of modern philosophy now agree that "life can come only from previous life." As a scientific doctrine the theory of "spontaneous generation," after centuries of stubbornly contested existence, has been abandoned by all except a very few stubborn persons of the materialistic school who still cling to the ancient fallacy, unaware that the ground has been cut from under them and that they have been left, like Mahomet's coffin, suspended in midair.

Step by step, with many long periods of inactivity, and sometimes of retrogression, the search for the origin of life has gone on. Repeatedly, when brought up against the logical necessity of taking the final step and acknowledging the One Infinite and Eternal Source of Life, the searchers have turned back and begun over again, only to return to the same inescapable point.

Chemist, physicist and biologist alike, each in his own special path, pursues it to the end, and there finds himself standing with his fellows on the brink of the great mystery which can only be solved by admitting the existence of The Supreme Being.

The chemist, guided by the law of chemical affinity and molecular attraction, reaches the sphere of Universal Attraction. He stops and turns away. The biologist, tracing life back through organism to the cell, and still further back to the formless bit of protoplasm, lying as it were, on the shore of the infinite ocean of life, also halts and turns away, rather than spread the sails of his little bark and sail by faith, if he must, into the haven which

is in view if he will but open his eyes and look. The physicist analyses matter, divides and subdivides it until it disappears in the hypothetical, inanimate, unintelligent ether of space, which he conceives to be the source both of matter and force, and there he also halts. Each is unsatisfied, and must ever remain so, until like Hahnemann, he yields to that innermost urge of the soul which demands of every man that he take the final step and acknowledges the Infinite Life and Mind of the Universe, the source of all power, the Father Eternal, to whom he owes allegiance.

S. C.



Don't always call the aching joint "rheumatism," says the United States Public Health Service.' Bad teeth are sometimes the real cause, and it is always wise to consult both the doctor and the dentist. Have an x-ray made of the teeth.

Homœopathic Recorder

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R. F. RABE, M. D., Editor, 616 Madison Ave.,
New York, U. S. A.

EDITORIAL NOTES AND COMMENTS

Homœopathy in India.—Elsewhere in this issue of THE HOMŒOPATHIC RECORDER we print, at the request of Dr. S. S. Johar, editor of *The Homœopathic Doctor*, published in Lahore, India, an open letter to the homœopathic profession of that country.

Homœopathy in India has been growing by leaps and bounds, and it would be a great misfortune to have its good name sullied by the evil acts of false representatives. Homœopathy has so frequently suffered most at the hands of its so-called friends, that were it not for the fact that its principles rest upon a firm foundation of truth, the school as such would have been annihilated long ago. To us in the Occident it is somewhat surprising that "diploma mills" can flourish under British rule in India. We of the United States have had our own diploma factories to deal with, but can take comfort in the fact that the properly constituted authorities have always laid the heavy hand of the law upon such illegal enterprises, whenever and wherever discovered. The homœopathic profession has, fortunately, been free from this evil, and although in the distant past some of its medical colleges have been of very low grade, they have at least been legally authorized to grant diplomas. With us, then, the days of the diploma mills are over and medical colleges, no matter to which school they may belong, must measure up to the high standards of modern medical education. Those which cannot do so, are bound to close, and in all fairness it must be admitted that no discrimination against school or pathy has been shown by the

educational authorities who are charged with the duty of inspecting and classifying our medical colleges.

For the good of the interests of homeopathy in India, where be it said, the possibilities are boundless, let us hope that honor and uprightness will prevail, and that the little band of sterling workers for our cause, may succeed in their high endeavor to place homeopathy upon its rightful and proper educational plane. For this, our Indian confreres have the best wishes of the homeopathic profession of America. THE HOMŒOPATHIC RECORDER bids them Godspeed!

Sepia in Nausea.—We have had occasion before to call attention to the value of *Sepia* in nausea, particularly that occurring during pregnancy, and especially when this symptom is worse both mornings and evenings. The morning nausea is frequently worse before breakfast and is relieved by partaking of food. *Lycopodium* has a similar symptom, namely, nausea when fasting. *Sepia*, *Cocculus*, *Digitalis*, *Ipecac*, *Arsenicum*, and, of course, *COLCHICUM* have the symptom, *nausea aggravated by the odor of food*.

In the first edition of *Kent's Repertory* is given the symptom, *nausea when lying on the side—Bryonia*. The second edition adds several more remedies, but nausea, when lying on the left side, we have several times cured with *Sepia*. Recently we were able to verify this again. The indication is a reliable one and should be noted in our repertories and materia medicas if not already there. Nausea from looking at moving objects is found under *Jaborandi*. Salivation and free sweat also occurs under this remedy.

Benzol in Leucæmia.—In a recent number of THE HOMŒOPATHIC RECORDER we quoted from O. S. sources regarding the use of this remedy in leucæmia. In several instances which have come to our notice, this drug has perceptibly reduced the number of leucocytes in this disease. This striking effect, obtained in a therapeutic way aroused our interest and we have recently supervised a proving of this drug under the auspices of The American Institute of Drug Proving, and under the immediate direction of Dr. F. H. Hirschland, of the department of

pathology, of the New York Homœopathic Medical College and Flower Hospital.

This proving has been made upon several men and women, and although not yet entirely completed, has already produced some striking symptoms. Among these the following may be noted: Dilation of the pupils, with poor accommodation to light and inequality, one pupil remaining persistently larger than its fellow of the opposite eye. No pathological changes of the ocular structure were found. Persistent nausea, worse especially at night and waking the patient several times from sleep. On the blood, an *increase in the number of leucocytes* was noted in several provers, with a corresponding numerical *decrease* in the *red blood corpuscles*. This effect was checked up in animals, and one guinea pig showed upon autopsy, distinct necrotic areas and abscess formation in the liver.

It would seem, therefore, a fair inference that there exists a homœopathic relationship between *Benzol* and leucæmia and that the beneficial results so far obtained in this disease, are in reality to be credited to the operation of the law of similars. The interesting fact in connection with this proving is that the most striking symptoms and effects were produced by the 12th decimal potency. The 12x potency equals the 1/1,000,000,000,000 part, which is surely infinitesimal enough to preclude all possibility of any crude drug effect.

This proving of *Benzol* will, of course, be properly arranged and schematized and later on published in its completed form, in this journal. We simply wish to call attention at this time to a few of the striking features and to the fact that homœopathic research is not altogether hibernating in dear old New York.

Homœopathy—A Review of Its Condition at the Present Time.—The truths of homœopathy as embodied in its fundamental principles are to-day either openly acknowledged or tacitly admitted by scientific physicians everywhere. Theoretically at least such men accept the principal of similars, although practically they may never invoke its aid. They accept it as they do Arndt's law, namely, that weak stimuli kindle life activity, medium stimuli promote, strong impede it, and the strongest stop it altogether; but practically they lose sight of this law in their daily practice.

Vaccine therapy is closely allied to homœopathy, yet, however close the alliance may be, the fact remains that vaccine therapy cannot take the place of homœopathy. This is true of autogenous as well as of other forms of vaccine therapy. The use of vaccines, or nosodes, dates very far back in the history of homœopathy: the work of Lux and of Burnett antedates by many years that of Pasteur or of Koch, for example. The experiments and clinical verifications of Swan, in this country, fanciful and even absurd, though many of them may appear to be, nevertheless have given to homœotherapy some priceless remedies, such as *Pyrogen*. Hering's *Psorinum* has been a boon to homœopathic prescribers everywhere, and Burnett's *Bacillinum* has a value impossible to estimate too highly.

It is true that the refinements of modern pharmaceutical laboratory technic have far outstripped the crudities of some of our early homœopathic pharmaceutical methods; it is equally true that a real homœopathic pharmacology can scarcely be said to be in existence; nevertheless, few homœopathic physicians would consent to any abandonment of verified reliable drugs, however unscientifically prepared or absurd their origin. The reason lies in the fact, many times proved to be true, that such drugs stand the test of clinical experience.

No homœopathic physician denies the truth of the fundamental principles of his science and art, such as the law of similars, the single remedy and the minimum dose; yet most homœopaths are constantly ignoring or departing from these very principles in their daily work as physicians. Likewise, few if any of our homœopathic hospitals, can show convincing evidence of the superior efficacy of homœopathic therapy—evidence, *i. e.*, which can and will be accepted by unbiased, scientific minds. Yet all homœopaths believe that in influenza and in pneumonia, for example, their form of treatment is by far the best.

Undoubtedly the day of sectarianism in medicine is over or almost so; it certainly ought to be a thing of the distant past. Liberality and freedom of thought and action are the right of every man, and no man should be so narrow as to deliberately shut out from his consideration truth, no matter from whence it may come. Truth is undying, immortal; it will survive in spite

of school, pathy or organization. No man and no society, by whatever name called, can monopolize truth, which, like the winds of earth, belong equally to all men. This being so, then homœopathy or its basic law belongs to all and by all should be accepted. It cannot be accepted unless the dominant school is willing to investigate the truth of its claims and admit the sincerity of its purpose. The great shame of this school of medicine lies in the fact that its leaders refuse to investigate homœopathy, thus once again adding eloquent testimony to the truth of the dictum that the great medical profession is at once the most narrow-minded, the most intolerant and the most bigoted of any.

Yet, what has the homœopathic school done, what is it doing to compel the dominant school of medicine to recognize its tenets? Practically nothing!

It is true that during the great war homœopathic physicians were freely admitted to the army and navy services, and that they were not discriminated against; yet let no man delude himself with the idea that such admission implied an acceptance of homœopathic principles and practice; for such is far from being the case.

It is unfortunately true that the number of homœopathic colleges has been steadily declining. Not one of our few homœopathic medical colleges teaches homœopathic medicine exclusively, nor could it if it would, for to do so would in itself be not only narrow, but impracticable, in short, impossible, for the reason which all admit to be valid that homœopathy does not and cannot apply to the entire field of medicine. It has its limitations, as has any other rule or system of therapy.

On the other hand, all our homœopathic medical colleges are falling far short of what they should teach and demonstrate of homœopathy. Not one of them is taking advantage of the truly great possibilities of homœopathy, in clinical instruction. Modern laboratory methods in teaching and in demonstration are not carried out in the completeness which the importance of the subject demands. But two of our colleges are engaged in the work of drug proving and but one in animal experimentation worthy of the name. In none is clinical demonstration of such a kind as to compel the recognition of impartial investigators.

The homœopathic profession has done practically nothing in the work of modern research. This work has been left to our friends of the other persuasion and to their credit be it said, the work has been well done. It will not excuse the homœopathic profession for us to say, that it has never had the resources with which to do this work. There must be something radically wrong with a cause which has persistently failed to attract to itself the support vitally necessary to its advancement. There must be lacking a real spirit of determination and conviction about which the cause of homœopathy can center. The painful truth of this is but too evident.

Modern medical education is very different from that which sufficed even ten years ago. The demands upon the student are far greater than ever before, particularly as they relate to the fundamental sciences and great principles of medicine. As these demands increase, those of homœopathy are more and more crowded to the wall, with the result that the graduates of homœopathic institutions are more poorly equipped than ever to practice the tenets of their own school. In other words, the very reason for the existence of our colleges is in danger of complete removal; this should not be. In the old school, *materia medica* is now made an elective subject of study, in some of the colleges and universities, such as Johns Hopkins, for example. What knowledge the student obtains of this subject is obtained by him during his course on pharmacology and from the practical remarks of his clinical instructors. With us pharmacology is admittedly a poorly taught subject, and if our homœopathic *materia medica* continues to be crowded as it now is, our future graduates will go out absolutely ignorant of the tools upon which they are expected to rely.

It is useless for those of us who have the interests of homœopathy at heart, to lament over the sad truth of this deplorable state of affairs. We all know that in cities and towns at all removed from the large centers such as New York, Boston, Philadelphia, and Chicago, the number of avowed homœopathic physicians is rapidly dwindling. In towns where formerly five and six homœopathic physicians were to be found, it is now often impossible to find more than one. It is, of course, true, that to

some extent the old school has suffered in a similar manner; but the homœopathic profession cannot afford any numerical loss whereas the old school can.

In the light of these facts, what must be done if the continued existence of the homœopathic school is to be assured? Three plans present themselves for consideration. The first involves the abolition of the school as a sectarian organization, of its sectarian title and of its colleges. Were this done, all homœopathic physicians would become members of the great body of physicians throughout the country, and, in most instances, members of the so-called regular organizations, particularly the American Medical Association. In the surrender, however, of sectarianism, the homœopathic school would place as a condition, the acceptance by the old school of the principles of homœopathy, its materia medica and therapeutics, and the inclusion of these subjects in the curricula of all old school medical colleges. Likewise, provision would have to be made for suitable clinical demonstration in the hospitals and clinics associated with these colleges.

This plan, of course, seems utopian in its conception, and at the present time, is impossible of fulfillment. Nevertheless it is ideal and would once and for all establish homœopathy as a *therapeutic specialty*, which in truth, it is.

The second plan is concerned with our own colleges and requires the abolition of most of them; but with the strengthening of the remaining few. These should be three in number and located in New York, Philadelphia and Chicago. Connected with each one of these three homœopathic colleges, there should be large free hospitals, medical, surgical and obstetrical in character and ample dispensary services as well. In addition to volunteer medical and surgical teachers and the usual full-time, paid instructors now employed, there should be a full-time paid materia medicist and also a full-time paid homœopathic pharmacologist and research worker. Each should have one or two suitable assistants. The materia medicist should be the teacher of this subject to all four classes and he should be responsible for all prescriptions made in the hospital and dispensary, whenever such prescriptions clearly involved the application of the law of similars. He should act in conjunction with a paid resident physi-

cian, the latter to be in absolute authority over all hospital internes. Naturally many details would have to be worked out, but enough has been suggested to indicate the general scope and plan. Such a plan would undoubtedly permit of proper instruction in homœopathy, such as is now impossible with our volunteer teaching service. At no time in the history of homœopathy has the department of materia medica been financially supported in any of our colleges consistently with its paramount importance. On the contrary, this department has always been the neglected step-child of every homœopathic college.

The third plan concerns itself with the establishment of a post-graduate school of homœopathy. Such a school should be located in the centre of the country, say, Chicago; it should, of course, be amply equipped with hospital, dispensary and laboratory facilities as well as manned by a superior and highly efficient staff of paid teachers and clinicians. For reasons obvious, one such school would be sufficient and it should exemplify nothing but homœotherapy in its teaching and demonstration work. A part of this work could be that of drug proving, conducted under the immediate supervision of trained pharmacologists, materia medicists and clinicians. To such a post-graduate school would be attracted graduates of our homœopathic medical colleges who are sincerely interested in homœopathy and qualified to become able exponents of its principles. Graduates in old school medicine would also be attracted and those only would come, who are earnestly desirous of perfecting themselves in a method of practice in which many of them are beginning to believe. Such men have always, throughout the history of the homœopathic school, been its strongest exponents and ablest physicians.

To carry into execution either of the latter two plans above suggested would, to be sure, require much money. An endowment fund of at least two million dollars, in addition to the necessary hospital, college and other buildings, would be required. Medical education to-day is a question of money; to secure the services of able teachers means to pay adequate salaries; the volunteer system, except for limited part time work, has outgrown its usefulness.

The difficulty with the idea of a post-graduate school of homœopathy lies in the plain fact that too few would each year go forth from its halls, so few in short, that the demands of the interests of homœopathy could not be met. We must turn out more homœopathic doctors, but they must be real homœopaths in name and in fact.

Homœopathy as a therapeutic specialty, now finds herself face to face with the stern realization that she must either go forward, or cease to be an influence in the scientific world. She cannot stand still and hope to live. Her own adherents are becoming more and more conscious of her short-comings, yet are doing nothing to overcome them. Unless they bestir themselves soon, a great cause will go down to defeat, and it will remain for another generation to produce its renaissance. Let those of us who care, exert our utmost strength to save the day for a principle which the world can ill afford to lose.

THE HOMŒOPATHIC RECORDER

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THERAPEUTICS OF DIPHThERIA, TONSILITIS, SEPTIC SORE THROAT, ETC.

Part Second.

Symptomatology. By C. M. Boger, M. D.

KALI PERMANGANICUM.

Membrane black; foul, scab-like, with erosion beneath (Ars., Sul-ac.); covering mouth and throat.

Horrible fetor. Gangrene.

Œdematous swelling, both inside and out; of soft palate and uvula.

Sub-mucus tissue dark and dry.

Fluides regurgitate through the nose.

Very painful swallowing.

Thin, acrid nasal discharge.

Purple face. *Irritable stomach.*

Abdominal pain; offensive diarrhœa.

Comp. Ars., Bap., Crot-h., Kali-p., Nit-ac., Sec-c., Vip.

KALI PHOSPHORICUM.

Fauces look as if overspread with black mustard; a putrid gangrenous condition.

Gangrenous ulcers in mouth and cheeks.

Fearful stench from the mouth.

Easily bleeding gums.

Diarrhœa: watery, like rice water; golden yellow; of pure blood; *often involuntary and hot.*

Post-diphtheritic paralysis; especially visual (Phyt.).

Many symptoms are relieved by belching.

Comp. Crot-h., Kali-per., Kre.

KREOSOTUM.

Mucous membrane becomes black, soft and necrotic: this may extend to œsophagus.

Extreme fetor.

Extraordinary discharges.

Rawness everywhere (Aru-t.).

Easy bleeding (Nit-ac.).

Burning pains.

Malignant diphtheria; confined to fauces.

Vomiting.

General pulsation.

The body has a foul odor, very repulsive to others (Psor.).

Lymphatic and scrofulous patients.

Comp. Am-c., Carb-ac., Crot-h.

LAC CANINUM.

Throat glistens like varnish.

Prominent capillaries.

Membrane *white like china*; thick or in small spots; shreddy: of various colors.

Deposit *changes sides repeatedly*; begins on one (I) side or in larynx and spreads upward (Brom.).

Edema of pharynx.

Swallowing painful, difficult or impossible: with cutting pains; pains shoot into ears; fluids return through nose.

As of lumps in throat.

Throat is very sensitive or swollen externally.

Acrid, foul nasal discharge.

Keeps mouth open.

Angles of mouth sore.

Right upper eyelid pink.

Aversion to liquids, especially water.

Desires warm drinks; cold water burns his throat.

Partial suppression of urine.

Croupy cough; it makes the patient cry (Aru-t.).

Disposed to talk through the nose.

Hot palms.

Erratic symptoms; pains fly from part to part.

Must constantly change position.

Glands swell and subside again; changing.

Scrofulous persons.

Worse: Stormy weather.

Compare: Apis, Aru-t., Lach. Follows Lachesis.

LACHESIS.

Dark, purple or bluish mouth and throat.

Soft, baggy swelling before uvula. Uvula elongated, clinging to the right tonsil (Nat-m.).

Deposit in patches; white shreds; cheesy; dirty gray; red or bloody at edges; sloughing rapidly; *gangrenous*.

Membrane. FIRST ON LEFT, THEN ON RIGHT SIDE; *on tonsils*, extending down out of sight; on fauces; on roof of mouth; on lips; *in larynx*.

Violent pain, with but a small amount of inflammation or deposit; worse turning head.

SWALLOWING SALIVA OR HOT DRINKS IS MOST PAINFUL OF ALL; pain shoots into ear (I); fluids return through nose.

Urging to swallow down or hawk up something; with choking spells.

Swallows down a lump (I), which as often returns.

As of a foreign body or skin hanging in throat.

As of needles in throat; awakes suffocating.

Little dry spots in throat.

Sudden spasmodic constrictions, as if throat would close up.

Swelling of tonsils; of *submaxillary and cervical glands*; of neck, even with the chin.

Can bear nothing to touch the throat; wants collar loose. Neck stiff and sore.

Dark nosebleed.

Thin, sanious, foul, *acid or sticky nasal* (I) discharge. worse sneezing.

Tongue red at tip; pointed; blisters along edges (Ap.); painful at root, if bent back; trembling; protruded with difficulty, then forgets to draw it back again; coated with a yellow, dirty fur.

Much sticky mucus in mouth and throat.

Horrible odor from mouth; musty (Crot-h.).

Mouth dry and sore (Phyt.).

Lips dry, cracked and bleeding.

Loquacity; kept in check only by the hoarseness.

Changeful or muttering delirium.

Averse to being alone.

Throbbing in vertex on rising.

Occipital headache.

Drooping eyelids. Eyes red.

Faintness on rising.

Vertigo on looking at a fixed spot.

Flushed face.

Craves coffee (reverse, Sul-ac.) or cold drinks, which relieve.

Epigastric pain.

Dark, foul, diarrhœic stools.

Frequent, scanty, almost black, albuminous urine.

Respiration ceases on falling to sleep (Bap., Op.); oppressed.

Voice weak; lost; wheezy on crying; *hoarse*.

Fear of suffocation.

Cough painful; croupy, rousing from sleep with smothering; *on dropping off to sleep or awaking*; very difficult, scanty expectoration.

Skin now hot and dry, now moist; livid or mottled, < limbs; dark rash on body.

Purple, dark, swollen lymphatics, as if to suppurate; pus not laudable.

Sleep is disturbed by a dry mouth or a feeling of suffocation.

Drowsiness; even when feverish.

Heart weak, and slow, or violent palpitation.

Pulse feeble, slow and small.

Cool extremities.

Asthenic fever.

Cold clammy sweat on forehead and limbs or *excessive perspiration*.

Extreme prostration; early and out of all proportion to the duration and extent of the disease; even before local symptoms appear (Lac-c., Merc-cy.).

Steady hard ache all over, < knees and elbows; must change position often.

All secretions are horribly foul.

Agg.: EMPTY SWALLOWING; *hot drinks; liquids*; TOUCH; talking; LEFT SIDE; 2 P. M.; HEAT.

Compare: Caus., Crot-h., Lac-c., Naj., Phyt.

LACHNANTHES.

The neck is stiff, painful and drawn to one (I) side.

Moves the whole body in turning from one side to the other.

LYCOPodium.

DEPOSIT BEGINS ON THE RIGHT SIDE (tonsil), SPREADING TO THE LEFT or other parts.

Red fauces covered with white patches.

Tonsils, fauces and tongue much swelled, must open mouth and protrude tongue to get his breath; causing a silly expression.

Constant urging to swallow, almost a spasm of the throat, with violent stinging pains.

Irritating, tickling in throat prevents sleep; coughing makes it throb and smart; none right side.

WING-LIKE MOTION OF ALÆ NASI.

He bores and picks at the nose (Aru-t.).

The nose is stopped at night.

The lower jaw drops.

Grinds the teeth, even while awake.

Swollen submaxillary (r.) and cervical glands.

Perfect stupor; impending paralysis of brain.

Great fear of being left alone.

Pain shoots through head on sitting up.

Head seems to open and pain shoots down into abdomen on swallowing.

Pain at root of nose or over eyes.

Desire for warm drinks, which are grateful to the throat.

Urine suppressed or scanty, leaving a red deposit.

Breathing rapid, rather rattling and a little snoring.

Neck stiff, < right side.

Frequent jerking of lower limbs; mostly with a groan, when awake or asleep.

Crying out in sleep.

Awakes frightened or cross and angry.

High temperature.

Can't bear to be covered.

Agg.: Cold DRINKS; liquids; milk; *after sleep*, even a short nap.

MERCURIUS CORROSIVUS.

Violent destructive swelling and inflammation of throat and tongue.

Membrane dark or yellowish white and foul; in pharynx and nose.

Ulcers on inside of cheeks.

Uvula elongated and swollen dark red.

Intensely painful burning from mouth to stomach, is rendered intolerable by external pressure.

Violent constriction of the throat; swallowing causes violent spasm of the throat with ejection of ingesta.

Vomiting and insatiable thirst.

Ethereal odor of breath.

Salivation and secondary stomach trouble (Kali-per.).

Nasal hemorrhage.

Pulse quick, weak and irregular.

Often prescribed empirically.

Comp.: Bell., Canth., Nat-ar.

MERCURIUS CYANATUS.

Membrane thick; leathery; pulpy; pellucid; white, dirty green, gray; dark or black; encircled by a narrow, very red rim; bleeding easily; quickly becoming gangrenous.

Deposit on lips, inside of cheeks and tongue; on velum palati and tonsils; invading the nose or larynx.

Necrotic destruction of soft parts of palate and fauces.

Excessive putridity.

Tongue coated gray, brown or black; dirty yellow at base. Dark red tip.

Papillæ much swollen.

Extremely difficult swallowing.

Glands swell early, sometimes before membrane appears, or may not be affected at all.

Nose *bleeding* or stopped.

Anxiety on swallowing, because of the pain.

Jerks the head from side to side.

Chattering teeth.

Nephritis. Urine suppressed.

Air hunger.

Harsh, barking, croupy cough, with dyspnoea.

Thick, ropy expectoration.

Heart so weak that the least change of position causes fainting.

Pulse quick, 130-140; small, no volume at all; intermittent.

Chilly and blue: with cold limbs.

Upper half of body in profuse, viscous sweat, cold on forehead and cheeks.

Excessively debilitating sweat from the least movement.

Profound and early collapse and prostration (Lach.), *with coldness, cyanosis and trembling.*

Rapidly moving, malignant cases.

Agg.: Motion. Speaking. Thoughts of food.

Comp.: Kali-chlor.

MERCURIUS DULCIS.

Strongly indicated by the presence of an offensive, grass green diarrhoea.

MERCURIUS IODATUS FLAVUS.

Deposit easily detached (Carb-ac.); albuminous.

Begins on arches of palate or *the right side* (tonsil); involves the tongue, posterior nares or larynx. *Tonsilitis.*

Excessive amount of tenacious or foul discharge from fauces, throat or nares; causing hawking; can only swallow in sips, the throat is so full.

Very difficult, painful swallowing.

Tongue coated, thick, or yellowish at base; red at tip and margin.

Very offensive smell from mouth.

Salivation that makes the chin sore.

Swelled, painful salivary glands.

Glands of neck swell very rapidly.

General œdema of throat and neck.

Nostrils dilate with every respiration.

Faintness on rising.

Thirst for cold water or craves acid drinks.

This remedy, which leads all others in the treatment of tonsilitis takes but a secondary place in diphtheria.

MERCURIUS IODATUS RUBER.

Deposit *begins on the left side*; left tonsil inflamed.

Yellowish gray membrane.

Tonsils swollen out of proportion to the amount of exudate present.

Fauces bright red, hard palate mottled.

Accumulation of slimy or sticky mucus in mouth and throat.

Empty swallowing and swallowing saliva excites more pain than swallowing food.

Glands of neck swollen; also involving cellular tissue about neck.

Craves well salted food.

Aggravation from cold drinks.

Compare Lach., Rhus-t.

MERCURIUS PRECIPITATUS RUBER.

The buccal cavity looks as if thickly coated with decayed cheese.

Tongue patchy; swelled.

Burning in mouth and throat.

Redness of eyes and face.

Violent palpitation.

Suffocation on lying down and going to sleep.

Trembling.

Comp. Lach.

MERCURIUS SOLUBILIS.

Throat looks purplish.

Membrane begins on one of the arches or on uvula.

Deposit grayish; thick, with shreddy border; adherent or free.

Tongue flabby; indented by the teeth; coated dirty gray or a tenacious white coating that comes off like little skins.

Profuse salivation.

Bleeding gums.

Offensive breath.

Submaxillary and parotid glands so swollen and hard that can't separate jaws (very characteristic).

Desire for milk.

Profuse, clammy sweat ; at night.

Comp. Sul-ac.

MURIATIC ACID.

Dead white patches over arch of palate and in throat, like false membranes or ulcers.

Membrane covers uvula and tonsils ; yellowish, gray deposit.

Edema of throat ; of uvula.

Diphtheritic ulceration of throat.

Hawks up tough, fetid phlegm.

Mouth studded with ulcers having a black base, dipping deeply and tending to perforation. Septic sore throat.

Attempts to swallow cause spasms and choking (Lach.).

Putrid breath.

Thin excoriating nasal discharge.

Nosebleed ; of dark, putrid blood.

Hard plugs of mucus in nose.

Sore, scabby or cracked lips (Aru-t.).

Sordes on teeth.

Loss of appetite.

Involuntary stools and urine.

Trembling hands.

Restlessness.

Intermittent pulse (Nit-ac.).

Most intense prostration ; hardly able to move.

Typhoid condition.

During scarlet fever.

Worse at 10 or 11 A. M.

Comp. Ars., Kali-per., Nit-ac.

NAJA.

Fauces dark red.

Larynx invaded ; patient grasps at the throat, with a sensation of choking.

Breath fetid.

Tonsilitis of the right side.

Raw feeling in larynx and upper trachea.

Short hoarse coughs.

Suffocating spells on lying down and suffocative cough after every sleep however short.

The patient awakens from sleep gasping and blue.
Impending paralysis of the heart.

Comp. Lach.

NATRUM ARSENICUM.

Fauces and pharynx dark red and glossy.
 Throat dark purple hue, with great swelling.
 Uvula hangs down, like a sack of water.
Great prostration, but not much pain.

Comp. Apis, Crot-h.

NATRUM MURIATICUM.

Sense of dryness in throat, with constant hawking.
 Burning in throat.
 Swelling of submaxillary and lymphatic glands.
Mapped tongue.
 A streak of beady slime along edge of tongue (Pho.).
Hydroæ on lips.
 Cracks and sores in the angles of the mouth (Aru-t.).
 After use of caustics, especially Nitrate of Silver.
 Secondary diphtheritic croup.

Comp. Ran-sc.

NITRIC ACID.

Dark, offensive or yellow-white deposit: on tonsils and posterior pharynx: with a red border: *bleeding easily when touched*
 Diphtheritic sore throat with high fever, nausea and vomiting.
Throat extremely sore; much pain on swallowing.
 Like sharp splinters *sticking or cutting into part*, or a feeling of a foreign body, on swallowing.
 Mouth studded with ulcers, more on cheeks, lips and edges of tongue.
Rapidly destructive ulceration.
 Profuse, watery acrid saliva.
 Fetid odor from throat.
 Nose stopped: discharging an offensive acrid fluid with hoarseness. *Nasal diphtheria.*
 Bright nosebleed.
Nausea, distress in stomach and total rejection of food.
 Dyspnoea with high fever.
 Frequent urging to urinate: red and whitish deposit in urine.

Pulse drops every 3rd or 5th beat (bad symptoms). (Ap.,
Aru-t., Mur-ac., Nat-m.)

Chilly, but averse to heat.

Abuse of mercury.

Syphilitic inheritance.

Comp. Aru-t., Mur-ac.

NUX VOMICA.

Purplish fauces.

Dark gray patches on right tonsil.

Thick yellowish coat on tongue.

Foul breath; almost drives one from room.

Putrid taste within pharynx (Mar-v.).

Very much concerned about himself.

Stitches through *both ears* on swallowing.

Fruitless urging to stool. Constipation.

Pain in small of back.

Chilly on uncovering.

Perspiration smells like horse urine.

Agg.: 4 P. M.

Comp. Hep., Ign., Rhus-t.

OPIUM.

Trachea affected.

Blue face.

Suffocative attacks during sleep.

Cough with dyspnœa and strangling.

Drowsiness.

Profuse perspiration over whole body.

Comp. Lach.

PETROLEUM.

Throat looks dark red and glistening (Ap., Nat-ar.).

Membrane white, like china; gray in nose.

Begins on left then spreads to right side and then uvula.

Bland nasal discharge, first right then left side.

Foul odor from mouth.

Stitches in l. ear on opening mouth.

Soreness of bridge of nose (Bor.).

Can't stand slightest touch, from very beginning of sickness.

Slight swelling of both upper eyelids.
 Discharge from inner canthi, of both eyes.
 Desires beer (Kali-bi) or brandy in water.

Comp. Kali-c., Nat-ii.

PHOSPHORUS.

Membrane on hard palate.
 Cold mucus comes into the mouth.
 At the height of the disease or in relapsing cases.
 Early prostration and heart failure.
Vomits drinks after they become warm in the stomach.
 Hemorrhagic tendency.
 Tendency to croup (Lyc.).

PHYTOLACCA.

The attack begins with creeps, chills and *general aching, worse in neck, forehead, back and limbs.*
 Soft palate or tip of tongue fiery red, while throat is dark, almost purple.
 Redness and swelling of soft palate, tonsils, throat and roof of mouth.
 Membrane ash colored, grayish or dirty white; in small white or yellow coalescing spots; like dirty wash leather; pearly.
Deposit on tonsils (l. first); pharynx: uvula.
 Rawness of throat and tongue.
 Great burning in throat: as if a ball of hot iron lodged there (Aru-t.).
 Choking, as of an apple core (Merc., Nit-ac.).
 Constant inclination to swallow, which is painful.
 Pain at root of tongue on swallowing (Lach.).
 Roughness in pharynx: it feels like a cavern: of tongue, with blisters along edge (Ap.).
Tongue red at tip.
 Increased saliva. (Antidoted by Nit-ac. when caused by Phytolacca.)
 Offensive breath.
Faintness on sitting up in bed.
Dull frontal headache, < motion. Head hot.
 Vision impaired and hearing dull (late).
 Livid face.

Nosebleed.

Appetite and taste lost. Metallic taste.

Nausea, vomiting and frequent diarrhœa, with pain at navel.

Contracting pains in leg muscles (Ign.) or hamstrings.

Skin dry, *harsh*; scarlet or erythematous rash on.

Stiff neck.

Drowsiness.

Trembling hands and limbs (Mur-ac.).

Great weakness: in upper limbs.

Violent fever.

Comp. Ail., Ap., Aru-t., Bap., *Rhus-t.*

PLUMBUM IODATUM.

Scabs with foul smelling ichor; most horrid tendency to sloughing.

Gangrene of exudate and mucous membrane.

Excessive prostration.

Paralytic weakness of limbs.

Cold hands and feet.

Comp. Ars., Carb-v., Sec-c.

PYROGEN.

Gray-green exudate.

Fetor.

Fiery red face.

Tip of tongue pointed and red.

Pulse disproportionately rapid.

PULSATILLA.

Throat dark purplish, with prominent veins.

Difficult swallowing.

Thin, excoriating or thick bland discharges.

Scraping and dryness.

Frontal headache with backache and high fever.

Pain in eyes < turning them upward.

Thirst for little and often, which water relieves (reverse.

Aru-t.).

Restlessness.

RANUNCULUS SCELERATUS.

Denuded patches on tongue, the remainder of the organ being coated.

Burning and rawness.

Comp. Nat-m.

RHUS TOXICODENDRON.

Pharynx is greatly inflamed.

Membrane dark or bloody; grayish white.

Deposit on tonsils; *apt to begin on the left side.*

Wakes up every now and then complaining of pain in throat.

Swallowing is very painful; with sticking pains.

The tongue has a triangular red space at its point, or is coated white, tending to dryness.

Lips and teeth covered with sordes.

Angles of mouth cracked, raw and bleeding (Aru-t.).

Herpes about lips (Ars.).

Bloody saliva runs from mouth during sleep.

Glands of neck, inflamed, dark, erysipelatous looking.

Swollen parotids.

Extensive swelling of the lymphatics and cellular tissue.

Low, muttering delirium.

Very restless from pains in back and limbs: wants to be carried; *tearing pains.*

Thirst.

Craves oysters.

Reddish gelatinous stools.

Mottled eruptions about joints, chest and abdomen.

Hot, shrivelled skin.

Severe cases which soon take on a typhoid state (Mur-ac.); with thirst (without, Apis).

Agg.: From getting wet, wading in water; in autumn; toward nightfall; on *beginning to swallow (Pho.).*

Amel.: Continued swallowing.

Comp. Ars.

SABADILLA.

Membrane begins on left side.

Sensation of a skin or thread hanging loosely in throat.

Must swallow over something

Tonsilitis

No thirst.

Agg.: Empty swallowing.

Amel.: *Warm drinks.* After sleep.

SALICYLIC ACID.

Soft exudate.

Much inflammation.

Difficult deglutition.

Great weakness.

Not much of any fever.

SANGUINARIA CANADENSIS.

Throat intensely red and burning hot.

Right tonsil much inflamed.

Membrane fibrinous; pearly; continuous on palate and fauces or tonsils; worse on the right side.

Putrid throat.

Ulcerated sore throat with dryness and loss of smell and taste.

Right sided sore throat, with pains that extend to ear and chest, burning in stomach, nausea and vomiting.

Choking spells when swallowing.

Burning in pharynx and œsophagus.

Throat feels raw; mouth and throat feel almost denuded of mucous membrane (Aru-t.).

Roof of mouth and uvula sore and burning (Phyt.).

Burnt feeling on tongue.

Red streak along middle of tongue.

SECALE CORNUTUM.

Membrane dry and shrivelled (Ars.): exuding a sanious secretion from beneath it.

Offensive sanious secretion in posterior nares and nostrils.

Mouth and throat putrid.

Hemorrhage of dark, thin, disorganized blood from mouth, nose and bowels.

Great putridity and prostration.

The whole child smells cadaverous.

Involuntary diarrhœa of dark, thin, cadaverous stools; even black or tarry from intestinal oozing.

Pulse weak and thready.

Wants to be fanned all the time (Op., Carb-v.).

Emaciation and atrophy; dry, wrinkled, withered skin.

Great aversion to being covered.

Comp. Ars., Crot-h.

SULFUR.

Mucous membrane livid or bright red.

Membrane yellowish.

Deposit begins on either side or on posterior pharynx extending upward and forward.

The whole back of the throat to the palatine arches appears in a state of ulceration or sloughing.

Very little swelling.

Empty swallowing is more painful than that of liquids.

Tongue coated white, with red border or yellow, as if sprinkled with sulfur.

Shooting pains from back of neck into left ear.

Steadily progressing cases in psoric persons; the best selected remedies only palliate.

Faints easily.

Frequent sinking spells.

Very restless, must move about in bed, but motion starts chills up the back.

Thirsty, but vomits everything.

Cold drinks disagree with the stomach.

Desire for beer.

Empty gone feeling in stomach.

Burning feet, puts them out of bed.

Eruptions itch on becoming warm.

Weak, rapid pulse.

Fever with sharply circumscribed redness of cheeks.

Flashes of heat.

Cold clammy perspiration.

Dark red or bluish hemorrhagic spots quickly followed by a membrane which oozes pus from beneath.

Thick yellow deposit on tonsils, teeth and lips, *sticking like glue.*

Can hardly talk or make any noise on account of the abundance of membrane, or there is an absence of membrane.

Very sticky membrane.

Stringy, lemon-yellow mucus hangs from posterior nares.

Tonsils bright red and so swollen that on swallowing liquids escape through the nose.

Violent salivation.

Excessive fetor.

Submaxillary glands feel swelled. Parotids swollen hard.

Child whines when lifted.

Deathly pale, looks like a corpse.

Rapid sinking of strength.

Inclined to drowsiness and somnolence.

Frequent chills.

Sense of trembling, wants to be held.

Hemorrhagic tendency, especially hæmatemesis.

Pains increase slowly, reaching a certain height, then quickly disappear.

Odor of coffee aggravates.

Comp. Crot-h., Kali-bi.

STRAMONIUM.

Croupy, barking cough.

Red face, with paleness around mouth (Aru-t., Carb-ac.).

Awakes from sleep frightened.

Tremblings.

Suppressed secretions.

Comp. Bell.

TARENTULA CUBENSIS.

Violent onset, *with tendency to vomit.*

Deposit on both tonsils and uvula; on vulva (Ap., Lac-c.).

Tendency to gangrene and sepsis.

Excessive fetor oris.

Neck much swollen; hard, board-like swelling.

Fidgety.

Hot, fiery red face.

Restless legs.

Drowsy, with starting in sleep.

Highest form of *diphtheritic fever*, with delirium, vomiting and great prostration.

Pungent heat of surface of body.

Symptoms seem to call for Belladonna and Mercury at the same time.

Agg.: Cold drinks.

Comp. Brom.

VERATRUM ALBUM.

Hoarseness, cough and difficult breathing increased by paroxysms: with symptoms like a congestive chill.

Collapsed states.

Cough after midnight, with cold sweat on forehead.

VINCA MINOR.

Ulcers on mucous membrane.

Hawking mucus.

Hemorrhagic cases.

ZINCUM METALLICUM.

Starts in pharynx and goes down to larynx.

Much infiltration of glands.

Delirium or coma with severe prostration.

Great pallor (*Sul-ac.*).

Hands and feet cold. *Fidgety feet.*

Very feeble, irregular pulse.

VACCINE VS. HOMŒOPATHIC REMEDIES.

By William A. Boise, M. D.

During recent years we have all been impressed by the advances made by the allopathic profession along medical lines. The only definite basis upon which the art of prescribing has been carried out has been linked up with the vaccine theory, and a very interesting fact with reference to it is that it is a stagger in the darkness of prejudice at the grand old law of *Similia Similibus Curentur*.

I have been impressed and astounded by the ignorance of the allopaths regarding homœopathy. Is it not remarkable that the vision of so many is clouded and obstructed with prejudice that it is difficult for them to see the dazzling brilliancy of certain conditions when under other circumstances they would be almost

binded by the same? The old idea of the sugar pills is prevalent. So many have the opinion that we give a drug for its physiological effect instead of its dynamic, and naturally they ridicule it. Down in Tennessee we have a number of all round homœopaths, and the laity is being educated along homœopathic lines in a most satisfactory manner.

Now let us take a case of pneumonia, for instance. Several remedies may be indicated, and it is needless to say what the results usually are in competent hands. On the other hand, the patient presents a case of pneumonia and is given a vaccine. It is a toss up whether improvement follows or not. The vaccine therapy has not advanced far enough to take into consideration the individual picture of the disease as a basis for the prescription. Advances are being made, however, and some day that phase of the situation may be recognized as it should be. In the meantime we are getting results far ahead of the vaccines. I do not wish to be understood as saying that favorable results are not attainable by vaccines, but I wish to express my opinion most emphatically that the results do not compare with the application of the well chosen homœopathic remedy. We all no doubt have used vaccines in one form or another, and I can say that the vaccine therapy is a long, long step in advance of the allopathic practice years ago, and I wish them GODSPEED.

The results I have been most favorably impressed with have been in the use of the autogenous vaccines. I recall numerous cases where recovery was effected by the administration of the vaccine when the well indicated homœopathic remedy had failed. Suffice it to say that we, as members of a most noble profession, should be broad-minded and subject to conviction. The whole realm of medicine is ours by right and inheritance, and when we see advances being made it is our duty to investigate.

In conclusion I would say that where as at present vaccines are a valuable adjunct to the practice of medicine to-day they do not take the place of a well-selected homœopathic remedy.

Keeping physically fit is the first rule to be observed in keeping well, says the United States Public Health Service. Exercise is necessary to health.

INTERNATIONAL HOMEOPATHIC COUNCIL.

*To the Homœopathic Physicians of the United States of America.
Honored Colleagues:*

Again we have the pleasure to renew our annual greetings and to communicate at once an important advance in the cause of international Homœopathy.

The last Council Meeting was called for The Hague, in August, 1914. Many delegates were enroute from many countries when the tocsin of war sounded, and postponed the assembly of Councils indefinitely.

The Acting Committee has since been on the *qui vive* for the coming together of Council at the earliest possible date. The hour has arrived for the summoning of the best brains in Homœopathy the world over, to consider and give uplift to our Great Cause.

The Colleagues in Holland have unanimously decided to invite the International Homœopathic Council to meet at The Hague on August 26, 27, 28, in the present year. *This is the first meeting of Council since the War, and it is earnestly hoped that every Society of homœopathic physicians in every country will send a delegation to the Council Board.* No more important meeting in the interests of Homœopathy has ever been held; and every homœopathic physician visiting The Hague at that time will be most cordially welcomed at the Council meeting.

Owing to the great access of travellers to Holland during the summer, it is most desirable to give notice as early as possible of an intention to visit The Hague in order that the necessary hotel accommodation may be ensured. *Pray communicate at once* with the local Secretary, Dr. E. C. Tuinzing, Haringvliet, 26, Rotterdam, Holland, or the Corresponding Secretary, Dr. C. Granville Hey, London Homœopathic Hospital, Great Ormond St., London, England, who will be happy to receive applications for the reservation of hotel accommodation for delegates and visiting physicians.

The program in general is the Reconstruction of the International Forces in Homœopathy; and a consideration of the aid that prosperous areas can bring to the help of those less happily circumstanced.

We are,

Yours fraternally,

JOHN PRESTON SUTHERLAND,
President of Council.

GEORGE BURFORD,
Secretary of the Acting Committee.

C. GRANVILLE HEY,
Corresponding Secretary.

NATIONAL HOMŒOPATHIC CLINICAL DAY.**October 19, 1920.**

Every homœopathic institution in the country is invited to have a day of clinics, both surgical and medical, on October 19, 1920.

Such a day of clinics will be a big publicity movement for making the community familiar with the work done in the hospitals of each vicinity. The hospitals must have publicity in order to secure funds necessary for their maintenance. This concerns, undoubtedly, the hospital in your vicinity. Consequently, your whole-hearted team-work is essential to its success.

This will be presented to the Institute meeting at Cleveland. Send your endorsement of this plan to the secretary of the Institute, 829 Marshall Field Bldg., Chicago, Ill.

INITIAL LIST OF COMMITTEE MEN.

- California—Guy Manning, San Francisco.
Colorado—James B. Brown, Denver.
Connecticut—Marvin Z. Westervelt, New Haven.
Delaware—Victor D. Washburn, Wilmington.
D. of C.—F. A. Swartwout, Washington, D. C.
Illinois—Gilbert Fitzpatrick, Chicago.
Indiana—John W. Webb, Indianapolis.
Iowa—Malcolm A. Royal, Des Moines.
Kansas—C. A. Laffoen, Easton.
Kentucky—F. W. Fischbach, Newport.
Maine—John T. Palmer, Portland.
Maryland—Harry M. Stevenson, Baltimore.
Massachusetts—G. F. Martin, Lowell.
Michigan—Hugh McD. Beebe, Ann Arbor.
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Nebraska—Paul A. Royal, Lincoln.
New Hampshire—Martha I. Boger, Portsmouth.
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Oklahoma—D. W. Miller, Blackwell.

Oregon—David Bruer, Portland.
Pennsylvania—William A. Pearson, Philadelphia.
Rhode Island—W. M. Muncy, Providence.
South Dakota—E. W. Feige, Huron.
Tennessee—W. A. Boies, Knoxville.
Texas—H. B. Stiles, Waco.
Utah—Earnest P. Mills, Ogden.
Vermont—Earnest P. Mills, Ogden.
Virginia—Ralph S. Faris, Richmond.
Washington—Weldon E. Young, Seattle.
West Virginia—William R. Andrews, Mannington.
Wisconsin—John E. Guy, Milwaukee.

MATERIA MEDICA MEETING.

The regular meeting of the section on Homœopathic Materia Medica and Therapeutics was held at the Hahnemann College on April 21st. Dr. Theodore J. Gramm presided. The minutes (partial) were read by the secretary and approved. Dr. Gramm then asked for noteworthy cases and several were given. Dr. Theo. J. Gramm reported that of a parturient female, four months gone, who had been under old school care at a very well known institution but seemingly without benefit. The case had a vomiting of nearly everything. Was pitifully anemic and wasted. Flickering before the eyes, frontal headache, pains in the stomach, swollen feet and a convulsive state were all present, but singularly enough no albumen was disclosed on testing for same. The amount of leucorrhœal discharge was very profuse indeed. It was of a chafing nature. *Cuprum arsenicosum* 2nd decimal, was given and Dr. Gramm thinks at first at two hour intervals. Later, however, this was dropped to four times daily. An inflammatory state of the cervical canal was treated by a strong solution of potassium permanganate. In four days' time the condition had so regressed that the girl was actually eating very well on a regular diet, and some of her normal color had returned. *Case of C. W. Karsner*. Woman whom he had seen only the night before. Severe occipital headache, ate nothing and a dribbling urination with unconsciousness. No temperature. Pupillary dilatation. Belladonna and gelsemium given in alter-

nation. Rapid cure of patient. *Case of T. H. Carmichael.* Boy of 19 years had developed a beginning lead poisoning with cramps in the belly and legs. Opium 2x every thirty minutes with a tapering off as the condition of the boy moderated. Cure by the next day. *Case of Harry S. Weaver.* A case of acute follicular followed by a subsequent œdema. Condition began with high fever, very bad headache and backache. It was twenty-four hours before the cryptic patchy tonsils were in evidence visually. Another medical man had treated the case at this time. Argyrol had been used in a topical way and something had been given to control the fever. Singularly enough the case got worse and worse. The spots in the tonsils had cleared but the headache, the painful legs and the asthenia kept up. After a very discouraging three weeks the limbs were in a very bad way from œdema, which had started in after the tenth day of illness. The skin was so very swollen and shiny that it would actually reflect objects. This terrible œdema was accompanied with agonizing pain. The medical attendant had been giving bicarbonate of soda thrice daily. Arsenic and iron were also prescribed. Under the care of Dr. Weaver, however, the case rapidly resolved. Being led in his choice by the great redness, the marked swelling and the shiny appearance he had prescribed Apis mellifica 3x. On the very first night the patient slept nearly all through the same. Case mended in fact with a splendid resolution. Woman much pleased with the result. *Cases of Joseph M. Caley.* The doctor referred to four cases, urinary in their type. He spoke of the use of Rhus aromatica in such cases. The dribbling may, of course, be either during the day or night-time. He uses the preparation in five drop doses of the tincture four times a day. *Case of D. Macfarlan.* A case of a young man of middle age who had seen rather severe service in the U. S. Navy. Had incoercible vomiting. Was under old school care; had his stomach washed out and was looked into after the most approved traditional fashion. Vomiting kept up and was told to go or went home on his own volition, from the hospital. After talking it over with his physician Dr. Macfarlan advised him to give apomorphin, which was given in the 6th hand dynamization with fine effect. Man was of a sensitive nature, and had burning feelings in the bowels.

The paper of the evening was read by the secretary, and it was a resume of the influenza epidemic. Dr. Guy B. Stearns, of New York City, had issued a questionnaire to members of the I. H. A., and the data thus obtained was put into a small brochure and mailed to the members themselves by Dr. Stearns. There was in all seventy-nine responses. It was notably difficult to obtain replies from physicians, especially in such busy times, and the tallying sent in probably represents the usual average of the members of the I. H. A. In fact, subsequent conversations held by Dr. Stearns with many who did not answer shows about the same average of deaths as given in the compilation. The number of cases treated and the number of deaths are as follows: Cases treated, 16,913; deaths, 67; mortality, 3.95 per thousand. A resume of the general treatment given in these cases was such as is almost universally recommended, to wit., plenty of air, no food or only liquid food during the first day or so until natural hunger returns, no solid food until temperature is normal, plenty of water, and absolute quiet in bed until at least three days after the temperature has become normal.

Then, as important as all the rest, the single remedy having the closest similarity of symptoms; this remedy should be given in one of the standard homœopathic dynamizations. The use of all palliatives, sedatives, cathartics, stimulants, etc., is condemned as not merely useless but thoroughly harmful. Aspirin and the other coal tar products are condemned as causing great numbers of unnecessary deaths. The omnipresent aspirin is the most pernicious drug of all. It beguiles, as Dr. Stearns so well states, by its quick relief of pain, a relief which is but meretricious. In severe cases aspirin weakens the heart, depresses the vital forces and increases morbidity; in mild cases it makes convalescence slower. In all cases it masks the symptoms and renders immeasurably more difficult the selection of the curative remedy. Apparently aspirin bears no curative relation to any disease, and it ought to be prohibited. The opinion is unanimously expressed that if the similar remedy be given early enough no case of influenza need die, except in extreme old age or where grave organic conditions already exist. Not only will the disease be cured by the sufficiently early administering of the simillimum, but the cough, the pain and other distressing symptoms will be re-

lieved with considerable promptness. The remedy indications read out by the secretary were compiled from all the reports sent in from the standard materia medicas, and from the general clinical experience of all good prescribers. Thanks are due especially to Dr. C. M. Boger, to Dr. Royal and E. S. Hayes for valuable additions and suggestions.

DONALD MACFARLAN, *Secretary.*

**“THE BUSINESS SIDE OF THE PRACTICE
OF MEDICINE.”**

J. W. Webb, M. D., Indianapolis, Ind.

The question has so often arisen in my mind, why is it so many of the physicians, splendid doctors, enjoying large extensive practices, are financial failures?

I am not egotistical enough to assume to answer this question fully, for I fully realize that I, too, have my limitations, and have often failed to seize the opportunity that presented itself, which if undertaken would have meant success where my course led to failure.

Now why is it the average physician is a poor business man? In the first place I should lay the responsibility at the feet of our teachers in medical colleges. During all my course in medical colleges, I do not remember a single professor ever hinting at the business side of the profession. In fact, one of my most brilliant professors, holding the head of one of the chairs, an author of a number of text-books, died during my college course, and imagine the students' surprise when a few days after the funeral they were taking up a subscription to meet a mortgage on his home so that his wife and family might not be put out of their home.

I remember at one of our State meetings Dr. Pratt telling of his dream of a medical college, so equipped that it would be prepared to teach all the different agencies that could be used to heal the sick, such as allopathy, homœopathy, eclecticism, suggestion, electricity, osteopathy, chiroprathy, etc., and I would add to that a thorough business course making it compulsory upon every student that he take this course before receiving his

certificate of graduation. That in after years he know at least whether he is buying blue sky or gold bricks. The medical fraternity generally are alive and progressive, and make rapid advances in both medicine and surgery from both the ethical and scientific sides; but it is rarely one finds a doctor is equally concerned regarding the business side of his profession, and the emoluments that are his just due. This apathy exists in many forms. A dread and fear that he is charging his patient too much for his services, that he may offend and possibly lose them by insisting that they pay him as regularly as they do the butcher or grocer. The doctor should endeavor to get his business on a commercial basis. Cash if possible for each service rendered, particularly his office practice, or at least a monthly settlement where the account is booked.

The bill should be rendered soon after the service is completed before the patient has had time to forget the value of same, for accounts that are not allowed to be forgotten are more likely to be paid promptly.

Collect your bills while they are small, never refuse a payment when it is offered. I have sometimes seen patients approach their physician with money in their hand and say, "Doctor, what is my bill?" and though the doctor be sorely in need of money he replies, "Oh, never mind that now, I haven't my book with me. I'll send you a bill when I need it." Now that patient's heart was full of gratitude to the doctor and he wanted to pay him. Is it any wonder that so many doctors say collections are poor?

Then we should "get the habit" of rendering a monthly statement of every account on our books. And if they are sent in the middle of the month it is all the more likely to receive attention than if on the first with all the other statements that arrive.

People who owe their doctors, frequently become their enemies, while those who pay remain their friends forever. The patient will have greater respect for his physician and more confidence if this plan is rigidly carried out. For a good physician should be a good business man for his own benefit and that of his family.

In surgical work, except in emergency cases, either cash or some equivalent should be insisted upon at the time of arranging for the operation.

In obstetrical cases there enters, of course, the humanitarian side, also the physician's knowledge of the financial responsibility of the family; generally, however, it can be arranged that it is to be a cash transaction and the price fixed you to deliver the child and they to deliver you your fee or else you do not want their job, for it is usually the case that a family so careless as to know for months of the expected event and failing to provide for it in advance certainly are not likely to concern themselves much about it afterwards.

The human race to-day, as a rule, are sadly lacking in a sense of honor and gratitude, and when a physician thinks this is my family or this is my patient he is often mistaken, for as most of us know by experience it is easier to change doctors than to settle a long over-due bill, and no physician should take a case that has been under treatment from another physician without first satisfying himself that his predecessor has been paid in full and discharged.

In venereal diseases no circumstances should permit any laxity regarding payment. "Cash in advance" is a very good motto for most of these cases. After a cure has been effected the "doctor whistles for his money."

The question whether or not the physician should dispense his own medicines differs under different circumstances, and is often an important factor in the success of the physician.

With few exceptions the drug stores of to-day have deteriorated into variety stores where everything from ice cream, sandwiches and paints to cigars and fancy goods are intermixed with drugs and pharmaceuticals. Many of the clerks in these so-called drug stores lack the experience, knowledge and moral qualities essential to a calling in which life and health are at stake: not only this, but nowadays instead of the druggist being a co-worker with the physician many druggists are actually competitors of physicians.

There are many druggists who are technically practicing medicine without a license; scarcely a case of gonorrhœa, stricture, cystitis or other like complaints reach the physicians until after they have been treated by some druggist, then the prescription physician not only loses control of patients but often the patients

themselves, and you well know loss of control is parting with a very serious asset between you and your patient; on the other hand, the dispensing system often keeps you in touch with your patient. They must return for medicine. You can thus keep track of their condition and make necessary changes in their prescription. I have often noticed that dispensing physicians retain their patients for years while prescribing physicians must depend largely on new ones for their office income.

The first element of a successful physician "is a satisfied patient," and as we all know there is so much substitution practiced among the druggists, the drug prescribed may be expensive and similar but cheaper drugs may be substituted.

The action of a certain make of potency or tincture is known to the physician. The prescription clerk may substitute another make of the same drug which may have different effects, also there are not only the danger of substitution and mistake to be considered; but the question of refilling of prescriptions. Prescriptions are often refilled hundreds of times, and I want to say that every time a physician writes a prescription he parts with a valuable secret, and that to his most dangerous competitor, the druggist, and by prescribing I suggest prescribing the indicated remedy and not allow some detail man from some pharmaceutical house do the prescribing for you.

Irrespective of the claims of the Christian Scientists, osteopaths, chiropractors, etc., I do not believe the use of drugs will ever become unnecessary, unpopular or go out of fashion, for all the staple manufactured drugs are used day, night, Sundays and holidays by all classes of people, only some are honest enough to admit it while others are not.

And in the manner of prescribing another element of success is in the manner of taking the case. I have many times observed physicians in the office practice, and understand me I am not saying this critically, only listen to the patient's expression of his or her various ailments, ask a few routine questions, guess at the symptoms and proceed to write a prescription and charge one dollar for it. Why not have the patient loosen the clothing, lie down on the table and proceed to manipulate, use a stethoscope, do something to make your diagnosis, it only consumes a few

moments more time, and you can double or treble your fee and the patient leaves your office better satisfied and feeling that you know your business, and that he has had his money's worth? Also I would suggest that every physician should keep a complete record of every case; nothing impresses a patient like thoroughness on the part of the physician. Their health to them is an important part of their lives and they are tremendously concerned about it else they would not be in your office wanting to part with their hard earned money. And while to us doctors it may become an everyday occurrence to hear these stories of slipping below par, to the patient it is as serious as life itself, and they will demand attention and service, and if you are not willing to make the effort and give service why the fellow next door is and he will be the gainer and you the loser.

Then I think physicians leaning toward professional rather than commercial instinct often overlook ways and means of enlarging their incomes and investing their money and so often fall victims to systems which deprive them of a large part of rightful revenue. Who has a better chance to make profitable investments than the physician, and yet most of us make poor ones.

His acquaintance is large with business men, he is often on the inside of many men's success, and quite often shares with them their secret of success and their plans for future development and can always have advice of good sound business men for the asking, and yet he usually turns aside his ear to some charlatan, and buys a get rich quick copper mine or some never ceasing flowing oil well stock, and then awakes some morning with the information that the machinery is broken down and that he is assessed so much per on his stock which he gladly pays never to realize on his investment.

If the average physician would give one-half as much time and thought to his investments as he does to the accumulating of his money he would rest easier in his old days and live happier in his young ones. Who has a better opportunity to observe the development of a city than the doctor as he goes from one corner to another, and is it necessary that he look and see not?

Why hasn't he as much right to pick up a corner lot in a fast

increasing profit sharing community as some real estate man or business man?

I have always maintained and still insist that proper real estate investments are the safest and surest investments for the busy physician.

And now comes the question of the appearance of the physician and his office equipment. I do not believe it is necessary to make a bluff of the practice of medicine in order to be successful, but I do believe it pays to be thorough and have business-like manners in regard to your office, not necessarily pretentious and large offices, but clean, orderly, well appointed, airy rooms, equipped to do general work, will in most cases win over the hustle-bustle, topsy-turvy, crowded office.

And in conclusion permit me to say of all the professions the business side of the medical profession has the largest opportunities and the greatest possibilities and should be not only a great honored profession for doing much good, but it should be a great business profession. The day has passed when a doctor may succeed and secure patients because he is poor and deserving; the laity demand not only a good doctor but a good business man, and be sure that he makes his "labor worthy of his hire."

THE NEED FOR HOMŒOPATHIC PROPAGANDA.

Clark W. Wilson, Canastota, N. Y.

It is a curious fact that the majority of sick people seem willing to pay more readily for materialistic treatment, which appeals to the senses, than for ethereal and peacefully curative medical treatment which, by homœopathic power, makes disease symptoms totally disappear like snow under a hot sun. Surgical treatment makes even more impressive appeal to the senses, and the patients who may be advised that a surgical operation is necessary seem to consider the news to be like a decree from the court of last resort. However, after one has seen the marvelous and magic-like power of *Lachesis* 30th and 200th, in single doses at long intervals, in totally eliminating alarming symptoms of a kind of cancerous disease development in the breasts of women, then one may grow contemptuous and cynical about the widespread

and approved use of the knife in such cases. Then there is the beautiful specific *Hepar sulphur*, 6, 30 or 200, which, in a few doses, is capable of saving the tonsils of those young or older people who may have been subject to severe tonsillitis.

Many people do not care anything about a real, fundamental cure so long as they can get quick but deceptive relief by accepting palliative medicines which often produce long, lasting cases. Patent medicine manufacturers have made fortunes by acting in accordance with this combination of characteristics.

Many who are aware of the healing virtue of homœopathic medicines would not welcome treatment which may have to bring out an itching eczema or other eruption before a deep and totally complete cure can be accomplished. Mothers who see such orderly but seemingly disagreeable results develop in and on their children, often seek the advice of some specialist on "skin diseases," and the skin trouble is soon driven out of sight by the suppressive power of ointments or external powders. However, such unfortunate practice soon brings back more serious internal complaints. Tubercles may gradually form near or in any internal organ, and that without any alarming pain. Functional "diseases" may appear now and then, queer nervous complaints arise, or the eyes develop a need for glasses, etc. Yet hardly one out of a thousand laymen realize that "skin diseases" and internal conditions have any serious connections. Few suspect that suppressing the external evidences of diseases endangers the health of internal or vital organs. But the enlightened disciples of Hahnemann can readily perceive the effects of suppressing the external symptoms of chronic or even acute diseases. Such practice is made popular by much advertising of soaps, salves, ointments and internal nostrums, and the inevitable train of "organ diseases," nervous and mental complaints follow eventually. The world is full of such results and probably will be for many generations.

There is a great need for many more homœopathic physicians. The public wants them, but does not know how to get them. There is not enough missionary work done for homœopathy. There should be a vast lot of enlightening propaganda in this direction. The people are interested, but rarely a person knows what homœopathy means or stands for in general practice or

principles. Out of a hundred people who have heard of homœopathy, ninety-nine persons think it means the smallest kind of medical doses!

As an example of the misunderstanding of even well educated members of the public who appear to be interested in homœopathy the following reference to a letter by A. B. Eadie, M. P., of Hemet, Calif. in the February number of *Physical Culture*, is cited:

"Homœopathy as a Drugless System.

"Now, however, one may reject or disagree with the theory on which the osteopathic system is based or by which they attempt to explain their results, the result cannot be lightly set aside.

"But in the light of the experience of other drugless systems of treating disease, it will be most likely set aside or explained away and forgotten. In support of this statement of opinion permit me to call to your attention a certain fact. I have been a reader of *Physical Culture* for some time, yet in all the articles that have appeared in it about drugless healing I have never yet seen any reference to the homœopathic school. Yet homœopathy is now and always has been a drugless system of healing."

Ye gods! That last sentence is enough to make even a Hahnemann turn over in his grave. While Prof. Eadie fails to realize that the thirtieth potency "dilutions" are drugs, even though of only immaterial substances which still retain or have acquired penetrating virulence, he seems to be enthusiastic over homœopathy. His conclusion is right in line with truth, speaking of homœopathic success.

"No other method of treatment has ever shown, I believe, such magnificent results."

Since a drug is any material or substance which is capable of abnormally altering nutrition of the human organism and other animals, it can be easily demonstrated that the 30th, 200th and 500th potencies of various elements of vegetable, animal and mineral nature have great power to alter nutrition, which proves that the said potencies possess drug force. The lower animals can be used as objective subjects for proving the forces of the higher potencies. But a few careful tests on oneself may bring greater illumination of the wonderful drug power of the 30th or 200th potency. Use of coffee, camphor, peppermint, pepper and

a few other antidotal substances should be eliminated while making fair tests of potencies, as these neutralizing condiment substances interfere with the drug actions. Care should be used in repeating doses before action of the drug forces of the higher potencies may have stopped. Low potencies do not require so much caution in their use, as their action is crude and more directly on the physical body.

The publicity of homœopathy seems to be growing less and less, while the propaganda of the American Medical Association (allopathic) reaches far and wide by the aid of many millions of dollars of endowed backing. For instance, the city of Syracuse has three daily newspapers of large circulation, but from one end of the year to the other there is never an article explaining anything of homœopathy in any of those papers. Yet Christian Science is given free publicity and considerable space many times during the year. Of course, this gets by under the charity given to religion. But there should be more publicity gained for the philosophy of homœopathy, as it is not only interesting, even fascinating, but vitally important and backed up by the scientific principles. Syracuse, by the way, has a very fine homœopathic hospital.

Get the young people interested in homœopathy. Little classified ads in the representative newspapers of the principal cities of our country calling attention to free booklet or pamphlets on the science and art of homœopathy, and the valuable advantages thereof, to be obtained on receipt of a few stamps for postage, would be educational and generally conducive to the public good.

How many physicians of the homœopathic school give any tracts or booklets on homœopathy to their patients or friends? There may be a few, but they are rare. Are the majority afraid that their patients would become too proficient in the art of prescribing for themselves? Such a development is impossible in less than a thousand years; that is, it would take many generations to accumulate the necessary absolute self-confidence before the demand for doctors could be eliminated. When children are brought up in a family using their own simple homœopathic medicines, they usually want physicians of homœopathy to treat them and their future families in serious cases.

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY

Stuart Close, M. D., Editor,

248 Hancock St., Brooklyn, N. Y.

GENERAL INTERPRETATIONS. (Continued.)

LIFE, HEALTH AND DISEASE.

Health is that condition of the living organism in which the integral, harmonious performance of the vital functions tends to the preservation of the organism and the normal development of the individual.

Disease is an abnormal vital process, a changed condition of life, which is inimical to the true development of the individual and tends to organic dissolution.

The phenomena of life in health and disease are caused by the reaction of the vital substantial principle of the organism to various external stimuli. So long as a healthy man lives normally in a favorable environment he moves, feels, thinks, acts and reacts in an orderly manner. If he violates the laws of life, or becomes the victim of an unfavorable environment, disorder takes the place of order, he suffers and his body deteriorates.

When organic vitality is exhausted, or is withdrawn, his transient material organism dies, yields to chemical laws and is dissolved into its elements, while his substantial, spiritual organism continues its existence in a higher realm.

Agents, material or immaterial, which modify health, or cause disease, act solely by virtue of their own substantial, entitative existence and the co-existence of the Vital Substance, which reacts in the living organism to every impression made from within or without. The dead body reacts only to physical and chemical agents, under the action of which it is reduced to its chemical elements, and dissipated as material organism.

All reactions to stimuli, by which the functions and activities of the living body are carried on, originate in the primitive life substance at the point where it becomes materialized as cells and protoplasmic substance.

Agents from without which affect the living body to produce changes and modifications of its functions and sensations, act upon the protoplasm through the medium of the brain and nervous system. Food, drink, heat, light, air, electricity, drugs,

medicines, as well as mental stimuli, all act primarily upon the living substance as materialized in the cells of the central nervous system, calling forth the reactions which are represented by functions and sensations.

Power resides at the center, and from the center of power, force flows.

The phenomena of life, as manifested in growth, nutrition, repair, secretion, excretion, self preservation and reproduction, take their direction from an originating center. From the lowest cell to the highest and most complex organism, this principle holds true. Cell wall and protoplasmic contents develop from the central nucleus, and that from the centrosome, which is regarded as the "center of force" in the cell. All fluids, tissues and organs develop from the cell; from within outwards, from center to circumference.

Organic control is from the center. In the completely developed human organism, vital action is controlled from the central nervous system. The activities of the cell are controlled from the nucleus, which may be called the brain of the cell.

The central nervous system may be compared to a dynamo. As a dynamo is a machine, driven by steam or some other force, which, through the agency of electro-magnetic induction from a surrounding magnetic field, *converts into electrical energy* in the form of current the mechanical energy expended upon it, so the central nervous system, is a machine, driven by chemical force, derived from food, which, through the agency of electro-vital induction from a surrounding vital field, *converts into vital energy*, in the form of nerve current or impulses, the chemico-physical energy expended upon it.

As an electrical transportation system depends for its working force upon the dynamo located in its central power station, so the human body depends for the force necessary to carry on its operations upon the central power station where the brain and spinal cord are located.

Any disturbance of conditions at the central power station is immediately manifested externally at some point in the system; and any injury to or break in the external system is immediately reflected back to the Central Station.

In health and disease it is the same, both being essentially

merely conditions of life in the living organism, convertible each into the other. In each condition, the modifying agent or factor acts primarily upon the internal living substance of the organism. This reacts and produces external phenomena through the medium of the brain and nervous system which extends to every part of the body. Food or poison, toxins or antitoxins, therapeutic agents or pathogenic micro-organisms, all act upon and by virtue of the existence of the living substance of the organism.

Cure of disease, or the restoration of health, likewise begins at the center and spreads outwardly, the symptoms disappearing from within outward, from above downward and in the reverse order of their appearance.

Resistance to morbidic agents is from the center where life reigns. Vital resistance is the defensive reaction of living substance to noxious elements and organisms, to disease producing causes and agents in general, in obedience to the inherent instinct or law of self preservation, which belongs to life in organism.

Metaphorically speaking, *disease is resistance*. Disease, manifested by symptoms, expresses the vital reaction and resistance of the living organism to the inroads of some injurious agent or influence. It is a battle, a struggle, a costly and painful resistance to an invader.

Strictly speaking, it is not against disease that we struggle, but against the causes of disease. The actual causes of disease, in the last analysis, are from without. They do not exist in the life substance itself. They are foreign to the spirit, to man's true nature. They become operative or effective in the organism conditionally, by virtue of the existence of the vital principal of reaction and resistance, and of a living organism in and through which action and reaction can take place.

Matter and Force: Physical science declares that matter is indestructible. Matter is corporeal substance; the form of being or substance that is characterized by extension, inertia, weight, etc., or, in general by the properties cognized by the senses. The constitution and mode of production of matter are traced backward from mass through molecules, atoms, and electrons to a radiant state of matter supposed to exist in the interatomic ether of space.

Ether is a hypothetical medium filling all space, through which, in the form of transverse wave-motion, radiant energy of all

kinds, including light-waves is propagated. According to physical science, all energy exists in the ether, and matter may be regarded as, in a sense, a condensation, "a specifically modified form of ether," as Lodge put it. This is as far as physical science can go. Of the nature and source of the "Energy," in other words, of what it is that radiates through the ether in the form of "transverse waves," physical science can tell us nothing. In stating this conception, science tacitly admits the substantial character of the ether, of energy in general, and of specific forms of energy in particular, although its phraseology is often vague and its terms contradictory. Physical Science does, however, adhere to the general principles of the Indestructibility of Matter and the Persistence of Force. It is thus far in harmony with the more advanced position taken in the substantial philosophy. It is much to have arrived at that point in thinking. But of *incorporeal living substance*, or Life and Mind as the primary source and basis of all energy current, science has as yet only a faint conception; although more than one physical scientist has reached the conclusion that, in the last analysis, all force is a manifestation of Will.

Biological science traces matter backward from organism through cells, nuclei, to the *centrosome*, an organ found in the protoplasm, but usually only occurring in close connection with the nucleus. When active the centrosome is said to be at the center of "a sphere of attraction and a system of rays," and is regarded as the *dynamic center* governing karyokinesis and cell division.

Biological science, therefore, when examined closely, is found to recognize, at least tacitly, the existence of Life as a substantial, entitative, indestructible power. How or by what else could the vital force necessary to carry on vital processes be generated? How else could there be in the cell a "dynamic center?" Dynamic center means "center of power." Statically, power means capacity of a person or thing for work, for producing the force by which work is done. There must be a source from which force is produced or drawn, and that source must be substantial. Kinetically, power is the cause, force the medium, and work the effect. Power, therefore, considered either as an attribute or the thing itself, is actually a substantial, entitative existence.

Since it is an axiom that *life can come only from life*, biological science, in thus placing the centrosome at the center of "a sphere of attraction," places it in a surrounding field of what can only be incorporeal *living substance*, from which alone could it attract the wherewithal to construct the cell and endow it with the functions of organization, growth and reproduction.

As the active agent and center of attraction the centrosome is a medium, standing between the field of life on the one side, and the field of matter on the other side, and acting under the law of attraction, by means of which vital force is drawn from the surrounding vital field and converted or transformed into the physical or chemical force which acts directly upon the matter of which the cell is composed. The centrosome also, like the central nervous system, may be compared, in this respect, to a dynamo, which acts in a similar manner in the conversion of mechanical energy into electric energy or current.

Biological science is neither explicit nor comprehensive in this matter. It places the centrosome "at the center of a field of attraction," but does not define or enumerate all the contents of that field. Enumerating only the physical or chemical forces and the various forms of matter of which the cell is composed, it implies that these are all the field contains. Biology, the science of life and living things, thus evades the acknowledgment of Life as a specific power, principle or substance, and defines it merely as a state of the organism, a condition; or as arising out of physical and chemical elements and forces, acting so as to result in some unexplained way, in the evolution of the individual living being and the development of the species.

Such a definition fails to explain some of the most important phenomena of living organisms, such as growth, reproduction, self repair and constant changes with continued identity, (not to speak of feeling and thought), because it leaves out Life, the most important element of all. It is like the play of Hamlet with Hamlet left out.

It is an axiom of science that *life comes only from preceding life*.

The surrounding field of "the sphere of attraction," at the center of which biology places the centrosome, must, therefore,

contain the *life substance* as well as the matter of which the cell is composed, upon which the attraction is exerted.

Attraction is a force exercised mutually upon each other by two or more bodies, particules or substances, tending to make them approach each other, or to prevent their separating.

As the active agent, or center of attraction, the centrosome is a *medium*, standing between life on one side and matter on the other side.

The brain and spinal cord, the central nervous system, made up of innumerable cells, with their nuclei and centrosome, has already been compared to a dynamo. So each individual cell with its nucleus and centrosome, may be called a dynamo in miniature. A dynamo is essentially a converter of one form of energy into another. Standing at the center of the field of attraction, and acting in all directions, under the law of attraction, the centrosome, through the agency of induction from the surrounding vital field, converts the chemical energy derived from nutrient matter into vital energy.

In no other way and from no other source could the centrosome attract that ruling element by which the living human body and brain are endowed with their peculiar properties and functions or organization, growth, self repair, reproduction, intelligence, reason, feeling and will.

Electric science, in its theory of electro-magnetic induction and conversion, has thus paved the way for a clearer understanding of the *modus operandi* of the Life principle.

Physics and Biology are in harmony with Homœopathics, the science of Homœopathy.

Their basic principles are identical. The respective scientific explanations of the origin, constitution and transformation of matter, and the laws governing the same agree perfectly as far as they go.

The explanations of Physics and Biology serve equally well for Homœopathy in its physical and biological aspects. Ionization, for example, the breaking apart of electrolytes into anions and cations, by solution or other process, chemical or mechanical, (the theory of electrolytic dissassociation) is an adequate physical explanation of what occurs in the preparation, by trituration, solution and dilution according to scale, of homœopathic high

potencies. The much derided and discussed "infinitesimals" of Homœopathy are found at last, in the farthest advance of science, to be "common property," under the general mathematical "Theory of Infinitesimals." Physicists and Biologists, as well as Homœopathists, have been led to the adoption of the theory of the infinitesimal to explain their phenomena, and of the infinitesimal quantity to accomplish their ends.

The amazing achievements of modern physical, chemical and electrical science have been made possible only by knowledge of the powers, properties and laws of the infinitesimal.

Mathematics, greatest and most ancient of the sciences, opened the way with its Infinitesimal Differential and Integral Calculus, and laid the foundation upon which later coming sciences were built—Homœopathy among them.

Walking "Indian Fashion," that is, with the feet pointed straight to the front, instead of at the customary angle, has been found to be good for weak arches, says the United States Public Health Service.

Homœopathic Recorder

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R. F. RABE, M. D., Editor, 616 Madison Ave.,
New York, U. S. A.

EDITORIAL NOTES AND COMMENTS

The New York Homœopathic Medical College.—Following the resignation of Dean Thomas J. Preston, Jr., on February eighteenth, the trustees of this college appointed Dr. Rudolph F. Rabe, editor of THE HOMŒOPATHIC RECORDER, acting dean. On May first Dr. Rabe was appointed dean and assumed the duties of his office at once. Dr. Rabe has been a teacher of homœopathic materia medica, therapeutics and homœopathic philosophy for the past sixteen years, and served as head of the department of materia medica during the greater part of this time. His endeavor will now be to place the college among others of the first rank in medical education, and to emphasize the teaching of homœopathy in every way possible. To this end he has designated the subjects of materia medica and homœopathic philosophy major subjects in the curriculum, thus raising them to an equal rank with other important and fundamental studies.

The college faculty is unanimous in its desire to raise and maintain a high standard of scholarship, and to this end has only recently made the course a five year course, the fifth year to be devoted to intern work in homœopathic hospitals designated by the faculty and standardized in accordance with the requirements of the American College of Surgeons.

The entrance requirements demand two full years in a college of liberal arts or sciences as a prerequisite to medical study, and these two years to include physics, chemistry, organic and inorganic, biology and one modern foreign language.

The college has an able staff of full-time professors and instructors, in accordance with the demands of the Council on Medical Education of the American Medical Association, as well as with those of the department of medical education of the State of New York.

A new dispensary is now in process of creation, and the board of trustees have placed at the disposal of the faculty one hundred free beds in Flower Hospital for medical and surgical teaching. The college is proud of the fact that it possesses its own hospital of which its faculty is at the same time the medical board.

Dr. W. W. Blackman, for many years professor of anatomy, and, later, alumnus trustee, has now been made a full member of the board, and has been appointed president of the college; as such he will co-operate with the dean in every way possible. The board of trustees is composed of men eminent in the financial, professional and business world of New York, who are enthusiastic in their support of the cause of homœopathy. Under their trusteeship a bright future may with confidence be looked forward to.

Homœopathic Clinical Day.—On October 19th the homœopathic hospitals throughout the country are planning to hold medical and surgical clinics to which the physicians from far and near will be invited.

Under the auspices of the American Institute of Homœopathy this idea has been developed, and homœopaths are asked to give it their cordial support. Publicity of this kind given to our homœopathic institutions is likely to favorably affect the cause of homœopathy in general and to advance its interests everywhere. Your cordial co-operation is urged and requested.

Sabadilla as a Prophylactic in Hay-fever.—A weekly dose of this remedy in the 200th potency, each time produced sneezing and watery nasal discharge within two hours of the taking of the dose—*anaphylaxis*, negative phase, initial aggravation, whichever term you may prefer to use.

This remedy is deserving of careful study in these cases, as well as in simple coryzas together with soreness commencing on the left side of the throat and marked chilliness or sensitiveness

to cold air. Hot drinks are grateful to the throat, a symptom, by the way, which will differentiate this remedy from *Lachesis*. Light haired, blue eyed individuals are said to be most affected.

Chamomilla in Measles.—Two recent cases illustrated the sphere of this remedy very nicely. Briefly, these were the symptoms—hot dry skin, rash well marked and very extensive: eyes swollen, inflamed and watery, thirst, crying and petulance, relief from passive motion as when carried by the mother, and *hot sweat about the head and neck*. The thirtieth in one and the two hundredth potency in the other, repeated at intervals of three hours, soon modified matters decidedly, relief occurring after the first dose in each instance.

Later, dry hacking cough > in no position, with obstructed nasal breathing responded quickly to *Sticta pulmonaria* 30th. In the otorrhœa following a middle ear inflammation occurring during measles, do not forget, in addition to *Pulsatilla*, *Carbo veg.* and *Kali sulph.*

Therapeutics of the Respiratory Organs.—We are glad to see that several eminent homœopathic authors and teachers have most highly praised Dr. Cartier's book, translated by Dr. Carl Williams.

Dr. John H. Clarke, of London, England, author of Clarke's Dictionary of Materia Medica and of several other well known works states, in a letter to Dr. Williams, "You have done a real service to English-speaking homœopaths, and I have no doubt that your translation will soon take its place as one of the regular text-books of our school."

Dr. W. A. Dewey, of the Homœopathic School of Medicine, University of Michigan, Ann Arbor, states, "I regard your translation as the book of the day in therapeutics, presented at a time when homœopathic works are becoming scarce, and so all the more welcome."

Dr. Chas. E. Sawyer, president of the American Institute of Homœopathy, in a letter to Dr. Carl A. Williams, writes, "This is to express my appreciation of and to commend the work so splendidly wrought. This is a volume of valuable information that should be in the possession of every homœopath in the country. As a practical text-book it fills a much needed want,

as a handy reference book it is well adapted to quick references, as an advocate of the Law of Similars, it is convincing and practical. May success attend its wide distribution, is my wish."

The editor of *THE HOMŒOPATHIC RECORDER* has already reviewed this book in a previous number and heartily approves of the sentiments above expressed. Dr. Cartier and Dr. Williams have added another gem to the literature of our school.

Absence of Symptoms.—Functional disturbance is more likely to manifest itself in marked subjective symptoms than is organic change. The symptom totality in any case includes both objective and subjective expressions of disease. The more objective a given case, the less amenable to internal remedies is it likely to be: this is a broad statement, to be sure; but in the main true. There are exceptions, of course. Incurable cirrhosis of the liver quite constantly presents no subjective symptoms, other than those which are mechanical. The symptoms which we see in such a case are pathognomonic: they indicate the condition: they are diagnostic: as Kent would say, they are predicated of the man's organs, but not of the man himself. As such they are usually of no value, especially so if the cirrhosis has progressed to the point of gross pathology such as a contracted, shrunken or atrophied liver. No man can live without his organs. An organ which has lost its function through disease is dead and becomes a foreign body, which may or may not be productive of further mischief. This depends upon the character and location of the organ. A badly diseased heart we must worry along with until the inevitable end; a badly diseased and functionless tonsil can and usually should be removed. The same may be said of a chronically diseased appendix.

Look out for the sick man who presents no symptoms on which a homœopathic prescription can be based. He is either a surgical case or a doomed man, sometimes both. Where function is disturbed there must be some organic change, however slight this may be. Slight pathologic change may be turned back, so to speak and directed into the channel of normal histology. Normal histology presupposes orderly functioning—physiology if you choose. Gross pathology is usually beyond the reach of internal remedies; if far advanced, absolutely so and then belongs to the

surgeon. If we could all cure, there would be little work for the surgeon, and his Rolls-Royce would be less in evidence. The average medical doctor drives a Stannum Elizabeth. Aspiring surgeons will take note and act accordingly.

Remember that disease end-products are ugly customers, as a rule—hard to manage, control or get rid of. Also remember that homœopathic philosophy practically applied, will never fail to solve any knotty medical problem. Learn, therefore, to think in terms of homœopathy and to act in accordance with its principles whenever possible. That is why you are called a *homœopathic physician*.

Alumen.—This remedy is to be thought of in patients of a catarrhal tendency who are very sensitive to weather changes, especially cold. Since alum is astringent in its nature, sensations of constriction, burning or contraction are characteristic. Relaxation of mucus membranes is strongly suggestive of this remedy, hence in acute or subacute catarrhal inflammation of the pharynx in which sensations of constriction, burning and dryness are pronounced the remedy will be required. On examination in such cases the uvula is found to be relaxed and the mucous membrane of the faucial pillars appears flabby and swollen, almost succulent. A dry, tickling, annoying cough, often preventing or greatly hindering speech, adds a distressing element to the symptomatic picture. In typhoid fever Alumen may be needed when hæmorrhage is present and dark livery clots are passed. It is difficult however to speak of the positive value of this or of any other remedy in such an emergency, since hæmorrhage in typhoid with the danger of perforation into the abdominal cavity, is likely to require prompt surgical interference as the only chance to save life.

Palpitation of the heart when lying upon the right side is a curious symptom credited to Alumen and has been verified. A medical student, after severe athletic indulgence, was found with cardiac hypertrophy. The student complained of a constant feeling of exhaustion and this was easily aggravated by any exertion, which also increased the palpitation. The latter always occurred when lying on the right side. There was an occasional sensation of slight fulness in the cardiac region. Pulse usually from 60 to

65, during palpitation was increased to 75. There was also a sensation of pounding or throbbing in the chest and head. A history of an acute though mild attack of rheumatic fever of four days' duration, eight years before, was present.

One dose of *Alumen* 45m F. brought immediate improvement and removed the entire train of symptoms.

Arundo Mauritanica.—This is an Italian grass, hence suggestive of hay-fever, and is a very useful remedy to be given during such an attack when, with the ordinary symptoms of coryza, an itching tickling sensation is present in the nostrils and especially so upon the roof of the mouth. A burning sensation on the palate may be spoken of.

Bellis Perennis.—Here we have the bright eyed daisy, a pleasure to look upon in grassy fields, but a pest to the farmer nevertheless. Sensations of bruised soreness are characteristic of this remedy, strongly resembling those of *Arnica*, but when coupled with passive congestion of organs, demanding *Bellis*. A woman who believed that she had taken cold, complained of a bruised soreness in the lower abdomen, also of a delay in the menstrual flow, a slight spasmodic show of blood only, had taken place. The temperature was raised a degree. *Bellis perennis* 30th, a few doses, restored the menses and relieved all soreness.

Fagopyrum Esculentum.—A formidable name for the very popular American dish of buckwheat cakes made famous by Hecker, Jones, Jewell and other grinders of buckwheat flour. Overindulgence in this delectable article of food has produced symptoms of gastric derangement, so-called bilious attacks, as well as an intensely itching papular or urticarial rash. Occipital headache, empty faint gone sensation at the stomach and either bilious diarrhoea or obstinate constipation may be present. Difficult mental concentration is characteristic. There is present a marked general amelioration from cool open air and the itching is relieved by washing the affected parts in cold water. The editor some years ago reported a case of dermatitis venenata produced by the primrose plant, *primula obconica*, which is highly poisonous to some people, in which the intensely itching, maculo-papular eruption

was relieved by bathing in cold water. Until this modality was discovered no relief had been afforded by either Rhus tox. or Sulphur. Fagopyrum 1000 Sk. speedily put an end to the misery. The gastric and other symptoms have also been verified.

Adrenalin chloride raises the blood-pressure enormously and causes a rapid pulse. Hence it should be thought of in cases of arteriosclerosis in which the pathological conditions predominate and subjective symptoms are few or mostly pathognomonic. Since cure is out of the question, in advanced cases at least, palliative results only are to be looked for. In tachycardia, neurotic in origin, the remedy may be indicated and in one such case, now under treatment, the 30th potency is proving beneficial. In this case there are no organic cardiac or other lesions present. Sensations of turning over in the heart region have been prominent, with intermittency of heart beat and pulse.

Iberis amara, the bitter candytuft, is clinically related to hypertrophy and dilation of the heart with palpitation and tachycardia. Among the symptoms produced in its pathogenesis are palpitation and dyspnoea from ascending stairs, rapid pulse, numbness and tingling in the fingers, pains in the left arm and aggravation from lying on the left side. Sharp pains in the heart region are present. In a case of myocarditis with the usual symptoms of failing compensation, the œdema of the legs has been improved, dyspnoea lessened and the pulse and heart action strengthened by this remedy, given in the third centesimal potency. A rapid pulse was the indication which led to its employment.

A recent experience with *Gettysburg Springs* in the sixth decimal trituration will be of interest. These springs contain sodium, magnesium and calcium in the form of carbonates, chlorides and sulphates, also lithium chloride as well as other salts. For some years the patient, a woman of forty-seven, had suffered from more or less constant rheumatic pains in the muscles of the neck, trunk and limbs. The pains in the back were especially annoying. Originally the difficulty had been caused by living in a damp country house. The joints had never been affected. Rhus tox. and other remedies had given partial relief only. Radium bromide 30x and 60x had not helped. *Gettysburg* 6x trituration,

night and morning brought immediate and thus far, lasting benefit, although the case is not regarded as a cured one. The symptoms on which the remedy was chosen are as follows: Stiffness or rigidity, especially mornings on commencing to move, but *not felt when at rest*. General amelioration from motion and from heat. Aggravation from cold or wet or from drafts of cold air. The negative symptom or modality, "not felt when at rest," seems to be the differentiating and characteristic one and distinguishes Gettysburg from Rhus tox.

Scutellaria Laterifolia.—This plant, commonly known as the skull-cap or mad dog skull-cap, furnishes us with a remedy said to be useful in certain nervous and reflex disturbances. A proving of the drug is to be found in Allen's Encyclopædia, also a study by Dr. George Royal, in the transactions of the American Institute of Homœopathy for 1897. Its sphere of usefulness appears to be limited to cases of brain-fag from overwork with dull or throbbing occipital and frontal headache, cardiac irritability, sleeplessness and weakness, as well as to cases of cerebral irritation in teething children who exhibit twitching of the facial muscles and of the extremities. In the latter class of cases the irritability and the fever of Chamomilla are lacking.

In two such cases with grinding of the teeth during sleep, the 30th potency has been of benefit. Night-terrors are an additional indication.

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The American Institute of Homœopathy.—This, the oldest national medical organization of the country, held its seventy-sixth annual session at the Hotel Statler, Cleveland, Ohio, June 20-25. At the outset it may be stated that if any proof were needed of the value and efficiency of careful planning and organization, this meeting furnished eloquent testimony. The great success of this convention has undoubtedly been due to the indefatigable labors of the present administration and more particularly to the tireless energy of President Sawyer. An attendance of upwards of twelve hundred members and visitors supports this contention.

President Sawyer has labored long and hard to perfect an organization which shall be strong in offense as well as in defense; he has organized every possible activity associated with the Institute, even remotely. The hospitals, their superintendents and their supervising nurses have been organized for mutual service and benefit. In union there is strength, for united we stand, but divided we fall.

The year 1920 promises, before its close, to become a momentous one for the Institute. President Sawyer, whose home is in Marion, is the physician of Senator Harding, Republican candidate for the presidency of the United States. Similarly, Dr. Thomas A. McCann, of Dayton, is the friend and physician of Governor James M. Cox, who has received the Democratic nomination. Both Sawyer and McCann are warm friends, although on opposite sides of the political fence. At any rate, Ohio, the birthplace of presidents, is likely to give the Institute another one of her sons to this high office, and Dr. McCann has already been elected the presiding officer of the Institute for the coming year. Thus does the State of Ohio stand glorified in the brilliancy of her sons!

The Institute's program was this year a very complete one, filled with able papers of every description and comprising all the numerous departments of medicine. The bureau of homœopathy presented an able array of topics of vital importance, the same may be said of clinical medicine and of materia medica. Unfortunately there was some clashing in the time allowance of these bureaux, so that the bureau of homœopathy was curtailed, while that of materia medica had to be hurried through with, in a manner which left little opportunity for discussion. This is to be regretted and the program committee of the Institute should in the future endeavor to avoid similar curtailment of important bureaux. We are free to admit that the problem is far from easy.

Wednesday was known as Ohio day and on this afternoon Mr. Chas. F. Kettering, of Dayton, delivered an interesting address to a large audience on "The Electron Theory and Its Application to Homœopathy." Mr. Kettering, by the way, through the influence of president-elect McCann, has given four hundred thousand dollars to the School of Homœopathic Medicine of the Ohio State University. In the evening the banquet of the Institute was held in the large ballroom of the Statler, and was a most enjoyable and well attended affair, with the usual flow of oratory and feast of soul.

The Congress of States has this year still further perfected its organization and but very few states remain which are not linked up with the national organization. We regret to find among this number our native State of New Jersey. Jersey Blues, bestir yourselves and fall into line!

We would be remiss in our duty did we fail to comment on the splendid exhibit of pathological specimens, charts and tracings of the School of Homœopathic Medicine of the Ohio State University. This school under the energetic and able leadership of Dean Burrett is forging steadily ahead and justly deserves the splendid support which both the homœopathic profession and the laity of Ohio, more especially of Dayton, are giving it. Dr. A. E. Hinsdale, professor of materia medica and pharmacology in this college, continues his work in pharmacologic research. He has recently demonstrated on animal tissues the effects of various drugs in potencies, such as the sixth decimal and higher, and has shown the point or potency at which such effects ceased. The

next higher potency he has designated as that which corresponds to the subphysiological dose and which is apparently incapable of producing any further pathologic effect, at least upon animal tissues. He does not, of course, maintain that such potencies, as well as higher ones are incapable of curative effects; on the contrary he readily admits the curative power of the high and highest potencies; a fact known to every homœopath who has given the question honest investigation.

"Medical Therapeutics for Daily Reference," the handbook of homœopathy, authorized by the American Institute, published by Boericke & Tafel, and edited by the editor of *THE HOMŒOPATHIC RECORDER* was presented to the members for their approval, during the meeting. The book contains two hundred pages, is well indexed, is on sale at all homœopathic pharmacies and sells at the low price of one dollar and a quarter. The work is the result of the combined efforts of several Institute members and should therefore, receive the hearty support of the entire profession. If this proves to be so, the book can be enlarged and still further improved and made more useful in later editions.

As usual, this convention found men and women brought together from all parts of the country. San Francisco sent her veterans of our school, Boericke and Ward. The latter, by the way, has finally, after years of effort, secured from the von Bœnninghausen family in Germany, the authentic sixth edition of Hahnemann's *Organon*. Much of the book is in the hand writing of Hahnemann himself. Prof. Boericke will translate the work for the profession. Dr. Ward deserves the gratitude of homœopathic physicians everywhere for his altruistic spirit in securing this much coveted prize at the cost of much effort and money.

Philip Rice, also from San Francisco, was much in evidence with his accustomed enthusiasm for the improvement of our materia medica. He believes that the latter requires a thorough revision along very different lines, which, among other things, shall include the morphology of the individual prover.

Of course, no homœopathic convention would be complete without the presence of the war-horses of the profession, such as Sutherland, of Boston; Cobb, of Chicago; Royal, of Des Moines; W. B. Hinsdale and Dewey, of Ann Arbor. Their loyalty to and constructive efforts for the Institute are always in evidence. At

at a joint session of the *Federated Examining Boards, Council on Medical Education and College Alliance*, several timely and important papers were read, notably so by Strickler, of Denver, and G. Harlan Wells, of Philadelphia. As usual, our good friend, the ubiquitous Pearson, of Hahnemann Medical College, was always in close touch with matters of interest to the school and profession. Pearson held a meeting of the College Alliance at eleven thirty P. M. and insisted upon keeping us all occupied until the small hours of the morning. We herewith most humbly apologize for all we have ever said concerning the somnolence of Philadelphians. New Yorkers have nothing on them.

Guy M. Cushing, of Chicago, member of the Illinois State Licensing Board and also of the Council on Medical Education of the A. I. H., presented a carefully worked out critical analysis of the standing expressed in percentages of the six medical colleges in his state. By means of his tabulated analyses, it is easily possible to see at a glance, the strength or weakness of any department or of any college, whose graduates have appeared before the Illinois State Board. We commend his work to other state boards: it has great value to the colleges and must make for their improvement.

Although the census returns show that Cleveland has been surpassed by Detroit in population, we have nothing but praise and admiration for the beautiful residential sections and parks of the former great city. Our good friend, Carl Rust, in his trusty flivver, drove us about through the magnificent boulevards and avenues of this progressive town and opened our eyes to its many beauties.

Another milestone in the progress of homœopathy has now been passed, and in the passing gives convincing proof of the vigor of our cause, a cause be it said, which needs and is receiving the earnest thought of the best minds of our school. Whatever the future may show, one thing is certain and that is, that the fundamental principles of homœopathy, though equipped in other garb, will nevertheless be preserved for posterity and the ages to come. Here, then, is to the memory of that great sage and philosopher, that scientist and true physician, the immortal Samuel Hahnemann! May his memory be ever hallowed by a grateful profession!

DIGITALIS.

A Study by Charles W. Karsner, M. D.
Philadelphia, Pa.

Digitalis purpurea, Fox glove or Fairy glove, is a biennial plant, growing wild in central and southern Europe, and is at times cultivated, both here and abroad, as a garden plant. It seems to avoid calcareous land, but in a suitable soil produces a plant that is rich in medicinal property, although all medical preparations of *Digitalis* should be assayed before use. The fibrous root of the plant sends up a single, erect, downy leafy stem from two to five feet high, terminating in an elegant spike of purplish flowers, somewhat tubular or bell shaped, resembling the finger of a glove, from which it derives its name. Its leaves are large, six to twelve inches long; upper surface is dull green; lower a grayish color. The leaves have a bitter, disagreeable taste, and contain all the medicinal virtues of the plant, although in the olden times the seeds, which are small and numerous, were thought to represent its properties. The leaves are gathered in the second year growth of the plant, while its flowers are expanded, and are used medicinally as powder, infusion, tincture, fluid and solid extracts. Its medicinally active principle is called *Digitalin*, which has been produced in two forms, amorphous and crystalline, but so potent a plant has attracted the attention of manufacturing chemists, who have extracted from the drug a variety of active substances, and claimed for them special properties or activities—*Digitorin*, *Digitonine*, *Digitalin* and *Digipuratum*, but if I rightly apprehend the consensus of medical opinion, none of these extractives are superior to the uniform active qualities exhibited by the use of a properly assayed preparation of the drug itself. Yet in a late paper by Koplík, published in the *Journal of the American Medical Association*, he uses this language: "*Digitalis* has lately been brought into notice in the treatment of pneumonia, given in adequate doses, it is useful. The tincture may be used in therapeutically effective doses, but in cases in which a tachycardia develops with threatened breakdown of the heart with enlargement of the liver, the

tincture is of little avail. In these cases *Digipuratum* given intravenously in full doses, twice in twenty-four hours, is of great efficacy, and, it the only agent that will abort a cardiac collapse." If I may be permitted to differ from this distinguished physician, I would say that any active preparation of *Digitalis* will do this when applied intravenously, or, in fact, hypodermically, as when introduced into the circulation, it exhibits a quickly powerful action. I know it is commonly taught that *Digitalis* is a slowly acting remedy, and this is true when it must be absorbed from the stomach in a concentrated form. Its infusion has been a popular form of administration, because its medicinal properties are contained in water, and diluted, so that they become quickly absorbed and enter the circulation. The activity of many vegetable drugs is determined by their method of administration, hence we may do *Digitalis* an injustice when we call it slow. Permit me to quote a case illustrative. I was hurriedly summoned to a lady of fifty-four years of age, she had vomited supper, was cold, cyanotic, almost pulseless, apparently a nephritic. A few friends and a daughter, who was a nurse, was present. I could see nothing to do clearly, but a quickly acting physiological dose of *Digitalis*. Procuring a tablespoon into which were placed ten or twelve drops of *Tincture of digitalis*, this was made to simmer over the flame of a kerosene lamp in the room, then diluting it with some normal salt solution, it was thrown deeply into the left forearm. In a few minutes the nurse found improvement in the pulse. This I was able to corroborate in less than ten minutes; in less than a half hour she was rational, and sent me home. She was given only hot water through the night, and in the morning turned over to her family physician in good condition. In this case the tincture was administered hypodermically and its favorable action was perceived in a few minutes. The symptoms produced by *Digitalis* in the human body have been described by many observers, and practically all agree. It is related that Koppe took a toxic dose of *Digitoxin*, in about an hour he experienced malaise, depression, faintness, nausea; in three or four hours his pulse fell from 80 to a point varying between 30 and 58. Nausea was intense and indescribable. Momentarily relieved by vomiting dark green or yellow bile, pulse

was intermittent, face pale and collapsed; in seven or eight hours he could not stand without assistance. The field of vision was yellow, and his sight so confused that familiar objects and persons were not recognized. The following day the symptoms continued with a sense of precordial sinking, and the tracings showed diminished force of pulse with inequality. The third day he could take water. The fourth day he could walk, and the symptoms gradually subsided.

Balliet says: "The symptoms of a toxic dose of *Digitalis* are nausea, repeated vomiting, gastric distress and pain, reflexes lessened and later lost; respiration diminished, vertigo, stupor and convulsions may follow; urine first increased, finally suppressed; pulse first is full, strong and slow, with blood pressure rise, then dicrotic, rapid, irregular, with blood pressure falling and death occurs from cardiac spasm."

Burt quotes Claude Bernard as finding a heart poisoned by *Digitalis* after death, as being contracted, rigid, motionless and totally empty. *The Natural Dispensatory* says, in physiological doses it depresses the entire nervous system, impairs digestion, diminishes urine, lowers temperature, and may annihilate the activity of the genital organs.

It is quite apparent from the picture just drawn that we have in *Digitalis* a primary heart stimulant of the motor type; there is nothing in its work that reminds us of paralysis, sedation, or a quiet good time, producing, when administered in physiological doses, qualities which stimulate the motor impulses of the heart, especially those governing the ventricles and vessels, but which, if continued, or its force accumulates, depress these impulses, provoke distressing symptoms and may drive a weak heart into spasm and death.

It is to be regretted that the pathologic and the physiologic process by which these results are produced, are not better understood by the medical man. We are told that the slow full pulse and the heightened blood pressure is caused by a stimulation of the pneumogastric nerve, this being an inhibitory nerve, that the slow heart allows the ventricles to fill the arterial vessels, and the filled arterioles induce tonic contraction, which causes the increased blood pressure, and it is suggested that the lessened res-

piration and kidney secretion arises from the same source. As the pneumogastric has sensory and motor nerves influencing these organs, Balliet, who is the only author I can quote on the subject, thinks the distressing nausea is probably the outcome of local irritation, and with this thought I cannot agree, as I have not found *Digitalis* in any medicinal preparation capable of producing local or inflammatory gastric conditions, nor any autopsy findings of such result, and no treatment seems to allay this distress which subsides quickly when the drug is withdrawn. It will be recalled that the gastric branches of the pneumogastric give sensibility to the mucous coat of the stomach, and it is possible to think that this distressing nausea is caused by some subtle stimulation to these sensory nerve branches, caused by the drug.

How shall we explain the process by which a heart under stimulus is driven into a muscular contraction, and killed in what we call a spasm. The natural motor force of the human heart lies in the sympathetic nerve. The cardiac branches of the pneumogastric derived from the medulla aided by the motor branches of the spinal accessory nerve, together with that mysterious, inherent, myogenic force of which we know so little, are the agents which supply the normal needs of the organ, and can it be that when we add to these the powerful stimulus given by *Digitalis* we find the heart so influenced in its effort to keep the pace forced by the drug, that it excitedly beats and hangs against every obstruction until exhausted, then in a last struggle, forcing a systolic beat where its rest period should be, and finally, dying in a contractive spasm. My observation and experience with the drug has led me to think of it in all forms of heart or circulatory weakness, including disturbances of nutrition and motion of the heart, and the symptoms indicating its use are an aggravation by effort and heat, amelioration by recumbent rest and cool air, patient is apprehensive and despondent, confused and lethargic: anæmic headache with internal pressure, vertigo, sight is dimmed, pale face, clean tongue, no appetite, nausea, weak, inclined to faint, heart weak, slow or rapid, may be irregular in both force and rhythm, deep breathing, scanty urine, sudden stiffness and cramps, anæmia with weak, flabby muscles.

Hale says: "The least movement produces a violent palpitation of the heart.

"Sensation as if the heart would stop beating if she moved, with fear of death.

"Frequent stitches in the heart.

"Short, hurried respirations; œdema of the feet and legs; objects look pale and greenish."

Guernsey says: "Nausea as if she would die; motion produces vomiting and faintness; smell of food excites nausea, with clean tongue, thirst for water without fever."

Hughes says: "Ash colored stools."

Marcy and Hunt says: "Dropsy consequent upon organic disease of the heart."

At times when many of these symptoms have been present in disease I have witnessed the curative power of the drug, I do not believe it curative in the inflammatory or degenerative diseases of the myocardium, nor to the organic valvular changes, but its powerful physiologic stimulus may be used under favorable circumstances, to drive the weak and failing heart over some troublesome shoal that threatens to wreck it.

In a limited survey of the literature concerning the use of *Digitalis* in disease I have been impressed by its general use in all sorts of direct and relative heart troubles. Physicians of all schools know its power for good in disease, and sometimes commend doses capable of physiologic effect which may be harmful. A surgeon of good repute in the homœopathic school, related to me recently how well he had prepared a patient for operation by administering ten drops each of the *Tincture of digitals*, *Belladonna* and *Nux vomica*, three times a day for quite a period of time. I have no word of criticism for this estimable gentleman, and well approved surgeon, but I ask myself, can we use this drug in physiological doses and be assured of its harmlessness? Is it a fair thing to the patient or doctor to use it for a long time without keeping under close observation its action and the blood pressure? We have in *Digitalis* a drug sometimes cumulative, slow in elimination and strikingly powerful in stimulating the motor mechanism of the heart, and whose ultimate action is to leave a heart empty, cold, and dead in spasm. I once saw the body of a man nearly seventy years old who suddenly dropped dead. His wife told me that he had taken ten drops of *Tincture*

of *digitalis*, three times a day, for fourteen years. He had not seen the physician who directed it since the first year. Another man who sat at a table to write a letter, and fell over dead; he had taken fifteen drops of *Tincture of digitalis* three times a day for months. The certificate of death read disease of the heart in each case, but a well conducted necropsy might have revealed a *Digitalis* poisoning.

Albutt, in his system of medicine, praises *Digitalis* as a most valuable cardiac tonic.

Pepper, in his system of medicine, says: "In aortic disease it is safe to use *Digitalis* as long as it caused an increase in the flow of urine. In every case of mitral disease there comes a period when the pulmonary hyperæmia shows that the compression of the right heart has failed. *Digitalis* should be given when heart failure is imminent, and there is marked congestion. The time will come, however, when *Digitalis* will cease to have a sustaining effect, hence it should be used carefully and sparingly, and the patient should never be allowed to use it continuously."

Osbourne says: "While in some instances it has been declared that *Digitalis* should be rapidly pushed to the full extent, and then dropped for a time, careful experience shows that this method is often not tolerated, sometimes does positive harm, and has at times seemed to hasten death."

For myself I regard *Digitalis* as one of the most efficient remedies we possess in the treatment of disease. Its symptom-picture is well defined, and when the drug is well prescribed, the response is prompt and sure.

In the examination of a heart under the influence of *Digitalis*, the heart itself must be interrogated. A pulse may be influenced by a variety of conditions and mislead us. The apex should be questioned and blood pressure recorded. The pulse may or may not corroborate the findings. In an emergency, and if a physiological effect is wanted, I use the drug hypodermically, otherwise, I have been pleased with the results, and always use an assayed tincture in the decimal dilutions.

SOME THOUGHTS ON VARIOUS SUBJECTS.

S. R. Geiser, M. D., Cincinnati, Ohio.

Exceptions to previous idealistic processes of reasoning come to everyone, sooner or later in life, especially to the physician, whose mind is elastic and "open."

Many of us have had *ideals* relative to the management of disease which were unfortunately shattered in some trying case. Certain methods, or drugs, idealistic, and seemingly infallible, failed to bring about desired results, and we were forced to search for others.

We sometimes speak lightly of ideas, but this world would be indeed a sorry place in which to live, were it not for personal *ideas*—and especially were it not for *ideals*. It is well that we have our *ideas* and our *ideals*, even if they be at times shattered. To make the best of whatever present conditions are, to form and clearly to see one's ideal, to believe in it, and to believe in the ability to actualize it, is essential. It is well, however, for us to occasionally refer to our failures and not always to our successes and ideals.

The homœopathic profession has been a little tardy in the past in standing up and fighting for its *ideas* and *ideals*, which are being appropriated under other names by the dominant school.

Hahnemann had ideas and ideals. His chief ideal—symptom similarity—a principal so dependable then and now, that it may well be called a law of nature, and a short and sure cure to curable diseases.

In addition to being an idealist, Hahnemann had the characteristics of a thorough German student with an investigative mind, plus the enthusiasm and optimism of an American.

Notwithstanding these facts Hahnemann's ideals have not been generally accepted by the dominant school, and hence the homœopathic school has stood alone treating the disorders of mankind according to the Hahnemannian principal. However, the competition created by this method of cure has caused a reaction in the practice of medicine which has resulted in benefit to suffering humanity.

Parties in politics are said to be essential in order to preserve a just equilibrium in the government. It would seem that legitimate cults—so-called—in medicine, should be permitted in order to preserve a reasonable competition. The requisites rest on reason and tolerance. It has been said that the only real practice of medicine is the “rational.” The homœopathic is a rational school of practice, because the men and women connected with it have minds that are capable of the ordinary and normal processes of thought. The dominant school has adopted the dignified title of “rational” to designate their own methods and procedures. Every other method is supposed to be empiricism. In the treatment of the sick all accepted therapeutic methods have a place, though not equally important.

It was Jeremy Bentham who said: “In order to love mankind we must not expect too much of them.” And Goethe had a still deeper vision when he said: “I never saw a fault which I might not myself have committed.”

I sometimes wonder what would have been the effect upon the progress of medicine had the homœopathic school created a chair of psycho- and mechano-therapy, thirty years ago.

A great French alienist, Moreau de Tours, said that all great things accomplished in this world have been accomplished by mad people. Hahnemann was doubtless considered a mad man by some people during his active life. Some of the dominant school now contend he had a great mind—too great for some of his contemporaries.

In the promulgation of new discoveries unusual enthusiasm is necessary. Barring the fact that there is something radically wrong in a people that can waste joyously, without a question of conscience, and profiteer beyond reasonable excuse, America is nevertheless a great country, because the American is an enthusiast and an optimist. Emerson tells us that nothing great was ever achieved without enthusiasm. Enthusiasm, however, sometimes carries even great men beyond reasonable limitations.

While neither Fletcher or Hoover became old, their advice to thoroughly masticate food was good advice, and remains an *essential* for good health, but not the *only essential*. While the preservation and care of the teeth do not come within the province

of the physician, he is, however, frequently consulted concerning them, and with the co-operation of a competent dentist the needless sacrifice of many good teeth can be prevented. Here the X-ray skillfully applied is one of our best aids.

No doubt many cases of rheumatism, neuritis, anæmia and the like are caused from diseased conditions of the teeth, more especially from granulomata or abscesses of the roots under pressure. This is an old and trite subject and seemingly one useless to speak of, yet an occasional reminder may not be out of place.

As we also well know, infective foci of an equally dangerous character may be found in the tonsils, appendix, the gall bladder, the internal ear, the nasal sinuses, a local purulent area of the skin; even an ingrowing toe nail, it is contended, may be the cause of serious systemic disorders. It is also contended that we have focal infections as the causes of gastric disturbances. Why not have the focal infection of the stomach itself? In a true case of chronic gastritis in which the trouble is localized, bacteria, leucocytes, and pus have been found in the morning when the material of the stomach had been removed. Here it is the duty of the physician to discover *the cause*, if possible, before resorting to radical measures. The *real primal* cause is what the wise physician is searching for. These cases require the closest study by the internist, roentgenologist, the dentist and even the laboratory worker may be of service, though we cannot deny results nor eliminate the usefulness of drugs that cannot be demonstrated in the laboratory.

Doubtless a correct diagnosis is one of the most important steps in the management of any disease. Wrong diagnosis is usually followed by wrong treatment; correct diagnosis points with reasonable certainty to the interpretation of important symptoms. With an understanding of these, the remedy in many cases suggests itself. True diagnosis is not only to locate a disease, but to discover its cause. Hahnemann evidently diagnosed disorders, as he advised to remove the cause. The cause is sometimes difficult to remove without a diagnosis. However, a competent homœopathic physician can perform brilliant cures without a definite diagnosis. Again, many people with defective teeth, dentists tell

us, are never conscious of any constitutional trouble. For this condition the X-ray skillfully used may indicate diseased foci which give no rise to symptoms.

Devitalized teeth are doubtless the cause of many systemic disorders.

In recent years it seems that the obsessions regarding the teeth have taken possession of the medical profession. Many mentally defective ones have given up their teeth only to have their troubles aggravated by the procedure. Unfortunately fashions prevail in medicine as in costumes. At one time one problem and a certain method raised general enthusiasm, and everybody gives it his exclusive attention, forgetting all others. Many papers have been written about the roll of focal infection originating at the roots of teeth as the causation of even mental and nervous disorders. For these mental disorders teeth by the score, many of them of excellent quality, have been sacrificed. Dementia præcox, manic-depressive insanity, epilepsy, neurasthenia, hysteria, and psychasthenia are a few of the diseases that have been attributed to dental infection.

Before teeth are condemned it is indeed a matter of vital importance to determine that other than oral infection foci are not present. It is also unwise to base treatment alone on roentgen ray studies. Bacteriologic study and thorough urine tests are important. It is unfortunate that the present tooth pulling tendency has become, to a considerable extent, a "fad."

In this day of the specialist, the expert, and the "authority," we should be reasonably certain of a diagnosis before resorting to methods that are uncertain of improving conditions. We need the co-operation of competent specialists in the management of disease, though when all the tests of various organs, urine, blood, etc., have been made by the various specialists, the cost is by no means small. It is said that the abdominal surgeon need not diagnose his case until he has opened the abdomen. The medical man has thousands of corners to look into before the determination of the distinctive nature of the disorder is revealed. Along this line in order to demonstrate efficiency, "group practice" is essential and commendable.

I was amused to notice a suggestion by a very prominent old

school ophthalmologist, that an internist should be called in many eye troubles, as they were not local but constitutional. The sooner we give up the idea of too great localization of disease and over much local treatment of disorders and fairly estimate constitutional influence as to its effects upon the human economy, the wiser and more judicious will be our treatment.

It is now contended by some "leaders" in surgical work that cancer is neither a constitutional nor hereditary disease, and that in its incipiency it is strictly local and only surgical measures will effect a cure. But what leads to its very incipiency? Some constitutional disorder other than trauma certainly awakens a disposition to the incipiency in many cases.

Syphilis is a local disease in its very incipiency, but ever afterward constitutional. However, that the constitutional factor has received more attention in recent years is evident.

Another important subject relative to health and proper digestion, which has received much attention is *bowel activity*. What constitutes "normal bowel activity?" Here writers differ. One writer on the subject holds that the bowels should move after each meal—or at least three times within twenty-four hours. Observations on the man-like apes, show that they defecate three or four times a day. Few of the human family have such ideal movements. Three bowel movements in twenty-four hours does not appeal to the American. He is too busy for that. If by taking some pluto in a pint of water before breakfast, two teaspoonfuls of aromatic cascara during the day, and a pint of bran at bed time, cause the bowels to move once in twenty-four hours, he is grateful and satisfied. Three bowel movements after meals may appeal to a German, possibly to an Englishman, but not to an American or a Frenchman. As to the American's wife—good soul—if one evacuation follows the use of two glasses of hot water with some sodium phosphate before breakfast, and perhaps a phenolax during the day, and one of Fleischman's yeast cakes three times a day, she is in clover.

While regular bowel activity is conducive to health, the indiscriminate habit of resorting to physic to promote bowel movements is beyond question of doubt harmful. The practice of drastic catharsis, which is so frequently resorted to, has never

appealed to me as a rational procedure. The practice is the survival of an old principle, taught when the main treatment of all diseases was *purgation*. It was contended that the intestinal contents were toxic; it was even asserted that the disease or its product could thus be eliminated. The aim to obtain regular bowel movements of normal consistency without causing a cyclone or an avalanche will replace active catharsis in time. With the majority of surgeons, not all, it is still routine pre-operative treatment, claiming the elimination of intestinal products which might lead to putrefaction. Sterilization of the intestine by *Calomel*, and the elimination of disease products are the usual claims for their use. The question of the absorption of toxic bodies from the lower part of the small intestine and the large bowel is still an open one. The indiscriminate use of calomel for constipation, indigestion, and so-called "bilious" attacks is of questionable value. The attempts at sterilization by calomel and other cathartics has been proved useless.

Great numbers of organisms are doubtless carried out by their use, but it is now contended that this process tends to change the bacterial flora by multiplying the fermentative organisms, besides causing the loss of body and intestinal fluids.

It is unfortunate that it has been, and is yet, a routine practice to give a purge in many diarrhoeal diseases. If there is harmful material, decomposed or undigested food, in the intestinal tract, causing irritation, a laxative may be of value at the outset. It is a waste of time to hold in check too frequent bowel movements by remedies, so long as the intestinal tract contains all sorts of indigestibles. If, on the other hand, in diarrhoeal diseases the intestine is emptying itself of toxic material as fast as it can, a purge adds insult to injury. This fact many physicians have not learned.

Careful differentiation, whether a diarrhoea is mechanical or medical, is important. If we are satisfied that the intestinal tract is free of mechanical substances, then the properly indicated remedy will benefit.

Again, unfortunately, *Calomel* is employed by many physicians, even by homœopathic physicians, as an initial purge in various acute disorders. Experience in such cases does not

demonstrate any difference in favor of those patients that had *Calomel*. O. S. physicians admit the truthfulness of this fact. Also is *mercurial stomatitis* a frequent result of this treatment.

While normal elimination of waste material of the food and of that of the body is important for the purpose of maintaining continued good health, the *normal intake* of food is just as essential. It would be far wiser for an individual to limit his food *intake* to his digestive capacity, than to gorge himself with many kinds of food only to gorge himself of the excess after it has commenced to create systemic disturbances. If systemic disorder is due to auto-toxæmia from absorption of toxic material from the intestinal tract, the use of water often and freely in the bowels by irrigation, will be far preferable to the frequent use of active catharsis. The last word relative to results of scientific investigations of the intestinal tract in health and disease, has not been told.

Co-operation of the specialist, internist and laboratory worker will become more and more a factor in the management of disease. The results of experiments with various diets, and the study of the resulting feces chemically and microscopically, have led recent scientists to doubt the doctrine of autointoxication putrefaction. It is contended that any line of therapeutics based upon that theory is unscientific. It has been found in certain patients, instead of a mild diet being followed by the disappearance of indican, phenol, etc., from the urine, there even was an increase of these substances while the patient was improving in health. From this fact, it is contended, they are not the product of putrefaction of undigested food and must, therefore, be excretions of the intestinal glands.

Ury, for instance, a much quoted investigator, found no appreciable difference between the indol, phenol, and aromatic oxy acids in the feces, whether the individual was constipated or had normal evacuations produced by castor oil.

Routine purgation, whether employed in the treatment of constipation, diarrhœa, uræmia, dropsy, or any other disease, is undesirable, and sometimes a dangerous factor in the management of these disorders. Someone has said that as a physician gets older his tendency is to write the same prescription for every

disorder. In other words, he evidently becomes a faddist. The physician who prescribes a purgative, or even a laxative, indiscriminately, is an incipient faddist.

Good health and long life is what the majority of people are striving for to-day. This desire, and often perhaps the unsympathetic attitude of the physician, medical nihilism of one circle of physicians, and *too much physic* of the other, are drawing large crowds of patients into the churches and offices of various sects, antagonistic to medicine.

In order to obtain the best possible results in the practice of medicine, the physician should "prove all things and hold fast all that is good," discriminate, individualize, and above all, keep away from fads and routine methods.

HOMŒOPATHIC AIDS TO OPERATIVE PROCEDURE IN GYNECOLOGY.

Scott C. Runnels, M. D., Ann Arbor, Mich.

I wish to recall to the minds of many of our homœopathic surgeons the fact that they have in their armamentarium other agencies than those of use only at the operating table. This may seem to be so self-evident as not to need discussion. But I have for years been surprised as I talked with surgeons the country over who have the advantage of being also homœopaths at how infrequently they call their prescribing skill into play in their operative cases. This is not only true of those men who are mediocre prescribers. I know men who have the ability to make good prescriptions and who use their homœopathic drugs in the treatment of cases that do not come to operation, but who, when they have an operative case, seem to feel that the case having attained the dignity of an operation this remedy should be exhibited alone, so that the symptoms should not be clouded by the use of any other remedy. Whether or not this is the thought in their minds, the fact remains that many cases that have been homœopathically operated have not been homœopathically treated post-operatively. In so failing an enormous assistance is cast away.

Perhaps this fact is emphasized in my mind by my recent ex-

periences. For two years I have not been a homœopathic physician, I have been in the army. I treated my cases as I was told to treat them, and when I operated on a case I merely operated. Many a time when seeing a wounded boy on whom I had operated I have wished that I had my *Hypericum* or my *Arnica* to hasten his relief. But such agents are not included in the army supply tables. Upon my return October first to the management of my own cases, I turned with a sigh of relief to my homœopathic prescription. And it is with somewhat of the enthusiasm of a new convert that I stand before you to-day urging the post-operative use of remedies. Having been denied their use for so long the results that I am now able to obtain appeal to me not only as gratifying, a feeling that I remember to have had in years past when I made a successful homœopathic prescription, but with an added wonder. An old friend returned is doubly appreciated.

Among the cases that I have operated this fall there are several that, while not in themselves anything unusual, bear out my contention. A woman who had had a trachelorrhaphy and perineorrhaphy complained on the fourth day of an excoriating vaginal discharge that responded in twelve hours to *Merc. cor.* 3x.

An abdominal section complained for several days of an ether bronchitis that got steadily worse under *Bryonia*, *Kali bi.* and *Phos.*, but cleared up in twenty-four hours under *Sulphur*.

A case in which there was a thorough house cleaning in the pelvis at which time a thickened adherent non-emptying gall bladder was palpated but not removed because of the extent of the operation already performed, developed immediately after the operation a marked attack of cholecystitis with temperature of 101°, jaundice, vomiting of bile and well localized pain. *China* and *Chelidonium* pulled her through the acute attack in two days, and *Lycopodium* helped clear up the soreness that remained for a week.

A hysterectomy developed a very angry inflammation around the root of an old tooth the day following operation. *Plantago major*, internally and externally, relieved it entirely in a couple of hours.

Three cases in which an anterior colporrhaphy had been done

had the bladder irritation which follows greatly helped by *Cantharis*. In two of them *Apis* and *Arsenicum* were tried without benefit before the *Cantharis*.

A case on which a pelvic pus pocket drained into the vagina had the drainage opening intermittently closed prematurely. The consequent absorption was not sufficient to warrant reoperation but gave her symptoms at times of extreme dizziness, and at others of nausea. *Conium maculatum* controlled the dizziness when it occurred and *Kali bich.* took care of the nausea.

A woman in whom an abdominal operation was done in spite of a history suggestive of latent tuberculosis developed about the tenth day, after a normal post-operative course, a dry, hacking cough with a daily afternoon rise of a degree of temperature. *Phosphorus* 3x was given.

The temperature began to climb rapidly, in three days reaching 103°. There were no symptoms pointing to post-operative trouble of any kind. The cough became marked, and she began to expectorate a sputum which was negative to T. B., although it was suspicious because of the presence of many white blood corpuscles. The lungs did not reveal any definite findings. The *Phosphorus* was changed from 3x to 6x, and in two days the temperature had dropped to below 100°, the cough was much better, and the sputum had almost disappeared in a week. Was this a *Phosphorus* aggravation?

There have been several patients who have had gas pains relieved by *China*, and we have used as a routine post-operative measure *Aconite* for twenty-four hours followed by *Arnica*, which I feel has had considerable effect in making my patients more comfortable.

These cases occurring in the first month of my unencumbered practice have given me cause to rejoice that I am again a homœopath. And it is because of this feeling that I bring to you to-day a brief revue of the homœopathic therapeutics of post-operative conditions. While this study has been undertaken from the viewpoint of the operating gynæcologist it is equally applicable to the most operative conditions met with in practically all abdominal surgery.

Better technique has greatly reduced the formerly ever-present

nightmare of peritonitis, but still following an acute appendix, or a pus tube whose contents is not known to be sterile the surgeon has many restless hours. In addition to the universal Fowler position and the Harris rectal drink, we have most potent aids in *Aconite*, *Belladonna*, *Gelsemium*, *Bryonia* and *Arsenicum*. In such an assembly I do not need to differentiate the flushed, hot dry restlessness of *Aconite* in the early stages of the inflammation, or the feverishness of *Bell.* or the pale faced, restless, fevered *Ars.* Nor need I describe the restless, full-pulsed, relaxed *Gels.*, or the thirsty, painful resistance to motion of *Bry.* These are all well known and oft tried friends merely awaiting an early call to again prove their efficacy.

Infections that have gone further and where suppuration is threatened will often be aborted by *Hepar* used high, say, 30x. When your pus pocket developed and has been properly drained, *Echinacea* in the tincture comes in most helpfully to prevent extension of the sepsis, *Hepar* low; 3x to 6x, when the discharge is thick and creamy, *Kali b.* or *Puls.* when it becomes more yellowish and thick; one of the many *Mercuries* when the edges of the wound are angry or inflamed. *Sulphur* should not be forgotten when there is lack of response to the indicated remedy. Should the septic process become more deep-seated and should there develop insufficient leucocytosis or even degeneration of the blood corpuscles and alteration in the coagulation time of the blood, or in the most severe cases actual degeneration of the blood itself, *Carbo veg.* 6x or 30x, *Lachesis* and the other snake poisons will at times rescue a seemingly doomed patient. However, if results are to be expected from these remedies one must not wait for the true *Lachesis* condition to develop in its entirety, for then the patient is practically moribund. Such remedies to be effective should be given while they still have a chance for action.

In hospital statistics we find a considerable percentage of mortality ascribed to post-operative pneumonia. This is more familiarly known as ether pneumonia. I have never seen a fatal case of ether pneumonia that had been under homœopathic treatment, although I have had a number of cases myself, and have operated in an open hospital where there was considerable loss on that account. The well known success of our school in the treatment

of broncho and lobar pneumonia is further demonstrated here. Ether pneumonia is rarely in its inception a violent or a serious condition. It becomes serious only because of lack of measures to stay its progress, and *Bryonia*, *Phosphorus*, *Kali b.*, *Arsenicum iodatum*, *Ferrum phos.*, *Tartar emetic*, and *Rumex crispus* are each and all most efficient in their proper field. He who knowing them neglects their use in his post-operative coughs has good grounds for serious self-reproach if his patient develops grave complications. Frequently a cough that is not in itself serious becomes a most annoying symptom in a patient who has a none too comfortable abdominal incision. Here, although it retards the action of the homœopathic remedy, the use of $\frac{1}{4}$ gr. of *Dionin*, or a $\frac{1}{10}$ gr. of *Heroin* is a most humane practice.

Various other post-operative symptoms are of frequent occurrence, although not so serious perhaps as those already discussed. Of these the accumulations of gas in the intestines due to lack of peristalsis is perhaps the most troublesome. The rectal tube and the gas enema are, of course, a universal recourse. The stimulation of the non-striated muscular fibres with pituitrin, particularly if the suggestion is given to the gastro-intestinal tract that its muscles should act rather than those of the uterus, by inserting a small wick of gauze into the rectum, is often all that is necessary. But frequently the surgeon is glad to call to his relief the virtues of *Carbo veg.* 3x and 6x, *Lycopodium* 12x, or *China* 1x. The gas with *Carbo* is worse in the upper abdomen, with *Lyc.* in the lower. *China* is not relieved by eructations. *Colocynth* 3x has more pain than distention, and *Terebinth* 3x, by mouth, is often of use when in the crude form it has been inefficacious by rectum.

A most aggravating and sometimes a serious symptom is hic-cough. *Hyoscyamus*, *Veratrum vir.*, or *Nux vomica* can be relied upon to control it.

Many patients, and more particularly gynæcological patients, have some bladder disturbance post-operatively. *Cantharis* takes care of the temporary irritations, *Arsenicum* helps in the recurrent attacks of a more chronic cystitis, *Apis* in the burning due to local swelling, *Merc. cor.* in tenesmus. Retention has been treated by two different schools, those who believe in catheterizing only when

it can not be avoided and those who feel that bladder distention and stagnation of urine is a more potent factor in irritation than the possible infection from the catheter. My practice is to catheterize every six hours if there is no inclination to void, injecting 5 cc. of 5 per cent. *Argyrol* as the catheter is withdrawn. If the inability to void continues more than a day or two as is almost the rule in operations around the bladder, *Gelsemium tincture* or *Bell.* 3x are of great assistance in restraining the function.

In operative procedures where there has been extensive work in the pelvis, it is often advisable to terminate the operation there, even though it be known that there is also a condition in the gall bladder that needs attention. In cases where this has been done it is often the case that there will be more or less lighting of the gall bladder inflammation immediately after the operation. *China* 3x and *Chelidonium tincture* will usually quiet this down in short order. And if the *China* be continued for some months after the operation, it is often found that the other foci of infection having been removed the medication will eventually clear up the cholecystic irritation and the necessity of secondary operation be avoided.

Arnica or *Hypericum* have their field in almost every post-operative case.

When a tonic is necessary I think that our old friends *Phosphoric acid* 1x, *China* and *Sulphur* are often neglected for the more bulky irons and arsenics. Even if one should find the routine use of an iron tonic to his liking do not neglect the use of *China* following hæmorrhage.

This paper has not been written with the idea of teaching any person here the use of homœopathic remedies, but only of recalling agencies that may have been neglected. It is a very easy thing when one's attention is directed primarily to the major fact of the operation, to neglect the finer points of post-operative care, since it is known that in almost every instance the patient is going to pull through the stage of discomfort sooner or later. Particularly those who have been operating in hospitals where the majority of the staff does not use homœopathic remedies find it difficult and inconvenient to instruct the nurses in their use.

Many physicians do not care to take the trouble or are ashamed to run counter to the ordinary practices in their hospitals and so allow these agencies, whose benefits are undoubted, to remain unused. The only reason for the homœopathic fraternity existing as a separate body is that we know and our patients know that we can treat the sick better because of our special knowledge. The homœopath who takes up surgery feels that he is capable of attaining results not reached by others. Our operative technique can not be greatly superior, since the best men everywhere are all striving for one standard, but the after care of patients does offer us a real means of attaining our desires. Those who utilize their prescribing skill have better results, have less worry about their cases and have better satisfied patients. My plea to the surgeon is that he do not forget his drugs.

LET US KNOW OUR TOOLS.

By Dr. A. O. Reppeto, Banks, Oregon.

What we need is doctors trained in knowledge of their tools. One may be called to a case and a certain remedy may be indicated by the symptoms and we may not have it with us; in nearly every case, if we *thoroughly* know the action of our remedies, we can accomplish our end by other means at hand. While we do not expect to be without our *emergency* remedies at any time yet we are often, especially in the backwoods, called to cases while visiting others and finding something entirely unexpected and it is here that we may have to resort to any means within reach to save a life and a knowledge of the action of salt and pepper, vinegar and sugar, coal oil and molasses, etc., may stand us in good stead.

But it is of the different actions aside from the well-known ones on specific conditions that I desire to call attention. *Gelsemium* has been a favorite of mine for 40 years and I thought I knew it pretty thoroughly, yet an article in the Jan. "Summary," from the pen of our venerable leader, shows it in a line entirely new to me.

Read the symptoms he gives and notice what one would miss if called to a case like he describes and knew this remedy only as

its action is given on the label of the bottle. It is a great pain reliever and I predict great results from the better knowledge that is going to be gained of it through investigation of it caused by demand for pain relieving agents to replace those restricted by the Anti-Narcotic Laws, and I believe these laws are going to prove a great blessing by causing this research.

A recent article on *Berberis vulgaris* throws new light on another old favorite of mine.

Echinacea possesses virtue as an auxiliary to other remedies, especially *Apocynum*, that equals its well known ones. We are just beginning to learn how much we don't know about *Lobelia* and so on with nearly if not all our remedies and it is from the doctors *at the bedside*, dependent on themselves, doing their best with the means at hand, that better knowledge must come. I will not give any experiences along these lines, but hope I may arouse interest in them enough to cause others to discuss them and give their experience, then if I can add anything from mine I will do so.

It is for the better treatment of the common, everyday cases that we are called to that I plead. Ours is not to discuss in long drawn articles written in scientific language, mostly taken from obsolete authorities (?), but to conquer the common diseases of humanity by intelligent means and by so doing prevent the development of most of those others to which the surgeon owes his success (mostly financial) and prove the real blessing to mankind that the practice of medicine should be. Too many doctors know a lot that "ain't" so and if they could discharge it and replace it with real, practical, demonstrated knowledge of which no doctor *ever* knew too much, knowledge that would cure the sick no matter where it came from, there would be more real doctors.

One man in every three was rejected by drafts boards for physical disability. According to the United States Public Health Service, a great many of these defects might have been eliminated and probably will be in the next generation.

THE "BLACK DEATH" OF 1918-1919.**W. B. Hinsdale, M. D., Ann Arbor, Mich.**

Every person is sadly familiar with the general effects of the epidemic that manifested itself a year ago. However, there is uncertainty and doubt as to how many epidemics there were at the same time. The sickness that prevailed was universally referred to as having been influenza, which implies there was but one primary cause, with pneumonia, pleurisy, hydro-thorax, pyothorax, myo- and endo-carditis, persistent systemic after-pains and nerve irritability as complications or immediate sequelæ.

Some describe an independent epidemic of streptococcus pneumonia, said by Flexner to be a phenomenon almost, if not quite, new among epidemic diseases which first prevailed as a secondary phenomenon with measles. Poliomyelitis, streptococcus pneumonia and influenza have been especially destructive in the western world during the past three years. The first of these diseases had spent itself or at least had quieted down by 1918, but the other two came on and prevailed independently and in association. By association is meant a single victim had them both; the influenza coming first and the pneumonia apparently as a complication. I have not heard that the order was discovered to be reversed, that is a pneumonia and then with it influenza. The academic question might be raised: had there been no influenza how much and how severe and what kinds of pneumonia would there have been?

I have chosen to describe the pneumonia of that time, whether primary or secondary, as a "black death;" not that the black death of history was pathologically simulated but because the pneumonic processes in the severer forms were liable to have hæmorrhages that were dark and sometimes black as well, and because of the great malignancy.

In the older text-books references are made to a hæmorrhagic or black form of common infections, as black measles, black smallpox, black erysipelas. The term black refers to the dark color of the hæmorrhages that occur as characteristic of some and various epidemics. In this sense I deem it also proper and

descriptive and not a mere figure of speech to speak of black pneumonia; a clinical description of some significance.

According to some reports, epistaxis occurred in fifteen per cent. of the cases, a few had intestinal hæmorrhages. In my own experience, with seventy pneumonia cases under observation at one time, fifteen were expectorating blood when first seen. Two of them were thought to be spitting only blood that trickled from the posterior nares. There was a marked tendency for the blood to become dark in color and thin in consistence; but could not be referred to as "rust colored sputum" or as "prune juice," as we ordinarily use these descriptive terms. Finding the offending microbe, bacteriologists say, was not the difficulty, but in making the differentiation of the streptococci causing the disease from the streptococci of the ordinary properties, or from those commonly present on the mucous membrane of the upper air passages that do not cause widespread disease. Strong suspicion, however, attaches to what they call the streptococcus hemolyticus.

If we refer to the infections under consideration as a single or mass epidemic we are disposed to regard it as the most explosive and fearful manifestation in which influenza has been in historic times either a whole or a part. It is possible we have exaggerated in this regard, owing to our loss of perspective and magnification of the immediate field. Eichorst, writing twenty years ago, speaking of the pandemic of the ten years previous, which would be three decades past, says complications in influenza occur with extraordinary frequency and were justly feared on that account. Of the complications he says, "Pneumonia is most frequently observed, at times resembling bronchopneumonia, at other times, rather fibrous pneumonia, occasionally being converted into abscess and gangrene of the lungs, also pleuritis, and pericarditis, less commonly myocarditis and endocarditis occurs." He also remarks upon gastroenteric symptoms, and that at times stools contain blood. As the causation of inflammatory complications, he mentions streptococci, and pneumonia cocci, in addition to the influenza bacilli. Many of the articles upon the subject of influenza and its fellow conspirators written during the past six months sound in substance very

much like this and fail to adduce any facts, and descriptions not found in the chapter of Eichorst's whose book was picked up at random in order to make the comparison of a writer of the last century with one of the year 1919.

Doctor Lewis A. Connor (J. A. M. A., Aug. 2, 1919) says, comparing the last epidemic with that of 1889-'90, the virulence was greater, a larger proportion of the population was attacked, incidence of pneumonia was greater and the mortality somewhat increased. When in saying somewhat increased, I take it, he means not very strikingly increased.

Statistic are at wide variance as to the number of cases of influenza that were complicated with pneumonia. Some large hospitals placed their percentages at eight, others at twenty-three.

If we wished to make an apology for the last epidemic for its mortality, we would call attention to one complication that was artificially enforced upon it and for which it should not be blamed. The general use of aspirin increased its complications and hence its mischief. Aspirin poisoning is a handicap that the cult of modern medicine feels obliged to enforce upon the *as medicatrix naturae* in case of nearly all diseases, nowadays. Influenza's natural statistical record was tampered with to her embarrassment in the making.

Why, may I ask, is not preventive medicine made to include the prevention of dangerous medicines being used to the detriment of mankind as well as to the stamping out of the breeding places of diseases and the restraint of distributors? We want to think, as we ought to be able to think, that in these days epidemics are disappearing or becoming milder when they prevail. We can hold such beliefs, no doubt, in regard to many deadly infections but not in regard to others of very general prevalence and severe types; polimyelitis since 1907 with its outbreak of more violent severity in 1916, la grippe and pneumonia, for example.

Homœopaths started in the campaign with two advantages, and it could have been foretold they would come out with better statistical showing. First, they did not have the aspirin and other coal tar complications in their cases to increase the life risk, and second, they had a few remedies upon which they could place

reasonable reliance and were not obliged altogether to experiment their way from day to day and patient to patient.

At the last meeting of the American Institute of Homœopathy Dean Pearson, of Philadelphia, presented a tabulated statistical report based upon a questionnaire. His showing was interesting as well as convincing. According to his presentation of data, the death rate swung between physician number thirty-seven, who, from one hundred and eighty patients treated, had thirty-five deaths or the appalling death rate of over nineteen per cent. to physician number eighty-eight, treating three hundred patients with no deaths. Out of 26,785 patients reported, the average mortality was one and fifty-nine thousandths per cent. He adds, "It only remains to compare these results with the colossal epidemic of influenza mortality, averaging about thirty per cent., to realize how very much better chances a patient had when treated by a homœopathic physician."

No matter how good a comparison we can make as to recoveries and deaths, it was a staggering experience. Our homœopathic record is not particularly a piece of work of which to be proud, although somebody else did considerably worse. At the best it is only a negative consolation that we derive from comparison. As we had it at the university, with about two hundred students, it melted the heart to see even one side. It is a gruesome joke of text-book writers that pneumonia has been the blade of Nature's scythe with which she harvests more of her elderly victims than with all her other tools together. One has remarked it is the legitimate door through which old men pass out of life; but the young men also, for once, last fall and winter rolled up big and horrid in a tremendous swath.

The onset of the pneumonia was so shocking and so rapid in its progress that it was fatal to make a wrong prescription to be corrected at a subsequent call or for "rule of thumb" treatment. The old "expectant" lines of practice only gave time for a fatality to occur unless perchance, in a fortuitous case, the self-limiting nature of the pneumonia, the endurance of the sufferer or other kind of good luck conducted to favorable reaction. With him who treated three hundred cases of influenza without a death or with him who reported twenty-seven deaths out of one hundred

and eighty-five cases, it is not recorded whether the influenza was simple or complicated. The reports would have very much more value if we could know this and just how many pneumonia as well as influenzas the one lost and the other saved.

Pneumonia travels slower than influenza which accounts in part, possibly, for the earlier cases in the epidemic being milder or less complicated than those occurring after the pneumonia had caught up. Pneumonia seems to spread by immediate contact between the infected and the susceptible and has a very limited striking distance from case to case; whereas, influenza moves with the same celerity as the means of travel across the territory over which it advances. No other disease appears to spread so rapidly or to attack simultaneously so many individuals exposed to it. As modes of travel become faster we should look for future epidemics to increase accordingly their daily mileage of advancement. The railroad train has been about the limit of high speed, but influenza in the future will abide in its world sweep the development of aerial service for accelerated spread. Everybody seems to be anticipating a return of the dual epidemics at the onset of their favorable season which is now opening. The question is pertinent, will it be a return or an exacerbation of what we had? Almost all acute infections undergo seasonal variation. How long then will it take the general wave with its varying ebbs and flows to spend itself entirely?

The public is pretty well informed how to minimize an outbreak in numbers and severity, but, of course, will be heedless and will have to be restrained in some respects and coerced in others. They must physiologically behave themselves, clothe warmly, eat nutritious food, keep their feet dry and warm, avoid crowds, not go abroad unless quite necessary, and not then if in the least indisposed, not cough at or upon anybody or be coughed at or upon. With the first symptoms of severe cold or systemic pains they should gargle their throats with hot water in which has been dissolved a pinch of salt and send for a homœopathic doctor if for no other reason than to avoid being aspirinated, coal tarred and dosed with Dover's powder and other narcotics.

The prophylactic treatment is simple and entirely advisory from the standpoint of the physician. It can be summed up in

two phrases; first, avoid exposure, second, keep yourself so fortified hygienically as to resist or survive the shock of attack. To the homœopathic physician we insist upon our fundamental principles; the discriminating differentiation of cases and the selection of the correct remedy in each affected individual and at the first time. To non-homœopathic physicians we say, for God's sake, throw aspirin where Macbeth threw the laxative.

A great deal was anticipated from vaccines. The serologist worked unceasingly to find or produce in his laboratory a bacterial product that would prevent or neutralize the infection of both the influenza and the streptococcus pneumonia. But the proof of any bacterial vaccine being either preventive or curative is forthcoming and not conclusively demonstrated, if we accept the statement of the Director of the Hygienic Laboratory of the United States Health Service who introduces his comments as follows:

"We hear of numerous examples of the cure of cases by means of vaccine. I have heard related the most astonishing examples of apparent great benefit from vaccines in the pneumonia that follows influenza. When the records were scrutinized, however, it was found that these remarkable cases could be duplicated by others that had done equally well without vaccine."

After giving four pitfalls in determining the value of vaccines he finds all positive assertions of benefit do not stand critical analysis. The concluding remarks of his brief are:

"In the only examples with which I am familiar in which vaccine was used on alternate cases (every other one being a control), no better results were secured in the vaccinated than in the control group.

"The only way in which we are to secure promptly acceptable evidence of the value of a bacterial vaccine is by the verification of only a portion of the individuals in a large group, holding the remainder as controls, age, sex and conditions of exposure being the same in the two groups."

P. C. Rosenow in the *Journal of the American Medical Association*, January 22, 1919, discussing the results in cases during 1918-1919 influenza pandemic remarks concerning experimentations with vaccine, that the results obtained are considered pre-

liminary, and final conclusions cannot be drawn at this time. He adds the comforting comment that the vaccine used was, at least, harmless, and thinks a certain degree of protection was afforded, although no percentages are given as to the probability of protection.

Please bear in mind that the foregoing paragraph applies to the streptococcus pneumonia "which presents a phenomenon almost if not quite new among epidemic diseases" and not to the familiar lobar or croupous form induced by pneumococci with types one, two, three and four.

It would be very interesting to pause to consider the pleuritis, hydrothorax and pyothorax that was mixed up in the mischief, but time limitations prevent such digression.

I wish to comment in passing, tuberculosis is one of the diseases that sanitarians claim to have diminished in frequency during a decade or two, but they may look for a rise in the death curve for a few years to follow because all the sequelæ of influenza and its associations are not over and tuberculosis will be conspicuous as an after effect.

In speaking of the remedies briefly, I may be personal, but I trust, honest. When the sufferer grew cyanotic, the blood thin, dark and non-coagulable, or, in other words, when the pneumonia was black and of the streptococcus kind, how much did *Lachesis*, *Crotalus*, *Naja*, *Carbo vegetabilis*, *Nitric acid*, or anything else do to save? If you had comforting verifications please speak up. In that stage, and frequently it seemed to be the first stage, I ask myself, is not dissolution really taking place? To use the language of the ordinary layman, is not the patient already struck with death? The battle for life must be won earlier in the fight, but, of course, if possible, then we fight the harder but seldom are the victors.

Were my dissertation before a body of newly qualified doctors or a class of senior students, I would consider it only just commenced with the foregoing as a preface. I should regard it my duty to make it heavy, heavy in more senses than one, with the only specific justification there is for a physician's existence, which is not merely to think something called diagnosis but to do something called treatment and to administer such treatment as

has the greatest probability of restoration to comfort and health. Since I am speaking to those, many of whom have had wider experience than myself and all of whom are presumed to know thoroughly the ranges, reaches and limitations of particular drugs homœopathically indicated, I shall not give any symptomatic detail. I have taken particular pains to ask of many physicians whether their experiences during the epidemic gave them confidence and self-reliance, should the situation repeat itself, to the extent that they would enter into it without trepidation and with confidence?

When I attend church I want to know if all the fellowship are growing in grace; if their constructive spiritual metabolism is in the ascendancy over the destructive; if they feel their souls are rooting deeper and firmer in the rocks of the eternal verities. So in the medical vineyard I sought a frank, positive or negative response to my foregoing question.

The other day I assembled three men of mature experiences and all seasoned with the exigencies, vicissitudes and pleasures of long years of medical practice. One was from central Indiana, one from central Ohio, the other from a hospital connected with a medical school. I subjected them to a quiz from which my stenographer took the following notes:

Aconite: For a few cases, if it did not act promptly, dropped it within few hours.

Gelsemium: The cases who had it, upon indications, early in influenza seemed to resist subsequent pneumonia.

Ferrum phosphoricum: Continue, when called for by symptomatology, about forty-eight hours. Results were strikingly beneficial. (I have had at least fifty replies similar to this for this medicine in the epidemic.)

Bryonia: Two were highly gratified with it upon its signal symptoms. The question was raised that others had been more or less disappointed in this staunch old polychrest. It was explained that there has not been an importation of many fresh European grown drugs since the war began and our stocks on hand are deteriorated. *Bryonia* is a medicine that must have the snap of freshness.

Phosphorus: Very frequently indicated, generally followed

Bryonia, and was regarded indispensable. One gave the sign of rust-colored sputum as a very prominent *Phosphorus* call.

Arsenicum: One very discerning physician who has been in the homœopathic harness since 1872 and who has not permitted himself by any means to become encrusted with a carapace, said he used *Arsenicum* early, just so soon as restlessness, thirst and gastric disturbance came into the symptomatology. He gave it in anticipation that pneumonia might intervene and was sure he had been extremely fortunate with it. He used the word preventive in connection with this drug and pneumonia. He anticipated in several cases the patient to be already afflicted with pneumonia, and said he knew he had prevented it from fully developing and had headed off sepsis. He had administered it frequently before *Bryonia* and *Phosphorus*.

Iodine: Violent onset, quick advancement toward consolidation, panting respiration, dark hæmoptysis. Rapid depletion of patient's physical substance.

Antimonium tartaricum: Non-productive cough with fine rales, expectoration holds back, hence scanty, if there be any, yellowish when it appears.

Lycopodium: Profuse purulent expectoration, fever still hanging on. Between *Tartar emetic* and *Sulphur* stage, Dr. H. H. Baxter used to say that *Lycopodium*, twelfth decimal, would clear up a delayed pneumonia as a fog vanishes before the morning sun. However, Doctor Baxter in his day, like the rest of us in our day, had had but slight, if any experience, with streptococcus, hæmolyticus pneumonia. This kind of pneumonia is like the driving storm—never fog-like.

One who was present at my oral questionnaire spoke of *Mercurius* with muco-purulent expectoration, worse at night, dreads fresh air.

All those who had used it said their confidence in *Sulphur* had been strengthened, of course, in *Sulphur* cases.

Veratrum viride: Without the restlessness and mental states of *Aconite*, but otherwise quite like it.

One who subjected himself to the quiz spoke of *Arsenicum iodatum* as a cardinal means with which to combat the after-effects of such diseases as pneumonia, typhoid and influenza. The

indications he gives for it would appear to be also present in some of the early effects as well as those following after, viz., heart muscle becomes weakened and hence the sounds not distinct in character, the pulse, of course, soft, compressible not from lack of arterial tone but from myocardial changes. These symptoms, is associated with disseminated weakness, some shortness of breath, beginning anæmia indicate this drug clearly, and it can be dispensed with confidence. Its field would seem to be in the stage of a weakened myocardium, just about to come to an acute failure to compensate.

Brentwood, Md.,

May 22, '20.

My Dear Mr. Editor:

Dr. Lutze (page 211) spoiled his epilepsy case by following *Calc. c.* with *Sulph.* He set his patient back and came near killing her by this serious error. Let us all take warning.

That she finally rallied and eventually recovered was more than we had a right to expect.

Yours for scientific prescribing,

JOHN F. KEENAN, M. D.

Rats cost every person in the United States one-half of one cent a day, says the United States Public Health Service. Write to the Surgeon General, Rupert Blue, Washington, D. C., for an instructive bulletin on how to get rid of them.

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY**Stuart Close, M. D., Editor,****248 Hancock St., Brooklyn, N. Y.****MYSTERY AS AN INCENTIVE TO PROGRESS.**

There are few persons who do not, in some degree, feel and yield to the charm of the mysterious. All normal children sense the mystery of existence and are curious about it. If it is not unwisely thwarted, dulled and suppressed in childhood this sense survives throughout the entire life and may be made one of the most potent incentives to mental and spiritual development. The survival in the adult of this sense of mystery and the lure of it, is one of the marks of a youthful spirit and a vigorous, teachable mind. It is something to be cherished as a precious possession.

Mystery surrounds us. In whatever direction and however far we pursue our investigations we always arrive, at last, at a mystery. The unknown always extends beyond the limits of the known, luring us on to further effort.

This sense may wisely be utilized in the study and teaching of homœopathy to arouse interest and curiosity. How many mysteries confront the student! The mystery of Life; of the constitution of matter, organic and inorganic; of organism; of motion; of growth, nutrition and repair; of reproduction; of mind and thought and their relation to brain and body; of food and medicines; of the laws by which all of these things and processes exist and act—all of them fascinating to the mind that has once been rightly awakened to their existence.

In these articles we are deliberately confronting some of these mysteries as they are related to homœopathy and trying to solve them. Progressing from the unknown we will try to explain and interpret and connect up things as far as we can, being certain that no effort in that direction can be wholly wasted.

Who, what, where, when, how and why? These are the questions which every thinker must ask and which, in themselves, in their logical order, constitute a scheme of investigation which may be applied to every problem.

If every homœopathic physician would conscientiously ask these

questions in every case which is presented to him there would be fewer mistakes and better results in practice.

RELATIONS OF SCIENCE AND ART.

Art and science are inseparably bound together. Every art has its foundation in science, and every science finds its expression in art.

Consciously or unconsciously the artist or the craftsman at work is applying principles and laws, formulated and systematized knowledge of which constitutes science.

Exceptionally an artist, by virtue of inherent capacity and genius may not be aware that he is applying scientific principles in his work. The "Art Instinct," when powerful, may express itself spontaneously and naturally by force of an internal feeling or native impulse, grasping principles intuitively and subconsciously and developing its own methods of technique through individual experience. But such endowment is rare, and even the greatest natural genius does not reach his highest development until he has awakened to the existence of theories, laws and principles and viewed his work consciously from the scientific standpoint.

When an artist reaches that point of development, philosophy begins to interest him. His eyes are opened and his vision is clear. He now wants things explained. Thenceforth, his field is broadened and his power of expression increases in proportion to his determinate development in that direction.

The scientist, on the contrary, never, or very rarely proceeds by instinct. His eyes are open from the beginning. He knows exactly what he wants to do. He works deliberately by established rules and methods, based upon principles deduced from ascertained facts. Reason and logic, rather than feeling and emotion, are his guides, from first to last. Not that the scientist may and does not have his moments of inspiration and high emotion as his imagination leaps forward into new fields opened up before him, or some new discovery rewards his studies, investigations and researches; for he certainly does have such moments and the greater the man, the more frequently does he experience them. When the artist becomes a scientist and the scientist becomes an artist they meet on the mountain tops of human experience and share alike in the joys of conscious creation.

Homœopathy is both an art and a science. The successful homœopathician must be both an artist and a scientist. His work must be both artistic and scientific. Theory and practice must go hand in hand. Technique must be governed by definite principles. Performance must be consistent with profession. We should practice what we preach and confine our preaching to the limitations of our knowledge.

Previous articles in this department have thus far been principally occupied and will be further occupied with certain general interpretations of science, because a knowledge of the principles which are common to all sciences and arts is essential to a correct understanding of the special art and science with which we are concerned as homœopathicians. Study of the relation of homœopathy to other arts and sciences has been neglected and the standards as well as the morale of the profession have been lowered in consequence.

Homœopathy has been regarded too much as a thing apart; a wanderer without friends or relations; a sort of medical Topsy; "Never had no parents—jes' growed." The fact is, as already pointed out, that homœopathy was the logical and legitimate offspring of the Inductive Philosophy and Method of Aristotle and Lord Bacon. It is the highest development of modern therapeutic science and as such, stands intimately related to the sciences of Logic, Mathematics, Physics, Chemistry, Biology, Psychology and other sciences. The broader and more accurate the knowledge of these relations, the higher will be the respect for and the warmer the enthusiasm in the practice of homœopathy.

These fundamental conceptions of matter and motion; energy and force; spirit and life; mind and body; health and disease; cure and recovery and their relations to each other which are embodied in the Organon of Hahnemann and which I am endeavoring to interpret in the light of modern science and philosophy, are not only the profoundest subjects of human thought, but they are an integral part of homœopathy.

Realization of this fact arouses interest. It stimulates the kind of thought and study which develop the "homœopathic spirit." It is the most powerful factor in the creation of that high morale which is so essential to the progress and perpetuation of the school. The highest loyalty to principles, consistency in practice and perfection of methods can be attained in no other way.

A carpenter who knows and is content to know his steel square only as a tool by which he can measure or draw a straight line across a board and tell whether the angles of a frame are true, will never become anything more than a mere day laborer. But arouse his interest in the mysterious lines and figures on that wonderful instrument; induct him into the mathematics of the square; teach him its higher uses and the possibilities of his development and progress are almost unlimited.

So the physician who knows only a little rudimentary homœopathic materia medica and therapeutics in addition to his medical-college-knowledge of general medicine, and is content with that knowledge, will never be anything but a routinist and a medical misfit.

THE SCOPE OF HOMŒOPATHY.

Homœopathy, or homœotherapy, is the department of science in general medicine which has for its principal objects the observation and study of the action of remedial agents in health and disease, and the treatment and cure of disease by medication, according to a fixed law or general principle.

Homœopathy was founded and developed into a scientific system by Samuel Hahnemann (1755-1843) under the principles of the Inductive Method of Science as developed by Lord Bacon. Its practice is governed by the principle of *Symptom-Similarity*, which is the application in medicine of the universal principle of *Mutual Action* formulated by Sir Isaac Newton in his Third Law of Motion; "Action and reaction are equal and opposite."

Homœopathy, as a science, rests fundamentally upon four general principles: Similarity; Contrariety, Proportionality and Infinitesimality, reducible to the universal principle of Homœosis, or Universal Assimilation. (Fincke.)

"*Science is knowledge reduced to law and embodied in system.*" "Knowledge of a single fact, not known as related to any other, or of many facts, not known as having any mutual relations or as comprehended under any general law, does not reach the meaning of science."

"A science in its development, is 1. A collection of exactly observed facts; 2. A correlation or generalization of these facts, forming a system; 3. A formulation of these generalizations as laws; 4. It proceeds to some principle or force accounting for

these laws; hence, exact knowledge of proximate causes." (Condensed from The Standard Dictionary.)

Law, in the broadest sense, is *the observed order or relation of the facts*. It is not required that the cause of the order or relation be known. As mathematicians and astronomers, accustomed to deal with the highest order of facts, are content to accept the law of gravitation without explanation of the cause, so physicians, if there be Law of Cure, may accept it without explanation of its cause. But the tendency of modern physical science is toward the more complete generalization, its goal being the discovery of a principle which shall connect all physical phenomena.

Specifically, in the scientific sense, a law is *the connecting link between two series of phenomena*, showing their relation to each other.

"There are two tests of the validity of any law that is claimed to be a natural law, or law of nature.

1. That it is capable of connecting and explaining two series of natural phenomena.

2. That it is in harmony with other known laws.

In optics, for example, we have the phenomena or properties of luminous bodies, and the phenomena of light receiving bodies. These two series of phenomena are connected and explained by the law of the diffusion of light.

In physics the phenomena of the Sun, as regards density and volume, are related to the phenomena of the earth by the law of attraction or gravitation.

In chemistry the properties of potassium are related to the properties of sulphuric acid by the law of chemical affinity and definite proportions, in the formation of a new compound, potassium Sulphate." (Abstracted from Dunham.)

So in Homœotherapy, we have the phenomena of drugs related to the phenomena of diseases by the law of mutual action, under the principles of similarity, contrariety, proportionality and infinitesimality; reducible again to the principle of Universal Assimilation or Homœosis.

"*Therapeutics* is that department of medical science that relates to the treatment of disease and the action of remedial agents on the human organism, both in health and disease." (Standard Dictionary.)

Since it conforms to every requirement of these general, authoritative definitions of Science, homœopathy is correctly defined as *The Science of Therapeutics*. No other method or system of medical treatment conforms or even claims to conform to all of these fundamental requirements.

While it can easily be shown that the curative or truly remedial action of any agent whatsoever used in the treatment of disease, mental or physical, conforms to the fundamental principle of Homœopathy, in the narrower or more practical sense homœopathy may be defined as the science of specific therapeutic *medication*, since it commonly uses medicines or drugs alone to effect its purposes.

Homœopathy is not, strictly speaking, "a system of medicine," as it is often inaccurately called, using the word medicine in its broad general sense. General medicine is made up of a number of distinct sciences, including General Therapeutics, which cover all the therapeutic resources known to man. It makes use of many agencies besides medication for the alleviation of human ills.

Homœopathy, therefore, is a department of general medicine, like anatomy, physiology and pathology.

Homœopathy is an experimental science, like chemistry or physics, established under the principles of the inductive method in Science. Considered as a science, it consists of two series of phenomena, independently observed, collected and studied, connected by an underlying law or principle of nature. Its elements are: 1, The phenomena of disease; 2, the phenomena produced by drugs when administered to healthy persons; and 3, the general law of mutual action, otherwise known as Newton's Third Law of Motion, and as the Law of Similars, which connects the two series of phenomena. The phenomena of disease constitute its pathology, the phenomena of drugs, its materia medica, and the application of its materia medica under the law, its therapeutics.

Experimentally, in the construction of homœopathic materia medica, medicines were administered singly, in various doses, to healthy human beings, for the purpose of eliciting, observing, recording and comparing their effects. Comparison shows that the symptoms thus produced by drugs are similar to the symptoms of disease. Any symptom or group of symptoms of disease

may be duplicated from the materia medica record of drug symptoms.

Experimentally, also, it has been proven that *under certain conditions*, to be stated hereafter, medicines cure diseases by virtue of their similarity of symptoms; that is, medicines cure or remove, in the sick, symptoms similar to those which they have the power of producing in the healthy. From this fact of experience was deduced the law of cure and medication, known as the "law of similars," which is found on examination to be a statement, in other words, of the general Law of Mutual Action, variously termed the law of equivalence, the law of action and reaction, the law of balance or equilibrium, the law of polarity, the law of compensation and Newton's third law of motion.

Homœopathy works in perfect harmony with all necessary rational, non-medicinal and mechanical therapeutics agents. Surgery, obstetrics, hygiene, dietetics, sanitary science, chemistry (so far as it is applied in the preparation of medicines and in ejecting and antidoting poisons), and psycho-therapy all find in homœopathy their congenial and most powerful ally.

Homœopathy is opposed, in its constitution and principles, to all forms of treatment by direct or physiological medication, and to physio-chemical treatment or treatment based upon chemical theories.

It is opposed to the use, under ordinary conditions, of medicines for merely palliative purposes, since its primary object is always the *cure* or obliteration of disease and complete restoration of health.

It is opposed to the methods of vaccine and serum therapy, although it is claimed by many that these methods are based upon the homœopathic principle. It grants that this may be true so far as the underlying principle is concerned, but opposes the *method of applying the principle* as being a violation of sound, natural principles of medication, and productive of serious injury to the living organism.

It holds and has proven that such methods are unnecessary, and that the results claimed by their advocates can be attained more safely, more rapidly and more thoroughly by the administration of the homœopathically indicated medicine by the natural channels of the body, instead of subcutaneously by means of the hypodermic needle.

Homœopathy is opposed to the so-called pathological or group treatment of diseases, by which individual peculiarities are ignored and patients are grouped or classed according to their gross, pathological organic lesions, and treated alike. Homœopathy deals with the individual, not the class. It treats the patient, not a fictitious entity called the disease. Its prescription or selection of medicines is based solely upon individual similarity of symptoms, drug symptoms to disease symptoms, determined by actual comparison in each case.

Homœopathy is opposed, fundamentally, to all forms of external, local or topical drug treatment of the external, secondary symptoms of disease, except in surgical cases. It directs its curative agents through the natural channels, to the physiological centers of vital action and reaction which govern all functional activities in the living organism, in disease as well as in health.

Homœopathy is opposed to polypharmacy. It depends for all its results upon the dynamical action of single, pure, potentiate medicines, prepared by a special mathematico-mechanical process, and administered in minimum doses.

In practice, homœopathy bases the selection of the curative remedy upon *The Totality of the Symptoms of the individual patient*. For the homœopathic prescriber this constitutes the disease. Speculation as to the inner, essential nature or workings of the drug or the disease does not enter into the process of selecting the remedy. The prescription is not based upon the pathological diagnosis, or the name of the disease, but solely upon the likeness of the symptoms of the patient to the symptoms of some proven drug, determined by actual comparison.

As the experimental work in constructing the homœopathic materia medica has been conducted with *single medicines*, and as each medicine has its own definite and peculiar kind and sphere of action, scientific accuracy, as well as the law of similars, requires that the treatment of patients be conducted in the same manner. Medicines are never mixed or compounded in homœopathic practice, but are given singly.

It has been proven experimentally that the sick organism is peculiarly and even painfully sensitive to the action of the single, similar medicine, and that curative effects are only obtained by subphysiological doses. Physiological doses, instead of removing

the symptoms of the disease, produce, by their direct action, the characteristic symptoms of the drug. If the drug be not a similar, the condition of the patient is complicated by the addition of more symptoms having no relation to the disease, and no cure results. If the drug be a similar the violent reaction of the organism to the unnecessarily large dose increases suffering, exhausts the patient and prolongs his disease, even if he eventually recovers.

These facts led, first, to the progressive reduction of the size of the dose to the smallest effectual curative quantity, and eventually to the discovery and formulation of the *law of potentiation and the infinitesimal dose*, which is one of the corollaries of the law of similars and a fundamental principle of homœopathy.

The practical working principles of homœopathy, therefore, may be briefly stated as follows:

1. The totality of the symptoms of the patient is the basis of medical treatment.
2. The use of single medicines, the symptoms and sphere of action of which have been predetermined by pure, controlled experiments upon healthy persons.
3. The principle of symptom-similarity as the guide to the choice of the remedy.
4. The minimum dose capable of producing a dynamic or functional reaction. *Similia Similibus Curentur; Simplex Simile Minimum.*

Give your physician a chance to keep you well before you call him in to cure you, advises the United States Public Health Service. An occasional thorough examination by a competent physician will save you money and prolong your life.

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R. F. RABE, M. D., Editor, 616 Madison Ave.,
New York, U. S. A.

EDITORIAL NOTES AND COMMENTS

Pathognomonic vs. Pathogenetic.—A short while ago we had occasion to see in consultation an elderly man who had gone through a broncho-pneumonia, chiefly left-sided. One or two days of normal temperature were followed by another rise, gradually growing higher and with morning remissions. Remedies given by his physician, and apparently well chosen, had produced no improvement in the condition. Temperature and pulse corresponded. Our examination quickly showed a case negative in character, so far as subjective symptoms were concerned, the patient declaring that he felt fine and intended to get up from bed. Cough practically vanished—a little dry hack now and then and occasionally a small amount of white mucous sputa. Appetite and sleep were good, thirst normal, tongue somewhat coated; but, physical examination showed the lower two-thirds of the left side of the chest to be absolutely flat on percussion, with absent breathing sounds and vocal fremitus totally abolished. A tentative diagnosis of pleural empyema was made and the needle for diagnosis, likewise a careful differential blood count advised. To be sure, physical signs will fool us all at times, but it is pretty safe to advise the diagnostic needle in a case such as this. If pus be present, resection of a rib will be the logical procedure, with an internal remedy as an important, but secondary consideration. The lack of any subjective symptoms or of those of the patient himself, is always significant and points to the strong probability that the condition is surgical in nature or possibly

incurable. In this case, the presence of pus is to be considered a pathological end-product and treated accordingly.

Tetanus.—About a year ago, we told of the cure of a case of tetanus in a mule, with Hydrocyanic acid. Well, the spring plowing is done, the corn is coming along, with the saucy crows doing their best to hamper it, and the jenny mule stood up nobly under all the work. She and her sister Maud are a real pleasure to behold. Plowing is the hardest work a team can do, unless it is to drag a disk harrow over a hummocky field, and this jenny mule has done her share and done it willingly and well. All honor to Hydrocyanic acid and homœopathy.

Benzol.—We have been able to have completed a fair proving of this drug and shall, as promised in a previous issue, publish this proving shortly. In passing, an interesting fact may be noted, that Benzol affects the right side especially. Here we once more have an exhibition of the peculiar elective affinity of drugs. Why Benzol should attack the right side by preference, we, of course, cannot explain, but it does, and the fact will no doubt prove to be useful, if future provings should, as they no doubt will, verify this observation.

Von Bœnninghausen long ago emphasized the sides of the body as related to remedies—thus *Lycopodium* is right-sided, whereas *Lachesis* is left. Many other examples will, of course, come to mind. It is easy to remember these, if we stop to think of the organ affinities of a given remedy. In *Lycopodium*, *e. g.*, the liver is affected and the liver, of course, is a right-sided organ. The same may be said of *Chelidonium*, whose effects are primarily centered in the liver. The neuralgia of this remedy is characteristically right-sided and supraorbital. *Ceanothus* is a left-sided remedy and prominently affects the spleen. *Ceanothus*, by the way, is also known as New Jersey tea, for the reason that the patriots during the Revolutionary War used it as a substitute for the real *Thea Chinensis*, imported via England. *Ceanothus* was regarded by Burnett as an organ remedy, which, in truth, it is, as is evidenced at times, by its kindly action in simple splenic hypertrophy.

Boger, the Bœnninghausen of America, has also emphasized

the importance of the sides of the body as related to remedies, and Boger, with his magnificent library tucked away in the wilds of West Virginia, is a student of *materia medica par excellence*.

Drawing False Conclusions.—This is an easy matter where knowledge is lacking and imagination runs riot. To start with a faulty premise is to end with a *reductio ad absurdum*. Homœopathy has frequently suffered, as the result of loose or careless thinking. To understand homœopathic philosophy takes a logical mind, one accustomed to clear thinking. The subject is one which can be easily muddled, as many have found. Those who do not, or cannot understand homœopathy, are quite likely to damn it by ridicule—a favorite weapon with the ignorant, but too often an unpleasant boomerang in their hands. We must always be careful to correctly interpret cause and effect. Some enthusiasts, in their misguided zeal, attribute every manifestation which follows the giving of a remedy, to that remedy, no matter how unrelated or absurd the manifestation may be. We suspect that the older provers indulged in this annoying pastime, since the symptomatologies of many of our older remedies are overburdened with incongruities of this nature. Because the prover happened to urinate eight ounces of urine at eleven o'clock one dark and rainy night, is no good reason for assuming that the remedy he was proving was necessarily the cause. He may have been playing an interesting game of *skat* in some delightful old rathskeller near the town hall, sufficiently removed from the assiduous but loquaciously importunate Hausfrau, to permit him to draw deep and frequent drafts of the smooth and seductive Pilsener. The latter, by the way, is a notorious diuretically inclined amber fluid known as beer, made in Bohemia, and in the dim and unenlightened past known even to Americans, free and equally born, as quite an enticing drink.

To draw fine distinctions in symptomatology may lead to such a ridiculous differentiation as a nose stopped up or merely obstructed. The endless repetition of synonymous expressions found in some of our *materia medicas* and in most of the provings contained in Jahr's *Symptomen Codex*, might well have been omitted with much saving of paper and more of time to the physician who is busily engaged in the hunt for the elusive *simillimum*.

After all, our remedies have sufficiently marked characteristics to make their recognition fairly easy. In this recognition, however, it is well for the prescriber to understand the so-called physiologic action of the drug, when this, of course, is known. It is for this reason that our O. S. friends so generally make good homœopathic prescribers, whenever they take up seriously the study of homœopathy. Their knowledge of the physiologic action of drugs is a great help to them. We do not now refer to mere keynote prescribing, which is a first cousin to slipshod prescribing and decidedly to be avoided.

A gentleman of somewhat advanced years, keenly interested in homœopathy, but without medical training, was taken with a pain in the right side of his abdomen, which made it uncomfortable for him to lie upon this side. His acquaintance with remedies led him to take a single dose of *Mercurius vivus*, which, however, failed to relieve the pain. A dose of *Mercurius sol.* 200 was now taken, but the pain became much more severe. Thoroughly frightened he attributed the aggravation to the last dose of medicine and with laudable intention proceeded to antidote the *Mercurius* by taking a dose of *Hepar sulphur*: this also failed to help matters, but our lay prescriber followed the *Hepar* with *Silicea*, and finally in the absence of relief, with *Nitric acid*. By this time the pain was very severe and a peculiar eruption had appeared upon the skin and in the painful area. This development led to a consultation with the physician, who, of course, surmising what had occurred, pronounced the trouble *herpes zoster* upon ocular inspection. The remedy really needed was *Ranunculus bulbosus*. Our lay friend had granted powers to the poor little dose of *Mercurius* 200 which it did not possess and thereupon proceeded to abrogate these in truly classical manner. The moral is of course, that a little knowledge may be a dangerous as well as a misleading thing, and that homœopathy needs the highest skill of the trained physician if its best results are to be obtained.

Too much sleep is almost as injurious as not getting quite enough, says the United States Public Health Service. The average adult should sleep eight hours in every twenty-four.

THE HOMŒOPATHIC RECORDER

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PARTIAL PROVINGS OF BENZOL, IODINE AND KALI BICHROMICUM

These provings or experiments were conducted under the direction of Dr. R. F. Rabe, secretary of the American Institute of Drug Proving, at the New York Homœopathic Medical College and Flower Hospital, and under the immediate supervision of Dr. F. H. Hirschland, of the department of Pathology, to whom full credit is due for the results of these experiments. Herewith appended is the report, as submitted by Dr. Hirschland:

"It was in the early part of December, 1919, when Dr Rabe suggested these Drug-Provings which I began in January on small laboratory animals and later with students of this institution, and as well as with nurses of Flower Hospital. I wish to express my deep appreciation of the spirit of co-operation, as well as for the assistance Dr. Rabe has given me throughout these last four months. Both the students and nurses faithfully persevered in the work, and I wish to thank them also.

"The first two drugs used in the proving were Kali bichromicum, and the homœopathic tincture of Iodine. The test animals were guinea-pigs of an average weight of 350 grams. The Kali bichromicum was used in the 2x, 3x, 6x, 12x, 30x potencies, and one animal was kept as control. The first of the guinea-pigs to die was the one which was fed on the 30x potency. (The drug was given in tablet form with the food.) The animal showed signs of restlessness at the eighth day of the proving; it had for two days a watery discharge from the nose, did not take any food for about 36 hours, and died on the 11th day. An autopsy was performed 6 hours after death; the gross-pathological find-

ings were: Septic peritonitis, dilatation of the stomach with acute gastritis and acute parenchymatous nephritis. The organism isolated from the peritoneal exudate was the streptococcus pyogenes. The source of this infection could not be found. Microscopic examination of the diseased organs confirmed the gross-pathological findings. The four remaining animals showed a distinct gain in weight of about 50 grams on the average, after 21 days. Then the animal receiving the 6x showed a rapid loss, which amounted to 65 grams in 5 days, when the animal died. Autopsy was performed immediately and the findings were: Congestion and œdema of both lungs, a cloudy swelling of the kidneys and an acute degeneration of the spleen. The doses of the drug were increased after this to twice the former amount of 6 tablets a day. The three remaining animals were weighed again, showing an increase which amounted to 25 grams on the average. The next guinea-pig which became sick, was the one which was fed on the 12x. The animal did not eat well for about 6 days, losing 75 grams of its weight, finally refused all food and died on the ninth day. The autopsy, held the same day, showed a lobar pneumonia of the right lung, congestion and œdema of the left lung, acute gastritis with dilatation of the stomach and a cloudy swelling of the kidney. The two animals which received the 2x and 3x doses together with the control animal, remained unaffected. Great care was taken that the animals were not exposed to cold, that they were not overfed, that they were given the proper kind of food, and that they were in a good condition before the drug-proving was begun. It may be safely said that at least the lesions, produced in the stomach and kidneys and partly those in the lungs, can be ascribed to the drug. Further proofs of this, however, must be collected by subjecting other sets of animals to the same test, under the same conditions, as near as possible.

“The homœopathic tincture of Iodine was given per mouth to three guinea-pigs, in amounts of 2, 3 and 4 drops,, which dose was increased after two weeks to 4, 6 and 8 drops, respectively. At first the animals gained weight, probably due to the alcoholic stimulus, but after a while the 6 and 8 drops animals lost what they had gained and in addition, another 50 grams. They both died about the 21st day. Both had an intense inflammation of

the gastro-intestinal tract; both had an œdema of the lungs and a parenchymatous inflammation of the kidneys. These organs seemed to be the ones most affected by the drug. The animal which was on a three-times-a-day-4-drop-dose remained alive. The dose was apparently too small to have a sufficient toxic effect.

“The third drug was given to three guinea-pigs, to three students (male) and to three nurses (female)—the name and nature of the drug was withheld from the provers, but it was Benzol. One student was used as a control. The drug was given to the animals in the fluid form, 2, 4 and 6 drops, three times a day. A strong male rabbit was also subjected to the test and was given 10 drops twice a day. The animal remained absolutely unaffected, as far as we could see. The 4 drops guinea-pig showed signs of paralysis of one leg at about the 6th day and became completely paralyzed in both hind legs on the tenth day. It died on the 12th day. The autopsy showed infarct formation in the liver, kidneys and one lung; the cause of death was œdema of the lung. The 6 drops guinea-pig died the 17th day. A high grade of anæmia was found in the lungs and the formation of an abscess and an infarct in the liver, as well as areas of focal necrosis and parenchymatous degeneration in the kidney. As to the human provers, the history of some of them is interesting. They were subjected to a physical examination, their weight was taken, a chemical and microscopic analysis of the urine was made and a complete blood-count. The female team proved to be of higher value than the male, this latter one having one or two members who were inclined to emphasize minor disturbances. The control prover remained unaffected throughout the test. He did, however, complain one afternoon about having a severe frontal headache, which, he says, was greatly relieved by studying. Prover No. 1 was in fair physical condition when he started. He was given blank pills for four days. The fifth day he was given the drug in the 1st decimal potency four times a day. His blood count was 5,770,000 at the beginning, Erythrocytes, the lymphocytes being 6,800. The number of red cells decreased to 5,000,000, and the number of white cells increased to 10,400 within 10 days. The hæmoglobin was 90 per cent. at the first examination and dropped to 85 and finally 75. during a period of 25 days. The polynuclears remained stable, the small lymphocytes

showed a slight increase. The prover often complained of headache, especially on the right side, of sweating, swelling of the right testicle with severe pain, of nausea and loss of sleep. The appetite was not as good as usual, and the student often felt tired. Urine was passed in greater quantities than normally. The second prover received the 3rd decimal potency, after he had been taking blank pills for four days. In this prover there was also a decrease in the number of red cells and an increase in the number of white cells. This student also complained about a severe pain in the testicles, which were red and enlarged, the pain being relieved by supporting the scrotum. Profuse urination was found, restlessness and nervousness. The symptoms were aggravated at night. A perspiration which had existed previous to the taking of the drug, has practically ceased. It came back, however, to some extent, after the proving was over. Twice the student complained of a terrific frontal headache extending to the root of the nose and which was worse on motion and lasted until midnight. For a few days there was a constant pain in the eye-balls and the lids, which was accompanied by a dilatation of the pupils. The third prover who took the 6x potency showed the first symptom on the ninth day, in the form of painless, discrete, right-sided eruptions about the face and neck. On the 11th day he had a profuse hemorrhage from the right side of the neck, with no apparent lesion or cause. Throughout the taking of the drug there was an itching sensation at the anal orifice and at times all over the body. This prover did not show any decrease in the red cells, which remained stationary at about 6,000,000, while his white cells increased from 7,000 to 10,000. The fourth prover, a female, had at the beginning of the test, a hæmaglobin content of 90 per cent., which decreased to 75 per cent. during the test. At the same time the number of red blood cells sunk from 5,290,000 to 4,600,000, and the white cells went up from 8,200 to 11,400. This prover received the 6x and did not show any symptoms for 10 days. After that a coryza developed, which was at its height every a. m., accompanied by violent sneezing, lasting from 1-2 hours. There was no sleep before midnight and great restlessness during sleep; the prover felt tired right after sleep and all day, the appetite was poor and the action of the bowels more sluggish than normal.

"The fifth prover was, so far as physical condition is concerned, almost perfect.

"The first blood count showed 4,850,000 red cells and 6,500 white cells. There was a loss of 300,000 red cells after 15 days, while the white cells doubled themselves. This prover was also a female and received the 12 decimal potency. She often complained of slight frontal headache, pain in the lower abdomen and of frequent nausea, especially after lunch; there was also a frequent desire for stool without much result.

"The last prover had an initial blood count of 5,100,000 red cells and 8,200 white cells and a final count of 4,200,000 red cells and 11,600 leukocytes. This prover, also a female, was given the 30x. Shortly after commencing the proving she complained about a sour taste in the mouth, gastric disturbances, nausea, loss of appetite, regurgitation and a constant inclination to vomit. There was great restlessness day and night, and sleep was often interrupted. After 10 days the prover began to develop peculiar symptoms in the eyes. Her vision became very poor, especially on the right side, objects were blurred and wavered; the eyes began to ache and vision of the right eye was at times absent. Inspection showed the pupils to be extremely dilated, the right more than the left, the eyeballs being very sensitive to touch. The right pupil did not react to daylight and only slightly to artificial light. The left pupil reacted somewhat better. This condition remained unchanged for about 5 days, and then gradually and slowly cleared up. It came back, however, to a lesser degree, for a period of about 4 days and then disappeared.

"The most striking fact in the proving of benzol seems to be the influence it had on the circulatory system. It caused a slowing of the blood stream which in the guinea-pigs brought about the formation of infarcts. In the human provers it resulted in a decrease of the red and in an increase of the white cells in general."

SCHEMATIC RECAPITULATION.

Benzol

Synonym: Benzene C₆H₆.

Characteristic Symptoms.

Mind: Irritable; disinclination to work; confused; tired; nervousness.

Head: Frontal headache extending into root of nose, worse on motion. Headache in the evening and during the night, especially right side; aggravated on moving.

Eyes: Photophobia; vision very poor, especially on right side; objects blurred and wavering to sight; aching of the eyes and lids; eyeballs very sensitive to touch, no reaction of the pupils to daylight and slight reaction only to artificial light; pupils very much dilated, the right more than the left. Vision lost in right eye.

Nose: Profuse discharge; coryza, fluent all day, especially in the afternoon hours; violent sneezing, lasting from 1 to 2 hours.

Face: Itching.

Mouth: Sour taste.

Throat: Slightly inflamed; sour taste.

Stomach: Regurgitation; desire to vomit; loss of appetite; nausea, worse after lunch.

Abdomen: Pain in lower part.

Stool and Anus: Constipation with frequent ineffectual desire for stool; itching in anus.

Urinary Organs: *Urine* much increased in amount; frequent desire to urinate. Brick-dust sediment.

Male Organs: Nightly emissions; pain in testicles, which are swollen, swelling of right testicle, itching in scrotum. Scrotum red.

Female Organs: No observations.

Respiratory Organs: Cough relieved by drinking water

Heart and Pulse: No observations.

Back and Neck: Profuse bleeding from back of neck, right side discrete eruption on right side of back; itching all over back.

Sleep: Interrupted: desire for sleep during day time; great restlessness.

Aggravation: All symptoms aggravated during night. Sleeplessness until midnight. Previously existing perspiration relieved during the period of the proving.

Benzol or benzene is a volatile, colorless liquid hydrocarbon, C_6H_6 , obtained from naphtha or soft coal. It has an ether-like odor and burns with a light-giving flame. It dissolves fats, resins,

sulphur, phosphorus, iodine and several alkaloids. By the O. S. it is used as a pulmonary antiseptic in influenza, etc., as a taeniocide, externally as a parasiticide, and recently in leucæmias. The dose is given as from 5 to 10 minims.

Observations: The increase in the leucocytes and the decrease in the erythrocytes is certainly a striking feature of the effects of this drug, and, of course, suggests therapeutic possibilities in diseases marked by similar hæmic features, more particularly leucæmia. The fact that several O. S. clinicians have obtained beneficial results from small doses of benzol in this disease, is of interest and suggests that the therapeutic relationship which apparently exists, is based upon the principle of *similia similibus curentur*.

The symptoms referred to the eyes are also striking, especially the marked dilation of the pupils and the failure to react to light, particularly daylight.

NOTES BY THE WAYSIDE.

By Eli G. Jones, M. D.

1331 Main St., Buffalo, N. Y.

In the month of April I had an urgent letter from Dr. R. C. Ghose, Calcutta, India, requesting me to send him an article for his journal on "The Prevention and Cure of Smallpox," also a definite treatment "for measles." He says that during the months of January and March they have an epidemic of smallpox and measles, which causes the death of *millions of people every year*.

I sent him an article that will show the doctors in India what homœopathy can do to *prevent* the people taking the smallpox and a *definite* treatment for the *cure* of the disease when they *do* take it.

In December of this year an All India Homœopathic Congress will be held in Calcutta, India, the first one ever held in that country. They intend to invite an American physician of world-wide reputation to preside over their Congress. This will be a *great honor* for the man they will choose.

I had a letter from a student of mine, Dr. N. G. Vassar, Ridgeway, Ohio, he says, "That during the epidemic of the 'Flu' a

year ago, when *hundreds were dying* from the disease, I had over 1,250 cases, and only *lost two patients*, and they were past help when I saw them."

During the month of March I was called to Newark, Ohio, in consultation with Dr. C. S. Emery, Toledo, Ohio. The physicians who had seen the case had failed to make a definite diagnosis.

I found the patient a dentist, a brother of Dr. Emery, confined to the bed, very much emaciated. A pain below ensiform cartilage, going through to the back. He had vomiting spells of liquid-like coffee grounds. He also had hemorrhages from the stomach and bowels. Only a very little nourishment could be retained on the stomach. There seemed to be a doubt in the minds of the doctors who had examined him, whether it was cancer or ulceration of the stomach, for he had symptoms of both diseases.

A careful reading of the pulse showed a *fulness* and some *tension*, which indicated a focus of congestion or *irritation* in some part of the body. The *pearly* tint to the *whites* of the eyes showed a *drain* upon the system from hemorrhages. A careful examination over the region of the stomach revealed *no induration* as we usually get in cancer of the stomach.

My diagnosis was *ulceration* of the stomach and small intestines. For treatment he received Tr. China 1st x, 5 drops before each meal for the *drain* upon the system from the hemorrhages. For the vomiting Nux vomica 6th x, three tablets every three hours. The pain in the stomach called for Argentum nitricum 6th x, three tablets three times a day after meals. For the hemorrhages (if he had any more) Tr. ipecac 1st x, five drops every half an hour.

The patient was put on a restricted diet so as to give the stomach as little work to do as possible. The patient began to get better from the very start of the treatment. No more vomiting or hemorrhages, and but very little pain in the stomach and bowels. In a week's time I left off Argentum nit. and gave Kali bichromate 6th x, three tablets after meals.

Later reports from the sick man show decided improvement: he goes down town to his office, and is gaining in weight and strength.

From Newark, O., I went to Toledo, via "Ohio Electric Railway." I was with Dr. C. S. Emery (a very wealthy and promi-

ment regular physician of that city) for ten days, giving him a course of instruction on the *definite* action of remedies. The doctor has a big practice, also a sanitarium in Florida and one on the Maumee River near Toledo. Dr. Emery is a good dentist as well as a good physician.

Dr. J. H. Gardiner, Stoyerstown, Pa., says: "He regards Calcareo fluorica 3d x, two or three times a day, as the best remedy to *prevent* an attack of apoplexy, also he considers it *the* remedy for arteriosclerosis. It will produce *elasticity* in blood vessels and arterioles, thus preventing a *rupture of the same*." The above is a *valuable* hint from a *good* prescriber.

During the month of April I had the pleasure of meeting Dr. T. H. Carmichael, of Philadelphia, in consultation on a case in Lansdowne, Pa. (a suburb of Philadelphia). The doctor read me a *very good* paper he is to read before the County Medical Society.

During my visit to Philadelphia in May I had the pleasure of meeting the members of the firm of Boericke & Tafel at their store, 1011 Arch St. I found them very pleasant men to talk with. I have used the remedies of the above firm for fifty years, and always found them to be *absolutely reliable*.

I also had the pleasure of meeting the grandson of Dr. Constantine Hering, the father of homœopathy in this country. He is a very *bright brainy* man, and is the editor (on a large salary) of the Comic Section of the Hearst newspapers.

In May I was called to New London, Conn., in consultation with Dr. Carl Williams. Dr. Williams is a *brainy* man, editor and translator of "Therapeutics of the Respiratory Organs," by Dr. Cartier. It is a book that our doctors should read to get well posted on how to cure the above diseases. Boericke & Tafel have the book for sale.

I also met Dr. Myron H. Adams with Dr. Williams. Dr. Adams *knows* materia medica as very few men do. He is the author of "A Practical Guide to Homœopathic Treatment," a book on Domestic Practice, a book *every family ought to have*.

It is not often that three authors meet in consultation, but we smoked the pipe of peace (that is I did the smoking) and made good medicine.

In very many years' experience in the practice of medicine I

have learned one fact, viz., that the *higher* a doctor is in his profession the more *foolish* mistakes he is apt to make. I see examples of this in everyday life.

For the above reason I do not place much dependence on the *opinions* of the so-called *leaders* in the profession.

I have *never* allowed myself to be *influenced* by the diagnosis or prognosis of *any* doctor I don't care how *high* he stands in the profession I form my own diagnosis and prognosis if I think there is a *chance* (be it ever so small) of curing the patient. I am willing to *take* that chance and *fight it out on that line*. Just as long as the system will *respond* to the remedial action of your remedies, *don't give up the case*. Give the remedy or remedies that are *clearly* indicated and *fight it out on that line*. Remember it is said, "That the Almighty *hates* a quitter!"

Sometimes children get a cold and have swelling of the tonsils. I usually prescribe Tr. phytolacca 1st x, five drops three times a day. Remember the pulse that indicates valvular disease of the heart. It is a *jerking* pulse with *quick forcible* beat, followed by *abrupt* cessation for *one* or *two* beats. That kind of a pulse indicates structural lesion of the valves of the heart.

Do not forget Calcarea fluorica 3d x, as the *basic* remedy in valvular disease of the heart.

I expect to be in Elyria, Ohio, at the office of Dr. Carl P. Reefy, from June 13th to 20th, 1920, to lecture to a class of physicians.

I am open to engagements of that kind during the summer months.

In your cases of consumption when the patient is nearly well but has loss of appetite, give Tr. hydrastis, three drops three times a day. When there is a *burning* pain in right ovary as if from *fire*, worse after midnight, relieved by heat, Arsenicum 3d x, is *the* remedy needed.

I have never had any *faith* in vaccination as a prevention against smallpox. If the doctors in this country were *compelled* by law to vaccinate every body *free*, you wouldn't hear a word in favor of vaccination as a prevention against smallpox. The following taken from *The Inquirer*, London, England, tells how the vaccination works out in everyday practice:

SIX OUT OF SEVEN.

The *Inquirer* (London, Eng.) prints this:

The Sanitary Inspector for the Lower Bebington Urban District sends particulars of severe cases of smallpox which have recently occurred in that district. The first case on October 5th, 1919, was an ex-soldier, aged 38, of New Ferry, a shipyard laborer, vaccinated in infancy and revaccinated in the Army. On the same day his wife, aged 40, vaccinated in infancy, and his daughter, aged 12, unvaccinated, developed smallpox. On October 24th, another New Ferry resident, a man of 31 years of age, blacksmith, vaccinated in infancy, developed smallpox, and on November 19th a New Ferry bricklayer, 49 years of age, vaccinated in infancy, was taken away. Next day a woman at Port Sunlight, 30 years of age, vaccinated in infancy, developed smallpox. The last case occurred on December 3rd. The wife of the man who developed smallpox on November 19th was revaccinated on that day and 14 days later developed smallpox. Her age was 46.

The 12-year-old child had a confluent attack; all the other cases are described as discrete. They have all recovered.

In this outbreak we have six out of seven cases vaccinated, and two of them revaccinated, one 14 days before developing smallpox. We have also an outbreak started by a revaccinated soldier.

If a person thinks they have been exposed to smallpox they should take Kali mur. 3d x, three tablets every three hours for a week. Vaccination wont "take" when the above remedy has been given before or after vaccination. I have know of cream of tartar being used as a *successful* preventative to smallpox.

Put a tablespoonful of cream tartar in a pint bowl of sweetened water, and drink it up during the day. When the allopaths found that they could not treat smallpox with their remedies without a mortality of 37 per cent., they began to holler for vaccination, for when they *can't cure* they are hell on prevention.

In all countries where they have compulsory vaccination *cancer is on the increase*. The eclectics and homœopaths have always been *successful* in the *cure* of smallpox, as well as *every* epidemic that has visited this country for the past 100 years. They *have* the remedies, and *thank God they know how to use them*.

The people are willing to *trust* them, for "they *know in whom they have believed*."

ACTEA SPICATA.**C. M. Boger, M. D.**

Radix Christophoriana. Natural Order Ranunculaceae.

Tincture of the green root gathered before flowering, in May, or of the berries

Toxic Action:

Maniacal delirium and death (Linnæus).

Intense sick feeling with cold sweat (Golden).

A sort of intoxication, with great cerebral excitement, irritation of the digestive organs, vomiting and constipation (Lemercier).

Blisters on the skin (Monnier).

Popularly used as a purgative, to induce sweating and in lung affections.

The changes induced in the mental and physical spheres by *Actea spicata* are numerous and suggestive.*General Action:*

Great nervous excitability in the morning.

In the morning painful tension, yet more like a burning heat in the right lower leg, ceasing on motion, with fruitless urging to urinate and violent burning.

Involuntary muscular movements.

Occasional jerks in the right calf.

General itching, more especially on the head and face.

Cold shivers over back, trembling and great nervous debility.

Very sensitive to uncovering; admission of air causes a feeling of painful tension in the chest and chilliness.

The attacks of fever, mostly announced by a slight cold, shiver along the back, always come at uncertain times.

Nightly attacks of fever unto the 6th night.

Strong febrile movements at night.

Constant restlessness and anxious tossing about.

Violent internal and external heat.

General, sour smelling sweat.

Clammy sweat toward morning.

Violent ebullitions of blood and congestion of blood to the head, excited by drinking coffee.

It is impossible to lie in bed at night.

Nightly sleeplessness.

Somnolency.

Sleeplessness.

MIND:

Disinclined to reflect.

Diminished power of comprehension.

Confusion of ideas.

Dejection.

Sadness.

Doubtful of success, even in the most trifling undertakings.

Hopelessness.

Great desire to work, yet inability for it.

Irresolution.

Wavering mood.

Anxious concern, when at rest.

Increased joy of life.

Craving for rich foods.

Cheerful when in motion.

Prostration.

Constant complaining and sighing.

Occasional wailing.

Fear of death, more at night in bed.

Mental debility decides with difficulty.

Dulness of the senses.

Low spirits with inclination to weep.

Very fearful, starts at the slightest thing, noises, etc.

Constant apprehensiveness.

Attacks of weakness of the will, almost amounting to insanity.

Hasty speech.

Confusion, with intercurrent absence of mind.

Delusions.

Weakness of mind.

Weakness of memory.

Whimsical.

Dissatisfied with self.

Angriness.

Beside himself.

Distrustful, with aversion to physical motion in the open air.

Inclined to scold after eating.

VERTIGO:

Vertigo with staggering, during motion, gradually disappearing in the open air.

Beclouded.

Whirling with turning black before the eyes.

Frequent attacks of fainting.

HEAD:

Burrowing, cutting pain, as from a dull instrument within the head, with transient loss of consciousness and repeated roaring and buzzing within the depths of the cranium.

Feeling of fulness and fine stitches in various spots on the forehead when raising up, disappearing almost entirely from warm coverings.

Boring and tearing headache on the whole of the right side of the head, with a very sore pain, diminished by motion in the open air, disappearing entirely after drinking coffee, when standing it is combined with beclouded senses and a drunken feeling.

Violent itching and crawling on the entire scalp, alternating with a feeling of heat (after 8 hours).

Falling of the hair.

Beaten, bruised feeling of the whole head, when sitting and lying.

Sticking drawing or sometimes a dull pressure in the brain in the supra orbital region, with darkened vision, after smoking.

Throbbing in the brain, by fits and starts.

Pressure in the occiput.

Burning heat in whole occiput every evening.

Sudden stitches through the right temple into the brain.

Tearing, stinging pain in the right temple, especially in the pars mastoidea as if it would be wrenched out, at night in bed.

Very violent, sticking tearing from the crown to between the eyebrows, driving one almost to distraction.

Heaviness in the forepart of the head.

Congestion to the forehead, with violent redness of the face.

Branny desquamation on the forepart of the head down as far as the forehead.

Dizziness with an empty feeling in the forehead (Alu.) when stooping.

Violent sticking and tearing in the forehead.

Burning heat on the forehead, not far above both eyebrows, alternating with a clamping pain between the forehead and the parietal bone.

Occasional digging boring in the center of the forehead.

Digging in the left frontal eminence, with a feeling as if the bone were being crushed, forcing one to tears, after eating and cold drinks.

Cutting, sometimes gnawing or crunching in the left frontal cavity; often they cease suddenly and jump to single spots on the crown yet soon return again, after midnight.

Increased sensitiveness of the entire frontal bone, on motion it is converted into a pain which necessitates screaming.

An anxious heating up of the forehead.

EYES:

Sensitive itching and burning of the eyes.

Tension, pressive digging or sometimes quivering within the eye, in the evening.

Peculiar pressure, as from a grain of sand lying therein on closing the eyes.

Violent burning and tearing of the right eye.

Frequent fiery apparitions, like balls, after midnight.

The eyes are affected and dim.

The eyes are actively red, brightly sparkling, protruded and rotating rapidly.

Keenly sensitive to light.

The eyes are dim, sunken and encircled by blue rings.

Sparkling and flashing before the eyes.

Throbbing and hammering alternating with burning under the right orbital arch.

Sense of heat between the eyebrows toward evening.

Boring tearing pain behind the right orbital cavity.

Puffiness and dry inflammation of the eyelids, especially the upper; constant itching and crawling of them, necessitating rubbing.

Single, small millet-like vesicles on the right upper eyelid, without biting or itching.

The eyelids are agglutinated by yellow, pus-like mucus.

Frequent twitching of the left eyelid in the morning; blinking.

Smarting pain in the right upper eyelid.

Sticking, biting in the inner canthi; after reading and writing.
Excoriation of the inner canthi (after 4 days).

EARS:

Tight pain in right inner ear, with crawling extending to the cavity of the mouth.

Great sensitiveness of the ears to drafts.

Perspiration behind the ears, when lying.

Tinkling, buzzing and dull ringing.

Stopped feeling with *transient deafness after eating*.

Loud roaring.

Tensive pressure in the tympanic cavity.

Tearing, boring pain in the right inner ear.

Outward digging.

Feeling of cold air streaming into ear and aggravating the pain, in the afternoon.

Sense of heat alternating with itching in the left ear lap.

Biting in the lobule of the right ear, with a feeling of fierce eating.

Burning itching, with a hot feeling in the right concha, when lying.

Thin, sour smelling earwax.

NOSE:

Scabs and pustules on and within the nose.

Redness with a superficial erysipelatous inflammation of the tip of the nose, with violent itching and biting.

Burning in the left nostril, with a feeling of dryness and coldness.

Chaps in the left wing of the nose, in the morning.

Violent, tearing, boring pain from the root of the nose to the right frontal eminence.

Sore feeling in the nostrils.

Catarrhal tendency.

Fluent coryza, with persistent tickling on the floor of the right nostril, causing sneezing.

Profuse discharge of serous fluid (after 24 hours).

FACE:

Pale, sunken, emaciated face.

Bright red face.

Bloating of the right side of the face with a dull pressure or sometimes compression of the parotid gland.

Peculiar tensive outward pressure in the fleshy parts below both eyes, intensified by motion, sneezing and stooping.

Tearing, squeezing in malar bones.

Boring in the periosteum.

Swollen cheeks with rheumatic pains.

Outward tearing with frequent stitches in the left lower jaw, worse after midnight.

Drawing and tension in the lower lip, extending to the chin.

Occasional violent cracks in the lower lip.

Dryness and soreness in the upper lip after eating.

Dry herpetic eruption about the mouth with solitary itching pimples.

TEETH AND GUMS:

Stitches and unbearable tearing in the molars of the left lower jaw with the feeling as if they projected too far, diminished by smoking.

Burning in the gums, with a swelled feeling.

Tensive drawing in the right upper gum, spreading to the uvula; heat therein after smoking and cold drinks.

MOUTH:

Much expectorating.

A sour fluid gathers in the mouth.

Sour bitterish, often salty taste.

Changing burning in various spots on tongue.

Tongue very red, clean, hot and tremulous.

Rawness on back of tongue, worse in the morning.

THROAT:

Severe pressure and swollen feeling in the left tonsil.

Dryness and burning heat in the throat; sometimes a feeling like hot air streaming through it at night.

Burning scratching in throat.

Burning in throat when swallowing solids.

Frequent thirst, with a scrapy dryness in throat, as after making a night of it.

Dull pressure in the entire gullet, with some oppression of the chest.

STOMACH:

Frequent eructations; with constant pressure in pharynx, after speaking.

Sour belching.

Regurgitation of food, with loathing and qualmsiness.

Heartburn after eating.

Feeling of a spoiled stomach.

Throbbing pain in epigastrium.

Moderate drawing and tension in the epigastrium, alternating with chilliness, during motion in the open air.

Tensive, often oppressive pressure in the stomach, after eating.

Weak feeling in the stomach.

Nightly constriction of the stomach. . .

Much growling, with griping toward the pylorus.

Slight boring at the cardiac orifice, not infrequently followed by burning.

HYPOCHONDRIC:

Not infrequently, fleeting stitches and tearing boring from the right to the left hypochondrium; worse while lying, with painful distension of the right hypochondrium; better from eructations.

Pressure deep within the liver.

Fleeting burning in the liver.

Full feeling in the liver.

Tensive and rending asunder pain, like congestion of the liver, in the evening and on motion in bed.

Tightness and distension in the diaphragm especially on the side of the liver.

ABDOMEN:

Spasmodic drawing directly over the navel; a gnawing, drawing often passing into actual pain at night.

Very painful tension and pressive twisting about the navel; below it there is a sharply defined red, painful, tense, slightly raised swelling.

Swollen abdomen, especially on the right side.

Spasmodic retraction of the abdominal muscles.

Feeling of a load like a hundred weight on the lower abdomen, while lying.

Distension of the hypogastrium with transient stitches like needles, sometimes a sticking tearing, extending into the right side of the chest.

Outward sticking pains in the hypogastrium, excited by coughing or sneezing.

Frequent rumbling and grumbling sometimes cutting, before the advent of the menses.

Almost a drum-like tenseness of the lower abdomen, with frequent rumbling from below upward and eructations, after eating; gradually disappearing when moving about slowly in the room.

Pressive pinching in the intestines ordinarily passing into a cutting pulling, often before stool; not infrequently also in the evening.

Sense of burning heat in the whole lower abdomen, when sitting.

Continuous violent pinching and cutting boring in the intestines. Strong pressure in the hypogastrium, and rattling then profuse, first mucus and lastly black bloody stools.

STOOL:

Pinching then copious discharge of flatus.

Discharge of flatus.

Frequent ineffectual urging to stool.

Passing hard stools in the morning.

Urging to stool; thin, *biting, acrid, copious, twice with much bloody mucus*, in the evening.

Constipation, with drawing tension from the small of the back to the loins.

Sticking drawing in the region of the rectum.

Violent pressure or sometimes burning and cutting in the rectum.

Protruding hemorrhoidal nodes.

Biting burning in the hemorrhoids.

Excoriation and eating in about the anus.

URINE:

Occasional stitches in the region of the bladder along with pressive pains in the rectum, without stool.

Burning dribbling of urine, during stool.

Forcible urging to urinate, with violent itching and crawling in the meatus.

Discharge of much mucus.

Profuse fiery red, turbid, thick urine.

He urinates blood.

Constriction of the urethra.

Violent burning in the urethra.

Sticking from the urethra toward the abdominal cavity.

Fleeting stitches and drawing tension in the ureters.

SEXUAL ORGANS:

Tearing or inward boring in the right testicle.

Spasmodic erections combined with tensive pains in penis.

Voluptuous sensations.

Inclination for coition.

Menses four days too early and very profuse.

Raw sore pain in labia, with frequent biting-itching.

Tensive drawing, pressure or sometimes fleeting stitches from the pudendum upward into the uterus.

COUGH:

Cold air as well as cold water causes an irritation to cough in the larynx.

Violent straining cough with spasmodic constriction of the twigs of the lower bronchi.

Occasionally a somewhat slimy bloody expectoration.

RESPIRATION:

Very short, irregular, panting, rattling breathing, at night while lying, diminished by raising up.

Great oppression and extraordinary anxiety along with a feeling as if the thorax were screwed together, almost to suffocation.

Very violent oppression of the chest, with a stopped feeling, as the blood could not flow freely through the larger blood-vessels.

CHEST:

Occasional fleeting stitches crossing diagonally through the whole lung, with attacks of *shortness of breath.*

Violent pressure in the back of the lungs, sometimes a feeling as if they would be torn asunder, at night.

Active compression of the right lobe of the lung, along with it there appears sticking drawing or painful tension toward the left shoulder.

Dull sticking in the left chest, toward the spine.

EXTERNAL CHEST:

Slight, dull pressure in the external chest.

Swelling of the female breasts.

- Feeling of heat in them, sometimes burning.
Frequent fleeting stitches in the right female breast.
Occasional tensive drawing in the left (breast) at night.
Flaccidity and prickling superficially in both breasts in the forenoon.
Continuous itching in the nipples, turning to burning after scratching, in the morning.
Violent digging in the sternum, forcing its way into both clavicles.
Sudden, violent tearing or drawing from within the thorax down into the hypogastrium, alternating with burning, intolerable from the heat of the bed.

HEART:

Intense pain in the heart with pressure toward the abdominal cavity.

Pressive crowding from the heart into the hepatic region, with fearful anxiety and a bluish red or brown face, at night.

Heart beat weak, suppressed, unequal.

BACK:

Violent tearing in the left side of the back.

Jerks of lightning rapidity in the spine, leaving a bruised feeling behind.

He lies on the back.

Formication in the spine, especially the lumbar region.

A circumscribed, intensely painful spot about the middle of the spine, on touch it burns unbearably, at midnight.

Sense of weakness in lumbar region.

Drawing from the ribs of the right side into the right loin.

NECK.

Stiffness of the neck (anterior).

Tension from the nape into both shoulders.

Occasional slight chilly feeling between the shoulders, in the morning.

Boring pain in the shoulder-joints.

Burning as from hot water, in the nape.

UPPER EXTREMITIES:

A lame feeling, with formication, in both arms.

Occasional twitching and thrusts from the chest out into both arms.

Stiffness of the entire right arm.

Biting and gnawing deep in the left humerus, as if in the periosteum, worse at night.

Digging boring in the wrist, with an outward tearing pain as far as the bones of the forearm.

Swelling of the wrists, with redness and inward sticking pains. The hands go to sleep.

Burning on the dorsæ of both hands.

Tensive pains in the fingers of the right hand, severest in the thumbs.

Numb feeling of the tips of the fingers of the left hand.

Fine stitches in the little finger of the right hand, with drawing toward the hand.

LOWER EXTREMITIES:

Violent burning itching close under the hip joint of the right thigh, worse from rubbing.

In the knee and ankle joint the most maddening, tearing, burning, often forcibly distending pains, as from a glowing hot wire thrust into the bone or the whole leg were split.

Swelling and purple redness of the ankle joints, extremely painful on pressure; even the bed cover is unbearable, at night.

Boring digging throughout the whole shine bone into the ankle joint.

Boring and smarting pain on the right outer ankle bone.

Boring pains in heels (Boger).

Complete numbness of the dorsum of the right foot, almost an insensibility.

Shaking-buzzing in the soles of the feet alternating with burning.

Tearing sticking in the toes.

Fine sticking in the left little toe.

Swelling and marked redness of the left great toe with violent tensive pain, after midnight.

Acts from 8 to 12 hours in acute, and about 12 days in chronic diseases.

Coffee seems to intensify its action.

This symptom complex appears on pp. 186-190 of Vol II of the Real Lexicon, published in Leipzig, in 1836. If we are to judge of its value by the other articles contained in this valuable work

I should say it is very great, and that the pathogenesis is genuine even although the original provings are not available now. Several of the symptoms have proven very reliable in my hands, particularly the shortness of breath on exposure to cold air,—cardio-vascular spasm—of sclerosis. Stille saw no advantage in using it, over *Cimicifuga*, but these symptoms look genuine and have an individuality which bespeaks great usefulness, in spite of having been hidden so long in a little known work. A little experience will soon set the proper stamp of value upon them.

A CASE OF PLAIN DOCTORING CONTRASTED WITH CURES BASED ON SCIENTIFIC FACTS

A. S. Ironside, M. D., Camden, N. J.

Several years ago I was called to see a patient suffering from violent pains over the left eye and the left side of the head. For seven weeks previous to the time I saw her she had had severe pains in that part of the head which drove her frantic, finally clusters of watery-like blisters appeared upon the forehead over the left eye, where there was a large scar when I called and so it is to this day. From this history and nightly aggravation and much restlessness, I gave her *Rhus tox.*, which helped, but I was a long time overcoming the distressing condition, and gave several remedies during the following six weeks.

Now last Fall the same lady was taken with similar violent pains on the right side of the head, accompanied with vomiting of sour food, and she acted as though crazy, jumping out of bed and running from room to room like a young cat that has had too much meat. I had become more or less acquainted with this patient's desire for rich food. Her cellar was a storehouse of choice preserves, canned foods and delicacies, all home products, and there is not a fine restaurant in Philadelphia that she has not visited.

When I called at her home, things were going at a merry rate; she had rushed from room to room and her husband after her till both were getting their wind for the next rush, meantime she would vomit sour food. Everybody was terrified. Oh! do something to quiet her. She vomited like *Nux*, ran like *Stramonium* and complained like *Belladonna*.

None of these remedies helped, and after several hours I gave her Morphia. I was satisfied the cause of all her trouble was in the stomach. We made little progress though selecting remedies carefully. Finally a good dose of castor oil was given to help unload her system. Next day she was much better. Two days later she was not so well, crazy wild. Took her to the hospital to X-ray the stomach and bowels. During the night she tried to jump out of the window. She had some months previous to this tried to destroy herself.

The pictures taken showed almost no peristalsis. The lightest food was not digested, and was vomited after several hours. Finally, we fell back on the good old castor oil, a tablespoonful each morning, and some Ignatia 3x, and Hydrastis 2x. Immediately she made a rapid recovery.

I endeavored to impress upon her husband the necessity for her diet being light, but when Christmas dinner came she could not resist taking just a little of each course and pound cake and tea at 4 p. m. She had a very pleasant holiday, but when 4 p. m. came next day she got busy again with her headache and vomiting, raging around like a regular toper. But we were wise now, so lots of castor oil, Ignatia 3x, and finally a little Hydras. 2x cured her.

I call such treatment plain doctoring, where you are compelled to puddle your road through to health. The following two cases will show the great value of Hahnemann's discoveries and that Similia Similibus Curantur is a definite science:

CASE 2.

Aug. 29, 1919.

Mrs. M., aged 46.

Nervous and itches.

Stomach bloats in p. m.

Stomach has sensation of a lump in it.

Menses absent for months.

Leucorrhœa yellow.

Hot flushes.

A rash comes and goes on the limbs, smarts, burns and itches.

Weak, hungry between meals.

Headache occasionally.

Sleep nervous and has dreams.

Tongue all hacks and cuts but no bleeding.

At night legs so nervous, can't keep quiet. I gave Sulphur 30 which helped very much.

She has had headache for about two years in spells. It has been steady now for one month.

Headache generally over the left eyebrow, now over the right eye.

Headache comes on at 9 or 10 a. m., and severe between 1 and 4 p. m.

Headache after 4 p. m. disappears.

Sleep comes later and wakeful. Sleepy in the evening.

Hot flushes, weak, hunger between meals.

Itchy skin and on the scalp.

Can not sit still, her feet are restless.

The headache was the most distressing symptom so I gave Cedron cm.

Next day reported the headache came at 5 p. m. to 10 p. m., and not so severe. Three days later her head was all better.

Her next most distressing symptom was much nervousness and very figidity feet. Zinc 200 cleared this all up. Eight days later I gave Sulphur, which removed the remaining symptoms.

The succession of remedies, Cedron, Zinc and Sulphur, were the steps to a cure, though Sulphur had removed a certain group of symptoms previously. It came in good at the end of a case, when commonly we give it at the beginning to stir up symptoms.

CASE 3.

April 28, 1920.

Neuralgia over the left eye and around it. The pain would shoot violently and would come at exactly 9 a. m. and lasts until noon when it would stop suddenly, only to reappear at the same time the next day. Cedron cm cut this suffering right off the next day, and it has not returned since.

In the first case reported gormandizing was the cause of all her attacks, and the potentized remedies were of no use. Free unloading of the alimentary canal and little or no food cured promptly.

In her first attack the condition over the left eye was called herpes of the 5th nerve by five physicians who preceded me, and none thought of the stomach as the cause. How necessary to keep

to the totality of symptoms in prescribing and not to lose ourselves in endeavoring to control a few violent-local symptoms.

CASE 2.

This case shows the great benefit of keeping a record of a patient's symptoms for future prescribing, and so getting a line on the remedies, as well as upon the succession of symptoms.

CASE 3.

With a paucity of symptoms is readily brought into the light through our knowledge of the preceding cases, and the marvelous power and accuracy of the homœopathic remedy is shown.

Cedron has but few symptoms known to us, but its clock-like regularity in neuralgia pains especially over the left eye, lifts it into a clear cut position, so that even a high potency renders an unmistakable account of itself. Convincing all that Hahnemann's discovery of the latent power in medicines when liberated is a study worth our time, and that the best way to fasten such information upon the mind is to tell but little about a remedy, find its characteristics, and show its action upon the sick.

NATIONAL HOMEOPATHIC CLINIC DAY**OCTOBER 19, 1920.**

Reports are coming in from all over the country of the plans being made by the various hospitals to celebrate this day, on which every homœopathic hospital, *barring none* throughout the country, is to have a clinic. Beginning with the enthusiasm in the far West, a letter from Dr. A. K. Crawford, President of the California State Society, informs us that the men of that state have already established two centers about which the work is to be conducted on that day, one meeting at Los Angeles and the other at San Francisco. This state is similar to others where there are few homœopathic institutions, and the burden of the work has to be assumed under the auspices of the State Society, but it must be borne in mind that wherever possible State Societies should not hold meetings as the men must be left in their local communities to man the hospitals, the idea being not to strip the institutions by drawing all the men to the centers. The success of this day centers in the individual and the individual's work will redound

to the greatest benefit to homœopathy and himself if his efforts are spent in his own community.

Dr. J. B. Brown, of Denver, Colorado, has prepared a special meeting in Denver, and Dr. C. D. Fisher, of Denver, also has promised that he will be responsible for a clinic on that day.

Dr. Sprague Carleton, Second Vice-President of the New York State Society, who has particular charge of the Inter-Society Organization in the Empire State, has assumed charge of the work in the State. New York has twenty-two hospitals which have assured the State Committee that they would establish clinics on that day.

At the Cumberland Street Hospital in Brooklyn the Board voted to have rubber stamps made with "NATIONAL HOMŒOPATHIC CLINIC DAY, OCTOBER 19th, 1920," and distribute one to every member of the Staff, and it was agreed that this stamp should be used on all stationery, envelopes and every bit of printed matter possible. This method of advancing the movement should be taken up by every hospital in the country, and if the name of the hospital is placed beneath the date of "National Homœopathic Clinic Day" beneficial results will be obtained far surpassing our fondest hopes. Let every hospital staff supply its members with rubber stamps for this big day and let every member use this stamp on every bit of correspondence from now until October 19th.

Cumberland Street Hospital has already arranged its program.

- 1st. Demonstration of Methods of Blood Transfusion.
 1. Citrate Method, by Dr. G. H. Iler.
 2. Direct Transfusion, by Dr. H. DuCret.
- 2nd. Demonstration of Methods of Closure of the Abdominal Wall with Presentation of the Parker Stitch, by Dr. W. H. Pierson.
- 3rd. Combined Sclerosis due to Anæmia and Cachetic Conditions, by Dr. W. H. Aten.
- 4th. Demonstration of Modern Methods of Gastric Diagnosis.
 1. Chemical Method, Introducing Rehfuß Tube.
 2. Physical Examination.
 3. Roentgenographic Examination, by Dr. C. A. Brown.
- 5th. Demonstration of Gastric Surgical Methods by Dr. Roy Upham.

The Carson C. Peck Memorial Hospital in Brooklyn, in a report from Dr. M. T. Hopper, Chief of Staff, informs us that the hospital is to have a clinic on October 19th. Tentative plans being presented below.

- 1st. Various Methods of Tonsil Removal.
 1. Tonsil Enucleation, by Dr. J. A. Stewart.
 2. Thompson's Operation, by Dr. R. C. Eckart.
 3. Removal by the Sluder Method by Dr. Royal Abbott.
- 2nd. Demonstration of the Laboratory Service in a Modern Hospital by Dr. Percy De Nyse.
- 3rd. Dr. B. W. Bierbauer is to present a paper of interest both to the laity and public, which will present the original views which he has advanced covering the function of the modern hospital as to its diagnostic aid in the prevention of disease by suitable systematic routine examination.

These programs will be amplified as time progresses, but they will serve as a stimulus about which other programs can be formulated.

Dr. H. M. Stevenson writes us from Maryland that he has secured the promise of Dr. W. H. Morrison, President of the Maryland State Society and arrangements will be made whereby a meeting will be held in Baltimore to which the members all over the state can be present. Maryland being a small state it is probably best to functionate in this manner.

Dr. G. F. Martin who has charge of the Massachusetts arrangements states that the Massachusetts State Society will adjourn at its regular date to meet and will arrange to celebrate "National Homœopathic Clinic Day" by a series of meetings throughout the state, one meeting to be held at the Boston University. Boston University had better look to its laurels because Old Hahnemann of Chicago, has taken up this movement and is planning a three day celebration. The colleges should be the first ones to grasp the significance of the movement. If they present suitable demonstrations the return to them of students is assured. Besides the meeting in Boston, Massachusetts will hold a meeting in Worcester, Springfield and probably at other institutions throughout the state.

Dr. W. M. Muncy, Chairman of Rhode Island, assures the Committee that the homœopathic hospital in Providence will establish a day full of interest. This institution is to launch a cam-

paign for funds for a new building, and it is particularly these institutions which will benefit by attracting the attention of the public to the work done by the institution.

Dean Pearson reports from Pennsylvania that the following hospitals will co-operate:

Hahnemann Hospital.	Hahnemann Hospital.
Women's Southern Hom. Hosp.	Crozer Hospital.
Children's Homœopathic Hosp.	West Chester Hom. Hosp.
Women's Homœopathic Hosp.	Reading Hom. Hosp.
Gen. Homœopathic Hosp.	Pittsburgh Hom. Hosp.
St. Luke's Hom. Hosp.	Pottstown Hom. Hosp.
Wilkes-Barre Hom. Hosp.	

Dean Pearson, at the Committee meeting of the Institute in Cleveland, assured those interested in the movement that everyone of the institutions would be represented.

It has been suggested that a record of these clinics be kept and that a book, titled "National Homœopathic Clinic Day," be published. There is certainly a large amount of material which will be available, and the Central Office of the Institute would be pleased to receive suggestions regarding the publication of such a volume. Every hospital should keep an accurate report of the work which is done on that day, and then a compilation of such a volume could be readily accomplished, if the financing could be arranged.

From far off Idaho Dr. H. M. Holverson, of Boise, came to the Committee meeting filled with enthusiasm, and even in this far away state, far from medical centers, he is arranging for several demonstrations on that day.

It behooves the homœopathic institutions to be on the alert and extend themselves in every direction because from the indications, states, which are numerically weaker in homœopathic physicians, are entering with greatest enthusiasm, and it is quite possible that the weaker states will have celebrations surpassing the big medical centers. What we desire to accomplish is a healthy state of competency by which each community has its efforts stimulated to the highest point of efficiency.

T. E. COSTAIN,

C. E. SAWYER,

ROY UPHAM,

National Homœopathic Clinic Day Committee.

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY

Stuart Close, M. D., Editor,

248 Hancock St., Brooklyn, N. Y.

THE LOGIC OF HOMŒOPATHY.

By Stuart Close, M. D.

When the student perceives that the foundation of homœopathy is solid concrete, composed of the broken rock of hard facts, united by the cement of a great natural principle, he has grasped one important phase of the subject. But when he raises his eyes to the superstructure and sees that it is joined to the foundation, and held together in all its parts by *a frame-work of Logic*, he has gained possession of the key that not only admits him to the edifice, but unlocks the door of every room in it.

The logical factor of homœopathy is commonly overlooked. The remarkable cures performed by such men as Bœnninghausen, Hering, Lippe, Dunham, Fincke and Wells are regarded as having been due to some mysterious personal power or insight possessed by them as individuals. That similar results are attainable by anyone who will master the logical method is difficult for many to believe. Yet a clear, comprehensive statement of the principles involved and an identification of the science from which they are borrowed will be sought in vain in homœopathic literature.

Monsieur Jourdain, an amusing character in one of Moliere's plays, expressed great surprise on learning that he had been *talk-ing prose* for more than forty years. "Ninety-nine people out of a hundred," says Jevons, "might be equally surprised on learning that they had long been converting propositions, syllogizing, falling into paralogisms, framing hypotheses and making classifications with genera and species. If asked whether they were logicians they would probably answer No! They would be partly right: for I believe that a large number even of educated persons, have no clear idea of what logic is. Yet, in a certain way, everyone must have been a logician since he began to speak. * * * All people are logicians in some manner or degree; but unfor-

tunately many persons are bad ones, and suffer harm in consequence."

It is equally true that ninety-nine homœopathic physicians out of a hundred might be surprised on learning that they had been using logic, good or bad, in every prescription they ever made.

They might be still more surprised on learning that homœopathy itself is founded and constructed upon logical principles; and that all its processes may, and if they are to be correctly and efficiently performed, must be conducted under the principles and by the methods of good logic.

I had been practicing several years and making, as I thought, some pretty good prescriptions, before it dawned upon me that Logic, as a science, had a very definite and practical connection with homœopathy. That was indeed a "Purple Moment" for me. It explained the difference in results obtained by other prescribers, which had puzzled me. It explained all my own good prescriptions and accounted for all my bad ones, which, of course, outnumbered the good ones ten to one. It opened up possibilities of improving my methods and bringing the percentage of cures a little more in my favor. If the making of a good prescription, a good examination, or a good diagnosis depended upon a correct application of the principles of logic, I saw that it behooved me to get down my old textbooks on logic, long before relegated to an upper shelf on my library, along with certain other old school books which some of us like to preserve for sentimental reasons, and review the subject in the light of experience.

It also occurred to me to inquire into the mental processes of some of the acknowledged masters of homœopathic prescribing from that point of view and to try to make out how they did it.

It is surprising how such a middle-age review of one's youthful studies will sometimes dispel delusions long fondly held.

How many, for example, recall and realize the practical bearing of the fact that the science of logic exists in two parts—the logic of form and the logic of reality or truth; or, technically, Pure or Formal Logic and Inductive Logic.

An outline of a few of the principal operations of formal logic is about all that most of us can recall in any definite way. Our ordinary mental processes are unconsciously governed largely by what has hammered into us in youth. If we attempt to analyze

our mental processes we are apt to think in the terms of formal logic, because that is what is usually taught, and that is what sticks.

Now formal logic, with all its fascinating processes, takes no account of *the matter* of our reasonings—of the things reasoned about. Formal logic deals solely with the form or skeleton of the *reasoning itself*. It does not concern itself in the least with the truth or falsity of a statement as a matter of fact or science. Its purpose is to provide the general or symbolic forms which reasoning must assume in order to insure that the end of a proposition may be consistent with its beginning. Its object is merely consistency, and "Consistency's a jewel" of sometimes doubtful value. Emerson said, "A foolish consistency is the hobgoblin of little minds." So there may be a foolish consistency as well as a false logic. A rogue may be as good a formal logician as an honest man—perhaps a better; a quack may be as logical as the most ethical practitioner; and an allopath, who gives his massive doses of combined drugs upon empirical grounds, may be as consistent, from the standpoint of formal logic, as the homœopath who gives only minimum doses of the single similar remedy. It all depends upon the premises. Each of these can and does take his stand against his opponents on the ground that he is "logical." His conclusions are consistent with his premises; and there we have the psychology of the arrogance of the average medical man.

"He was in Logic a great critic,
 Profoundly skilled in analytic;
 He could distinguish and divide
 A hair twixt south and southwest side."

He does not know, nor wish to know, what some of us may have learned and forgotten, that Inductive Logic—the Logic of Bacon, Mill and Hahnemann—has a higher function than the Logic of Aristotle, which exists and is used largely for the purpose of mere argumentation.

Inductive Logic *does* concern itself with facts, with reality. Its primary purpose is the discovery and use of Truth.

The first requirement of Inductive Logic is that the *premises must be true*, the result of true and valid observation of facts, based, if need be, upon pure experimentation.

Before we proceed to make classifications and generalizations and spin theories, we must be sure that we have all the essential facts. The induction must be complete, without break from premise to conclusion. We must not reason from an hypothesis, nor jump to a conclusion, as medical sophists do. We must follow the course laid down, and "keep in the middle of the road." The road into the great unknown is dark and full of pitfalls for the unwary, but the electric lamp of Inductive Logic lights the way safely from the known into the unknown.

This is the Logic of Homœopathy. This is what we mean when we say that homœopathy is a product of the Inductive Philosophy. Not only are the conclusions of homœopathy consistent with its premises but its premises are true; for the principles of homœopathy have been deduced according to the strictest rules of logical generalization, from full data, derived from direct observation of facts and pure experimentation. Every one of its processes, from the conduct of a proving to the making of a curative prescription, is governed by the principles of Inductive as well as Deductive Logic.

The purpose of this paper is not to instruct the reader in the elements of logic, but simply to define and point out some of the more general relations of Logic to homœopathy and its various processes, and to call attention to the great advantage that accrues to the physician who deliberately and systematically uses the methods of inductive logic in his daily work.

The Inductive Method in Science is the application of the principles of inductive logic to scientific research. This method was developed by Lord Bacon and set forth in his *Novum Organum*. It was further developed by John Stuart Mill in his great System of Logic. It has been the inspiration, the basis and the instrument of every modern science, including homœopathy.

Inductive Logic Defined: "The Inductive Method in Logic is the scientific method that proceeds by induction. It requires (1) *exact observation*; (2) *correct interpretation* of the observed facts with a view to understanding them in relation to each other and to their causes; (3) *rational explanation* of the facts by referring them to their real cause or law; and (4) *scientific construction*, putting the facts in such co-ordination that the system reached shall agree with the reality."

"The search for the cause of anything may proceed according to any one of four methods: (1) The *method of agreement*, in which a condition uniformly present is assumed to be probably a cause; (2) the *method of difference*, in which the happening of an event when a condition is present, and its failure when its condition is absent, lead to the assumption of that condition as a cause; (3) the *method of concomitant variations*, in which the simultaneous variation in similar degree of condition and event establishes a causal relation: and (4) *the method of residues* or of residual variations, where after subtracting from a phenomenon the part due to causes already established the remainder is held to be due to some other unascertained cause or to the known remaining causes." (Standard Dictionary.)

Before Lord Bacon's time, logic was used principally as an instrument for argument and disputation. Little or no attention was given to facts. Direct and systematic investigation of nature was unknown or ignored. Opinions, speculations and theories were used as the material for constructing more opinions and theories. The search for truth ended nowhere.

Lord Bacon called upon men to cease speculating and go direct to nature in their search for truth. He demolished innumerable false systems, and restored logic to its true place as the guide to truth.

"There are, and can exist," says Bacon, "but two ways of investigating and discovering truth. The one hurries on rapidly from the senses and particulars to the most general axioms; and from them as principles and their supposed indisputable truth derives and discovers the intermediate axioms. This is the way now in use. The other constructs its axioms from the senses and particulars, by ascending continually and gradually, till it finally arrives at the most general axioms, which is the true but unattempted way." (Nov. Org. Axiom, 19.)

As induction is the antonym of deduction it has been supposed that the two processes are in some way antagonistic. This is an error. They are simply opposite ways of arriving at the same conclusion; two modes of using the same general process, namely, inference, or inferring.

All reasoning is reference, and, in the last analysis, all reasoning is deductive. By inductive reasoning we ascertain what is

true of many different things. Our senses tell us what happens around us, and, by proper reasoning, we may discover the laws of nature in consequence of which they happen.

In Inductive reasoning we do the opposite, and infer what will happen in consequence of the laws.

Reasoning *a priori* and *a posteriori* are not different modes of reasoning, but arguments differing in the character of one of the premises. It is merely a difference of viewpoint. In one we reason from antecedents to consequents; in the other from consequents to antecedents.

True says: "Logic is the science of inference; it teaches how one judgment may be inferred from other judgments. To reason is to infer, hence it is usually called the science of reasoning."

"It assumes that every mind conceives intuitively some ideas or judgments which are at once primary and certain; otherwise we could have no foundation for inference; and to infer one idea or judgment from others would give no certainty."

"These ideas are called first truths. They are given by the senses, the consciousness and the reason, and they are innumerable. *I exist. There is an external world. This body is solid, extended, round, red, warm or cold,* are first truths."

"At first these ideas are particular, but afterwards the mind unites those which are similar, or which agree in some respect, into classes. This is called generalization. To express this we no longer say this or that body, but body; not coat, shirt, trousers, etc., but clothes."

To test their qualifications in this respect, I once gave a senior class of medical students a list of garments and asked them to generalize it: Only one man, in a class of about thirty, was able, offhand, to reply correctly, "clothes." This does not imply that they were ignorant of logic, but merely that they were not accustomed to consciously using the principles of generalization in their ordinary thinking. Hence, they were dull and slow to grasp its significance and importance as a practical method in their daily work.

To show that all reasoning is, in the last analysis, deductive. True uses the following illustrations: "I infer that heat in such a degree as will cause the mercury in the thermometer to rise to the point marked two hundred and twelve degrees Fahrenheit

will always cause water to boil; in other words, it is proved by induction to be a law of nature that two hundred and twelve degrees Fahrenheit will cause water to boil.

Now the conclusion is not drawn from any number of instances of the boiling of water, but with a few instances combined with the principle *that like causes will produce like effects*; for if this principle were not true, then forty thousand instances of water boiling would not prove that another case would happen. But now I know like causes will produce like effects, and I know by observation that two hundred and twelve degrees Fahrenheit did once or twice cause water to boil. Admit the premises and the conclusion is unavoidable: and to do this is simply to affirm something of a class, then to refer the individual to that class, and then to affirm the same thing of the individual." "Now the first premise is the *general principle, which is intuitively true*. The only question is about the second premise, namely, whether two hundred and twelve degrees was the cause of the boiling in the instance observed."

"The proposition that all reasoning is deductive may be proved by a similar argument using another intuitive principle—no event happens without a cause."

"Every case of induction proper proceeds upon the same grounds and in the same way. It is, therefore, evident that induction is no exception to the rule that *inference is always from generals to particulars, and from particulars to generals*."

"Reasoning by analogy proceeds in the same way, the difference is only in the character of the first premise, which is, that similar causes *are likely* to produce similar effects, or that things that agree in certain attributes or relations are likely to agree in certain other attributes or relations."

"It is evident that, in order to reason, the mind must have some general ideas and judgments that are conceived intuitively, and not formed by mere addition or generalization; for nothing is gained by making a class of individuals or particulars, and then drawing one or more out again."

"Some of the earliest intuitive judgments are: Everybody is in space. No event happens without a cause. Like material causes produce like effects."

"It is the province of psychology to explain under what cir-

cumstances these primary ideas are given by the senses, the consciousness and the reason; but logic assumes their existence as the indispensable basis of inference, and its appropriate office is to explain in what way we infer one judgment from another."

"The process of reasoning, when completed, is found to be simply this:

"Something is predicated, that is, affirmed or denied of, a class; an individual is affirmed to belong to this class, and then, of course, the same thing can be affirmed or denied of that individual."

Jevons truly says: "It is true that we cannot use our eyes or ears without getting some kind of knowledge, and the brute animals can do the same. *But what gives power is the deeper knowledge called Science.* People may see, and hear, and feel all their lives without really learning the nature of things they see. But reason is the mind's eye, and enables us to see why things are, and when and how events may be made to happen or not to happen. The logician endeavors to learn exactly what this reason is which makes power of man. We all must reason well or ill, but logic is the *science* of reasoning and enables us to distinguish between the good reasoning that leads to the truth, and the bad reasoning which every day betrays people into error and misfortune."

Examination of the Organon of Hahnemann, as well as of the history of homœopathy and the life of its founder, shows clearly that homœopathy is a product of inductive logic applied to the subject of medicine. It is, in fact, the first as well as one of the most brilliant examples of the application of the inductive method to the solution of one of the greatest problems of humanity, namely, the treatment and cure of disease.

Its basic principle, the "Law of Similars," dimly perceived and tentatively stated in various forms or referred to as a possible therapeutic law by Hippocrates, Nicander, Xenocrates, of the Greek Schools; Varro, Quintus Serenus, Celsus and Galen, of the Roman Schools; Basil Valentine, a Benedictine Monk of Erfurt, 1410; Paracelsus, in the sixteenth century, and others, was conceived by Hahnemann to be the general law of medicinal action.

With this general conception as a starting point, Hahnemann began to investigate. He reasoned that if there was any truth in the proposition that "diseases are cured by medicines that have the power to excite a *similar affection*," the only way to determine

it scientifically would be to give a medicine to a *healthy person* and observe the effects, since a healthy person would be the only kind of a person in whom an affection *similar to disease* could be excited.

This would give a scientific basis, and indeed the only possible basis, for a comparison between the symptoms of drugs and the symptoms of disease.

Accordingly, as every homœopath knows, he began to experiment with "good cinchona bark" upon himself, that drug having been suggested to him while he was translating Cullen's work on *materia medica*, in which his theory was strikingly confirmed by repeated experiments, he then began to search medical literature for records of poisonings and accidental cures. Collecting these, as a basis for further experiment and corroboration, he enlisted the aid of a few students and physicians and continued his experiments upon the healthy, carefully recording and classifying all the phenomena elicited, and verifying them in the sick as he had opportunity.

After several years of this inductive work he had a collection of reliable drug phenomena so large and comprehensive that he felt he could complete the induction and independently and authoritatively formulate the general principle which he had so long been working to establish.

This is Hahnemann's chief contribution to science. He was the first to make a complete induction of medical facts, deduce legitimately therefrom the general law of therapeutic medication, and establish the art of healing by medication upon a sound basis.

Thus we see that although Hahnemann's primary conception was one of those rare flashes of insight or intuition vouchsafed only to transcendent genius, it was subsequently developed by logical reasoning and confirmed by a series of elaborate experiments extending over a period of many years, before it was published to the world.

(To be concluded.)

Walk a mile each day to keep the doctor away, advises the United States Public Health Service. Try walking to work every morning and see if it doesn't make you younger and healthier.

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R. F. RABE, M. D., Editor, 616 Madison Ave.,
New York, U. S. A.

EDITORIAL NOTES AND COMMENTS

REPORT OF AN UNFINISHED CASE ILLUSTRATING TWO IMPORTANT FACTORS IN HOMŒOPATHIC PRESCRIBING.

- (a) the taking of the case;
- (b) the technic of finding the remedy.

The business of the physician is to make sick people well, an axiomatic statement which will be agreed to by physicians of any or all shades of opinion. Next to making sick people well, the finding out of what ails them, is the most important step. Patients do get well without the aid of medicines or physicians and they frequently recover without an established diagnosis. The latter is not necessarily of importance in bringing about recovery or cure, but is the object of all intelligent physicians in the treatment of their cases.

Among homœopathic physicians there has been much discussion as to what constitutes the totality of the symptoms and by many, a totality of the subjective symptoms alone, has been understood. A moment's reflection will show such a conception to be false. The true symptom totality includes anything and everything which can be predicated as abnormal of the patient. Hence any departure from the physiological normal standard of health, whether organic or functional in character, becomes a part of the symptom totality of the case. That its counterpart may or may not have been recorded in the provings of drugs,

does not detract from the truth of the statement. As a matter of fact, a true totality is seldom obtained in any case. Furthermore, the provings of drugs have but in a few instances been carried far enough to produce decided objective organic changes. But even in those few cases where such changes have been recorded it by no means follows that the drug producing them will be the remedy to cure them, when found in the clinical case. Disease results or pathological end-products are arrived at after a longer or shorter period of physiological disturbance, but the latter takes different courses in various individuals. This explains the reason why certain pathological states, *e. g.*, hypertrophied tonsils, cannot always with certainty be cured, by the internal remedy. Unless the underlying constitutional bias of the patient be revealed, therapeutics endeavors in such cases will be futile. Prescribing becomes a matter of guesswork. It is a matter of common knowledge among us that *Baryta carbonica* is a good remedy in the treatment of hypertrophied tonsils; but it is also the experience of all of us that the remedy fails again and again. And it will do so unless we have a true *Baryta* case, which means one in which the constitutional symptoms as well as the local conditions correspond. To treat a *Lycopodium* child with *Baryta*, simply because the presence of enlarged tonsils suggests the latter remedy, is wrong in principle and non-productive of results.

The case to be reported is presented with the purpose, first, of demonstrating a properly taken case from the prescriber's standpoint. No matter how elaborately a case may be presented from the pathologic, bacteriologic, diagnostic and pathognomonic standpoints, it is impossible for the prescriber to select the needful remedy for the case, unless it has been presented from the homœopathic side also. This means not only the numerical totality of the symptoms, but also and of far more importance, a totality of quality. The symptoms of the patient himself rather than those of the disease itself, are to be considered. In a word, the patient behind the disease must be treated, rather than the disease itself.

Secondly, the case is presented to show the futility of successful prescribing in many instances, of which this one is an example, without repertory analysis and study. A surgeon would be lost

without his cutting instruments and clamps. They are his tools with which he works. His theoretical knowledge is useless without them. So with the careful homœopathic prescriber. He is lost many times, without a knowledge of and the ability to properly use the repertory. The latter is his most important tool. The great storehouse of the vast materia medica cannot be penetrated without it. Upon his ability to correctly analyze for repertorial study, the difficult cases presented to him, depends the amelioration or cure of such cases, for without such analytical study, he too often is left to flounder aimlessly about in a sea of therapeutic uncertainty and bewilderment.

After much treatment of various kinds at the hands of several physicians Miss X, age 32, was referred to me by her last physician in the hope that her curative remedy might be found. The symptoms are here given precisely as originally taken, after careful interrogation, with an avoidance of leading questions as far as possible:

Father died of paralysis at 52, following a stroke. Mother alive, is an invalid, has had two strokes. One sister, age 38, has nephritis. Patient, as a child, had a weak stomach always. Had measles, mumps and scarlet fever at 12 years. Not well for a year after, suffered from dropsy and heart trouble. First menses during 15th year. At 27 years had trouble with the l. knee, diagnosed as a possible tubercular arthritis. This lasted 3 years, and at the present time gives her little trouble. At 30 years began to have corneal ulcers, treated by Dr. L. E. Hetrick; has had these appear off and on since.

Within 15 to 30 min. after dinner or supper, a distress in stomach appears, causing nausea and faintness and cold sweat all over. This distress gradually works down into bowels and causes a diarrhœa of mushy, dark, almost black stools with much flatulence, but not offensive. Usually has three stools in close succession. After the attack is physically weak. These attacks come on at intervals, after any solid food, and last 2 to 3 weeks. Then an interval follows, during which she has normal stools. Can't eat breakfast, gets sick if she does. Drinks a cup of weak coffee only. No appetite. Much flatulence, up and down. Easy eructations. During her bad attacks of distress and diarrhœa eye sight is poor and at night the lights have colored circles

around them. Thirsty for cold drinks, never vomits. Craves salt, uses much salt in her food, like acids, prefers them to sweets. Mouth dry, also teeth. Tongue coated whitish. Attacks of throbbing headache in temples and throat < l. side. Attacks excited by worry, mental strain, excitement, conversation, usually last three days. Pain < lying down with the head low; > hot applications. Pain, during an attack, comes and goes suddenly, is < at night, waking her from sleep. Sensitive to cold weather, likes plenty of heat. Languid and generally < mornings. Always feels > in the evening. Had grip and tonsilitis last winter. Skin dry, never perspires. Hands dry and hot. Can't fall asleep at night, lies awake for hours. Nervous excitement < diarrhoea. Menses very profuse, last six days, and inclined to be 2 or 3 days too soon. Before the menses is nervous and generally <. Sadness and mental depression < from consolation. During menses aching of limbs and body for first 2 days, then feels >. Has an aversion to fats which disagree. At present a hacking cough, since a cold in throat some few weeks ago. Spells of exhaustion during day, when she must lie down. Falls asleep for about 5 minutes and feels very much refreshed on waking.

From this anamnesis it will be seen that several remedies suggest themselves, yet no one of them appears, even upon superficial examination, to be the correct one. From this fact alone the deduction is simple that careful study of the case is required if results are to be obtained. Of this mass of symptoms, those only are to be chosen, which characterize the patient herself and thus we may note as characteristic the following:

Thirst for cold drinks.

Craving for salt.

Sensitiveness to cold.

Aggravation mornings.

Amelioration after a short sleep. It will be noted that in this analysis the special symptoms referring to the head, stomach and intestines are not recorded for the reason that these must be included by and in harmony with the more important symptoms of the patient in general. If the patient in general be covered, so to speak, by the simillimum, her organs will also be covered. The lesser must be included by the greater.

Commencing with the broad general fact that this patient is

aggravated by cold, we may feel certain that the remedy to be sought must be found in a group corresponding to this modality. The group is a large one, even omitting, as may safely be done for the sake of brevity, the remedies of lowest rank. Hence, using Kent's Repertory, 2nd edition, on page 1311 we have the following:

Cold in general <—*Acon.*, *agar.*, *alum.*, *am. c.*, *aran.*, *ARS.*, *aur.*, *bar. c.*, *bell.*, *bor.*, *bry.*, *calc.*, *calc. p.*, *CAMPH.*, *CAPS.*, *carb. an.*, *CAUST.*, *CHIN.*, *cic.*, *cist.*, *cocc.*, *coloc.*, *con.*, *cycl.*, *dig.*, *DULC.*, *ferr.*, *hell.*, *HEP.*, *hyos.*, *ign.*, *kali bi.*, *KALI C.*, *kreos.*, *led.*, *lyc.*, *mag. c.*, *MAG. P.*, *mang.*, *merc.*, *mez.*, *MOSCH.*, *nat. m.*, *NIT. AC.*, *nux m.*, *NUX V.*, *petr.*, *PHOS.*, *PSOR.*, *puls.*, *ran. b.*, *rhodo.*, *RHUS T.*, *rumx.*, *SABAD.*, *sep.*, *SIL.*, *SPIG.*, *STROM.*, *sulph.*, *zinc.*

Taking the next important observation regarding the patient and in passing, it may be stated that, much thought and discrimination are often required in the determination of the order and value of these deciding symptoms, we find by rapid elimination of the remedies which are not common to both rubrics, this list on p. 1304.

General < mornings—*AUR.*, *BRY.*, *CALC. C.*, *CARB. AN.*, *KALI BI.*, *NAT. M.*, *NIT. AC.*, *NUX V.*, *PETR.*, *PHOS.*, *PULS.*, *RHODO.*, *RHUS T.*, *RUMX.*, *SEP.*, *SPIG.*, *SULPH.*

Of this very much smaller list, but two remedies have a decided craving for salt, viz.:

NAT. MUR. and *PHOS.*,

and this symptom will be found under the list of desires, among the stomach symptoms, on p. 488.

The desires and aversions of a patient are general to the patient and not predicated of an organ or part. In the same manner, the desire for cold drinks, while common to a large number of remedies, will be found on page 486 under both *Nat. mur.* and *PHOS.* with the latter leading in value most decidedly.

Now taking the last symptom of the analysis, the general amelioration of the patient after sleep, we have *PHOSPHORUS* alone to consider. Hence, if the analysis be correctly performed, the technic without a flaw, this remedy must be the proper one. Reference to the materia medica, confirms the choice. For the purpose of this demonstration it is unnecessary to go into the details of the administration and repetition of this remedy. It is

sufficient to say that marked improvement has followed, no diarrhoea has occurred, headaches are slight and much less frequent, three good meals are eaten daily and all abdominal pain is gone. Cure seems assured and the improvement thus far has occurred within a few weeks' time.

It may be objected that in the recital of this case no diagnosis has been stated. The objection to a certain extent is a valid one. The difficulties of a correct diagnosis in such a case will be appreciated by all. The patient had been in the hands of careful physicians and various possible causes eliminated. The case was referred to me as a *materia medicist*, and it became a duty as well as a problem to search for the key to the case.

After all, the homœopathic physician is really a specialist in therapeutics. He cannot be expected to possess the same degree of skill in diagnosis as his brother physician who concerns himself almost solely with this department of medicine. If homœopathy is to survive, the art of applying it must be better known and more generally practiced. In this art, case taking and repertory analysis, together form the keystone. Compared with them, the questions of potency and repetition of the dose are decidedly inferior in importance. The sooner we recognize that there is such a thing as the technic of prescribing, the better for us as a body of men and women entitled to recognition as scientific physicians. The science and art of homœopathy are very real and virile, and we should strive to make ourselves masters of them.

Repertory analysis carried out in the manner outlined, offers a rapid method of finding the remedy. There is no secret about it and no difficulty, provided that the analysis is based upon careful case-taking. The latter seems to be an almost unknown art, if one is to judge by the slipshod prescribing done by the average hospital interne.

Syphilis and the Wassermann Test.—We recently were called upon to treat a patient who some five years ago had been unfortunate enough to become infected with syphilis. His initial and secondary symptoms were mild and apparently yielded readily to the classical treatment given by his physician. Arsphenamin, or one of its earlier forerunners, played a prominent part in the thera-

peutic drama. Symptomatically negative, the patient, now after a lapse of five years, presented himself for examination to the Life Extension Institute. The only finding of significance was the presence of a positive Wassermann. Nothing else.

Here, then, we have a patient in whom syphilis still exists, shall we say, in a latent or quiescent state, but who shows no active symptoms of any kind. An interesting problem forsooth, the solution of which we shall await with interest. In the meantime, along comes Wurtz, of Pittsburgh, and shows that the administration of the red iodide of mercury to a healthy subject, is capable of producing a positive Wassermann in that subject. Is he syphilitic? Hardly; but the homœopathicity of the red iodide of mercury to syphilis would appear to be proven.

Anyway, the ultimate result will be awaited with interest.

Gall Stones and China Officinalis.—Many years ago Thayer, of Boston, recommended China as a cure of gall stones. Homœopathy has no specific for any disease, each case must be considered from the symptomatic standpoint of the patient himself; yet it is apparently a fact that China has put a stop to recurrent attacks of gall stone colic in many cases. Our own experience would seem to bear this out, in some instances at least. On the other hand it must be remembered that gall stones have a childish habit of indulging in games of hide and seek and frequently hide so successfully that no one finds them until autopsy has been performed. We should not, therefore, be hasty in claiming powers of solution for China or for any other remedy. The olive oil treatment continues to have many firm supporters, though Osler states that the concretions passed with the stools and supposed to be partly dissolved gall stones, are in reality small masses of inspissated fat. True it is that at the autopsy table gall stones are often found which during life gave rise to no symptoms. After all each case must be treated upon its merits, and wise judgment will frequently be necessary in determining whether a case of cholelithiasis needs medical or surgical care, or both. Here the X-ray is of course invaluable as an aid to correct diagnosis; the latter should never be neglected in any case.

Pituitary Gland.—A potentized preparation of this gland is now to be had in potencies above the third and sixth decimal. The

30th, 200th, 500th, 1,000th and 10,000th are available, made from the 30th potency up, on the Skinner machine. In several cases marked by high blood pressure, vertigo, difficult mental concentration, confusion and fulness deep in the frontal region, the 30th and the 200th have brought about decided improvement. Frankly, our use of the drug has been entirely empirical, since there is of course, no proving in existence; but we have been guided by such meagre information and experience as is at present available. We hope to prove this undoubtedly important drug within the next few months. The knowledge of its action upon unstripped muscle fiber is to be sure helpful; its use by obstetricians and surgeons, in physiological doses, is also illuminating.

Succinic Acid.—To Carl H. Rust, of Cleveland, Ohio, we are indebted for practical knowledge and use of this remedy in hay fever. The drug was mentioned by him in his article on hay fever, published in the March, 1920, number of *THE HOMŒOPATHIC RECORDER*, and in our hands has produced brilliant results in several cases. The 6th and 30th potencies have been used. Cases marked by paroxysmal sneezing, itching of the eyelids and canthi, itching in the nose and aggravation from drafts, without marked general symptoms, have responded well.

Remedies to be compared are *Arundo mauritanica*, *Wyethia helenoides*, *Sabadilla*, and *Sinapis nigra*. Where marked constitutional symptoms are in evidence, such remedies as *Carbo veg.*, *Arsenicum album* and *Iodatum*, *Psorinum*, *Silica*, *Sanguinaria*, *nitrate*, and others, are to be studied.

What Is Disease?—Well, one definition might be, "disease is what the patient thinks it is." Asinine you say; yes, and no! It all depends upon the point of view. We are not now thinking pathologically or diagnostically; we are thinking in terms of therapeutics only. Quite apart from diagnosis, whether this be right or wrong, the patient remains to be treated and we must fit the remedy to the patient, not the patient to the remedy. Hence all that the patient thinks he feels is to be considered—how he feels it, where he feels it, when he feels it, and so on. Even what he thinks, is to be regarded—his fears are often valuable indications. A diagnosis may be tentative only or even impossible,

the most acute clinicians and diagnosticians fail most woefully at times, yet diagnosis or no diagnosis, the patient demands relief, and so we are obliged to photograph him symptomatically, if we would do him any real good. If he thinks he is sick in a certain way, that very fact should serve as a guide in our selection of a remedy. Take, for example, the treatment of neurasthenia, that symptom complex which so generally defies us all and which stands out as a menacing rock upon which many a gayly painted therapeutic bark is wrecked. Here we surprise ourselves occasionally by the remarkable cures we make, when we have been able to get a clear symptom picture. But for every brilliant cure there are at least a dozen failures, as the peripatetic neurotic wanderers in and out of any physician's office will testify. What is neurasthenia after all? Its pathology is by no means certain, though further knowledge of the ductless gland secretions promises to unravel much of the mystery. There is, however, no standard treatment for neurasthenia, and so we are best off when we fall back upon the good old Hahnemannian method of treating the patient and not his disease. The latter is what he thinks and makes it, no more no less.

This was forcibly borne in upon us not so long ago. A middle-aged woman, single, whom we had treated over a long period of months, presented herself after an absence of several years—for observation. Originally a neurasthenic, neurotic in the highest degree, she had presented all the usual and unusual manifestations of this condition, much to our discomfiture and perplexity. No doubt we had often wished her miles away from the office sanctum—in fact, we are quite sure that we did—still, we were obliged to keep on and prescribe to the very best of our feeble ability, until we finally saw her no more. Judge of our surprise then when her reappearance presented a plump, well nourished and rounded woman in the best of health, bereft of all her old time neurotic vagaries. Here then was a patient in whom no pathology could ever be found, but who had been the rounds of German health resorts, had been bathed inside and out with Europe's most potent mineral waters, who had gone through elaborate "Luftkurs" and "Molkenkurs," and incidentally, had been milked of numerous American dollars, all to no purpose. Geheimrat This and Oberstabsartz That had held awe-inspiring

conclave over her, and professors of the universities had looked wise and done their best—or worst.

So it remained for the simple Hahnemannian method, by taking account of what the patient thought she had, to cure this tedious and obstinate case. It is all too simple for the Herr Professoren to accept; it lacks the theatrical; the dramatic beating of the medical tom-toms is absent; the press agent is missing; the skillful newspaper write-up is nowhere to be found; but the poor, deluded, simple patient gets well at last, at the hands of a trusting disciple of homœopathy. Really it is all too simple—it is to laugh!

7, 6, 1920.

Dear Dr. Rabe:

I did not notice until now that the heading, "Sulphuric Acid." had been omitted from p. 257 of the article on Diphtheria. Please point this out prominently in the **RECORDER**.

Very truly yours,

C. M. BOGER.

THE HOMŒOPATHIC RECORDER

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No. 9.

HERE AND THERE IN MATERIA MEDICA.*

Lawrence M. Stanton. M. D., New York.

This paper is a rambling one and to that extent at least, does not belie its title. If the one or two cases here included, belong appropriately to Clinical Medicine, they are not therefore out of place in this bureau, for they are drug pictures quite as much as they are clinical experiences.

The following slender case would be of little interest, were it not for an infrequent symptom it presents and the unusual remedy that cured it. A sore throat that was neither worse nor better by swallowing and was not aggravated either by hot or cold drinks, but was particularly painful when talking or on any motion of the tongue, so that the patient desisted from such practice as much as possible. It had persisted a number of days and was most annoying for so slight an ailment. The remedy was *Ambra grisea*. Another throat symptom of this drug, and one that I do not find in the repertory, though in the materia medica, is pain in the fauces between the acts of swallowing, but not on swallowing.

A child suffered from frequent colic, ran an irregular temperature, was generally sick, and upon investigation it was discovered that she had a very marked case of pin-worms. The colic doubled her up, and she would press on the abdomen for relief—a typical *Colocynth* colic. But her remedy was *Stannum*, which has a similar colic, and which has the worms which *Colocynth* has not. *Stannum* at once relieved the suffering and in a short time cured the worms. To say that the *Colocynth* colic is an idiopathic one and that that of

*Read before the annual convention of the International Hahnemannian Association, Cleveland, Ohio, June, 1920.

Stannum was, in the present case at least, reflex, will perhaps, distinguish the one from the other. This, however, is not implying that Colocynth might not cure worms because it lacks the pathology of worms, whatever that may be. Given a symptomatological picture sufficiently inclusive, it probably might.

A facial neuralgia, more or less troublesome for a month, had become severe and of daily recurrence during the past week. Almost clock-like it would appear at ten every morning, would increase until early afternoon and as gradually decrease till evening, when it would entirely disappear. The pain was right-sided; supraorbital, in the eye, in the face and teeth. In the eye especially it was burning, like a ball of fire, otherwise it was not describable, except that she was frantic with it. Flickering or confusion of vision. A very marked symptom was the patient's subjective coldness. In a warm room, with couch drawn to an open fire, herself covered with blankets and eiderdown—yet she could not get warm.

Nat. mur., chiefly on account of the ten a. m. appearance of the attack, and Stannum because of the crescendo-diminuendo character of the pain, did not help.

Under *Aranca diadema* the next paroxysm was less severe and, though the patient had some lingering pain for another few days, it was really the last attack she suffered. The first feeling of relief was that of the icy coldness giving way to a pleasant sense of warmth.

The *Aranca* picture in the case is this:

The *periodicity* of the attacks, recurring daily with almost clock-like regularity. (Cedron.)

Great *subjective coldness*.

The burning of the face, more especially the eye, which was like a ball of fire.

Flickering or confusion of vision.

For my own benefit I recently made a study of *Xanthoxylum* and was impressed by some quite unusual symptoms. These gathered from various portions of the proving, I have tabulated, adding a few comparisons, and think they may be of general interest.

Pains are radiating in character (Berb., Diosc., Mag. phos.), notably those of the ovaries which extend to the hips, back and thighs.

Many of its pains are accompanied by a catching of the breath or the desire to take a long breath. Some of these are: Severe mo-

mentary pains in the region of the heart, making her catch her breath and turn pale; shooting pains in the right ovarian region, making her catch her breath; a cough, with desire to take a long breath; oppression of the chest with desire to take a deep inspiration; thought she could not get air enough into her lungs; in dysmenorrhœal pains the patient is awakened from sleep by suffocation.

The headache and other pains are accompanied by a red face.

Some pains come and go gradually, like Stannum, Platinum and others.

Sensations are pricking and peppery, the latter reminding of Capsicum. With the peppery sensation on the tongue, in the mouth and throat, wants to open the mouth to let in the cool air.

Numbness is marked, especially on the left side, though many pains are right-sided. Numbness of whole left side, including the head and face.

In paralysis, when attempting to walk, seems as if the floor were soft, like wool. *Alumina* in tabes has a sensation, on stepping, as if the sole of the foot were soft and swollen.

Xanthoxylum has markedly benefitted a neurasthenic patient with the following symptoms: Heat and redness of the face toward evening, lasting through the night; frequent headache with redness of the face; gastric crises of vomiting, accompanied by flushed face; great dryness and burning of the mouth and tongue at night; weakness and numbness of the lower extremities; a sensation in the soles of the feet, when walking, as if stepping on something soft. The more usual remedies, with indications like these for Xanthoxylum, had, of course, first been given.

It is a little puzzling to most of us, or has been until we have given the matter some thought, to understand the apparent contradictions of our materia medica, and to men of the other school they are a stumbling block to a belief in homœopathy. That a drug should be at the same time "good for" diarrhœa and constipation; that the same drug that causes a dry, hacking cough will also give us a loose one, with profuse expectoration; that the mucus produced by some drug should be almost as typically sweet or salt, or should have a watery expectoration as well as a thick and viscid one; that under one and the same drug we find during labor a rigid, unyielding os uteri and an os that is atonic and relaxed—all such facts seem strange, though they are not inexplicable. They argue no incon-

sistency of drug action, but instead only a variability in the reaction the drug has established, though really one cannot here speak of action apart from reaction. Cause and effect may be definite and fixed in the realm of matter, but effect must vary a great deal when the human organism is the body acted upon. The chemical doctor may do all very well with an antacid for a sour stomach, and the professor of physiology may prove a definite reaction when he stimulates a frog's heart with the electric current, but they will be woe-fully disappointed if they expect such singleness of result from the finer reactions in dynamics. How would one behave under another's circumstances? Would I yield or resist if your temptation were mine? What special bit of foolishness would you be guilty of if your house were burning up or your ship were sinking? All such questions are pertinent to our consideration and mean that there is little telling, short of the event, what will result when something happens. Some incident will cause one person to become hot and bathed in profuse perspiration, while his neighbor's face will blanch and he will have a nervous chill. An ordeal will produce diarrhœa (forty movements in a day a patient tells me), while another's bowels will be tied up under like provocation. It is all a matter of individual reaction. Of course, therefore, the drug provings that constitute our *materia medica* will be full of these paradoxes.

These drug symptoms of opposite nature in no way detract from that drug's individuality. Indeed they enhance and enrich it, for not merely do they interpret action, measureable only by the scope of reaction, but through this apparent inconsistency of symptoms run those constant peculiarities and modalities of the drug which give it its identity, and are the more striking because of repeated emphasis.

A further thought suggests itself in regard to this personal equation in reaction, and that is, why may there not be a great difference in racial, as well as in individual, reaction, and a different drug picture obtainable according to whether drug provings are made on the Mongolian, Ethiopian, Malayan, or Caucasian. On the African we know already how well certain remedies act, even though the particular racial indications for them are as yet scanty.

Germane to this matter of individuality, is one connected with drug proving. While the symptoms evoked in the majority of provers constitute, as they must, the backbone of that drug's symptomat-

ology, yet those manifested by a few provers, or only by a single one, must also be considered. The fact that some provers only develop certain symptoms, shows a particular susceptibility on the part of these, and probably, therefore, the greater value of such symptoms. They should not be thrown out of the proving, as they often are, because of infrequent verification.

It may be stated that the more sensitive the prover, the more individual (though of less frequent occurrence) are his or her symptoms, and consequently the greater their relative worth. I believe such symptoms are the most precious records of our materia medica, and that upon their judicious choice our loftiest work is accomplished.

Is there such a thing as an epidemic of a drug? Or more clearly, if less briefly, in the treatment of diseases do we encounter from time to time an epidemic need of some one drug for their cure?

I am not speaking of the epidemic remedy for an epidemic disease, say Gelsemium for influenza, which is quite another matter and has been frequently discussed by this Association. That is the case of an epidemic disease of so definite a type, that some one remedy is indicated in the majority of its cases.

The proposition here is, the opposite of this, so far as a definite epidemic goes. In this instance, the epidemic impulse, if it can be so stated, does not appear strong enough to focus in some particular disease, but disperses, instead, in various diseases and complaints. In doing so the epidemic impetus, it is imaginable, passes to these divers maladies with a definite group of symptoms, and one can hardly fail to recognize its recurrence. I am sure everyone has had the experience of a succession of patients, within a short time of each other, variously afflicted, but presenting symptoms of some one drug, and has been convinced that this was more than coincidence. It is this recurrent syndrome in a heterogeneous lot of diseases at about the same time that makes the occurrence seem an epidemic one. I recently had, each within a short time of the other, a number of vertigos, gastric disturbances, a case of neurasthenia and one of angina pectoris—all having marked symptoms of *T. bacum* and all of them decidedly helped or cured by this remedy.

It is hard to account for, or adequately to express, such a phenomenon, but it would appear that whatever the force that makes for disease, and whether of the environment or within the human or-

ganism, when it manifests itself epidemically it does so in one of two ways. Either we may have a true epidemic disease, or the epidemic impulse may run through a number of diseases at about the same time, with certain constant symptoms, and such a recurrent syndrome may point to one and the same remedy for its cure. In the latter case, I think we might not inappropriately speak of an epidemic of that drug.

CONSTITUTIONAL DISEASES.

Carl H. Rust, M. D., Cleveland, Ohio.

There is no branch of medicine with which I am acquainted that gives the opportunity for demonstrating the beneficial effect of medicine as thoroughly as does that branch covering the catarrhal diseases of the nose, throat and ear.

Homœopathy's greatest laurels have been won in the treatment of constitutional diseases, and I have found that a very large per cent. of catarrhal cases come under that head.

A careful consideration, not of the disease to be treated, but of the particular individual who is afflicted with the disease, will bring results which, to me, are at times almost unbelievable.

Chronic catarrh of the nose, even ozena; chronic otorrhœa; chronic diffuse inflammation of the ear canal; chronic pharyngitis and even enlarged tonsils and adenoids are generally the result of lowered resistance. These diseases will be found in those constitutions which are unable to completely conquer an acute disease.

These primary constitutional deficiencies may have been caused by inherited tendencies, active or latent. The diseases which weakens the child's constitution are syphilis, gonorrhœa, chronic eczema, tumors, goitre, cancer and tuberculosis. They may be active or latent in the parent and show their effect upon the child very decidedly when they appear as a family disease in either parent.

There are other conditions that produce a lowered resistance. The most important are malnutrition, intra-utero and the malnutrition which is brought about during the first year of life or by a severe illness in early childhood.

This mode of treatment is by no means to be confined to children. A chronic disease at any age must receive the same investigation.

A young woman, 23 years of age, came to me with a history of sore throat since childhood. The condition was constant and had not been improved by the removal of tonsils two years previous. A study of her general condition and family history led to the use of Calc.carb. cc., and in less than a month she reported entire disappearance of the throat trouble and the correction of a serious menstrual difficulty. This case came to me four years ago and there has been no recurrence of the trouble.

A young lady, age 23, ear discharging for 12 years; nearly total deafness for 6 years. Puls. 30th, 200th and 1,000th were prescribed. Discharge ceased, drum healed, hearing regained, menstrual regularity restored and her shattered nervous system returned to normal.

A married woman, 27 years of age, very fleshy, sore throat continuously from fall until late spring; left tonsil so large that it crossed the median line of the throat; tonsil had been enlarged since childhood. Calc. carb. 30th and 200th were given. No more sore throat after 3 weeks of medication, and in 3 months the tonsil was 1/10 of its former size. Six months after starting the treatment she had a slight tonsilitis, recovered in 3 days, and for the past two winters has had no throat trouble of any kind.

A young lady about 25 years of age was brought to me about a year ago. For a number of years she had spells of coughing and raising quantities of mucus. Where it came from I do not know, as her physician assured me that her lungs were not affected. There might have been a pocket in some part of the bronchial tubes which discharged at regular intervals. I advised an X-ray of the chest to be taken just before a spell of coughing was due. Her immediate recovery made such an examination unnecessary. A year before coming to me her tonsils had been removed. They were described as large and the crypts diseased. The only change this operation brought about was the raising of a teaspoonful of blood about once a week.

She was given Calc. carb. cc., a powder every 3rd, 4th or 7th day. She came to me on June 16, in a month's time she had ceased to raise blood and had stopped all coughing, her appetite increased, she slept better and began to gain flesh. On Aug. 14th, after two months of treatment, she was discharged cured.

A woman over 50 years of age had suffered with an enlarged

left tonsil for a number of years. She had rheumatism about the knees, and her physician told her it was caused by the condition of the left tonsil, and persuaded her to have it removed. The right tonsil was pronounced perfectly healthy. The left tonsil was removed. Within two months the right tonsil began to take on the same conditions that had existed in the left one. It became very large and the crypts were diseased. She consulted me six years after the removal of the left nostril. At that time a half dollar would not have covered the right tonsil, and every crypt was filled with debris. Her so-called rheumatism was as active as ever. It affected both knees and felt as though the knees snapped out of place easily. As a child she had quinsy once a year, was thin and could not play out in the snow without taking cold. From childhood she has had a bilious tendency, with light colored stools and lame back. Three months of Kali mur. 30x and Calc. fl. 6x cured the rheumatism and reduced the tonsil to the size of a 5 cent piece. I have since searched the crypts and can find nothing whatever in them.

A lad from Elyria, 9 years old, was brought to me a year ago last Jan., 1914. He was practically a deaf mute. He had been deaf for so many years that he had forgotten how to pronounce words, and it was almost impossible to understand anything he said. His tonsils and adenoids had been removed 2 years previous but brought about no improvement in the condition. The parents had consulted a number of specialists, none of whom had given them any encouragement. His left leg was covered with eczema. He was given Sulph. 30th with an inflation of the ears at intervals of 1, 2 or 3 weeks. The eczema gradually disappeared and he regained some hearing in the right ear. He was then given Calc. carb. 30th. His hearing improved until the results were perfect in the right ear, 70 in. Hearing will never be recovered in the left ear. During past winter (1919-20) began to hear in left ear also. Last summer he heard thunder for the first time and asked his mother what it was. He is now in excellent health and is improving rapidly in his school work.

By studying the patient as a unit and not as a collection of separate parts we are enabled to cure with medicine many conditions of the nose, throat and ear that have heretofore been only temporarily relieved by our local applications of surgery.

MY WESTERN TRIP.

Eli G. Jones, M. D., 1331 Main St., Buffalo, N. Y.

“To the West, to the West, to the land of the free!
Where the mighty Missouri rolls down to the sea,
Where a man is a man if he is willing to toil,
And the humblest may gather the fruits of the soil.”

During the month of July I lost one of my most *intimate* friends, Dr. C. K. Brown, of the Homœopathic Pharmacy in Buffalo. Dr. Brown *believed* in homœopathy, he was a *good* prescriber, and it was largely through *his* influence that homœopathy gained such a *strong* foothold in Buffalo. “After life’s fitful dream he sleeps well.”

One by one my dearest friends are passing away, and some day I also will travel to that “undiscovered country, that bourne from whence no traveller returns.”

In the month of June I was called to Elyria, Ohio, to deliver a post-graduate course of lectures to Dr. Karl P. Reefy, an eclectic, and Dr. F. Bassinger, a homœopath, of the above city.

I also examined and prescribed for fifty patients during the ten days I was in Elyria.

Dr. Reefy has a *splendid* medical practice (no surgery or obstetrics). He has some 500 families to attend to. The doctor is a *good* prescriber and has the *confidence* of the people. Dr. Bassinger is a *good* physician, his specialty is obstetrics, and he is very successful in that department of medicine, as well as being a *good* all round physician. My visit to Elyria was an *exceedingly* pleasant one to me. I shall ever remember the *great* kindness and courtesy shown me by the two doctors; nothing could *exceed* their kindness to me.

In July I was called to Milford, Nebraska (1,000 miles away), to meet Dr. Paul A. De Oney, an eclectic of that town, in consultation. I spent ten days in that town, giving the doctor a post-graduate course of instruction. The doctor has a *very big* practice, extending from 20 to 40 miles in all directions. Last year his practice amounted to \$28,000. He spends one day (Thursday) in Lincoln, where he prescribes for 25 or 30 patients. During my visit with Dr. De Oney I examined and prescribed for 86 patients as well as giving

two hours' lectures each day. The doctor is well posted in orifical surgery, and is a *very* firm operator as well as a *good* prescriber.

I am of the opinion that Nebraska is an *ideal* farming country. In that part of the state I visited it is a rolling prairie. As far as the eye could see in all directions, we can behold the broad acres of golden grain ready for the reaper. Then the many acres of green corn with groves of trees served to make the most *beautiful* landscape I have ever seen. The crops were three weeks ahead of Iowa and Illinois.

Remember that a *tension* to the pulse with *irritability* means that some nerve and muscle has been *overstrained* if it is in the pulse of *both* wrists, with *tension* of the *cords* of the wrists. It tells us as plain as *words* could tell us that the *whole* nervous system is *affected*. The above kind of pulse indicates *one* remedy, Magnesia phos. 3d x, three tablets in a teaspoonful of hot water every two hours.

In the treatment of adenoids the first remedy we think of is Calcarea phos. 6th x, three tablets three times a day. When there is *throat deafness* from the adenoids, throat and ear troubles with tendency to *free discharge from mucous membrane*, Tr. agraphis (Blue bell), 3d x is *the* remedy, 5 drops every two hours.

A child has a cough with *coarse rattling* of mucus in bronchial tubes, Kali sulph. 3d x is *the* remedy indicated, 3 tablets every two hours.

Women are sometimes *irregular* in their monthly periods, and they may have a *cervical* leucorrhœa that replaces the menses. Tr. senecio aureus is the remedy for the above conditions.

R. Tr. Senecio fl. ʒii.
Aqua fl. ʒiv.

Mix.—Sig.—One teaspoonful every three hours.

Senecio aureus has for very many years been known as the "Female Regulator" by the eclectic school of medicine.

Kali phos. is *the* remedy for *irregularity* of the monthly periods in the biochemical materia medica.

I hope to meet very many of the readers of THE RECORDER at the fifth annual meeting of the medical society of U. S. (non-sectarian) at Arlington Hotel, Hot Springs, Arkansas, Oct. 12th, 13th, and 14th, 1920. A post-graduate course of lectures will be given by six promi-

nent physicians. This is a *new* departure, and will be *well* worth hearing. You *can't afford to miss* the above meeting.

The article in July RECORDER, page 306, by Dr. Scott C. Runnels, Ann Arbor, Michigan, is practical and helpful, just the kind of articles needed in a medical journal.

Dr. A. O. Reppeto, Banks, Oregon, whose article appears on page 312 of July RECORDER, is one of the veterans on the Pacific Coast. He is what *very few* doctors are in these modern times, a *physician*, one *fitted to heal the sick*.

A new book on materia medica lies before me on my desk. It is a "Pocket Manual of Homœopathic Materia Medica," by William Boericke, M. D. It includes all of the *latest* and *best* remedies. If you want a work on materia medica that is *right up to the minute* the above book will fill the bill. The "Therapeutical Index" gives the *best*, the *most* clearly indicated remedy in each disease. The Repertory in the back of the book is *complete* and *invaluable*. It can be obtained from Boericke & Tafel.

THE INDICATED REMEDY AND SURGERY.*

Pauline E. Lange, M. D., Chicago, Ill.

There are but few who do not fear the thought of any surgical operation, no matter how slight. For this condition the indicated homœopathic remedy will do much to relieve the mental suffering, fear and anxiety; it will also remove and prevent the condition of shock which follows more or less all surgical procedures. The remedies that have assisted me and are most frequently indicated are Acon., Bell., Gels., Ign., Sulph., and Psor.

After surgery the first remedy to be thought of is Arn, to reduce and prevent any hæmorrhage and to assist the bruised, congested and lacerated tissues in the healing process. The result following the use of this remedy is little or no rise in temperature, which seldom goes above 99°—shock very slight; other remedies frequently indicated are Bell., Calendula, Ferr. phos., and Rhus tox.

To prove the truth of the preceding statements, I wish to cite a few cases, one especially, which is very interesting.

*Read before the annual convention of the International Hahnemannian Association, Cleveland, Ohio, June, 1920.

CASE I.—Diagnosis: Hæmorrhagic kidney. Incipient Bright's disease.

In Jan., 1919, was called to see Mrs. E., age 38 years, mother of one child. She gave the following history: About two years previous had had a *fall, striking upon the back*. Patient used home treatments, liniments and hot compresses: six weeks later patient experienced pain in region of right kidney and occasionally blood appeared in the urine, especially on arising in the morning. This continued and not until six months after the fall did the patient seek medical aid. Her physician advised the hospital, in which she was confined 18 weeks under the watchful eyes of an old school specialist for diagnosis and treatment, which consisted of vaccine injections with no results. The patient became disgusted (as well as the family) and left the hospital. She was under the care of several other physicians, both of the old school and homœopathic, until patient called me and I took charge in Jan., 1919. I found a very nervous woman with constant pain and a slight swelling in the region of the right kidney, great sensitiveness to touch of the affected part, slight puffing of eyelids and ankles. The urine was decidedly bloody and albuminous, 5% albumin by volume, 75% blood.

From the history of the case *Arn.* 3c, ten drops in six tablespoonfuls of water, one teaspoonful every three hours for 24 hours was given. Improvement began to show itself with 36 hours, the urine becoming light, and cleared up by the sixth day and remained so for a period of three weeks, when it again became very bloody and decreased in quantity, albumin about the same per cent. Pain very slight, no pain on voiding urine, her temperature ranged between 99° and 101°, there was marked tenderness and pain over the right kidney, patient complained of feeling weak in her knees, chilly sensation along the spine, nervous, does not want to be bothered, least excitement causes desire to urinate. I prescribed *Gels.* *rm.* 1 dose. Results: Chills better, not so weak or nervous, urine increased, blood and albumin same.

Patient was becoming discouraged and disgusted, so I suggested operation. This the patient and family consented to very readily. The patient entered the hospital about the 23 of March, 1919. Prof. E. E. Vaughn, of Chicago, performed the surgical operation under chloroform. The kidney was exposed and was found to be

somewhat enlarged. Upon laying open the pelvis of the kidney several large blood clots were removed and upon closer examination an amyloid degeneration of the kidney substance was found; the kidney was sutured, replaced in its normal position, incision closed with drainage and patient put to bed. The first specimen of urine six hours after the operation was obtained by catheterization, it was decidedly bloody, the next evacuation of the bladder was voluntary, with slight pain upon voiding; the urine was bloody, the blood gradually disappeared and within 48 hours it was clear, normal in quantity, with a trace of albumin.

The remedies prescribed were Arn., Ipecac, Kali mur., and Nux vom. Sulphur crowned the cure.

The patient left the hospital on the 20th day following the operation. Urinary examinations were made weekly; her improvement was such that during the flu epidemic in January, 1920, she alone nursed both husband and son who had been stricken with pneumonia.

Up to this writing there has been no return of the symptoms, the urine is normal, no albumin and no blood.

CÆSARIAN SECTION.

CASE 2.—Mrs. H., 23 years, weight 283 lbs., primipara. Patient was in labor when I was called. Membranes ruptured, amniotic fluid discharged. Examination revealed a breech presentation with right foot presenting at the vaginal orifice.

Due to the great amount of adipose tissue and the ruptured membrane, it was impossible to perform version and a delivery under anæsthesia would have resulted in lacerations of perineum and a dead baby. So taking all into consideration I advised a Cæsarian section. Dr. Vaughn was called in and consulted. The patient was removed to the hospital and within one and one-half hours after entering, the patient was delivered of a healthy living 10 pound boy child. Arn. was prescribed and everything went along nicely until the ninth day when the patient had a decided chill, great thirst, temperature 103° , marked tympanitis and tenderness over the entire abdomen. Conditions looked bad; a hot saline douche was ordered and Pyrogen 1m., one dose was given. Result, a decided drop in temperature, profuse yellow vaginal discharge, also a profuse foul smelling discharge from the abdominal incision. Improvement was such that the patient was able to leave the hospital three weeks

following operation, having lost considerable in weight, and up to the present time, two and one-half years ago, is well and happy, weighing 189 lbs.

FIBROID TUMOR.

CASE 3.—Six years ago Mrs. R., age 26, no children, called upon me for examination and treatment; she gave the following history: An operation for double pyo-salpinx two years previous, which has left her with a profuse, yellow, foul smelling leucorrhœa. History of dysmenorrhœa, mentally blue; despondent, disgusted with life. Examination revealed a retroverted somewhat enlarged, soft, boggy uterus. R. Puls. cm. Result, improvement which continued for six months, when a return of symptoms necessitated a repetition of Puls. with marked improvement for about eighteen months, when all symptoms returned. I took the case again and decided upon *Medorrhinum* because of the relapsing tendency, the history of pyo-salpinx, which no doubt was of gonorrhœal origin. A decided aggravation followed, but after this aggravation had passed the patient improved. I saw the patient occasionally in the meantime until Oct., 1919, when I was called to her home and found her flowing profusely. Abdomen greatly enlarged, she gave a history of no menses for four months. Upon examination I found the uterus greatly enlarged, the fundus reaching about one inch above umbilicus; the pains were spasmodic and labor-like in character; there had been some nausea and vomiting, shortly after the menses stopped; the condition resembled pregnancy. Examined for fœtal heart sounds but none were found. Goodell sign was present, the os was dilated to size of a silver dollar and dilatable.

The flow was interrupted, patient complaining of bearing down pains with intense cramps preceding a profuse discharge of blood in gushes. *Viburnum op.* was given with relief for a few days when the same condition recurred. Patient was becoming weaker, so I had her removed to the hospital for operation. Upon opening the abdomen there was found an enlarged uterus, and from all appearances a pregnant uterus. A vertical incision was made from fundus to cervix, about four inches in length. The uterine cavity was filled with a submucous fibroid which was firmly attached to the internal os, the mass was removed and weighed 4½ lbs. The uterus was then sutured. Examining the appendages both ovaries were found to be cystic, no healthy ovarian substance being left, these were also removed.

Arn. 3x was given, 2 grs. every hour for 24 hours. Her recovery was uneventful; no shock, very little nausea or vomiting, no temperature. The patient left the hospital eighteen days after the operation.

A FEW CONDITIONS OF SUCCESS IN CHRONIC TREATMENT.*

Julia M. Green, M. D., Washington, D. C.

This short paper is without formal plan or method. It is simply random thoughts from experience, set together to refresh our memories and perhaps aid some who have not had long acquaintance with homœopathy.

First: Let us emphasize the value of knowing a patient's constitutional remedy. This often enables one to choose the correct acute remedy. For instance, a *Calc, c.* patient needs *Bell.* and not *Acon.* The *Sepia* patient needs *Nux v.* if the symptoms are doubtful between that and some similar remedy. The *Nat. m.* patient is likely to show *Ignatia* symptoms, and so on with many more chronic remedies and their acute ones.

It helps to abort an epidemic attack.

In the influenza epidemic those patients who were actively under treatment for chronic ills did not take the "Flu" as a rule, or if they did take it, the case was mild and short.

It shortens convalescence.

For instance, a patient who had a typical attack of grippe with high fever, severe aching, vertigo, faintness, nausea, great weakness, was helped over all the acute symptoms with *Gels.* so that convalescence was established in twenty-four hours but the prostration remained; a dose of *Sulph.* which was her basic remedy, put her in condition to superintend moving and take an active part in it two days later.

It establishes convalescence in a critical time when remedies apparently indicated, do not act.

As an instance of this, an old lady had a severe attack of "Flu" and went into active delirium, with such weakness that she slid

*Read before the annual convention of the International Hahnemannian Association, Cleveland, Ohio, June, 1920.

down in bed, bent her head backward to breathe, jaw dropped, unconscious part of the time, cold all over. *Stram.* which seemed to be indicated by the mental condition, would hold only for some hours; a few other remedies were tried without relief and she seemed in a dying condition. A few years before she had a severe cystitis for which *Nit. ac.* made a remarkable cure, and she had none of this remedy since. Without any definite indications for *Nit. ac.* in this illness, it was given and the rapid convalescence seemed marvellous.

It helps in deciding the deep remedy for some near relative.

A young man had the "Flu;" the choice of remedy seemed to lie between *Phos.* and *Nat. m.* The latter was given and the case wavered back and forth for a few days without permanent gain. Then it flashed into my mind that his mother had been improving satisfactorily on *Phos.* This was given with a prompt recovery.

Sometimes one member of a family will show one group of symptoms of a deep remedy and other members other dissimilar groups of the same remedy.

It shows what basic miasm lies behind the family.

If several members are benefitted by the *Sulph., Calc. c., Lyc.* group or by one or another of these three, we feel fairly sure that the family is psoric. If *Calc. c.* and then *Nit. ac.* show up, we say there is syphilis mixed with psora. If *Thuja.* is indicated for one and *Tuberc.* for another, we think it must be sycosis.

So it is a distinct advantage, in order to learn the constitutional remedies of our patients, to practice long in one place and a place with a stable population.

Second: There is great value in prescribing the proper sequence of remedies related to each other.

Many cases present a composite picture instead of one pointing to a single remedy; then to see the group called for is a comfort after trying to cover the whole with a single prescription.

For example: *Sulph., Calc. c., Lyc.; Ars., Lyc.; Ars., Sulph., Psorinum; Phos., Sulph., Tuberc.; Sep., Nat. m.; Lach., Lyc.*

Complex cases may be cured layer after layer by the different remedies in a group, given in the right series.

Carefully written records, frequently consulted, prevent the busy doctor from prescribing hurriedly on the symptom group last reported and thereby spoiling the effect of the series which had been benefitting the patient through several weeks and months.

Third: There is a distinct value in a definite series of potencies over prescribing any, one happens to have on hand, in a haphazard series: that is, the 2c., 1m., 10m., 50m., cm., mm. carries the patient along far better than such potencies as 3c., 11m., 42m., 77m., etc. There seems to be a rhythm about it like chords in music.

Fourth: A knowledge of miasms and the remedies prominent in the cure of each is helpful. In trying to get the symptoms of the miasm there is much overlapping, but the characteristic picture appears slowly as one becomes familiar with many patients and many remedies. The same thing happens when trying to see the epidemic remedy.

It is of value, in choosing a remedy, to know which miasm is most prominent. There are mixed miasms and mixed remedies; one remedy removes certain phases, then another miasm comes to the front and this leads the way to the next remedy.

Fifth: We should endeavor to learn the length of action of the different remedies, their place of action and plane of action so as to suit these to the susceptibility and pace of patients. Some patients need quick acting remedies; some need slow ones; some need long intervals between doses; others use up the effect of the remedy in a short time.

The interval is *shorter* in *old* people and in *incurable* cases.

The susceptibility to the action of medicines is most various in different people; some are provers of the medicines given them and need the smallest bit to get the reaction; others seem phlegmatic and need more to get them started.

Therefore, we should have a care with high potencies.

Some of the effects shown in susceptible patients are: a diarrhœa, a long refreshing sleep, a mucous discharge of some kind, sudden vertigo or faintness.

Sixth: A study of the place of the nosodes in medicine is most important and interesting. Their provings furnish a symptom list which corresponds closely to the pictures of the three chronic miasms of Hahnemann. If the student can get so thoroughly familiar with these groups that they become separate entities instead of a heterogeneous mixture of unrelated symptoms, he can then see in each puzzling case which refuses to yield to the best prescription he can make, the nosode which suits it. Marvellous cures can be made with nosodes in this way. If tuberculosis is of sycotic origin as

seems probable, then in some cases, when *Tuberculinum* has helped much and been outgrown, *Medorrhinum* will follow with great benefit, possibly preparing the way for Tuberc. again to take hold.

When a series of remedies following each other well, like *Sulph.*, *Calc. c.*, *Lyc.*, has made a fundamental improvement but cannot finish the case, the suitable nosode will cure or else act as an inter-current, enabling the original series to take up the work again.

The same is true of curable cases for which a single remedy has acted well for a long time and then loses its hold, leaving no clear picture of another remedy. The nosode will complete the cure or reveal the remedy to follow. Sometimes one of the acute remedies will do the same thing.

Probably other uses for these wonderful nosode remedies will be found.

Seventh: Some of the signs of success in chronic treatment are:

Disappearance of symptoms in the right order, that is from *within outward* and from *above downward*; also the *disappearance of recent symptoms* and *reappearance of earlier ones*.

Increase of endurance and resistance even though most symptoms persist. Long curative action of the remedy which denotes plenty of vital force.

In incurable patients:

Mitigation of all symptoms. . .

Upholding of strength in spite of the progress of the disease until within a few days or weeks of death.

Swift ebbing of vitality with a minimum of suffering or evidences diagnostic of the disease; for instance, cancer in which disease homœopathy is an angel of comfort.

Many other points will occur to you to add to this group: there is nothing new in these mentioned, but if we could act on them all, all the time, we should succeed better in spreading homœopathy through the world.

Hot house people are like hot house plants. They can't stand exposure to severe weather, says the United States Public Health Service. Sleep with the windows open and keep every room well ventilated.

CHELIDONIUM MAJUS.*

W. A. McFall, M. D., Toronto, Can.

Chelidonium majus or the great celandine is a perennial plant growing about 18 inches high, with small yellow clustered flowers and belongs to the botanical order of Papaveraceæ. While homœopaths are not particularly interested in the more or less arbitrary classifications of botany, it is interesting to note that one other of the members of the Papaveraceæ or poppy family, habitat of America, is the blood root or *Sanguinaria canadensis*. The blood root and the celandine have many points of resemblance in their symptomatology and it would be an interesting study to draw up a comparison between them. But there is a wide difference between the habits of the two plants.

The *Sanguinaria* grows in the forests and rich woods while the *Chelidonium* is never found in the woods, but is always found near the homes and haunts of man. Underneath a bay window, alongside the fence, or under a hedge it is found, not far away from the house. It is the friend and companion of civilized man.

The plant when pressed, yields from all its parts a milky, corrosive juice of a markedly yellow color. So decided is the yellow juice that the ancients used the plant in medicine according to the law of signatures, the yellow juice of the plant against the yellow bile and jaundiced look.

A happy discovery, as the provings indicate. Kent says that the skin is likely to be sallow and gradually increase to a marked yellow or jaundice, in connection with complaints which *chelidonium* cures.

Some of the more important symptoms of the remedy are:

Fixed pains under inner angle of right scapula; stitches and presive pain in region of liver shooting towards back and shoulders; gnawing pain in stomach relieved by eating; pain across umbilicus as if abdomen was constricted by a string; complaints on the right side; alternate diarrhœa and constipation, stitches and soreness in lower part of right chest; tips of fingers cold; pain in right knee with burning and stiffness—worse when moving. It has been useful

*Read before the annual convention of the International Hahnemannian Association, Cleveland, Ohio, June, 1920.

in gastric and intestinal catarrh; right-sided pneumonia; supra-orbital neuralgia; rheumatism; but with all these complaints there is generally associated a disturbance of the hepatic function, as the chief action of the remedy seems to centre upon the right lobe of the liver. Case:

September, 1912.—Mrs. B., age 40, has been suffering for two years with severe attacks of what has been diagnosed as gallstone colic. She was given morphine and told that an operation was the only hope of cure. I was called during an attack, but she was in such severe pain that it was difficult to get symptoms. Her face was red and the pain so severe that I gave *Belladonna* 200. There was no improvement and I was called again in four hours to see her. She was vomiting and complaining of the great pain, which was of the greatest intensity in the region of the gall-bladder and which she said extended through to the back under the right shoulder blade. *Chelidonium* 200 was given with the relief of all symptoms. Two weeks after this she had another attack, but much less severe and *Chelidonium* again relieved. She received the remedy at irregular intervals and she has not had an attack since.

Can the homœopathic remedy cure gallstones and if so how?

CLINICAL CASES.*

Thomas G. Sloan, M. D., So. Manchester, Conn.

CASE I.—A woman of 60 has been much troubled for several years with stiffness and swelling of the knees, worse in wet weather, beginning motion, and on going down stairs. Her fingers often become cold, numb and white. She is uncomfortable in a warm room. She has been constipated for many years, taking a laxative every night. Stool large and dry, unsuccessful urging, much offensive flatus.

Nov. 24, 1918.—*Lyc.* 1m., 4 doses.

March 5, 1919.—*Lyc.* 40m., 4 doses.

May 23.—*Lyc.* cm., 4 doses.

July 20.—*Lyc.* cm., 4 doses.

Her improvement has been slow but steady. At the beginning of treatment, she was obliged to go down stairs on her hands and

*Read before the annual convention of the International Hahnemannian Association, Cleveland, Ohio, June, 1920.

knees or backwards. Now she is free from pain and stiffness, and has a natural stool every day.

CASE 2.—A woman of 49 who has been practically confined to the house for ten years, always being an invalid, complains of bearing down pains as if everything would protrude through the vulva, yellow or white excoriating leucorrhœa, chronic constipation with unsuccessful urging and a sensation as if a lump remained in the rectum after stool; swelling of the feet, prostration and hay-fever.

Oct. 7, 1915.—*Sep.* 40m.

Nov. 22.—*Lach.* 40m. (Poor R.)

Dec. 4.—An attack of right-sided facial erysipelas. *Graph.* 200. (Mistake—was an old symptom.)

Jan. 6.—*Sep.* 1m., as bearing down had returned.

Jan. 18.—Facial erysipelas again. No medicine.

Feb. 20.—*Sep.* 10m.

April 12.—*Sep.* cm., as she is having considerable trouble with varicose veins.

May 31.—*Sep.* 3cm.

July 21.—Bearing down, leucorrhœa, and constipation all better. She now has a hard lump in the lower part of her right breast, sore to the touch; soreness in axilla, but no palpable glands. The lump is freely movable. Hay-fever.

Conium 1m.

Aug. 21.—Bowels moving daily for the first time in many years. Lump in breast is smaller.

Sept. 15.—Lump smaller, no pain. Feels stronger.

Nov. 28.—No lump can be found in the breast.

Dec. 11.—*Sep.* cm. Evidently her symptoms had returned.

Jan. 22, 1917.—Face swollen, red and itching for two weeks. *Sulph.* 1m.

Feb. 8.—*Sulph.* cm.

Feb. 25.—On account of mental symptoms was given. *Puls.* 40m.

April 8.—*Sep.* m., as some former symptoms appeared.

June 27.—Free from symptoms.

July 16.—*Sep.* m.

Feb. 26, 1918.—Has remained well till recently. Despondent, cries easily. *Puls.* 40.

March 8.—*Hyos.* 1m.

April 16.—*Sep.* cm. for old uterine symptoms.

August.—Goes out around town for the first time in many years.

Dec. 24.—Freely movable lump in upper part of right breast, with soreness, no axillary glands. *Con.* 1m.

Jan. 17, 1919.—Lump larger, no enlarged glands. *Con.* cm.

Feb. 5.—Two lumps, no glands, general condition good. Cold feet. Cracks on knuckles worse winters. Milky leucorrhœa. *Scp.* m.

March 9.—Lumps very hard. *Con.* 1m.

July 1.—Lumps smaller and softer. Hay-fever, very troublesome. Excoriating nasal discharge, and lachrymation, much sneezing, sweating across back. *Sil.* 30.

July 24.—Hay-fever gone, lumps still present. *Con.* cm.

October 9.—Lumps in breast gone.

March, 1920.—Patient remains well.

CASES.

Dr. J. N. Sarkar, P. O. Krishnagar, Dst. Nadia,
Bengal, India.

1. Bahu Mrinal K. Tribedi's wife was suffering from subchronic endometritis and was treated by a homœopath for three months and by a skilled woman physician for six months without any effect, then I was called to see the patient. She was a Bengalee, fair complexion, middle sized, phlegmatic, eighteen years old and mother of two children. Endometritis with granulations of the internal os and ulceration of the os uteri. Discharge, reddish black, sticky, with small black clots, offensive. Pain about the umbilicus extends towards the uterus, cannot bear to be touched on the abdomen. Pain in the abdomen and waist, vertigo with flickering before the eyes. Occasionally feels stitching pains in the uterus. Feels pain when passing urine. Indigestion, flatulence. Feet feel constantly cold. *Calcarea carb.* 200th, once daily, cured her perfectly within a month and a half.

2. Bahuballao Madak's daughter, aged about seven years, was attacked with typhoid fever and was cured with Cina 2x, 6th, 30th, 200th, on the twenty-fourth day. After a fortnight the father of the child reported to me that the child had intense pain in her spine, and could not lie on her back. I saw a curvature in the

lumbar region on the left side, for which I gave her *Calcarea phos.* 6x and *Natrum mur.* 6x, to be taken once daily every alternate day, which made her spine straight within a fortnight.

3. Sub-Judge Bahu Barnadass Mukerjis' son, Sachil, aged seventeen, was suffering from pericarditis, with fever, œdema of the whole body. Urine passed in twenty-four hours was not more than two ounces. The patient was treated by two eminent allopaths for a month without any effect. Then I was called.

First, I gave him a dose of *Sulphur* 200th, and for the 2nd and 3rd day *Phosphorus* 30th, thrice daily; œdema of the whole face led me to prescribe this remedy, after which this showed a partial improvement. From the fourth day I gave him *Cratægus oxy. θ*—one drop for one dose, four times daily, which acted marvelously. He passed urine daily more than half a gallon, the urine bubbling in the bottle for hours, color usual. The œdema was gone within a fortnight, and the heart was all right after a month. When I was giving *Phosphorus* he was attacked slightly with influenza which was also removed by this remedy.

EDITOR'S NOTE.—These case reports are interesting but not convincing, for the reason that indications for the various remedies have not been presented in sufficient detail and the medicines have been changed too rapidly. Alternation of remedies is unscientific and is to be condemned.

1920 SESSION OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

The forty-first annual session of the International Hahnemannian Association was called at the Hotel Statler, June 24th, 25th, 26th, inclusive, by the President of the Association, Dr. Geo. E. Dienst, of Aurora, Ill.

Secretary reported general correspondence during the year.

The Treasurer reported a balance of \$423.65 in the treasury.

The Secretary reported the deaths during the year of: Dr. R. Gibson Miller, of Glasgow, Scotland; Dr. Leon Cattori, of Locarno, Switzerland; Dr. Mary Parker, of Cambridge, Mass.; Dr. Wm. H. Hoyt, of Hillsboro, Ohio; Dr. Wm. S. Hatfield, of Cincinnati, Ohio.

The necrologist gave the memorial notices.

On recommendation of the Board of Censors, Dr. Luff, of Independence, Missouri, and Dr. Ghose, of Calcutta, India, were admitted as honorary members.

It was reported as twenty-five years' membership in the Association had been completed by Drs. Cyrus M. Boger and Milton Powel, their names had been placed among those of the Honorable Seniors.

On recommendation of the Board of Censors and election by the members present, the following were admitted to membership in the Association:

J. B. Gregg Custis, of Washington, D. C.

W. J. Hawkes, of Los Angeles, Calif.

Fred. L. Juett, of Lexington, Ky.

Richard M. Field, New York City.

G. A. Friedenwald, New York City.

J. E. Frasch, Metamora, Ohio.

Robert G. Reed, Cincinnati, Ohio.

Pauline E. Lange, Chicago, Ill.

V. Taber Carr, Tiffin, Ohio.

Chas. A. Dixon, Akron, Ohio.

Ida C. McCormick, Cincinnati, Ohio.

The President's Address was read and referred to a committee consisting of Drs. B. G. Clark, F. W. Patch, and Elois O. Richberg.

The Auditing Committee, consisting of Drs. C. M. Boger, A. D. Smith and B. G. Clark, reported the accounts of the Treasurer correct.

Dr. Wm. Boericke, of San Francisco, appeared before the meeting and exhibited a volume of the Organon that Samuel Hahnemann had used in making the revision of the sixth edition of the work.

The volume was full of notes in the author's handwriting, which made the copy very interesting to the members, who were allowed to examine and handle the book.

Dr. Boericke told how the volume had been obtained.

The thanks of the Association were extended to Dr. Boericke for his little talk, and he was afterward elected to Honorary Membership in the Association.

The Secretary brought up the matter of publication of the 1919 Transactions. He reported that three parties had been solicited

for bids for the printing—one for \$1,000.00, one for approximately \$900.00, and that the third party refused to bid at all on account of the excessive cost of paper and labor.

With the volume costing so much to print and the Association working under its present dues, it was found that there was not sufficient money in the treasury to print the Transactions.

Dr. Boger moved that in lieu of an increase of the annual dues an assessment of \$5.00 be levied upon the membership to get sufficient funds to print the Transactions, and that the Publication Committee be empowered, if it thought wise, to combine the 1919 and 1920 Transactions in one volume.

It was reported to the Association that Dr. S. A. Kimball, of Boston, Mass., was confined to his bed by sickness, and would be unable to attend the session.

It was moved and carried that a telegram be sent to Dr. Kimbell expressing the regrets of the Association at his absence, and hoping he would soon again be about.

Dr. Patch, Chairman of the Committee on Affiliation with the A. I. H., reported as follows:

“That at the present time amalgamation with the American Institute of Homœopathy is not advisable, but that as individual members of the International Hahnemannian Association, we should seek membership in the Institute and take an enthusiastic part in its deliberations in the furtherance of the best interests of homœopathy.”

Report of Committee on Affiliation was accepted.

Committee on Nominations reported on officers for 1920-21. Report was accepted and the following officers were elected:

Pres., Milton Powel, of New York City.

V.-Pres., Harvey Farrington, of Chicago, Ill.

Sec. and Treas., Wm. W. Wilson, of Montclair, N. J.

Cor. Sec., E. Wallace MacAdam, of New York City.

Necrologist, Edward Rushmore, of Plainfield, N. J.

Board of Censors re-elected.

Board of Publication, Dr. R. F. Rabe, elected for three years.

Meeting adjourned to meet at Washington, D. C., June, 1921, and a committee composed of the Pres., Vice-Pres., Sec., and Dr. Patch was appointed to confer with the A. I. H. regarding time and place of meeting.

W. W. WILSON, *Sec'y.*

Department of the Interior,
 Bureau of Pensions,
 Washington, D. C.,
 July 22, 1920.

My Dear Mr. Editor:

We are all trying to learn more of homœotherapy, and the potency question must apparently be settled by each man for himself. Still it seems to me that when a drug is reported in one of our journals as having produced results in any given case, the writer of the story owes it to us and to the cause to *state the potency* that did the work; also *precisely how it was given*. If we will all observe this simple rule, the question will not much longer remain up in the air. It will resolve itself into a working plan that will after awhile clearly define—perhaps standardize—what is now exceedingly hazy.

Yours for *all* the truth,

JOHN F. KEENAN, M. D.,
 Brentwood, Md.

My Dear Editor:

Dr. John F. Keenan's criticism of Dr. Lutze's sequence of remedies in his cure of epilepsy in the May number of the RECORDER calls to mind the very significant remarks of Bœnninghausen, chief perhaps among Hahnemann's early followers, and known to have cured more cases of this disease than almost any other homœopathic physician on record, on this sequence of Calcarea upon Sulphur, in his famous essay on the Relationship of Remedies:

Kent states that Sulphur belongs to a rotating group, *Sulphur*, *Calcarea*, *Lycopodium*. "First *Sulphur*, then *Calcarea*, and then *Lycopodium*, and then *Sulphur* again, as it follows *Lycopodium* well."

In the latter order it would thus follow *Calcarea*, but not in immediate sequence.

While it is generally conceded that *Calcarea* is not to precede *Sulphur*, it would seem to the writer that there were three distinct steps in the treatment of this case:

1st. The use of *Nux vomica*, for the purpose of its antidotal effects, which, unless clearly called for by the symptoms, is undoubtedly better left ungiven and the true similitum sought.

2nd. The use of *Calcarea carb.* As the patient's constitutional remedy, which was given here upon apparently well marked symptoms, and with definite curative results; directed mainly toward the patient *herself*, not the disease complex.

3rd. The administration of *Bufo*, based upon the similarity of its pathogenesis to the epileptic state, and apparently followed by marked and lasting results.

The very evident mistake in following *Calcarea* by *Sulphur* noted by your correspondent, was in the writer's opinion chiefly owing to the fact, that it was given at a time, when the case, which was improving on *Calcarea*, had apparently come to a standstill. *Sulphur* may or may not have been given to arouse reaction, but as remarked of *Nux vomica* above, it would better have been omitted unless the symptoms very definitely called for it.

As bearing upon the curative remedies in this case, it must be remembered that prior to the action of *Calcarea* for the patient's constitutional symptoms, *Causticum* was given, which covers the indications almost as closely as *Bufo*, which proved to be the simillimum. This remedy has the majority of the earlier manifestations of the case, and particularly those which later returned after the constitutional symptoms had been removed.

This relationship is well shown by a repertorial study which works out about as follows:

Involuntarily urination during convulsions: *Bufo*, *Caust.*, *Cupr.*, *Hyos.*, *nux-v.*, *Plb.*, *Stry.*, *Zinc.*

Thumbs clenched in epilepsy: *Bufo*, *Caust.*, *Cic.*, *Lach.*, *Stram.*, *Sulph.*

Aura from solar plexus: *Art-v.*, *Bufo.*, *Calc.*, *Caust.*, *Cic.*, *Cupr.*, *Nux-v.*, *Sulph.*

Convulsions from suppressed menses: *Bufo*, *Cocc.*, *Cupr.*

Eyes turned upward: *Art-v.*, *Bufo.*, *Cocc.*, *Cupr.*, *Hyos.*, *Nux-v.*, *Stry.*

Red face during convulsions: *Bufo.*

From this brief study it will be seen that *Bufo* covers all the most prominent symptoms and is unquestionably the remedy for this case.

The remedies previously given having cleared the field, the symptom-image became clear and likewise the vital force now unencumbered with the added impulse of the simillimum. established the

menstrual function and the patient was so far as possible restored.

It was not, it would seem to us, so much a question of the ill effects of possibly wrongly-chosen remedies, as it was the good effects of the right remedy, that cured when its indications became clear. And this is a point often overlooked in the difficult and perplexing hunt for the correct remedy.

This is a most interesting case, however, and it would be instructive to know just how Dr. Lutze originally worked it out if the repertory was used. Repertory study is sometimes more apparent *a posteriori* than from before the fact.

Trusting that we have not consumed too much time in the suggestive study of this case.

Very truly yours,

B. C. WOODBURY, M. D.,

Boston, Mass.

Dt. 8, 4, 20.

To R. F. Rabe, M. D.

Editor THE HOMŒOPATHIC RECORDER.

Dear Sir:

You will agree with me in my belief that the world is highly thankful to Dr. Hahnemann, the founder of the homœopathic system of medicine. The doses are small, wholesome, quick in action with lasting effect, the patient is saved from taking cups of bitter drugs for months and months. But it seems to me that it would be still more delightful for a patient if instead of these doses, though small they are, he could be given medicated fresh fruits. For instance, if a patient needs a dose of Belladonna he will be very happy if given an apple from a plant containing effect of Belladonna.

In this country Mangoes contain the flavor of Rose and that of Ani seed (*Pimpinella anisum*) are produced, they say that the plants when young are by some special process so treated as to bear fruits of the requisite flavor and of the desired color, too.

Similarly it would be possible I think to produce fruits that would contain medicinal effect.

The first thing to find out would be which of our polycryst

medicines are injurious for the culture of plants, moreover some of them may be harmful for some kinds while beneficial for others, thus they will all have to be fully classified. The next then remains to find the proper process of administering them to the plants.

The fruits mostly in use in this country are oranges, lemons, sweet limes, mangoes, bananas, grapes, pomegranates, apricots, peaches, apples and pears.

If experiments have been made on the subject and books are obtainable fully demonstrating the methods of successfully producing such fruits, it will be very kind of you to please let me know their names and address from where obtainable.

Further more, will you kindly publish this in your paper, the readers might perhaps throw some light on the subject.

Yours faithfully,

DUNLAT SINGH, H. M. B.

Wazirabad (Punjab, India.)

• EUPHRASIA OFFICINALIS.*

Dr. Grace Stevens, Northampton, Massachusetts.

Euphrasia officinalis is a plant of European origin. It belongs to the Scrophularaceæ or Figwort family, which is known by the two-lipped or more or less irregular monopetalous corolla. The genus *Euphrasia* are hemi-parasitical plants having the upper lip of the corolla parted and recurved.

Several other members of this family—though not of this genus—are included in our pharmacopœia—namely *Digitalis* or foxglove, *Gratiola* or hedge hyssop, *Lynaria* or toad flax, and *Verbascum* or mullein.

The common name of *Euphrasia*—Eye-bright—shows that it had a reputation for healing diseases of the eye, and it undoubtedly had been used empirically before it was proved by Hahnemann and his associates.

For medicinal uses a tincture is made of the whole plant, except the root.

*Read before the annual convention of the International Hahnemannian Association, Cleveland, Ohio, June, 1920.

The provings have produced very marked catarrhal symptoms, especially affecting the mucous membranes of the eyes and nose. In studying it we should compare it with *Pulsatilla* and *Allium cepa*.

In its first action the symptoms correspond to a very severe, fluent coryza, with sneezing, profuse, acrid lachrymation, making the eyes red and swollen, and a bland discharge from the nose. These symptoms are worse in the open air and in the evening—the coryza worse lying in bed.

Contrast with this *Allium cepa* which has a bland discharge from the eyes, and a very acrid nasal discharge. Both are very much better in open air, but also worse in the evening.

Euphrasia also produces a subacute conjunctivitis with a free discharge of thick, sticky, acrid mucus, which clings to the cornea and leads to the characteristic symptom of persistent winking to clear the vision. The pain and irritation in the eyes are much worse from light.

The cough most characteristic of *Euphrasia* is loose, with free expectoration, especially in the morning after rising. The patient may sleep quietly all night with no cough at all, and immediately on rising have so continuous a cough, that he is forced to lie down again for relief.

This contrasts markedly with *Pulsatilla* which has a cough immediately aggravated by lying down.

Note also that while the *Euphrasia cough* is better while lying, the *coryza* is worse.

The expectoration is especially free, so that it is easily raised by hawking.

The cough is much aggravated by any smoke—a modality which reminds us of *Mentha piperita*.

It is relieved by eating and drinking.

The provings produced mental dullness and a dull frontal headache, a bruised feeling and at times a bursting pain. Added to this were general aching and weariness, so that the remedy should be very useful—as it has proved to be—in the type of influenza which begins with coryza.

It is often most helped in the early stages of measles.

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

Stuart Close, M. D., Editor, 248 Hancock St., Brooklyn, N. Y.

THE LOGIC OF HOMŒOPATHY. (Concluded.)

In Logic the homœopathic physician has, or may have the means not only of conducting his daily work systematically, with ease and facility, but of solving his most difficult and important problems: *for the logical process by which homœopathy, as a system, was worked out and built up is applicable in every case a homœopathic physician is called upon to treat.* The principles and the method are the same in both cases. The making of a proving, the building of a materia medica, the construction of a repertory, the formulation of rules and methods of practice; the examination of a patient or a prover, the analysis and interpretation of the symptoms derived from such an examination, the classification of symptoms for any purpose, the selection of the remedy and the diagnosis of the disease are all properly conducted under the principles and by the methods of applied logic.

As applied in the examination of a patient (or a prover), for example, the principles of inductive logic, as taught by Hahnemann, lead the examiner first to gather and record all the facts and to complete each symptom by careful inquiry into its origin; its exciting or occasioning cause or causes; its history and duration; its relations to other symptoms; and its modalities or modifying circumstances and conditions.

Logic, thus, by the process of observation, analysis, classification, comparison and generalization makes it possible not only to "take the case" properly, but to determine the relative value and importance of every symptom, whether it be from the standpoint of the diagnostician or the prescriber. It furnishes the only reliable means of discovering those "striking, singular, uncommon and peculiar (characteristic) symptoms" (Organon, Par. 152), which are of paramount importance in prescribing; for these "*Characteristic symptoms,*" as well as the so-called "Keynotes," by which a case is individualized, are almost invariably generalizations, inferred or deduced from particular symptoms by the logical process of generalizing.

By generalizing we learn what is true of many different things; that in which they agree or have in common. Considering the particular symptoms of Pulsatilla, for example, we find that they agree in all being worse in a warm room or better in the open air. "Aggravation in a warm room," therefore, is a "Keynote," a "Characteristic," or a "General" of Pulsatilla. These terms are used to describe or epitomize those features which characterize the remedy or the patient as an individual; facts that are true of the case as a whole; or of a number of the particular symptoms of the case, considered as a group. After deducting the general features of a given case or remedy, and logically grouping them, thus determining its individuality, we are in a position to compare it with other cases or remedies, for diagnosis, pathological classification or selection of the curative remedy.

Generalizing brings into view *the pathological unity or totality of the symptoms* of which all true diseases consist and the pathogenetic unities which constitute the materia medica, enabling us to identify and name the various forms they take. If it were necessary only to consider each symptom separately, without regard to the individuality of the general abnormal condition which they represent, we might differentiate diseases by placing the particular symptoms in numerical order, like words in a dictionary; or select the similar medicine, as some homœopathic prescribers futilely try to do, by a mere mechanical comparison of symptom with symptom. But in so doing we should be working only with particulars, none of which taken singly, discloses the individuality of either the disease or the remedy.

Every disease is the result of the action upon the living organism of some definite, specific, individual agent or influence from without, and the phenomena of its action as a whole take on individualizing general characteristics. By these we identify, name and classify diseases, as well as medicines. The names, pneumonia, diphtheria, measles, smallpox and typhoid fever represent pathological forms which are, in their characteristic general features, constant in all ages and countries. They owe their existence to causes which are constant, although particular symptoms and the conditions of their manifestations vary in different cases and at different periods. We must not lose sight of this important fact; that pathological symptoms in definite diseases, derive their meaning and relative value from

their connection with definite, general pathological conditions or states, exactly as pathogenetic symptoms derive their meaning and value from their connection with individual, definite drugs or poisons, the action of which upon the vital substance they manifest. In order to recognize and classify these pathogenetic and pathological forms, therefore, we resort to the process of inductive and deductive logic, namely, observation, collection and classification of particular facts or phenomena, from the consideration of which we arrive at a conception of the nature and individual character of the groups or natural forms by the process of generalization. Since the greater includes the less, the generals include the particulars. Major generalizations include minor generalizations, minor generalizations include particulars, and, in the completed form or totality, every part is consistent with every other part.

The true "Totality," therefore, upon which the older homœopathic writers dwelt so strongly, is more than the mere numerical totality or whole number of the particular symptoms. It may even exclude some of the particular symptoms if they cannot, at the time, be logically related to the case. Such unrelated or "accidental symptoms," are not allowed to influence the general conclusion. The Totality in the technical sense, is that concrete form or individuality which the symptoms take when they are logically related to each other and stand forth as an individuality, recognizable by anyone who is familiar with the symptomatic forms and lineaments of drugs and diseases.

So-called "accidental symptoms" represent, perhaps, the latent remnant of some former disease, from which the patient recovered without curative treatment, or with no treatment at all; or, as frequently happens, they may be the obvious symptoms of an existent but unrecognized group, the remainder of which are of such a character as to be easily overlooked by a careless or incompetent examiner, who fails to elicit them in his examination. An expert examiner would be able to bring out the more obscure features of the case and complete the symptom-picture.

Diagnosis, or the construction of the Totality is a necessary prerequisite, and the only valid basis for either medical or surgical action. The human organism exists as a unit or totality made up of many parts, each of which is intimately and vitally related with all the other parts. No part can be affected without involving or in-

fluencing, to some extent, all the other parts. Life permeates the whole as the organizing, sustaining and unifying principle, and life is that which is primarily affected by any disturbing agency from without.

The diagnostician, the pathologist, the surgeon and the therapist alike should, therefore, each first make a complete induction in the case before him in order to arrive at a true and comprehensive conclusion or general diagnosis. That done, each one may review the case, from the standpoint of his own specialty, selecting and interpreting such symptoms as are pertinent to the end he has in view. The main point here is that a specialist cannot do full justice to his patient and act judiciously without viewing the case broadly in all its relations.

The homœopathic prescriber, for example, bases his work upon the symptoms of the patient, *as viewed and interpreted from the standpoint of the materia medicist*. A successful homœopathic prescription cannot be made from the standpoint nor upon the findings of the diagnostician, the surgeon nor the pathologist, as such, because of the differing interpretation and classification of symptoms. *A homœopathic prescription can only be based upon those symptoms which have their counterpart or similar in the materia medica.*

A surgical or a diagnostic symptom may perhaps be elaborated, interpreted or translated into the terms of materia medica, but unless this can be done it is of no value to the prescriber. It is entirely a matter of interpretation and classification. Given all the ascertainable facts in a case (the numerical totality), the representative of each department in medicine selects, defines, interprets and classifies those facts which are of use to him, in accordance with the demands of his own specialty, whether there be several individuals acting, or only one individual acting in several capacities.

The practical work of the homœopathic prescriber in constructing the totality and selecting the remedy is governed throughout by the logical principle of Individualization.

"Individualization" has been the burden of the message of every great teacher since Hahnemann. But many have failed to state the principles and explain the process. Good prescribers have reported cases purporting to illustrate their personal method of selecting the curative remedy. They have sometimes attained marvellous results, but they have not shown us fully how they did it. They have formu-

lated certain rules, but too often these rules have not been of general application.

It was not because they were unwilling, nor that these men did not try to reveal the secret of their skill and power as prescribers. To some of their personal students, with whom they were in peculiar sympathy, they partly succeeded in imparting their secret, but these fortunate students probably received more by unconscious absorption, or by intuition, than they did by direct verbal instruction. It is doubtful if the teachers themselves always consciously identified the mental process by which they did their work. If they did, they neglected to *name it*.

Simple, even trivial as it seems, the omission to *name* a thing or a process, once it is known and used often leads to almost endless trouble and confusion. In its outworking in medicine it is sometimes tragical. "A name," quaintly says Hobbes, "is a word taken at pleasure to serve for a small mark which may raise in our mind a thought like to some thought we had before, and which being pronounced to others, may be to them a sign of what thought the speaker had before in his mind." - Names, then, are contrivances for economizing language. But this is not their sole function. It is by their means that we are enabled to assert general propositions: to affirm or deny any predicate of an indefinite number of things at once. (Mill.)

Had our teachers and clinicians told us, simply, that they were using the logical Faculty in their work, the faculty by which we *reason* upon facts and propositions; and that the principles which governed them were the principles of *Applied Logic*, we should have been directed at once to the science which, above all others, tends to elucidate the problems that meet us at every step in our medical career, and saved some of us much groping in dark places.

In order to perform successfully the various processes that make up the work of the homœopathic prescriber, he must use his reason in a scientific manner, that is logically; for logic is the Science of Reasoning.

This seems like a truism until we watch the work of the ordinary prescriber and find that instead of doing this, he is often merely using *his memory* of a few facts and a few inadequate or erroneous rules which he has picked up. This is empiricism, not science. "In an art which has to do with the saving of human life, it is a crime."

Science is the systematic application of *principles* to art and life. Principles are deduced from facts by the exercise of reason. Reasoning is conducted according to fixed laws, which it is our business to learn and apply. To learn how to reason scientifically upon the facts of his department is as essential for the homœopathic physician as it is for any other scientific man.

Great medical artists like Hahnemann, Bœnninghausen, Hering, Lippe, Dunham, Wells, and Fincke had logical minds and used the methods and processes of applied logic, perhaps without always realizing that they were doing so. They were great by natural endowment as well as by attainment. The special value of their work for us, in this connection, lies not in the great number of characteristics and particular indications for remedies and rules for treatment which they published; nor in their valuable *materia medica* manuals and repertories; but in the fact that they possessed and used certain general principles, derived from the science of logic, by the application of which, when they are made known we, as well as they, may individualize each case and remedy, discover its characteristics for ourselves and cure our patients.

Observation, analysis, synthesis, comparison, classification and generalization are the logical processes by means of which the homœopathic artist accomplishes his purpose, which is the individualization of his case and the selection of the remedy therefor. Of these processes, generalization, being the synthesis or summing up of the results of the preceding work, is perhaps the most important. Certainly it is the one which is least understood and most neglected in ordinary practice; and yet without it, it is impossible to do good work.

Certain books, indispensable to every homœopathic prescriber who aims at accuracy in his prescriptions, are hard to be understood by one who does not know logic or who has not had its attention directed to the fact that they are constructed and are to be used under logical principles and by logical methods. Consequently many physicians do not use them, greatly to the detriment of themselves and their patients.

Oldest, most valuable and most famous of these is Bœnninghausen's *Therapeutic Pocket Book* with which all expert prescribers are familiar by daily use.

Examined in the light of its relation to the science of logic the

famous little book is found to be simply a classified collection of characteristics or logical generalizations and their combinations drawn from the *materia medica* and verified clinical experience and arranged in such a manner as to facilitate easy reference in comparing cases with remedies for the purpose of finding the *simillimum*. It is *materia medica* boiled down; the double distilled essence of the original provings, inasmuch as practically every rubic is a generalization drawn from particulars and shown in its relation to all the other rubics.

The same is true of Kent's Repertory, which is based upon Bœnninghausen's work but enlarged in scope to include a larger number of medicines and rubics and more particulars.

Unfortunately for the average student (prior to the very recent raising of college entrance requirements—when they are enforced) the instructions for their use given by both authors in the introductions to these works are inadequate for those who are not trained logicians; for the source of the principles upon which they are constructed is not stated and several important technical terms drawn from the science of logic are not defined. Logic, the related science is not even mentioned by name.

Kent, for example, speaking of the plan of the work, merely says: "It has been attempted to proceed in every case from *generals* to *particulars*," but does not here define these terms nor mention the source from which they are drawn. He states that "this plan has been found the most satisfactory," but does not explain why it is the most satisfactory, nor why, in fact, it is the only right plan, since it is the only plan that conforms to the requirements of Logic, the science of reasoning.

The character of the voluminous discussion of "Kent's Method" and the sensation created in the homœopathic ranks when it was first made public through the publication of his lectures in *The Journal of Homœopathics*, some twenty years ago, indicated clearly the general failure to recognize the nature and source of the principles he was applying. His classification of symptoms into "generals, particulars, and common symptoms" was regarded as original; as if he had invented the terms used. So far as published discussions and comments show, no one recognized or identified these old terms, which should be familiar to anyone who has ever studied logic. Much time, space and printer's ink were expended in ram-

bling discussion and labored attempts at defining these terms, which could have been instantly and authoritatively defined by reference to the article, Logic, in any standard dictionary, encyclopedia or work on logic. But no one gave the hint which would have turned the seeker to those sources of information until I pointed it out in a published article, long afterward. So it has been with many, one might say all, of our teachers. A review of their published work suggests that they either assumed (often without warrant) that their students were trained logicians and regarded it as unnecessary to refer to that science by name, or that they were themselves unaware of using it.

We know now where to go for authoritative information if we need to learn anew or refresh our memory of the scientific principles upon which these books were constructed.

Having this we have definite principles to guide us, definite rules to follow and reliable means for testing the accuracy and reliability of our work. We need not wait uncertainly and be dependent upon clinical results alone to see whether we have made a good prescription or not. Mill or Jevons will tell us all we wish to know and more.

“Watch your step” is a fine slogan to be observed in buying shoes, says the United States Public Health Service. Get them large enough, built on sensible lines and most of your corns and bunions will disappear.

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R. F. RABE, M. D., Editor, 616 Madison Ave.,
New York, U. S. A.

EDITORIAL NOTES AND COMMENTS.

Practical Use of Two Unusual Drugs.—Recently an O. S. physician came to us for relief of a maddening urticarial rash of nine days' duration. Literally, he had been suffering the tortures of the damned, both day and night, and had exhausted the therapeutic armamentarium of his own school in a vain effort to obtain relief. Sleep was out of the question, even with full doses of veronal. Mentally, he was in a state of desperation and despair with the excessive itching and burning; the breath was foul, the appetite gone and some temperature prevailed. The only relief was from bathing in cold water. The rash was rosy red and spread over the chest, back, extremities and neck. *Fagopyrum esculentum* 1000 Sk. was given in repeated doses at three hour intervals; marked relief followed. In forty-eight hours the rash was much paler, though still present; burning alone was now complained of. *Antipyrin* 5000 (Gorton) was now given with complete cure within twenty-four hours more. Nothing was applied externally and no special dietary changes made. The patient is an old diabetic and always has been careful of his diet.

We submit for the respectful attention of non-homœopathic readers especially, that a therapeutic method (*similia similibus curentur*) which is capable of yielding results such as this, is not only deserving of investigation and study, but is also entitled to an important position in the curriculum of every medical college in the land. Is it not about time that medical colleges taught their trusting students what really *to do* for sick people as well as how to find out what *ails them*. At present our colleges, or a large majority of them, are turning out

half-baked scientists, but very poor doctors. The great need to-day is for doctors who can make sick folks well, not for ultra scientific wiseacres.

Will organized medicine never admit the Truth!

Homœopathy in New York.—The New York Homœopathic Medical College and Flower Hospital will open for the session of 1920-1921 on September 15, and already at this writing an unusually large enrollment is assured. The Freshman class bids fair to number sixty students, and will tax to the limit the laboratory facilities of the college.

The committee on credentials is busy passing upon the qualifications of prospective students, and no student will be admitted who cannot in every respect measure up to the requirements. The latter include at least two years of work in an academic college, also physics, inorganic and organic chemistry, biology and one modern language. Admission to advanced standing will be carefully guarded and no student from another college is permitted to enter the Senior year.

In addition to the numerous fundamental subjects of medicine and surgery, homœopathic philosophy, materia medica and analytical case-taking will be thoroughly taught throughout the four years.

The trustees of this college and hospital are doing everything possible to place their institution in the front rank of medical colleges, and to this end are providing a new dispensary building and one hundred beds for clinical instruction in Flower Hospital. In addition to these free beds, students of this college have access to and receive careful instruction in the Metropolitan Hospital on Blackwell's Island; this hospital alone contains 2,000 beds. The Ophthalmic Hospital, also under homœopathic management, is likewise open to students of the college.

Altogether, a bright and prosperous future is looked forward to.

An Opportunity Missed.—The *Weekly Bulletin of the Department of Health, City of New York*, for July 31, 1920, contains as its leading article an appeal to all physicians of the city to urge the necessity for vaccination and revaccination upon their patients. According to the department, presided over by Dr. Royal S. Copeland, a homœopathic physician of national reputation and a homœopathic

ophthalmologist of distinction, the danger of a possible outbreak of smallpox is not remote. We republish, therefore, mindful of its great importance, the pronouncement of the department, presided over by Dr. Copeland.

“While at present smallpox is a much less prevalent, less severe, and consequently less fatal disease than it was twenty-five to fifty years ago (fatality is now much less than 10 per cent., while previously it averaged nearly 20 per cent.), our experience with influenza and other maladies shows that the virulence of a given infection may increase at any time so that we should be continuously on our guard with respect to a malady of such sinister character as smallpox.

“The absence of smallpox causes a diminution in the practice of vaccination, and an increase in vaccination gradually banishes smallpox. The remarkable effect of vaccination was strikingly shown in Glasgow in 1901-2. That city had prepared an exposition at great expense, and when cases of smallpox began to be reported, realized that if something was not done at once the enterprise was doomed to failure. The city corporation acting under medical advice, accordingly started a great vaccination and revaccination crusade. The entire medical profession of the city was employed in the work, and all who could be induced to submit to the operation were vaccinated. The results were most striking. Starting out with a population of 675,887, which had not recently been vaccinated, the workers within the next 15 months, vaccinated 404,855 persons, leaving only 271,032 who refused to submit to reinoculation. During this entire period not a case of the disease developed among the revaccinated, while among those not so protected there occurred a total of 1,858 cases.

“The Department of Health again appeals to the physicians of the community to do their utmost to persuade their patients to see to it that all members of their families are successfully vaccinated, and to urge upon all the value and desirability of at least one revaccination after puberty. It is thought that at least two vaccinations are required by everyone—one during babyhood and one at adolescence, although at any time that an epidemic of the malady appears it behooves all to repeat the process, irrespective of the number of previous inoculations.

“Knowing that the influence of the physicians of the city, among their patients and the community at large, is no less than was that of the Glasgow practitioners above mentioned, the Department feels

that it can rely upon their individual efforts to increase the percentage of our vaccinated population."

It will, upon careful reading, be noted that this able article nowhere contains any reference to the acknowledged efficacy of the so-called internal vaccination, as legally practiced in the State of Iowa and known to homœopathic physicians throughout the United States, even in New York. The late Dr. Eaton, of Des Moines, was a pioneer in the fight for this harmless yet successful method of vaccination, and the records of numerous homœopaths of Iowa will testify to its prophylactic value. Unless these physicians have been altogether blind or woefully mistaken, there must be merit in this method of protection against smallpox, and if so, why has organized homœopathy not fought for its universal adoption, and why has not the commissioner of health of the great city of New York advocated its trial?

These and similar questions suggest themselves upon reflection. Why is it that the old militant spirit of our homœopathic forefathers is no longer discernable? Why must present day homœopathy adopt a cringing, apologetic attitude before the world at large? Must we be ashamed of the Truth or is there no truth in the principles of our school? It is all very well to eulogize Hahnemann at medical society banquets and mutual admiration parties, but what are we doing to establish the principles of homœopathy in the world of science? Can we blame our allopathic friends for their ignorance and scorn of homœopathy when we of the homœopathic school are doing absolutely nothing to enlighten them?

Passing Modalities.—Kent, on page 1004 of the first edition of his repertory, gives the symptom, "pain in the extremities ameliorated by beer-Bry." He does not specify that this mitigation follows the external application of beer, so that we are forced to conclude that any relief which may have occurred, was brought about by the once common act of swallowing this proscribed beverage. The more one lingers over this symptom, and we confess to delightful memories in the lingering, the more uncertain is one apt to be, even confused one might almost say. Was this symptom noted by Hahnemann, the master himself, who, if memory serves us correctly, was accustomed to indulge in an occasional *maas* of beer at dinner. If so, was he proving Bryonia at the time, or was it perhaps Noack or Trinks, his

faithful followers; more likely the latter, his name at least is suggestive. Which particular brew was it in which the Bryonia prover indulged? Was it the celebrated Münchener Kindl or was it the astonishing Berliner Weissbier served in glass aquaria, large enough to be used as swimming tanks? Or is the symptom of later and clinical origin, originating perhaps in St. Louis, where the name of Anhaeuser-Busch is still reminiscent of bohemian atmosphere, leafy gardens and guttural gurgles?

We in our Æsculapian innocence would, in the interest of scientific accuracy, like to know. To be sure, the great characteristic of Bryonia is dryness, especially of its mucous membranes, so that it is conceivable that beer, even if it were capable of doing nothing else, would at least modify this symptom. Indeed we dimly recall that it has done so upon more than one occasion. Still, we do not profess any expert knowledge in the matter. We have heard that before the war, when beer, denoted as 4 per cent., or was it 2.75, was imbibed, that on rare occasions it produced pain—though in the head if we are correctly informed; but we have never known of a case in which its imbibition ameliorated pain in the extremities. Rather, it seems to us, did its free use cause a certain characteristic unsteadiness of gait, amounting at times to an ataxia. Of course, we do not know that Bryonia was in process of proving at such times; at least we ourselves have never proved Bryonia.

Really the drug should be reproved, more especially with the object of finding out whether one-half of one per cent. beer will also banish pain—we doubt it, but being of broad mind, are willing to be shown and "*sein's believe*" we are told.

We wonder whether a Josephus high-ball will have the same action or what a Loganberry fizz will do. Who knows?

Paragraph 166.—In Wheeler's translation of the first edition of Hahnemann's Organon, published by the founder of homœopathy in 1810, this paragraph is deserving of the deepest study and thought on the part of homœopathic physicians. For the benefit of those who may not possess this gem of homœopathic literature, we herewith present paragraph 166 in full, together with the translator's note.

"Nevertheless the simultaneous use of a remedy externally and internally in diseases where the local symptoms are the more marked,

has this great disadvantage, that through the local application these principal symptoms (*i. e.*, the local affection) *will be destroyed before the internal disease is destroyed*. Consequently through their disappearance it becomes difficult or even impossible in many cases to decide whether in addition the whole disease has been abolished.

“Translator’s Note.—The belief that grave symptoms might ensue if skin diseases were suppressed was shared by most physicians in Hahnemann’s time. *This belief is not now widely held*. The subject is a difficult one and hardly ripe for dogmatism. What Hahnemann fears in these paragraphs is the grave danger that the patient may seem to be cured with the disappearance of the skin eruption and so pass out of observation before he has really recovered.”

The italics are our own and serve to emphasize the important points to which we wish to call attention at this time. We venture to say that very few homœopathic physicians to-day treat skin diseases with internal remedies alone. We know of no dermatologist who does so. Nevertheless, there is a considerable number of homœopathic physicians who believe in the possibility of the evil results of disease suppression. We include ourselves among this number, though we are very frank to admit the difficulty of proving the truth of our position. As Dr. Wheeler aptly says, “the subject is a difficult one and hardly ripe for dogmatism.” One fact is certain and that is that very frequently we see cases such as asthma, for example, in which there is a history of an eczema during childhood, successfully suppressed by ointments. *Post hoc* is not of course necessarily *propter hoc*, and yet it is hard to avoid the conclusion, that some kind of relationship exists between the early eczema and the later asthma. There are many and they are not all in the homœopathic school, who believe that vaccination is responsible for the great increase in cancer, and although there is no apparent pathologic connection between the reactions produced by vaccination and the symptoms of malignancy, who is there to deny that the contention is true? Up to the present time, at least, no one has found the real cause of cancer. So let us not be hasty in condemning those whose views are in accord with Hahnemann’s expressions of belief, so boldly stated in paragraph 166.

Dye Workers’ Cancer, an Important Industrial Disease.—*J. A. M. A.* of July 31 has an able editorial under the above caption, in

which the relation of anilin dye especially to cancer of the bladder is shown. Chemical irritation seems to be responsible as the causative factor in these cases.

Quoting from this interesting editorial the following is noteworthy:

“One of the striking things about these tumors is the long interval between the first exposure of the workmen to the dyestuff and the appearance of the first symptoms of cancer. Ordinarily this is more than ten years, most usually about fifteen years, and in some as late as twenty-eight years; but in one case cancer developed in two years. In many instances the cancer has developed in workmen who have been engaged in other than dye work for a period of ten years or more. While this seems to indicate that the early injury to the bladder persists until cancer develops, it must be considered that part, at least, of this apparently long incubation period may depend on the fact that commonly the first exposure begins before the subject has reached an age at which cancer is likely to develop. Even as it is, the age incidence is low, most of the victims being between 34 and 47 years old.”

Also this further statement:

“As to the particular chemicals and dyes which are responsible for the production of cancer, it is rather difficult to draw conclusions since most of the patients have been exposed to many substances. Nassauer discusses this problem at length. It has generally been believed that anilin itself and benzidin were most probably the important agents. Nassauer is convinced from his own observation that the anilin alone is responsible. If this is correct it will greatly simplify the avoidance of this menace in dye workers. As yet no experimental evidence has been obtained as to the production of tumors by anilin or other chemicals used in the dye industry, and probably until that is done it will be difficult to reach positive conclusions. Cancers outside the urinary tract are not observed among dye workers with any noticeable frequency.”

The great importance of this subject to homœopaths it is unnecessary to emphasize. In anilin we may have a remedy for vesical cancer; at any rate provings of this dye are in order and should be most carefully made, both upon humans and animals. Cancer is so generally beyond our reach that nothing which promises even a faint ray of hope, should be neglected. If it is true as stated, that

anilin produces cancer of the bladder only, we have another illustration of George Royal's idea of drug localization or tissue affinity. The more knowledge we can gain of these peculiar drug affinities the easier will our tasks as helpful physicians become. The field of industrial medicine offers abundant opportunity for valuable investigation.

Quinin in Malaria.—*J. A. M. A.*, for July 17, presents in abstract the following:

"SPECIFICITY OF QUININ IN MALARIA.—The universal belief that quinin is equally a specific for all types of malarial fever Acton claims will have to be abandoned before any material advance can be made in the treatment of these fevers. Malarial fever should be regarded not as one disease, but as a group of three different fevers, due to three distinct parasites, and two, at least, of these require different alkaloids of cinchona bark for their treatment. Acton's observations were made on a series of almost 1,000 cases of malaria, only fourteen being of the malignant type. Eight weeks was the minimum period of observation in each case before a cure was claimed. Quinin apparently has a specific action on the malignant tertian parasite. The cure rate of quinin in benign tertian infections was low. Out of 663 cases of this infection treated with quinin there were 32.4 per cent. of cures; nearly 70 per cent. of the cases relapsed in spite of treatment. The maintenance of the cure rate about a constant of 25 per cent. from the first to the fourth course of treatment is a very important fact, as it indicates that neither does the parasite become more and more quinin resistant, nor does the host's resistance alter; otherwise the cure percentage should diminish with each subsequent course. The cure rate for a month's course of treatment in this infection varies for the different alkaloids as follows: Quinin, 20 per cent.; cinchona, about 40 per cent.; cinchona febrifuge, 50 per cent.; cinchonidin and quinidin, about 60 per cent.; so that the last two alkaloids must cause a greater percentage destruction of each generation. As the rate of multiplication of the benign tertian parasite is about twice that of the malignant tertian it follows that in order to destroy every parasite in the body the treatment should extend over six weeks instead of a month, as for malignant tertian infections."

Exactly! Individualization of cases and above all of patients, as

homœopathy has so long taught, must come sooner or later if real progress in the healing art is to be made. Acton's statement that the cure rate of quinin in benign tertian infections was low and that of 663 cases nearly 70 per cent. had relapses in spite of treatment, is certainly interesting. Homœopathy, even in the hands of the in-expert, can show far better results. But it does so by virtue of its scientific law of similars and by means of individualization. Will our O. S. friends never emerge from their Rip van Winkle sleep, or must they continue to play skittles with the gnomes of ignorance for another twenty years or more? Why not put the matter to the test and publish the results to the world at large!

National Homœopathic Clinic Day.—The committee having this celebration of homœopathic progress in charge is unceasingly at work to marshal the forces of homœopathy upon the appointed day, October 19th. This day can indeed be made a memorable milestone for the cause, provided sufficient emphasis be laid upon the purely homœopathic side of the program. It is all very well to demonstrate to an inquiring public that the homœopathic profession contains in its ranks numerous able surgeons, clinicians, pathologists, bacteriologists, and specialists of all kinds, but what the inquiring public really needs instruction in, is the knowledge that homœopathic therapy properly applied, is far superior to any other in the same field.

Thus far we have failed to discover that the committee has made adequate provision for such a demonstration. Unless this is done, the celebration will lose much of its value and force. There is still time in which to pay heed to this warning.

Radium Treatment of Roentgen-Ray Dermatitis.—Degrais and Bellot report three cases in which radiologists were cured by curie-therapy of professional epitheliomatous radiodermatitis. Their first patient, they relate, was an American physician "M. E.," who had been using the roentgen ray since 1903 and ulceration and an epithelioma had developed first on two fingers. The lesions had been cut out again and again. The third recurrence on the ring finger refused to heal, and the back of the hand showed hyperkeratosis, and there were violent pains. The reaction to exposure to twenty-seven filtered millicuries for twelve hours was soon followed by the com-

plete retrogression of the lesions, and the cure was apparently complete when re-examined six months later. The pains subsided as the skin returned to normal.

This extract from the *Presse Médicale*, Paris, is a good illustration of Hahnemann's law of similars. *Diseases which are similar, whether natural or artificial, annihilate each other.*

Kali Chloricum.—This is the chlorate, not the chloride of potash. The latter is *Kali muriaticum*, essentially different and much milder in its action. Hering in his *Guiding Symptoms* combines the provings, which is misleading; they should be separate and distinct. Allen, in the encyclopædia, presents a proving of Kali chloricum, and the *Hand Book* contains the same also.

Many years ago in the old Five Points House of Industry in New York, during an epidemic of infantile gangrenous stomatitis (noma) this remedy was curative in numerous cases, which in O. S. hands went by the board. To study the mouth symptoms of this remedy will repay the physician and lead him to compare it with *Mercurius*, *Hydrastis can.*, etc. Kali chlor. acts very destructively upon the kidneys, producing an actual croupous nephritis, hæmoglobinuria, etc., Hence this medicine should suggest itself in severe cases of nephritis. A useful group to remember in this connection is *Apis*, *Cantharis*, *Carbolic acid*, *Mercurius corr.*, *Terebinthina*, and *Kali chloricum*. Of course, these remedies do not exhaust the list of possible medicines; but it is well to bear them in mind.

Beware the much advertised "sure cure" for disease, warns the United States Public Health Service. While experimenting the disease often gets beyond the point where it can be cured by a competent physician.

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MERCURY AND ITS SALTS*

Philip Krichbaum, M. D., Montclair, N. J.

In taking up the study of Mercury and its salts, I appreciate the magnitude which such a procedure would attain if followed out with any elaboration. However, this last is not my intention. I wish rather to merely touch upon a few of the salient and particular symptoms of this great family group, bringing to your notice the individualizing strands which appear here and there in the various preparations. First be it remembered, the tie of relationship between these mercurial combinations is never lost to view. The differentiation of symptoms frequently seems to be one of degree, rather than difference. The finger prints of Mercury are easily traceable. Parenthetically, I may here state that I have made no attempt to separate Merc. sol. and Merc. viv. What I have to say of one applies to the other. In a pathological sense we find, then, that Mercury and all its salts is associated with such processes as paralysis, congestion, inflammation, and ulceration. Every organ and tissue of the body is affected. Burt gives us sixteen great centres of action. The keynote symptoms of Mercurius are classical; the modalities run through all the preparations; to wit, the aggravation from heat and cold, the aggravation at night, the profuse sweats with nearly all complaints, which sweating does not relieve and in some instances may even aggravate the complaint. The next particular found in this interesting series is the mercurial odor. The Mercury patient is offensive, body and excretions, while the breath is often excessively fetid with mawkish sweetish taste in the mouth. Body tremor is

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another distinguishing characteristic. This symptom is so pronounced and universal that its presence renders Merc. the best general remedy in paralysis agitans. This tremor may attack any organ of the body. If it seizes the heart, sudden death is likely to result. The mind under Merc. is as weak and tremulous as the body. Everything is hastily performed. Conversation is hurried and rapid. On the other hand, with the back swing of the pendulum, your patient may be very slow in answering questions. The Mercury subject has loss of will power and memory, suffers from embarrassment, is absent-minded, and may lapse into imbecility. Time passes too slowly. The victim whom mercury fits, desires to flee, has thought of suicide, or even harbors murderous intentions. It is a thoroughly disorganized mentality. The sores and ulcers of Mercury have many characteristic points. The grey lardaceous ashy or cheesy base, the burning stinging pain, the dirty look of the deep-seated sore, the tendency to form pus, yellow or green, burrowing in cavities and excoriating the tissues; all this is Mercury in one form or another. Again, Mercury is a great solvent. It dissolves living tissues, inducing excessive emaciation. Edema and dropsies are absorbed; rheumatic swellings obtain. Merc. intensifies the action of absorbents. It may also paralyze them, hence we have the often observed enlargement of glands with the well known pricking pains, inflammation and suppuration. Salivation is another red strand of Mercury. In fact, Mercury is seldom indicated when the tongue is dry. Slime in the mouth and in the stools, speaks for Mercury. People who exhibit an abnormal tendency to take cold, when the nasal secretion is excoriating and the nose red, the "dirty-nosed child," such suggest one of the Mercuries.

The various and manifold sensations found when these preparations are called for, need not be given in detail. In what follows it is my plan to lay stress upon the points of difference which we find when we read these medicines side by side. Merc. cor. then we discover is Mercury plus. All authorities agree as to the intensity of the action of this remedy. The patient evinces a disposition to lie on the back, with knees drawn up. The well known tenesmus of Mercury is here markedly exaggerated; the stools have more blood, ulcers spread more rapidly and Merc. cor. leads all preparations of Mercury in the frequency with which it is called for in the albuminuria of pregnancy. In the male sexual organs, Merc. cor. is

highly useful, when from slight irritation, we have phimosis or when the foreskin of an infant has been forcibly retracted and left so, inducing para-phimosis. Like the Mercuries in general, it affects all tissues with added intensity herein noted. In fact, you may at times be deceived into prescribing Canth. for these Merc. cor. urinary conditions. "Terrific tenesmus, with intense burning in the urethra and discharge of mucus and blood with the urine or after it," reads the text. The fine line of difference must be determined from concomitant symptoms. In throat affections Merc. cor. is a standby. If you encounter a congested, flabby, elongated uvula, causing a troublesome and obstinate cough, swab the tissues with a solution of Merc. cor. low. It will relieve the condition often permanently. Under Merc. Cor. there is severe throat constriction, any attempt to swallow induces violent spasms and fluids are ejected. The classical rectal tenesmus of Mercury is, of course, present under Merc. cor., the difference which decides our choice of the latter medicine, is again one of degree. In cases of dysentery occurring from May to November, Merc. cor. may be useful. The tongue, under Merc. cor. shows the typical Mercury ear marks, but in addition we may have a blackish coat and the swelling go on to the point where the patient cannot protrude the member.

Under Merc. dulcis the keynote is *pallor*. Add to this characteristic pallor, a condition of flabby bloatedness, and Merc. dul. comes into its own. Pale scrofulous children who have swelling of the cervical glands, or the cadaverous looking infant, whose breath smells like fresh cow's milk, call for Merc. dul. When our old school friend sees these children, he says, "Worms," and promptly prescribes Santonine and Calomel. In many instances his prescription is justified to the extent that he gets the worms and when any lasting benefit ensues, the calomel was, of course, homœopathically indicated. Merc. dul. has many of the catarrhal symptoms of the family group, with a few accentuations, for instance, you may run across a case where there is a literal gluing up of the Eustachian tube and a catarrhal inflammation of the middle ear. In the intestinal tract, the point of demarcation may lie solely in the fact that the diarrhœa associated with the typical Merc. grass green excoriating stools, is *not attended with tenesmus*.

Merc. præcipitatus ruber has in its symptomatology one curious sensation, a patient suffering with gonorrhœa will complain that the

urethra is felt as a hard string. Phagadenic ulcers and bubos come under this remedy, when the edges are red, indurated, hard and spreading. Also syphilitic iritis when the pains have ceased. Pemphigus neonatorum and intertrigo syphiliticus, eczema, acute or chronic, with sero-purulent exudate, tinea tonsurans, circinata, and sycoſis are all conditions where this form of Mercury may prove valuable.

Merc. iod. has a distinct individuality based on the general Merc. characteristics. The right to left direction of its symptoms in throat or chest is like Lyc., but the throat symptoms are aggravated by warm drinks and Lyc. is relieved by them. The tongue also is typical, it has a thick yellow coating at base while the anterior portion is clean and red. In the eye we find corneal ulcers looking as if they had been chipped out by finger-nail. Head pains immediately following heart pains; pain in right forearm and left hip simultaneously; pain in heart with pain in chest. Jaws tired from clenching teeth during sleep. Nausea at sight of food. Cough worse from laughing. Susceptible to drafts while perspiring, very sensitive to damp and cold weather. Mostly a right-sided remedy.

Merc. sulph. Lippe considered this preparation as important as Ars. in dropsies of the chest. The indications for its employment are: Pain in right chest extending to scapulæ, patient can scarcely breathe and is greatly aggravated from 4 to 5 p. m. When acting, this remedy often produces a watery diarrhœa with great relief to the patient. It has a marked affinity for hydrothorax, depending upon liver or heart affections. Here, again, the Merc. tongue comes up but under Merc. sulph. there is apt to be great soreness of the tip.

Merc. biniodatus. This preparation acts more intensely on the lymphatic glands and cellular tissue than Merc. sol. Its great sphere of action is upon the throat especially the left side. Tonsillitis with Merc. symptoms. Aggravations are on empty swallowing, also upon swallowing food. Merc. bin. will often help you out in cases of asthma, where general Merc. symptoms are present. The explanation of this rests upon the fact that the Iod. merc. combination dissolves large quantities of uric acid and urates, causative agents in producing asthma. Merc. bin. has special affinity for old cases of syphilis in persons of lax fibre, the scrofulous, and those who have taken much Mercury. In the female generative organs we have ulcers and erosions of the cervix with profuse greenish, corrosive leucorrhœa.

Merc. nitricus is to be studied when we find conditions suggesting Merc., and at the same time exhibiting the sharp sticking pains of Nitric acid. Pustular conjunctivitis and keratitis with burning lachrymation, photophobia and the aforesaid sharp sticking pain calls for Merc. nit. Coldness also predominates under this remedy, with a flushed face. The pains are intolerable, driving the patient to thoughts of suicide.

Merc. aceticus should receive consideration when we find the keynote symptom *congestion* with stiffness, dryness and heat of parts affected. The eyes are inflamed, worse in the corner with burning and itching, worse morning and evening. *Lack of moisture* is the distinguishing feature here. The throat is so dry that talking is difficult. Merc. aceticus also has a barking cough which causes lancinating pain in the larynx or pharynx. Simple swallowing does not hurt but there must be enough motion in parts to move the cellular structure. "Pressure in lower sternum and dyspnoea on standing erect," is a peculiar symptom, but is in keeping with the general aggravation from moving the affected parts; *i. e.*, mucous membranes wherever attacked. In the urinary organs there is burning in the urethra so intense at night that it awakens him. This burning increases as the bladder fills and is associated with cutting pain upon emission of last drop. The copious but slow emission in the morning proves that the mucous membrane of the urethra is thickened, giving it the characteristic compressed feeling. Still further, under male sexual organs, we find the glans penis inflamed and swollen at the extremity with burning and lancinating pain. It is aggravated by cold bathing but relieved by tepid water. Profuse sweat while moving about, obtains here as under Merc. in general.

Merc. biniodatus cum kali iodatum. Hale says of it: It causes profuse discharge of watery mucus from the nose with sneezing, coughing and watering of the eyes. Take a patient who cannot ride in an automobile, winter or summer, without the above phenomena ensuing. It is a condition that conforms to this preparation of Iod. merc. and Kali. The combination consists of one equivalent of red oxide of merc. and two equivalents of Iod. of potassium. Acute facial paralysis from cold (Merc. sol. and Caust.) come under this remedy. Remember to look for the Merc. tongue with the Kali expectoration.

Last but not least we have Merc. cy., the great cure and prophy-

lactic in diphtheria. Extreme feebleness, trembling, and syncope, the characteristic trio, appear, of course. In diphtheria when the membrane is greenish and inclined to spread through the nose involving a large surface, with great destruction of tissue and intensified fœtor. Swallowing is wellnigh impossible because of the severe cutting pain. There is icy coldness with nausea, thought of food causes retching. This is a dark picture, but Merc. cy. has won many laurels in just such conditions. The chronic sore throat of public speakers with rawness in spots in the throat as if about to ulcerate, will often be benefited by a dose of Merc. cy. if the general supporting and basic symptoms of Merc. are present.

I realize that the foregoing have been given but the slightest touch, a more extended exposition or minute comparison would lead us too far from the confines of a brief paper. I have simply endeavored to jog your memories by whipping into prominence these very few points of difference in a great group of homœopathic medicines, wonderful Mercury and her Salts.

CLINICAL CASES.*

Herbert E. Maynard, M. D., Boston, Mass.

Corporal L., Australian Engineers, was wounded at Boulecourt, 15/5/1917, and entered hospital two days later with a compound fracture of the left humerus and of the metatarsal bones of the right foot, and eleven pieces of shrapnel of various sizes scattered through his legs and back.

After removal of most of this iron and the application of the necessary splints he got along very well for two days, then developed a temperature of 106° and a general septic condition.

He was intensely restless at first, much worse after midnight, would start up in a fright, said he was double and smooth and was going to die. Desired a little water to drink every few minutes, and would not eat. Later he became stupid; had involuntary evacuations and cold sweat of the legs, and his wounds became extremely offensive in spite of careful dressings. After Arsenicum album 1m. in water every hour for one night, he became rational, asked for some food

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and ate it. Slept most of that day and made a very good recovery without further medication.

(2) Bombadier Perry, after months of trench fighting developed pneumonia, and while waiting to be carried to hospital, was bitten on the middle finger of the right hand by a rat.

When first examined he had consolidation of the lower lobe of the right lung, coarse rales in patches in the left, and his hand and arm nearly to the shoulder was tremendously swollen and black. His expectoration was scanty; very dark and offensive. He was restless, thirsty, had repeated chills and severe pain in the hand and arm, which was only made bearable by keeping it immersed in a hot bath.

Though several incisions were made in the hand, at no time was any particular relief experienced and very little pus was found. Whatever discharge occurred was thin, bloody and dark, of a bad odor.

After *Arsenicum album* m . he had his first good sleep, his temperature gradually came down and his recovery was in every way satisfactory.

(3) Mrs. L. While out riding in evening was suddenly taken with abdominal pain and collapse, which was relieved by some hot drink prescribed by a physician, and patient was told to go home, take a big dose of physic and stay in bed next day.

At midnight I found the patient with a temperature of 96.5° , pulse of 50, and distended abdomen, which was sensitive all over; perhaps a little more so in the lower right quadrant. She had vomited greenish fluid twice, and had had several greenish stools attended with a good deal of griping and much flatulence. She was intensely irritable—nothing could be done quickly enough for her, and she could not bear the pain. After two doses of *Chamomilla* m ., ten minutes apart, she went to sleep and slept four hours.

At 8 a. m. she had very little pain, her temperature was 98° , and pulse 60, but her right rectus was rigid, and as soon as it was possible I removed a large highly inflamed appendix, gangrenous for nearly an inch at the tip but not perforated—and her recovery was uneventful.

Where extensive adhesions have formed in acute appendicitis and rupture has occurred into this pocket it is not uncommon for a temporary relief of the pain to occur—but in this case there were few adhesions and the appendix had not ruptured.

(4) Mrs. S., following induced abortion of twins at fifth month, developed a septic condition with high temperature, chills and sweat. For a period of two weeks she had so-called regular treatment—douches, Fowler's Solution, curettage, etc. She steadily became worse—developed cough with bloody expectoration and consolidation in spots in both lungs. Her lochia was thin, not much odor, the uterus was still up nearly to the umbilicus.

Every two or four days she would have a hard chill followed by fever and profuse sweat. Thirst constantly for ice water not only during all stages of the paroxysm, but other times, and ravenous appetite. Lying on the left side would start her coughing at once, and any exertion caused profuse sweating.

Phosphorus 50m. cleared up the lungs, stopped the chills and fever, but after the temperature had been normal for nearly ten days her joints became stiff, starting first in the shoulders, then knees, and she became nearly helpless. The pain was seldom very severe, but the limbs were very sore to pressure, and she wanted to be turned often and to be kept very warm. Pyrogen 50m. cleared up the case promptly.

THE RELATIONSHIP BETWEEN PHOSPHORUS AND LYCOPODIUM.*

Frank W. Patch, M. D., Boston, Mass.

Seventeen years ago, in March, 1903, there came to my office a slip of a boy, 19 years of age, undersized, a blonde and apparently with little ambition and less resistance. At that time he was office boy in an architect's office, being, if I remember correctly, the whole force of the office except the proprietor. His father had died of tuberculosis some years before. He had been to school, but had nothing more than the rudiments of an education. A few years before had erysipelas and during his whole life he had been subject to a continual succession of inflamed throats and swollen tonsils besides a general catarrhal state of the nasal passages.

There were very few symptoms aside from these, and what there were, were rather indefinite except for the fact that the attacks of tonsillitis usually began on the right side.

*Read before the annual meeting of the International Hahnemannian Association, Cleveland, Ohio, June, 1920.

He was given a dose of Tuberculinum in the 1m potency, and nothing more was heard from him for nearly a year when he again reported as having recently had a severe acute cold beginning in the throat and extending to the chest, resulting in a dry cough. Again no very definite symptoms. This time he was given Phosphorus 1m., which was repeated after a week and with noticeable improvement.

Nothing more was heard from the young man until the winter of 1906, two years later. Here was evidence of considerable improvement as he had gone through the winter of 1905 with no especial difficulty. This time he was suffering from an acute "cold" followed with cough. Again he was given Phosphorus 1m. The condition did not wholly clear up, but settled into a catarrhal state with slight cough, some expectoration and discharge from the nasal passages. Lycopodium 1m. was now given and cleared up the remaining symptoms and nothing more was needed until December of the same year.

Meanwhile the young man had left the architect's office, had begun to show signs of more ambition and more energy, and through the influence of a friend, had obtained a position in a large cotton manufacturing plant in New England as a "boy," with the opportunity to learn the intricacies of the business, provided he was able to "make good." He had made considerable improvement physically, put on weight, and now presented a strikingly different appearance from that of two or three years before.

The interesting part of this report lies not in the unusualness of the prescriptions, nor in the skill with which the case was managed, nor in anything whatever of a spectacular nature. The interest hinges wholly on the fact that for seventeen years this young man has gone on improving in health and strength, physically and mentally, under the influence of these few drugs.

I do not mean, of course, that he has taken medicine continually, but that whenever he had had the catarrhal colds, which were practically his only disability, he has been given Phosphorus if that seemed especially indicated, and if the symptoms did not all clear up this was followed with Lycopodium.

In addition to the initial prescription of Tuberculinum in 1903 he has had one dose of Psorinum in 1909, after complaining of dull aching in hight chest, with slight remaining cough and a little dyspnœa on walking up hill, this followed Lycopodium 2c.

In December, 1910, he again was poorly following an acute cold which did not clear up well. This time he did not have either the Phosphorus or Lycopodium, but, showing the following symptoms: Night and morning cough without expectoration, obstruction of the nose, itching between toes with cracks, itching blister like eruption between fingers, dryness and slight itching of the scalp; was again given Psorinum 50m., which carried things along for more than a year.

Since that time he has been inclined to get a slight cold about every winter, but they have ceased to bring out any psoric symptoms, and he has constantly improved in strength and health in every way. He now weighs about a hundred and sixty, is well set-up, and has a fine carriage, and the appearance of perfect health.

He has had the usual prescriptions, either Phosphorus or Lycopodium or the one followed by the other whenever these colds have made their appearance, but nothing else up to December, 1919, when he was given Arsenicum iodide 60x.

He seems now to be on a thoroughly sound basis of health, and his ability as a business man and manufacturer has grown until he now occupies the position of general manager of the big plant where he has been from the first.

The interesting questions that are raised here are just what influence these simple drugs may have had not only in the health of this young man but on his development in mental capacity and business ability as the years have gone on.

I cannot help feeling that a large part of this growth has been due to the homœopathic prescriptions which he has had from year to year and to which he has been absolutely faithful in every way.

It is seldom that one has an opportunity to observe the influence of drugs over a period of years, and it is a source of great regret that we cannot follow our cases more often in this way.

Another interesting thing that is brought out is the relationship existing between Phosphorus and Lycopodium. We find them mentioned by Hering and other authors as compatible remedies. I feel not only in the light of this experience but from observation of other similar cases, that their relationship is something more pronounced than that of mere compatibility. It seems to me that it is safe to assume that Lycopodium is practically a complementary remedy to Phosphorus, and that it acts in sequence in the same manner as

does Sulphur after Nux vomica; Silicea after Pulsatilla; Natrum muriaticum after Ignatia, and so on.

The more of these sequences we can work out through observation the simpler our prescribing becomes and the more definitely we are able to carry our cases through to the end.

NOTES ON REMEDIES.

Eli G. Jones, M. D., 1331 Main St., Buffalo, N. Y.

I have often thought that it would be a fine thing if we had one physician in all our large cities who would make a *specialty* of the treatment of tumors of the breast, they are much more common than people realize. The average physician cannot *diagnose* cancer in the breast, and as he has not been *taught how to cure* it in the medical college, he sends his cases to the surgeon.

It would be a *grand* thing for the profession and suffering humanity if we had one or more medical colleges in this country that would *teach* their students the *medical treatment of cancer*. There are 75,000 victims of cancer dying every year in the U. S. It is a *horrible* condition and a *disgrace* to the medical profession.

In some future article of THE RECORDER I shall have an article on "Tumors of the Breast," including what I know about the *cura-tive* effect of remedies in tumors of the breast, from *fifty years'* actual *clinical* experience. It will probably be my *last* words on the subject of cancer.

A very *important* specialty is "The Treatment of Pain." It would be a *good* thing for humanity if one or two doctors in all our large cities would make a *specialty* of the treatment of pain. For some time I have been making a *special* study of the subject. I fully realize that it is a *big* thing. To find a remedy for *pain* in *any* part of the body requires a *definite* knowledge of materia medica. By not knowing the *definite* indications of remedies in the presence of *pain*, the average doctor resorts to an opiate or a hypodermic of morphine. Any physician who would make a *special* study of the treatment of pain in any part of the body and *specialize* on that would have *no* competition or *rival*, he would be a *blessing* a *godsend* in *any* community.

Every medical college should teach its students how to find the

indicated remedy for *pain* in any part of the human body. Let a student be turned out from a medical college *competent* to treat *pain* in any part of the body, such a doctor would have but very little trouble in building up a *large* practice. When a patient complains of *coldness* in the *occiput*, it feels *heavy* as *lead*. Tr. Chelidonium 3d x is *the remedy needed*, five drops every two hours. When there is *weight* and *soreness* over the region of liver, relieved by lying on *right* side, Sepia is *the remedy indicated*, 6th x, three tablets every three hours.

In your *obstinate* cases of gonorrhœa that "hang fire," don't seem to get well, don't forget Hepar sulph. 30th x, three tablets three times a day.

In my travels in this "vale" of tears" I now and then come across some very *amusing* things. Two lady physicians met in consultation on a woman patient. They decided that she had fibroid tumor of the uterus. They proceeded to *operate* on the patient, but they failed to find the *tumor*, but they *did* find a *colon full of impacted feces!*

I met with a middle-aged man who had chronic enlargement of prostate gland, he also had considerable gas in his abdomen (*intestinal indigestion*). Some of the "Bright Lights" of the profession had told him that "the *gas* in his *bowels* was the *cause* of the enlargement of the prostate gland!"

A lady was taken to a hospital to be operated on for gall stones, after the operation the doctor told the family that he *picked* the gall stones *out of her liver*.

A surgeon of some reputation operated on a lady for ovarian tumor, the tumor failed to materialize, but he found a *fœtus!*

Well, we are all liable to make *mistakes*. Col. Roosevelt used to say that "the man who said he never made a mistake was a fool!" Then some of us poor mortals must be very *foolish*.

Dr. A. O. Reppeto, Banks, Oregon, reports to me six cases of "shell shock" in returned soldiers from the World's War, cured by the remedy I have given once before in this journal.

℞. Calcarea phos.	6th x.
Natrum mur.	6th x.
Kali phos.	3d x.
Strychnia phos.	3d x.

Mix. Sig.—Four tablets before each meal and at bedtime.

A lady near the menopause complains of "*Hot flashes, weakness*

and perspiration." Sepia is the remedy indicated, 6th x, three tablets every three hours.

In the constant *hawking* and *spitting* of old people *Geranium* 1st x is the remedy, three tablets every three hours.

There is a remedy for pyorrhœa that is *worthy* of confidence, it is *Calcarea renalis præparata* 6th x, one grain three times a day.

A patient has a *pain* across the *shoulders* and spine, must *stoop*, cannot walk *erect*. The above symptom indicates *Tr. Cannabis indica* 1st x, five drops every two hours.

I am often asked the question, "Doctor, what is good for a person that has *chilly* spells?" I usually prescribe *Tr. Camphor*, 5 drops in half a wineglass of hot water every half hour. One or two doses is generally sufficient to relieve them of their trouble.

During my visit to Nebraska my attention was called to the plant *Echinacea* growing by the roadside. It was *very* interesting to me to find so *valuable* a remedy growing on its native heath. Prof. John Lloyd says the "*more* a sore *stinks* the *stronger* the indication for *Echinacea*." That statement shows him to be a man of *great* wisdom, and I can say "Amen to that, brother!"

The allopath when in *doubt* about what to do for a sick person gives *Calomel*, the eclectic gives *Echinacea*, the homœopath gives *Sulphur*, the botanic a *Lobelia emetic*. At some future time I intend to give some *definite* indications for the use of *Echinacea*.

From what I can learn from the homœopathic journals it would seem that the homœopathic physicians have *got waked up at last!* They have begun to *realize* the *fact* that they have a *good thing*, and that it is *high* time that they *advertized* that fact. Prof. Edwin M. Hale, one of the *great* teachers of *materia medica* of the homœopathic school of medicine, paid a *great* compliment to the eclectics when he said, "In the literature of the eclectic school of medicine I have found diamonds and precious jewels."

I can cheerfully return the compliment, "for in the *materia medica* of the homœopathic school of medicine I have found *diamonds and precious jewels*."

Every eclectic would be a *very much better* eclectic if he *knew* the *materia medica* of the homœopathic school of medicine.

Dr. Wooster Beach, the founder of that school of medicine, used to advise his students "to *investigate the remedies of all schools of medicine and select any remedy that might be of value to them in healing the sick*."

WHY TAKE THE CASE "AND MAKE AN ANAMNESIS."

S. L. Guild Leggett, M. D., Syracuse, N. Y.

Is this a *theory*, a *law*, or in any way more *effective* than any other method of applying a knowledge of the *Materia Medica*?

We are often told that the practice of medicine is not scientific; that medicine is not an exact science; that there is no law of putting exact quantities together in the human animal kingdom and producing an exact result, such as is possible in the chemical crucible; that the forces of the animal kingdom must be reckoned with; that something within that system, either neutralizes desired effects, or activates to the danger point, what seems to be innocuous.

Before Hahnemann's time a good result following the most exact method could not be copied with hope of producing the same in a second case of what was *supposed* to be an identical condition, or so-called disease.

The most careful diagnosis dependent upon the naming of certain groups of symptoms fortuitously or not, which failed in perception of the individual characteristics of the patient according to disturbances presented as a part of the sickness, failed to point to the cure of *all* cases in each group.

Hahnemann pointed to the fact that the characteristics of the sick were the guide to the cure rather than the diagnostic signs.

Pursuing the idea he directed that the sick man himself should be most carefully interviewed, his functional disturbances, organic destruction, removable ills, and above all his feelings, according to time and circumstances should be noted, when we should find a complete picture of the sick man, regardless of the diagnosed condition.

Now, what has that process done for us beside making for us many remarkable cures of conditions heretofore pronounced incurable?

It places straight facts before the eyes of the physician where there is little danger of forgetting or overlooking indications for treatment; it points to conditions, to organic destruction, to functional disturbance, and to feelings which time and circumstance effect and which the proven drug has put within our reach.

It also shows to us much more of the physiological animal king-

dom than any other method of medical science. Taking a case in manner set forth increases the world knowledge, helps to apply facts of use in the various discoveries of the microscope in its records of disease action, to make *fitting* use of the various experiments in serum therapy, toxæmia, etc., but, greatest of all, most useful to the world, it would bring knowledge of the perverted act on the vital force, under disturbances by infection, by exhaustion, by whatever cause mental or physical; sins against the body or against the soul, artificial conditions produced by provings or poisonings, all are within its teachings.

The careful application of a knowledge of the *similar*, and the difference in the result as between theory and facts is taught. It teaches how to harmonize the warring forces of the animal kingdom protective and infective, to recognize a grain of truth which may be contained in a theoretic assertion, it broadens our knowledge and so our mind. We attain some ability to recognize the inner causes as well as external causes of disease, we know when we meet the gonococci, that the way to oust him from the system is not to catch and kill, which is impossible, there being so many hiding places, and he multiplies so rapidly. So, with other bacilli, the various methods of sprays, etc., injure the patient far more than the bugs.

Taking the case has taught us to seek for remedial relief through the only means by which they can be obtained, *i. e.*, careful proving upon the healthy, *i. e.*, observed activities under exact conditions, which gives the only safe and sane method of application. The response made by the healthy human animal kingdom to the application of a drug, a virus, or a disease product, under careful ministrations and observation carefully tabulated, is the only sure method of its application to the sick.

To record a case in all its intricacies broadens the outlook, removes fears, indicates procedures and power of prognosis. Finding tubercular bacilli, gonococci, spirochiti, etc., we have the opportunity to get after it or them by just the indications shown in the record. Hahnemann lived before the full recognition of germ causes—as theorized to-day—but he did not fail to cure, or diagnose, as readily as do the physicians of our day, nor did he fail to make a fortune by his remarkable cures.

So, then, taking the case, carefully, painstakingly does this, as it seems to me who speaks from its practice of over thirty years; it

carries a growing understanding of the wonder forces of life, in their activities, their control, their adjustability.

The comparison of remedies—which we call *Anamnesis*—until adjusted to the particular condition before us, broadens our knowledge of *their* sphere of action, as well as our own knowledge of the human animal and its spiritual kingdom.

THYROIDIN IN A CASE OF HYPERTHYROIDISM AND CARDIO-VASCULAR-RENAL DISEASE.*

Glen Irving Bidwell, M. D., Rochester, N. Y.

FAMILY HISTORY.—S. F., age 50 years, occupation dressmaker.

Father died 85, nephritis.

Mother died 92, old age.

One sister living in good health.

PHYSICAL EXAMINATION.—Bad pyorrhea, upper teeth; left lobe thyroid enlarged; heart sounds all markedly accentuated, no normal sounds heard, irregular in time and volume; rate rises quickly from 104 to 140. Very emaciated; eyes prominent; exophthalmos; left knee tender to touch on inside joint.

Chest examination by chest specialist as follows: No definite organic lesion of heart determined. Probable fibrosis, both upper lobes, slight exophthalmos, this was after thryodin had been given for a few weeks); blood pressure, systolic. 160; diastolic, 90; slight tachycardia.

Diagnosis, hyperthyroidism, cardiovascular-renal disease and pulmonary fibrosis.

LABORATORY FINDINGS.—Urine, 11/1/19. Sp. gr., 1.010; albumin, 2%. Nothing else of pathological import shown.

Urine, 12/22/19. Sp. gr., 1.010; alubumin, 2%.

Urine, 3/16/20. Sp. gr., 1.020; albumin, negative.

Functional kidney test, 3/17/20.

Dye output 1st hour	55%
2nd hour	12%
3rd hour	2%

Total 69%

*Read before the annual meeting of the International Hahnemannian Association, Cleveland, Ohio, June, 1920.

Wassermann, 11/2/19, 2 plus.

Wassermann, 3/27/20, negative.

SYMPTOMS PRESENT ILLNESS.—Present illness began June 19/19, weakness and loss of weight, palpitation and loss of appetite. History shows that although for the past twenty years she had been very much over weight (estimated weight 230 or more, but from lack of courage patient was not weighed, or if so denied weight) and while from the nature of her business (running a large dressmaking establishment) she was more or less nervous and had considered herself in good health. During the winter and spring of 1919 took tablets (probably extract thyroid gland) to reduce her weight, and after some few weeks began to loose rapidly, but with this loss of weight nervous symptoms grew markedly worse, the appetite was lost and palpitation and distressing weakness appeared. For this she entered an old school hospital the 19th of June, 1919, here evidently a diagnosis of hyperthyroidism was made and she was fed various thyroid gland products, the principle one of which was thyroidectin. The other treatment consisted of rest in bed, quiet and light nourishing food. This treatment had little or no beneficial effects, and on October 30 she entered our hospital with all the above mentioned symptoms. The pulse rate on entering ran from 96 to 168, and continued this rapid rate for several weeks, in fact, until she had thyroidin for some weeks; this was not lowered very much, and while the remedy relieved all the other symptoms, the pulse rate at this time remains too rapid and will run up to 130 on the least excitement. The physician on service at the time of entering the hospital put patient to bed, gave a light nourishing diet, and record shows the following remedies were given. Lyc. 30 on admission; 11/1/19, Ars. alb., 30; 11/11/19, Phytolacca, 30; 11/17/19, Mag. phos., 30; 11/19/19, Bell., 30; 11/21/19, China, 30.

All through this treatment remedies had been directed at the pain in the knee which was very distressing to the patient, and over which she made a great deal of fuss; but the result of treatment was indifferent, and any relief experienced was but of temporary character, if at all, as when I came on service the pains were just as bad and it was difficult to extract other symptoms than those which referred to the knee, for, as patient would state, cure the pain in my knee and I will get my strength and be all right.

On examination for individualizing pathogenetic symptoms the

following were recorded: Fear (that she will not get well—that she will not walk—that the doctors are not doing enough to help her).

Tongue coated thick white, brownish base; is protruded with difficulty and trembles when protruded.

Thirst large quantities and often choking sensation when drinking; worse cold drinks.

No appetite, disgust for food; wants some particular food but when prepared refuses to eat or takes but a few mouthfuls.

Bad taste in mouth all the time.

Pain in left knee burning in character, relieved by heat and rubbing, but very sensitive to touch. Tendons shortened, pain greatly < by extending leg.

Burning of soles of feet > at night.

General aggravation from heat, in summer, and after sleep.

Never well since menopause.

On the above symptoms Lachesis 200, one powder each night of four nights. 12/2/19.

No results on 12/15/19. Lachesis 1m., one powder was given with equally brilliant results.

At this time the patient was very toxic, and we all thought she would soon die, the weakness was so great it was with difficulty she could raise her hands and would take no nourishment.

In looking up the symptomatology of Thyroidinum in Clarke's Dictionary I found the following non-pathologic symptoms which agreed with our case: Tongue thickly coated, great thirst. Loss of appetite; slight nausea with faintness. Constipation. Slight trace of albumin—mania and general > from disappearance of menses (refers to < since menopause); signs of phthisis at apex of left lung. Palpitation—pains in hands, arms and legs with malaise. Malaise great; loss of weight. Without much hope of relief I gave Thyroidin 6x, one tablet night and morning, beginning the remedy 12/20/19. The pulse rate at this time varied between 140 and 168.

12/27/19. The tongue had cleared and appetite was returning. This was the most marked result we obtained, and the digestive symptoms continued to improve until the appetite was normal and the excessive thirst disappeared. The pulse rate had improved to 120 and 130.

1/5/20. The exophthalmos greatly diminished; pulse, 100 to 120.

1/15/20. Pulse, 98 to 110; exophthalmos greatly diminished; pain and tenderness in knee somewhat relieved.

2/20/20. Pulse, 90 to 110. Sleep and nervous condition much better. Albumin gone from urine, general and marked improvement. Patient remained in hospital some time under other service, and while there was a general improvement in many ways, the pulse rate never became normal or did the strength entirely return. The marked improvement in the severe toxic symptoms with the diminishing exophthalmos and clearing of the digestive symptoms are the striking features of the case. The disappointing features were the failure to put on weight, and the only partial response of the nervous symptoms to the remedy.

There is a very meagre proving of Thyroidin, and we are trying to work out, clinically, just what this remedy will do for hyperthyroidism. So far we have found that it will relieve the gastrointestinal symptoms. The nervous symptoms, some of the ophthalmos, but will not reduce the size of the gland. I wish members of the society would try the remedy in their bad toxic cases and report symptoms relieved to me that they might be compiled and published. There is one paramount point to be remembered in hyperthyroidism, and that is that the size of the gland has little to do with the production of toxic symptoms, for the small gland often produces the greatest toxic cases.

The thyroid test is a very simple and easy means of determining the diagnosis.

SMALLPOX.*

W. A. McFall, M. D., Toronto, Can.

In the summer and fall of 1919 smallpox, always present in North America, made its appearance, among other places in Toronto. In July, August and September these cases were diagnosed as chickenpox. There are three chief reasons for this mistake.

1. Unfamiliarity of a great proportion of physicians with smallpox.
2. Mildness of cases, physician not consulted.
3. Natural hesitation of a physician to quarantine a family for one or two pustules.

*Read before the annual meeting of the International Hahnemannian Association, Cleveland, Ohio, June, 1920.

We have no reason to suppose that Toronto was the site of infection of the surrounding country, as reports of similar chickenpox epidemics were heard both in Canada and the United States. However, due to a great misdirected newspaper notoriety the blame has been fastened upon our city.

As the epidemic spread it became slightly more severe. From cases which exhibited only three or four pustules, to a few cases of the semi-confluent type was the gradual evolution, but even the latter cases did remarkably well under treatment or even without it.

To take up the points in order let us consider, first, the unfamiliarity of physicians with smallpox. This is easily explained. Each year large numbers of doctors are graduated—they have not seen smallpox as students, and there has been no great epidemic since the Montreal one over thirty years ago. It is difficult to diagnose smallpox or any skin lesion from text-books or illustrations. I know this to be true, for I contracted smallpox when a student and perused the pages of Osler in an effort to determine the malady. Two weeks later when two cases occurred in the ward of the General Hospital where I was taking clinics I knew. My clinician, who was a gifted skin specialist, failed to note the pox on my face though meeting him daily for an hour or two. Another reason for this lack of knowledge was the time spent in the study of vaccination. This occupied much longer than the period given to smallpox.

The second reason was a great factor in the spreading of the disease. The cases were often so mild that the doctor was not called. Labelled chickenpox by the parents the children remained away or were sent away from school, but did not observe a strict quarantine. One patient informed me that early in September over half the children at a certain school were at home with chickenpox. Her own child, William by name, was recovering from an attack, and had so many pox on the soles of his feet that he was forced to walk on the edges, as do club footed children.

The third reason is a most natural one. Little James is feverish for two or three days. The doctor either sees him or is consulted about him over the phone. The doctor says he will not need to see James again—when, lo and behold! two days after little James presents from three to twenty pox. The doctor is consulted once more over the phone and little James is labeled as heat rash, stomach

rash, chickenpox, or as an elderly Chicago physician termed it, "Rubels." The family is satisfied, the doctor is satisfied except perhaps for a few slight qualms and, in the meantime, smallpox is allowed to spread, sooner or later to cause suffering, disfigurement, or even death. I say *even* death, for death is rather a rare terminus in our North American variety of smallpox. I only know of five deaths in the city of Toronto, where the reported number of cases was over 1,500, and the unreported well over 3,000.

There is no reason for any physician being unable to diagnose smallpox whether he has seen a case or not. He can make a diagnosis by history alone and not inspect the patient at all. Of course, I do not advise this, on the contrary, a physician should very carefully examine the patient, but a correct diagnosis can be made by history alone. There is always a history of from two to five days of fever, malaise, headache and backache. In the mild cases fever and headache and dirty tongue are frequently the only symptoms. The temperature then drops. The patient feels well, gets up and returns to work. About two days after the papules develop on the forehead, face, neck and wrists first. Great stress is laid upon the presence of papules in the palmar surface of the hands and on the soles of the feet. The papules are under the skin or in the deeper layer of the skin, and in typical cases are shotty or hard to the touch. The mild cases do not feel shotty—but usually exhibit a pustule on the palmar surface of one hand or finger, or in the centre of the ball of the foot. Severe or confluent cases of course could not be missed. It is the mild cases which are important to the diagnosis. They spread the infection much more as they are walking about.

How different is the history of a chickenpox patient. One day he, though perfectly well, discovers a few spots which itch. He scratches one and it is moist. Others appear soon—and are often first noted on the chest, and abdomen. He has not been sick or feverish. If he becomes ill and feverish it is always after the rash or papular vesicular eruption has appeared. Because a chickenpox vesicle develops in the mouth, conjunctiva or on the edge of the palm of the hand or in the centre of the same, would not change the diagnosis. In smallpox there is always the stage of fever prior to the appearance of the eruption.

Let the regulars make all the mistakes, we cannot afford to. Do

not have cards printed and exhibited as did a prominent old school physician, "My Diagnosis is Chickenpox," while upon the door was tacked the "Smallpox Placard." Wondering pedestrians were seen to read the legend, smile and pass on. Some even crossed the street, evidently doubting the doctor's diagnosis.

THE INVISIBLE INCREMENT.*

Benjamin C. Woodbury, M. D., Boston, Mass.

The crying need in the medical world to-day is a restatement of ultimate purpose, based upon the invisible increment of faith in the healing power of nature. This is particularly important from the standpoint of the homœopathist, for it has long been a fact that the atmosphere of faith created in the mind of every follower of Hahnemann, has been the strongest factor in his influence for healing. It is upon this invisible element of power that the very character of the true Hahnemannian depends.

Fifty years ago, the case that was considered incurable by the regular school or by all other methods, in fact, was advised as a last resort to "try homœopathy." Many did try homœopathy with the result that striking cures were made, which redounded to its glory and fame.

Not all such cases, to be sure, were thus radically cured, and hence not finding what they sought looked elsewhere for succor. The earnest seeker after truth, even though he was not successful in rendering relief to his patient, felt that either his ability was insufficient to find a remedy, no remedy was at hand, or the case was an incurable one.

Meantime, in the course of years, under the influence of pathology, the physician's mind, if at all materialistic, was inclined to the belief that whatever is done for a certain class of patients some of these are sure to die. So well grounded has this belief become that it is safe to say that it is thoroughly ingrained in the physician's race-consciousness. Thus, tuberculosis, cancer, Bright's disease, Addison's disease, Hodgkin's disease, and many of the acute, infectious diseases such as plague, cholera, smallpox and yellow fever,

*Read before the annual meeting of the International Hahnemannian Association, Cleveland, Ohio, June, 1920.

are so generally believed to belong to this lethal type that to make a positive diagnosis of many of these disorders is virtually to place the indelible stamp of death upon the innocent and unfortunate patient, who almost we might say becomes victimized by the evil spell of this adamantine and inflexible type of pathological mind.

This is the type of medical genius who goes about with his mind steeped in the atmosphere of the hospital, morgue and the dissecting room; to him the blush of health blooms for a day—like some exotic flower, but to be blasted by the next breath from some germ-laden air, or from the chance draught of miasm-infested swamp.

“Alas for him who never sees

The stars shine through his cypress trees!”

While these advances have been made in pathological fields, the science of mental healing has made rapid strides, and become organized into the powerful phalanx of Christian Science, mental science, new thought, psychotherapy, etc., and the invisible increment which formerly sought relief in homœopathy as a last resort, now casts its lot with metaphysical healing and behold many of these get well.

Whereas the medical fraternity is wont to classify types of diseases at once as “curable” and “incurable;” to the mind of the metaphysician, staid on the eternal and all-sufficient divinity, there cannot be at the outset any such postulate as that any disease which is due to error or the result of disobedience to the dictates of the Divine mind is not curable. Hence, no diseases are incurable, because to this optimistic (though oft blind) philosophy there is no such things as incurability. Here, then, has been the strength of the metaphysical movement. It is not that it has actually cured any greater percentage of these sufferers than might have been cured by sane and curative medicinal therapy, *i. e.*, homœopathy, but through the growing credulity of their followers, and the increasing nihilism in general in the medical profession, the majority of these who are impartial, and who by greater manifestation of faith might have been turned to homœopathy, have been lost to us and have swelled the ranks of the drugless cults. The time should come when as a body of practitioners, standing firmly upon the principles for which our fathers stood, we should say again in one united voice: “There are no diseases; there are sick people.” There are no incurable diseases; though there may be some *apparently* incurable individuals.

Why say this? Because there are thousands of well-authenticated cases in which from apparently hopeless illness, sick people have recovered. Let us recruit them again to homœopathy instead of having the credit of such cures go to metaphysical or drugless methods. If in the spirit of Emerson's famous saying, we are making a better therapeutic mouse-trap than our neighbor—we think we are—a well trodden path should be worn to our huts in this forest of nihilism and doubt.

It can safely be reasoned that no case is really hopeless, yet some cases are more serious, less hopeful in fact, than others. Let us, therefore, whenever possible, give to even serious cases the benefit of the doubt, and ever bring to the hopeful sufferer that courage which the true Hahnemannian is so well fitted to bestow. Even to the hopeless sufferer, there is the assurance of the Divine protection, into whose care all must eventually be entrusted.

Under favorable conditions the *vis naturæ* is all powerful to heal, if we but have the proper element of *faith* to uphold us.

Another factor, in addition to faith, is the will to live, the desire to be healed. To what a minus degree this sinks in the melancholic and the suicidal; who sees in the burdens of life more than his frail strength can withstand. The pathetic status of the suicide is so graphically described by Hahnemann.*

"By their unsteady, shy, anxious look," he writes, "by the despondency they display in their words and deeds, by their restlessness, that increases at certain times of the day, by their avoidance of things that were formerly most agreeable to them, and sometimes by their inconsolable lamentations over some slight, corporeal ailments, the patients betray their internal malady."

What a boon to the suffering world of humanity, were it generally known, as Hahnemann teaches that "the smallest dose of pulverized gold attenuated to the billionth degree, or the smallest part of a drop of an equally diluted solution of pure gold, which may be mixed in his drink without his knowledge immediately and permanently removes this fearful state of the (body and) mind, and the unfortunate being is saved."

It may be—and who knows to the contrary—that there is in these susceptible persons—since the use of gold in dental surgery became the vogue—and it is certainly a great safeguard over the wholesale

*On uncharitableness Towards Suicides. Lesser Writings, p. 695.

and indiscriminate use of Amalgam—that there is in these susceptible persons a slow and insidious absorption of this element by the action of the fluids of the body, and this self-destructive mania is the result. It has many times been demonstrated that the action of the saliva upon the mercury used in Amalgam fillings has resulted in such a marked form of hydrargyrism that its effects have been readily noted by those who have knowledge of its symptomatology, and the removal and proper substitute filling has restored the patient's health.

What has all this to do with the subject under discussion; merely this: conditions and so-called diseases which were commonly treated twenty or even ten years ago, are now not even seen any more. Furthermore, many diseases a few years previously considered wholly incurable, are now rendered either curable by proper methods of hygiene, or medical treatment, or have in the process of nature entirely disappeared.

Or is it the unhappy lust, the perversion of the desire for gold—a noble and perfectly justifiable aim when sought after within its legitimate ends—that drives men mad.

It is obviously the desire for life and the will to live that sustains the majority of human beings in the arduous tragedies of life. Let this innate desire become lowered by illness, misfortune or other vicissitudes, and then unfortunately the desire for death becomes more intense than the will to live, and the unfortunate victim ends the struggle.

The situation is quite different, however, in the case of the unfortunate victim of an incurable disease. This person, on the contrary, has every intention of living, in fact, is fond of life and clings to it long after the physical substance has become so attenuated that often but a thin veil, as it were, separates matter from spirit.

In such highly sensitized individuals (sensitives they are sometimes called, who it is known become, in the spiritualistic sense—mediumistic) the psychic faculties become in many instances keenly acute, and who shall not say, but in this highly receptive state, they actually take on the subtle masques of disease. Many persons have undoubtedly wished themselves ill, when in some state of emotional excitement or disappointment this desire to die becomes more powerful than the will to live. It is a fact well known to those who have made intimate study of psychism that in the trance-state it is pos-

sible for the medium or the subject to take on a variety of disease entities, to become obsessed in truth, for the time being with some disease personality, outside their own. Does not the person who is ill, then, vicariously take on as it were a host of disease conditions that are drifting about in their individual psychic atmosphere, when in an especially susceptible state? This may not be so far from the truth as it might seem at first thought.

Thus the earnest and self-sacrificing physician or healer, in the over-zealous desire to minister to those who are ill, may in certain overwrought states of consciousness take upon himself or herself the very condition sought to be cured. Thus, vicariously, perhaps, innocently, the willing healer becomes the self-imposed victim, and the trusting patient goes forth healed. How many persons thus healed are conscious that in their own emancipation, some other soul has made a willing sacrifice of self that they might go forth free.

It is not that we can prove this; nor would we care perhaps to demonstrate its verity. But suppose that it sometimes ha^r; sometimes does happen. It is known that the subjective state of induced mediumship is seldom without its dangers to the subject, which obviously is the remedy against both induced psychism and vicarious healing; obviously the cultivation of a positive mental attitude, and the consciousness of a crystal-mirror; a consciousness from which, when perforce it receives these sluggish earth-bound and disintegrating influences—it can purge itself clean and clear. Then and only then can true mental, spiritual and bodily healing become an accomplished fact. Then will become more evident the meaning and hidden truth of the great injunction—"Physician, heal thyself."

Fear has played a baneful role in the production and perpetuation of disease, and hence the influence of the mind upon the body is now most assiduously and profitably studied.

"Canst thou minister to a mind diseased? Queried the immortal Shakespeare.

"It is better to die according to the formulas than to recover irregularly," repeats Moliere's pessimistic physician.

Whereas the optimistic "Doctor Love" psychologizes: "The mind exercises a powerful influence over the flesh—my method is first to cure the brain."*

*L'Amour Medecin.

Plato is credited with saying: "This is the great error of our day in the treatment of the human body, that physicians separate the soul from the body."

The late Dr. Morris H. Richardson, of Boston, once wrote as follows: "On Telling the Truth to Patients With Serious or Hopeless Diseases:"

"How to tell a patient a disagreeable fact is an art," but he continues, "there are many ways of breaking bad news gently." . . . "Patients differ extremely in their own wishes. . . . No personal consideration should weigh against the patient's interest, whether mental or physical. If the physician is afraid lest his failure to tell the facts be taken as ignorance, he has always the recourse to friends. Indeed, if I have not said so already, let me say here, that whatever is told the patient, the plain truth should be told the patient's friends." . . . "Rather cultivate the art of tactful communications which you will never from any point of view regret. If you cannot be truthful, you can at least preserve silence, and silence need not always mean to a patient hopelessness.*

What finally can we offer as an antidote—an universal antidote—to the two cankers upon our modern civilization—of fear and ignorance. Obviously, this finds its best answer in the substitution of *faith* for *fear*, and the enlightenment of knowledge for ignorance.

Then the true man and woman of the future will step forward, out of the shadow of their own timidity and error into the full light of truth and knowledge.

A STUDY OF CALCAREA FLUORICA WITH CLINICAL OBSERVATIONS.*

Elmer Schwartz, M. D., Chicago, Ill.

We have here a patient, a gentleman, who is sensitive to cold, to drafts and to changes in the weather, especially damp or wet weather, more especially the cold wet weather. Of course we would know from this he would be relieved by heat and worse during rest and better from motion.

These modalities are the same as in *Rhus. tox.* and *Calc. fl.*, being

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a much deeper acting remedy we may expect it to cure when *Rhus. tox.* fails, especially in the more chronic complaints, such as severe cases of rheumatism that have worried your patience. The writer has had wonderful results in just these kind of cases. *Calc. fl.* is quite frequently indicated, not alone in rheumatism, but is quite frequently indicated in enlarged tonsils and glandular complaints, such as tumors, growths and even ulceration when the edges are very hard, such as ulceration of the cornea, throat troubles with large indurated tonsils. Induration may take place in any part of the body. Suppuration may take place and in this it is similar to *Sil.*

The appearance of *Calc. fl.* patient is not at all rotund and fat, rather the opposite, being thin and of the hatchet-like face, but usually strong and sinuey, and when feeling at all well can endure great exertion.

We have but little written upon this wonderful remedy, consequently we are guided to its use principally by its modalities and the nature of its complaints.

We will give two cases of rheumatism of the semi-chronic type which will give a symptomatic picture which will assist in its selection.

CASE NO. 1.—A gentleman, 43 years of age, suffering from rheumatism.

Complained of severe pain in the region of the liver < from motion and jar.

Stiffness all over body in the morning on rising from bed.

< mornings—greatly < by wet weather, especially if it is cold.

A general lack of vital heat—sensitive to cold.

Rheumatic pains in hip when getting cold at night.

Generally > when exercising, but becomes stiff on resting. This patient works in a grain elevator and becomes overheated at times and then takes on this rheumatic condition.

Rhus. tox. was given at the beginning with but little or no benefit, but was entirely relieved by *Calc. fl.*, having one dose of *Calc. fl.* 10m., Jan. 18th, 1918, and one June 4th, 1919. The reason for his not following up the treatment was that he was so quickly relieved that he had not further need for medicine, although just one year later he was taken down again with the same complaint and one dose of *Calc. fl.* corrected the difficulty.

CASE NO. 2.—Married lady, age 40 years

April 8th, 1919.—Had had an attack of appendicitis year previous, no operation, but resulting in adhesions of intestines. A case of rheumatism of the worst type—even the slightest touch on spine caused great pain.

< from extremes of temperature.

Faintness from heat of summer.

Headache before a thunder storm.

General aggravation before a storm.

Stiffness in back and shoulders < before a storm.

Stiffness and soreness in lumbar region, spine and shoulders with throbbing > on motion.

Numbness of left side, followed by tingling.

Fainting in summer from *thunder storms*.

Rhod. 52m.

April 21, 1919.—General improvement—only remaining symptom is a soreness in lumbar region.

In good spirits.

Sac. lac.

May 6, 1919.—Old symptoms returning. Stiff and sore all over. Gas on stomach.

Sac. lac.

May 22, 1919.—Sensation of a band around the lumbar region.

Aching and soreness in lumbar region.

Mentally improved. Cheerful.

Sac. lac.

June 9, 1919.—Stiff and sore all over body.

Rhod. 52m.

July 1, 1919.—Aching and burning in lumbo-sacral region and sacro-iliac articulations.

< on lying down .

Æsc. 45m.

Aug. 5, 1919.—Rheumatic aching in ankles and in ilio-sacral articulation.

< morning and > by motion. Pains darting on beginning to move.

< before storm. Cold and wet weather <. Burning in bladder on urination.

< lying on left side and back.

Rhus tox. 10m.

Aug. 22, 1919.—< mornings and > at night. Numbness in left hand while lying.

Pain in sacrum; soreness and sharp pains on beginning to move. No pain when quiet. Little or no improvement.

Calcareo fluorica 10m.

Sept. 22, 1919.—Still pain in lumbar region, but a general improvement.

Calc. fl. 50m.

Oct. 12, 1919.—Excoriation of genitalia; burning. Feeling well generally.

Sac. lac.

Dec. 1, 1919.—Aching of spine. Snow storms < motion < that is beginning motion.

Gleeful spirits, but suffers pain. Note.—Evidently 50m. was too high.

Calc. fl. 1m.

Dec. 18, 1919.—General improvement.

Calc. fl. 10m.

Jan. 15, 1920.—Has been greatly improved; yet some pain in lumbar region.

Calc. fl. 50m.

Feb. 28, 1920.—Has been feeling well until last week. Some old symptoms have returned.

Calc. fl. 50m.

May 6, 1920.—Observe that two months or more have passed before patient comes for medicine.

Some pain in back with stiffness. Some swelling and stiffness in knees.

Calc. fl. 50.

May 26, 1920.—Some pains still remaining.

Calc. fl. cm.

The patient now goes weeks without any pain whatever; she is doing the work of three ordinary women, as she has a rooming house and does all her own work, including washing, ironing and cleaning. When she came for treatment about a year ago she could scarcely walk at all. The spine being so sensitive that it could not be touched. This was discovered when I attempted to give her a physical examination and found it was impossible.

SUMMARY.

There is no doubt that this was a Calc. fl. case from the beginning, but owing to being so greatly disturbed by thunder storms and having the modality of being > by motion and sensitive to cold weather, Rhod. was given which in reality was not indicated. Likewise Æsc. did not belong to the case.

This proves that Calc. fl. should be proven in the higher potencies to bring out its numerous characteristic symptoms.

ERYSIPELAS.

G. C. Emerson, M. D., Marshall, Mo.

I have had a few cases of erysipelas.

Chill followed by fever, 104°, burning, stinging, red spot on bridge of nose spreading around right eye. Thirstless.

Apis 200 was given in two-third glass of water, two teaspoonfuls every hour.

Stopped all food. Put cold compress over the face and kept it there all night.

The next morning the fever was gone, the patient was perspiring and the spot was disappearing. Well in three days.

I ordered all the cold water patient could drink.

Beware bootleg liquor, warns the United States Public Health Service, for much of it contains wood alcohol and other poisons. An ordinary swallow of wood alcohol may produce death or blindness. DON'T RISK IT.

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

Stuart Close, M. D., Editor, 248 Hancock St., Brooklyn, N. Y.

THE SYMPTOMATOLOGY OF HOMŒOPATHY.

Stuart Close, M. D.

The *Materia Medica* of Hahnemann is an enduring monument to the genius of its author, original in its conception and design, and unique in its form and contents. Its foundation is on the bedrock of natural law. It is constructed of the cut stones of accurately observed facts, laid up in the cement of irrefragible logic. Over its open portals are graven the words, *Similia Similibus Curantur; Simplex, Simile, Minimum.*

Hahnemann, on apprehending a new general principle in therapeutics, was confronted with the problem of creating an entirely new *Materia Medica* by means of which the principle might be applied in practice. If diseases were to be treated according to the principle of *symptom similarity* it was necessary to know what symptoms drugs would produce in healthy persons, since these would be the only symptoms which could possibly resemble the symptoms of sick persons. There was no *Materia Medica* in existence which contained the facts or phenomena of the action of drugs upon the healthy. The existent *Materia Medicas* contained only the incidental observations, theories and opinions of drug action of men who gave drugs to the sick or treated cases of poisoning upon purely empirical and speculative assumptions; and these were given, not singly, but in such combination and mixtures as to render impossible any intelligent conception of what the action of a single drug might be.

Undismayed by the magnitude of the task, Hahnemann set about creating a *Materia Medica* which should embody the facts of drug action upon the healthy. He instituted "provings" of drugs upon himself, members of his family, friends, students and fellow practitioners, keeping all under the most rigid scrutiny and control, and carefully recording every fact and the conditions under which it was elicited. This work was continued for many years, parts of it being published from time to time, until the mass of material had reached enormous proportions.

Adopting the plan of arranging the drug symptoms thus derived according to the anatomical parts and regions of the body in which they occurred, as the most rational and simple method of classification for the purpose of comparison with disease symptoms, Hahnemann constructed and published, first, the *Materia Medica Pura*, and later the *Chronic Diseases*, the greater part of which is composed of provings of drugs. Covering nearly three thousand royal octavo pages, they constitute one of the most stupendous works of original research ever attempted and carried out by one man. To this original work of Hahnemann many and large additions have been made by later workers.

The vast collection of symptoms of which the *Materia Medica* of Homœopathy is composed is incomprehensible without an understanding of the principles upon which it is based. In a good working homœopathic library there are about two hundred volumes, by many authors, upon the subject of *Materia Medica*, including special collections and classifications, repertories, charts and indexes of symptoms. Confronted by such a mass of material it is no wonder that the student is at first confused and discouraged. But when the basic principle has been explained to him, and he has learned the meaning of symptoms, their method of classification and interpretation, and seen the means of ready reference provided, his bewilderment gives way to admiration.

The task of mastering the *Materia Medica*, vast and even impossible as it seems, is comparatively simple. The compass that points the way through the seeming wilderness of symptoms is the principle of *Similia*—the remedial law of Homœopathy.

When the drug symptoms recorded in the homœopathic *Materia Medica* are seen to be exact counterparts of the symptoms of disease, and it is explained that medicines cure disease by virtue of this similarity of symptoms, the reason for the existence of the *Materia Medica* in its characteristic form is evident. The arrangement of symptoms according to an anatomical scheme for purposes of comparison of the symptoms of drugs with the symptoms of disease, is the most natural and simple possible. Given the basic principle and its corollaries, the rest is merely a matter of mastering the logical classification and interpretation of symptoms and the use of the manuals, indexes and repertories provided.

The first requisite to a correct understanding of the subject of

symptomatology is to know the full meaning of the word "Symptom" and all that it involves.

Knowledge of the true nature and constitution of a symptom is necessary in proving medicines; in the examination of a patient, in the study of the *Materia Medica* and in the selection and management of the indicated remedy. It is a standard by which to judge the reliability of a proving, a clinical case, an examination record, or the professions of a newcoming *confrere*.

Ignorance of the nature and constitution of symptoms on the part of provers, directors of provings and physicians has resulted in the production of certain provings and books on *Materia Medica* which are practically worthless, and the publication of reports of cases which have served no better purpose than to float their author's names on the sea of printer's ink. Such productions, consisting largely of commonplace generalities, indefinite pathological names and pseudo-scientific instrumental and laboratory findings, reveal the ignorance of their authors of all that goes into the making of reliable cures and provings conducted under classic homœopathic principles. The result is useless to the prescriber because it does not contain the elements upon which a homœopathic prescription can be based.

It is not intended to belittle or ridicule laboratory and instrumental findings. Such observations are useful and necessary for certain scientific, particularly diagnostic and pathological purposes; but they are only a part, and a very small part of homœopathic provings, or of clinical symptom-records designed for the use of the prescriber. They cannot take the place of the more important things which have been left out. What those things are will appear as the definition of symptoms proceeds.

In general *a symptom is any evidence of disease, or change from a state of health*. In *Materia Medica* no relevant fact is too insignificant to be overlooked. There is a place and use for every fact, for science has learned that "Nature never trifles." A symptom which appears trifling to the careless or superficial examiner may become, in the hands of the expert, the key which unlocks a difficult problem in therapeutics.

Hahnemann defines symptoms broadly as "*any manifestation of a deviation from a former state of health, perceptible by the patient, the individuals around him, or the physician.*" We have here the

basis of the common division of symptoms into two general classes—Subjective and Objective.

Subjective Symptoms are symptoms which are discoverable by the patient alone, such as pain and other morbid sensations of body or mind, presenting no external indications. With Hahnemann's announcement of the doctrine of the Totality of the Symptoms as the basis of the homœopathic prescription it became possible, for the first time in the history of medicine, to utilize all the phenomena of disease. Prior to Hahnemann's time two of the most frequently occurring and important groups of symptoms were practically ignored; namely:—the mental symptoms, and the subjective symptoms. The "regular" practitioner of medicine, even to-day, is interested very little in subjective symptoms. They play but a very small part in governing the practical treatment of his case. To him they are merely inarticulate cries of suffering, serving only to suggest the direction in which investigations are to be made by physical and laboratory methods for discovering the supposed tangible cause of the disease, and the location and character of its lesions.

Under the new system of medicine devised by Hahnemann subjective symptoms naturally took their proper place in the study of the case. As expressions of the interior states of the organism, and particularly of the psychic and mental states, they take the highest rank. Nothing can supersede them. They constitute the only direct avenue of approach to that inner sphere which must otherwise remain closed to our investigation, except as it is indirectly revealed in certain automatic or involuntary objective symptoms, from which more or less accurate deductions can sometimes be made. They enable the physician to view disease from the standpoint of the patient. How great an advantage they afford to the prescriber can be appreciated only when we are deprived of them, as in the case of infants or animals, and find how much more difficult is our task under such circumstances.

Before Hahnemann's genius opened up the new way pain was merely pain. To discriminate between various kinds of pain; to analyze and classify pains and not only pains, but all other subjective sensations and feelings, and to relate them, as phenomena of disease to remedies, as Hahnemann did, had never been thought of before. It is ridiculed and scoffed at to-day by those who do not see that there is something radically wrong with a system of medi-

cine that practically ignores the great bulk of the symptoms of almost every case and tantalizes the patient by learned explanations of their cause; by assurances that they are of no consequence; or, if his clamor becomes too loud, clubs him into silence with an opiate.

Objective Symptoms:—Hahnemann defines objective symptoms as “the expression of disease in the sensations and functions of that side of the organism exposed to the senses of the physician and bystanders.” In this peculiar definition there is an allusion to his definition of disease as a dynamical disturbance of the vital force, and of Medicine as “a pure science of experience, which can and must rest on clear facts and sensible phenomena clearly cognizable by the senses.” There is also a reminder that there is more in an objective symptom than is perceptible to the eye alone. The subjective “sensations and functions” of the visibly affected organ or part are to be considered as well as the purely objective signs. Hahnemann here implies that functional and sensational disturbances precede organic changes; and this is consistent with his basic premise that all disease is primarily a dynamical disturbance of the life force. He never loses sight of this fundamental conception of the nature of disease.

Hahnemann further defines symptoms as “evidences of the operation of the influences which disturb the harmonious play of the functions, the vital principle as a spiritual-dynamis.” (Substantial entitative source of vital power and activity.)

“*Totality of the Symptoms*” is an expression peculiar to Homœopathy which requires special attention. It is highly important to understand exactly what it means and involves, because the totality of the symptoms is the true and only basis for every homœopathic prescription.

Hahnemann (Org., Par. 6) says:—“*The ensemble or totality of these available signs or symptoms, represents in its full extent the disease itself; that is, they constitute the true and only form of which the mind is capable of conceiving.*” The expression has a two-fold meaning. It represents the disease and it also represents the remedy as language represents thought.

1. The totality of the Symptoms means, first, *the totality of each individual symptom.*

A single symptom is more than a simple fact; it is a fact, with its history, its origin, its location, its progress or direction, and its conditions.

Every complete symptom has three essential elements:—Location, Sensation and Modality.

By *location* is meant the part, organ, tissue or function of body or mind in which the symptom appears.

By *sensation* is meant the impression, or consciousness of an impression upon the central system through the medium of the sensory or afferent nerves, or through one of the organs of senses; a feeling or state of consciousness, produced by an external stimulus, or by some change in the internal state of the body. A sensation may also be a purely mental or psychical reaction, occasioned by influences that are not corporeal or material, such as fright, fear, anger, grief or jealousy.

By *modality* we refer to the circumstances and conditions that effect or modify a symptom, of which the conditions of *aggravation* and *amelioration* are the most important. Dr. William Boericke has well said:

“The modalities of a drug are the pathognomonic symptoms of the *Materia Medica*.”

By “*aggravation*” is meant an increase or intensification of already existing symptoms by some appreciable circumstance or condition. It is also used in homœopathic parlance to describe those conditions in which, under the action of a deeply acting homœopathic medicine (or from other causes), latent disease becomes active and expresses itself in the return of the old symptoms or the appearance of new symptoms. In such cases it represents the reaction of the organism to the stimulus of a well selected medicine, and is generally curative in its nature.

“*Amelioration*” is technically used to express the modification of relief, or diminution of intensity in any of the symptoms, in or the state of the patient as a whole, by medication, or by the influence of any agency, circumstance or condition.

2. The totality of the symptoms means *all the symptoms of the case which are capable of being logically combined into a harmonious and consistent whole, having form, coherency and individuality*. Technically, the totality is more (and may be less) than the mere numerical totality of the symptoms. It includes the “concomitance” or form in which symptoms are grouped.

Hahnemann (Org., Par. 7) calls the totality “*this image (or picture) reflecting outwardly the internal essence of the disease, i. e., of the suffering life force.*”

The word used is significant and suggestive. A picture is a *work of art*, which appeals to our esthetic sense as well as to our intellect. Its elements are form, color, light, shade, tone, harmony, and perspective. As a composition it *expresses an idea*, it may be of sentiment or fact; but it does this by the harmonious combination of its elements into a whole—a totality. In a well balanced picture each element is given its full value and its right relation to all the other elements.

So it is in the symptom picture which is technically called the Totality. *The totality must express an idea*. When studying a case from the diagnostic standpoint, for example, certain symptoms are selected as having a known pathological relation to each other, and upon these is based the diagnosis. The classification of symptoms thus made represents the *diagnostic idea*. Just so the “totality of the symptoms,” considered as the basis of a homœopathic prescription, represents the *therapeutic idea*. These two groups may be and often are different. The elements which go to make up the *therapeutic totality* must be as definitely and logically related and consistent as are the elements which go to make up the *diagnostic totality*.

The “totality,” is not, therefore, a mere haphazard, fortuitous jumble of symptoms thrown together without rhyme or reason, any more than a similar haphazard collection of pathogenetic symptoms in a proving constitutes *Materia Medica*.

The Totality means the *sum of the aggregate of the symptoms*. Not merely the numerical aggregate—the entire number of the symptoms as particulars or single symptoms—but their sum total, their organic whole as an individuality. As a machine set up complete and in perfect working order is more than the numerical aggregate of its single dissociated parts, so the Totality is more than the mere aggregate of its constituent symptoms. It is the numerical aggregate *plus the idea or plan which unites them in a special manner to give them its characteristic form*. As the parts of a machine cannot be thrown together in any haphazard manner, but each part must be fitted to each other part in a certain definite relation according to the preconceived plan or design—“assembled,” as the mechanics say—so the symptoms of a case must be “assembled” in such manner that they constitute an identity, an individuality, which may be seen and recognized as we recognize the personality of a friend.

The same idea is expressed by the phrase, "Genius of the Remedy." Genius, in this sense, being the dominant influence, or the essential principle of the remedy which gives it its individuality.

The idea of the Totality as an abstract form, or figure, has been applied to the *Materia Medica* as a whole. The *Materia Medica* as a whole is the sum total of the symptoms of all proved medicines—a grand, all inclusive figure which may be imagined or personified in the form of a human being, or "super-man," this conception being based upon the anatomical, physiological and psychological plan or framework of the *Materia Medica*.

The Idea is applicable in exactly the same way in pathology. Disease in general, considered as a whole, is composed of the totality of all the symptoms which represent it to our senses. The pathological totality, also, can be personified or pictured by the imagination in the form of a human being.

Starting with this conception some of our ingenious writers have amused themselves and added to the gaiety of the profession by personifying medicines, microbes and maladies and casting them in all sorts of roles—a dramatic whimsy which has its value as an educational expedient for a certain type of mind.

The *Materia Medica* from this point of view, becomes a portrait gallery of diseases, a sort of medical "rogues gallery" by means of which we may identify the thieves who steal away our health and comfort, and bring them to justice. In homœopathic practice, to carry out the simile, we merely "set a thief to catch a thief."

As a constructive principle, the idea of the totality enters into the formation, not only of the *Materia Medica* as a whole, but of every remedy and every symptom.

Each disease, each individual case of disease, and each symptom of disease has its totality, or individual form.

If the "day books" or records of a good proving are examined it will be seen that the symptoms of each prover are set down chronologically in the order of their occurrence; that each symptom is as complete as possible in its elements of locality, sensation and modality; that the symptoms are stated mostly in the vernacular, the plain simple language of the layman, who describes phenomena as they appear to him, simply, graphically, or by analogy or homely comparison. The record of these facts with the remarks and observations of the director of the proving, constitutes a "proving," in

which exists the elements from which the *Materia Medica* is constructed.

The Day Books of the provers are not the *Materia Medica*. Not until this mass of material has been analyzed, sifted, classified according to its anatomical, physiological and pathological relations and had its general and particular characteristics logically deduced, does it become *Materia Medica* for practical use. Many things in a proving must be interpreted in the light of anatomy, physiology, pathology, or psychology before they are available for therapeutic use, just as the statements of a patient in regard to his sufferings must be interpreted in making a diagnosis or in making a prescription.

The true totality, therefore, is a Work of Art, formed by the mind of the artist from the crude materials at his command, which are derived from a proving or from a clinical examination of the patient.

It is important that these points should be understood, because, otherwise, there is liability to err in several directions.

1. Error may arise in placing too much emphasis upon a single symptom, or perhaps actually prescribing on a single symptom as many thoughtlessly do.

2. Error may arise in attempting to fit a remedy to a mass of indefinite, unrelated or fragmentary symptoms by a mechanical comparison of symptom with symptom, by which the prescriber becomes a mere superficial "symptom coverer."

3. Failing in both these ways the prescriber may fall to the level of the so-called "pathological prescribers," who empirically base their treatment upon a pathological diagnosis and end in prescribing unnecessary and injurious sedatives, stimulants, combination tablets, and other crude mixtures of common practice.

The physician who knows what a symptom is from the homœopathic standpoint and how to elicit it; who knows what the totality of the symptoms means and how to construct it, and who has the intelligence, the patience and the honesty to study his case until he finds it will not be guilty of such practice.

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R. F. RABE, M. D., Editor, 616 Madison Ave.,
New York, U. S. A.

EDITORIAL NOTES AND COMMENTS.

Vaccine Therapy in Influenza.—The following extract is taken from the *American Journal of Public Health*, quoted by *J. A. M. A.* for September 4, 1920:

“VACCINE THERAPY IN INFLUENZA.—Speaking of influenza vaccines, McCoy says that his own experiments and those carried out by persons closely associated with the Hygienic Laboratory in Washington, D. C., were all carefully controlled and in every instance failed to show any evidence in favor of the vaccine, whether the latter was made from Pfeiffer’s organism alone or included, in addition, pneumococci and streptococci. Some of the most careless work McCoy and his associates have ever encountered has been in connection with this subject of vaccination against influenza and its complications.”

Frank confession is good for the soul and this acknowledgment of failure on the part of an able and honest clinician ought to have weight with those physicians of our own school who are eternally chasing after strange gods and masquerading as up-to-date full-fledged scientific physicians of the O. S. persuasion.

Imagine such a confession relative to our own well-tried remedies, such as *Gelsemium*, *Eupatorium perf.*, *Rhus tox.*, etc., whose indications are fixed, definite, unchangeable and permanent. These remedies *work*, they need no investigation; they will continue to work, now and forever, so long as they are intelligently applied. With which school does the science lie? With which indeed!

Poisoning by Mercurius Corrosivus.—The following interesting ac-

count by Clayton McPeck, M. D., of Columbus, Ohio, will be of value as corroborative evidence of the action upon the kidneys of mercuric chlorid:

"Mrs. S. L., a young matron, aged 20, used a douche of mercuric chlorid to prevent conception. The syringe, of the large straight nozzle spray type, had a defective and open tip. A tablet of mercuric chlorid, of $7\frac{3}{10}$ grain strength, was dropped through the open nozzle into the bulb and water poured in. This preparation was used so hastily that the tablet did not have time to dissolve. As a result, the tablet and water were forced into the posterior vaginal vault, the tablet remaining there.

She retired immediately, and after two hours of fitful sleep awoke, suffering violent pain in the lower abdomen and vagina, nausea, vomiting, irregular heart action and syncopal attacks. Three hours after the douche was taken I was called. A hypodermic injection of caffen sodiobenzoate was administered, after which a vaginal examination was made and particles aggregating about half a tablet were removed. Copious douches of albumen and a so-called Seiler's solution were then given. Although the patient denied having taken any tablet by mouth, the antidote was given, vomiting induced, and the vomitus tested for the presence of mercury. A negative reaction was obtained.

The subsequent history is important. Within thirty-six hours a black area or line made its appearance on the upper and lower gum surfaces, extending as much as three-fourth inch to each side of the gingival margins. The teeth became loose and sore. Salivation was very marked. In the days following, the gums sloughed and the mucosa of the hard palate was partially detached. The nasal mucosa sloughed, and capillary oozing continued from the mouth and nose for a period of twelve days. From the third to the seventh day the patient could not talk. The senses of smell and taste were lost for four weeks.

The vaginal mucosa detached in large pieces. Optical examination revealed a large ulcer on the posterior part of the cervix, which persisted for six weeks.

Forty-eight hours after the douche was taken the quantity of urine excreted was 50 per cent. of normal; in seventy-two hours there was complete suppression, which continued for three full days, when I ounce was removed by catheter. The quantity after this time in-

creased 1 ounce a day for four days, then to 14 and 34 ounces. Urine examination on the sixth day revealed albumin, blood cells, blood and granular casts, bladder cells and debris.

The alimentary tract began to act vigorously on the fifth day, when thirty-three stools in thirty hours were noted. Long shreds of intestinal mucosa and clots of blood were present. The bowel condition subsided in three days, after which action was induced as needed by the subcutaneous use of pituitary extract.

The treatment was at first antidotal and supportive, then eliminative.

In a general way the patient made a recovery, although after four months the urine still shows albumin and casts."

Here we have an excellent proving of *Mercurius corrosivus sublimatus*, and one which verifies our knowledge, already extensive, of this drug. The statement that the urine after four months still showed albumin and casts, is decidedly important, having a bearing upon the duration of action of remedies. It is, of course, no news to homœopaths, that this drug becomes, when used in accordance with Hahnemann's directions, a valuable remedy in the treatment of nephritis.

Mezereum in Facial Neuralgia.—The diagnosis of facial neuralgia must always be made with mental reservations; so many causes of facial pain are known that caution is advisable. The dentist, rather than the physician, is likely to be required. It is always wise as well as safe, to employ the X-ray in cases of facial pain, for frequently the cause of all the trouble will thereby be revealed. Many a case of neuralgia resolves itself into one of dental trouble alone. Even here, however, the correctly chosen homœopathic remedy is capable of unlimited achievement, but should be employed with a full knowledge of the diagnostic features.

Recently a woman came to us complaining of pain, burning and smarting in character, in the left side of the face, extending from the superior maxilla to the eye and temple. The teeth on this side felt too long and occasional numbness was spoken of. There were no special modalities as to circumstance or time. The patient was advised to consult her dentist and urged to have a skiagram made. The symptoms, *sensation of elongation of teeth; burning pain; numbness; left side*, naturally suggested *Mezereum*, which was given in a

single dose of the 45,000 potency. Relief was immediate, with no further trouble.

The Authenticity of Symptoms.—In a personal letter Boger has recently called our attention to numerous mistakes made in the translation of the original German provings of the remedies proved by Hahnemann and his immediate followers and coworkers. Boger has done much research work in this direction and knows whereof he speaks. The matter is a serious one to homœopathic physicians, since failure or success in the employment of a remedy may depend upon the faithfulness with which the translator rendered the original German text into English. A translator, unfamiliar with the spirit of the German language or with its involved sentences, may, by depending upon his German-English dictionary, produce the most startling perversions of meaning. There is no doubt that many such have found their way into our materia medica.

With all our clamor for reproving the homœopathic materia medica, would it not perhaps, serve a better and more useful purpose to entrust the revision of our remedies to a competent body of homœopathic physicians, whose knowledge of the German language is beyond that of the farcical high-school variety. The task is, to be sure, an enormous one, yet not by any means impossible; its successful completion would go far toward placing homœopathy upon a firmer foundation of universal acceptance than is now the case.

Anacardium in Hunger Pain.—Gastric nueroses are amenable to this remedy when a dull pain in the epigastrium is relieved by eating and which is correspondingly worse when the stomach is empty. This hunger pain is supposed to be pathognomonic of gastric ulcer, but roentgenologists who know, tell us that in about fifty per cent. of the cases in which a diagnosis of ulcer has been made clinically, the diagnosis is wrong and that in reality the symptoms are due to a spasm of the pylorus.

No doubt this discovery accounts for many of the reported cures of alleged gastric ulcer, when in truth no such condition was present. The X-ray in the hands of experts, so far as gastric or duodenal ulcers are concerned, does not lie; but it must be remembered that there are many roentgenologists who are anything but expert and

whose diagnoses should, therefore, undergo most careful scrutiny before acceptance. As is usual in the medical profession, there are many men "doing" roentgenology, just as there are scores of men "doing" surgery. But the dear public never knows that it is being done in more ways than one.

Anacardium is not the only remedy having the symptom, *pain in the stomach relieved by eating*. *Chelidonium majus*, *Graphites*, *Petroleum*, *Natrum carbonicum* are others which claim our attention. Concomitant symptoms must decide the choice and will enable us to make differentiations. Kali bichromicum is credited with the same symptom, although in lesser degree. Pathologically, this remedy is known to have produced gastric and duodenal ulcers, a significant fact for which we give cheerful thanks and full credit to friend Albert Geometry Hinsdale, of Columbus, Ohio.

In any event, when prescribing for gastric ulcer, present or conjectural, let us not forget the all important truth that it is the patient who is to be prescribed for and not alone his ulcer. A recognition of this truth will save much trouble.

Capsicum is characteristically indicated in people of lax fibre, fat, chilly, slow to react and subject to smarting, burning sensations in mucous surfaces or outlets. People who have overindulged in the luxuries of the table, when punctuated by frequent libations of alcoholic liquors, of which these free United States are now happily rid?

Capsicum tincture is said to be remarkably efficacious in sobering up an "old soak," whatever an old soak may be. No doubt the expression refers to a sponge of large absorbent capacity. In the dim and distant past we believe that this definition did apply. Of this we have a somewhat hazy recollection.

The Capsicum patient shudders as he drinks water; we can quite understand this in Montclair, N. J., knowing the origin, source and character of its water supply. We believe it was a Kentucky colonel who shuddered when offered a glass of water and said, "Sir, water was made for bathing, not for drinking, sir!" No doubt an occasional Kentucky colonel required a dose of Capsicum now and then. Kentucky colonels, if we are correctly informed, are usually thin, which leads us to remark that Capsicum is indicated in thin people also, if the symptoms agree. Let us not, therefore, dismiss Capsi-

cum from our consideration, because the patient may happen to be thin. Parenthetically, do not throw aside *Pulsatilla*, because the patient proves to be a pronounced brunette.

Amyl nitrate, during the climacteric period, is frequently of service when the so-called hot flushes are violent and sudden, with marked redness of the face and often pulsating headache. Any exertion, such as stair climbing, aggravates the condition. In our experience, single doses of the 50,000 potency have been efficacious. Under somewhat similar conditions, *Jaborandi* is to be thought of when, together with the hot flushes, we find nausea, salivation and profuse perspiration. James C. Wood, of Cleveland, has called attention to this remedy, with which he has had much success. Of course, none of use will forget *Lachesis*, *Sepia* and *Sulphur* in climacteric disorders; the indications for each are classical and familiar to all.

Herpes Zoster Intercostalis.—This disease has an interest for both the dermatologist and the neurologist, but it is the general practitioner who is obliged to deal most frequently with it. There are several theories regarding its origin and pathology which, however, need not greatly trouble the prescribing physician who is more concerned with cure and speedy relief, if possible. It would seem as though people of tuberculous inclinations are more prone to the disease.

As usual, homœopathy has more to offer in a therapeutic way than has O. S. medicine, and the indications for the commonly suitable remedies are clear and distinct. Among these a few may be briefly mentioned. Thus *Rhus tox.* is found to be necessary when the eruption is typically vesicular, red, highly inflamed and extremely painful. The pains are bruised, sore, rheumatic in character, worse at night, causing constant uneasiness, restlessness and an inability to find any position of comfort for more than a few minutes at a time. A sensation of lameness and stiffness of the affected parts will often be present.

Ranunculus bulbosus has in its pathogenesis a striking picture of many a case of herpes zoster. The pains are eminently sore, bruised, as though the affected parts had been beaten, with an inability of the sufferer to lie upon the affected side. Turning in bed, any motion

or attempts at deep inspiration, aggravate the pain and cause this to become sharp, lancinating in character. The eruption consists of large, dark bluish, exquisitely sensitive vesicles. When the eruption is right-sided, together with a geographic or mapped tongue, *Ranunculus sceleratus* will be better.

Cantharides will be indicated by a bright, rosy red, vesicular eruption which is much inflamed, with sensations of burning soreness. If the vesicles rupture or are broken, the fluid contents will be found to be acrid and excoriating. More frequent desire to urinate, with some degree of burning at the neck of the bladder during micturition, is generally present. Restlessness and irritability are likely to be accompanying symptoms.

Mezereum is very useful for the neuralgic pains which sometimes follow the disappearance of the eruption, especially when the latter has been left-sided and the pains are burning and itching in character. The warmth of the bed is likely to aggravate the condition. This remedy deserves greater study and use than are commonly accorded it by physicians.

Arsenicum album is necessary in weakened, anæmic, cachectic individuals who are restless, thirsty and suffer more at night, especially after midnight. The restlessness is more of a mental nature, marked by anguish and impatient fear. Burning pains are intense and somewhat mitigated by heat or hot applications.

Other remedies for herpes zoster are: *Graphites*, *Petroleum*, *Iris versicolor*, etc., the indications for which are easily available. In all these cases the underlying constitutional state will demand careful study and prescription. Here such remedies as *Sulphur*, *Calcarea*, *Lycopodium* and the nosodes *Psorinum* and *Tuberculinum* will be of immense importance and benefit. Those only who understand the art of properly employing the nosodes will be capable of making real cures. To the mind allopathically inclined, the results to be achieved by the use of our nosodes in high potencies, given at long intervals, are as a sealed book. The greatest need among all physicians to-day is the analytical study of the *living patient*. All the pathology of the post-mortem chamber cannot, important though it be, serve to disclose the mysteries of disease or of life and death as is possible for those who observe the beginnings of disease in the patient himself.

Arnica in Its Relation to Injuries of the Head.—Quite recently a young man was referred to us for persistent headache of about three weeks' duration. Inquiry revealed the fact that the young man had fallen during a good natured scuffle with a companion and had struck upon his head. At the time, there was no loss of consciousness or vomiting, although the sufferer "saw stars" for several minutes after the fall.

He now complained of practically constant frontal headache, across the eyes and on the vertex. The pain was described as dull, also sore at times aggravated by exertion and by stooping. Concomitant symptoms were not in evidence, and the further history of the patient was negative. He was given a single dose of *Arnica rom. Skinner*. Within twenty-four hours relief was apparent, with entire cessation of the pain soon after and no return.

The interesting facts concerning this renewed demonstration of the power of Arnica in injuries, such as caused by blows, falls or contusions, are those of the single or unit dose and the extremely high potency used. To one who has watched the Skinner potentizer at work, it seems almost incredible that anything of a curative nature can be left in the water-filled cup, which has reached its ten thousandth excursion as recorded by the clock dial. Yet such is the truth, as many times attested. To the theory of ionization we must look for an explanation of this marvelous power set free and made available by the Hahnemannian process of potentization and succussion. The action of the X-ray or of radium furnishes a parallel, or even that of a human thought. What physical ill has the latter not aroused? Then why refuse to believe in the wonderful power of the homœopathically prepared and potentized drug whose beneficent action is so patent to him who has eyes to see, unbound by the black band of narrow prejudice and ignorance?

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TUMORS OF THE BREAST

By Eli G. Jones, M. D.

1331 Main St., Buffalo, N. Y.

A year ago the few remaining copies of my book, "Cancer, Its Causes, Symptoms and Treatment," were destroyed by a fire in New York City. It is not very likely that another edition of the book will be published by me.

In my experience cancer of the female breast is the most frequent form of cancer that I have met with.

From this it will be seen that any physician who would claim to treat cancer by medicine must know the *definite* indications of remedies that are *curative* in tumors of the breast. I have at different times urged our doctors who attempt to treat cancer to study *carefully* the Materia Medica to learn the *indications* of the remedies that *do* have a *curative* effect upon cancer. The better a physician *knows* his Materia Medica, the more successful will he be in the treatment of cancer. It is not *enough* for us to know that a certain remedy is "good for cancer," but we must know a *definite* indication for the use of it. To learn how to treat cancer of the breast successfully, a doctor must *know* the Materia Medica, not of one school of medicine, but of *all*. Then he will have all those resources to draw upon.

I want to impress the fact upon the minds of my readers that *four fifths* of the cases of cancer of breast, are *rooted in the ovaries and uterus*. Therefore no matter *what* your treatment *may be*, you cannot cure your patient until you *overcome the ovarian and uterine* trouble.

I have learned the above *fact* by bitter experience of *fifty years* in the *medical* treatment of cancer.

In most of the cases of cancer of the breast we will have some form of *indigestion*. This must be treated, for it is absolutely *necessary* that your patient should *digest* and *assimilate* her food in order for her to make *good* blood and increase her *vitality*. In most cases of cancer we find *weakened vitality*. If the vitality of the victim from cancer had been at *par*, she probably never would have had cancer.

Weakened vitality lets down the bars for the inroads of cancer. Every surgical operation is a *shock* to the system; it *weakens* the vitality of the victim of cancer, and thus enables the cancer to get a *firmer* hold upon the patient. From this it will be seen that as we build up the *vitality* of our patient we are *fortifying* the system *against the invasion of cancer!* It has happened very many times in my practice that as the *vitality* of a patient goes *down*, the cancer springs up—*grows so much faster*.

The above are very *important* facts, for they lie at the very *foundation* of the *successful* treatment of cancer. Great *care* should be taken in examining the breast. *Never* squeeze it or pinch it for bear in mind the *fact* “that cancer is a *sleeping lion*,” and you don’t want to *irritate* it in any way. A good physician should have his *eyes* at his *fingers’* ends and be able by gentle manipulations to detect the difference between enlargement of the breast, enlargement of milk glands, fibroid tumors, and the different forms of cancer of the breast. The female breast is often subjected to injury by a blow or fall. The breast feels *sore*, *lame* and *bruised*. A good local application is

R̄ Tr. Arnica	ʒ i
Glycerine	ʒ iii

Mix, Sig. Rub it well in the injured breast three times a day—and give Tr. Arnica ʒd x internally.

Ladies sometimes have *swollen breasts* at the monthly periods, with *lumps* in the breasts. The breasts are *sore* and very *sensitive* to the touch. For this condition I have found Kali mur. ʒd x the best remedy to cure it—three tablets every two hours.

ASTERIAS RUBENS is the remedy indicated in cancer of the breast when the patient is *fleshy*, the breast feels *drawn inward*. The

breasts are swollen before the monthly period, with *red face*. A *very red* spot appears on the breast, which *ulcerates* and discharges *foul* odor. There are acute lancinating pains that extend to the scapula. The axillary glands are swollen *hard and knotted*. The above remedy may be given in the 3d x dil., 5 drops every three hours.

ARSENICUM is indicated in cancer of breast when there is a *sharp, burning lancinating pain*, relieved by *warm* applications, and if the pain is worse *after midnight*. The 6th x may be used.

At the very beginning of a cancerous tumor of the breast, the breast will be *tender* to the *touch* and quite *soft*. The patient cannot bear even the *clothes* to touch it. The tongue may have a white coating. The remedy indicated is KALI MUR., 3d x, three tablets every two hours.

CONIUM MACULATUM.—In tumors of the breast that *swell up more* at the monthly period, of *stony* hardness, with flying *stitches*, in them *worse* at night. The breast may have been *bruised*. It is especially indicated when the glands in axilla are *very hard*. Give conium 30th x three times a day.

CONDURANGO.—The above remedy is indicated in cancerous tumor of the breast, when there are *sores* at the *angle* of the mouth and that form of indigestion that causes *cramping* pains in the stomach. Tr. Condurango 1st x.

IODIDE ARSENIC.—The above remedy is indicated in cancer of breast, when there is threatened *ulceration* of the tumor, the patient is thin and anxious, there is a *puckering* of the skin *over* the growth, and it looks *red* and *angry*. Iodide Arsenic 3d x, *after* each meal.

BELLADONNA.—If you have a patient with tumor in the breast and she is *worse when lying down* or if there is erysipelalous inflammation with *stitching* pains, the above remedy will be indicated in the 3d x dil.

BROMINE.—If you find after the *extirpation* of a hard tumor in the left breast there appears a *hard, uneven* tumor in the right breast, which has grown *tight* to its surroundings, if there are *periodical* pains, *worse* at night, *emaciation, suppression* of the menses and *depression* of spirits, Bromine 6th x is indicated three times a day.

CALCAREA CARB.—The above remedy is indicated in *hard* tumors of the breast with too *early* and too profuse menstruation, Calcarea Carb., 30th x, three times a day.

CALCAREA IODIDE is indicated in tumors of the breast when the growth is *tender*, with sharp, *darting* pains, *inability* to use the arm of the *affected* side, for it causes *pain*. Calcarea Iodide 3d x three times a day.

CALCAREA FLOURICA.—The above remedy is indicated in cancerous tumors of the breast, when there are *hard* kernels or *knots* in the *breast*. When a growth has been removed from the breast and there remains some *induration* around the edge of sore, with the above symptoms, Calcarea Fluorica 3d x is the remedy, three tablets every three hours.

IODIDE BARYTA.—I have found the above remedy indicated in *hard* tumors of the breast of *long* standing; it is *especially* indicated in *adenoid tumors* of the breast in the 3d x four times a day.

APIS MEL. is indicated in cancer of the breast when there is a *stinging*, *burning* pain, whether in scirrhus or open cancer. The skin appears a *dark purple* color, the discharge is a light *yellow* color, pain in *ovarian* region, *œdema* of lower extremities. Tr. Apis Mel. 3d x.

CARBO ANIMALIS.—When in scirrhus cancer of the breast the gland is *indurated* in little nodes, the parts being *hard as stone*. The skin over the growth is *loose*, it has a dirty *blue-red* appearance; there are *burning* pains, *drawing* towards the *axilla*. There is *difficulty* of breathing with *perspiration of the thighs*. Carbo Animalis 3d x.

HYDRASTIS CANADENSIS.—The above remedy is indicated when *indigestion* is a prominent symptom, with *yellow* coating down the *center* of tongue and *clean* sides and tip. Also when *pain* in *growth* is well marked. In scirrhus cancer the growth feels *hard*, *heavy* and adherent to the skin. It looks dark, mottled and *puckered*, with nipples *retracted*. The *pain* is like *knives thrust into the part*. The *more pain* in the *growth* the stronger the indication for above remedy. Tr. Hydrastis 1st x, 10 drops four times a day.

PHYTOLACCA DECANDRA.—The above remedy is indicated when the breast is *hard*, like old *cheese*, of a *purple* color. It is *especially* indicated in patients with a tendency to *fat*, sluggish circulation, *lazy* disposition, and *glandular* enlargement. Tr. Phytolacca 1st x, 10 drops three times a day.

CLEMATIS ERECTA is the remedy indicated when there are *hard* nodular tumors in the breast, *painful* and sensitive to touch. *Worse* at *night* and during *growing moon*. Give Tr. Clematis 3d x.

LACHESIS is the remedy called for when the cancer is *open* (ulcerated); it has a dark purple appearance, with *blackish* streaks of *coagulated* and *decomposed* blood. There is a *lancinating* pain when pressure is made upon the tumor the pain extends into the *left* shoulder and down the *arm*. There is a constant feeling of *weakness* and *lameness* in the *left* shoulder and arm. Lachesis 30th x, 10 drops every three hours.

CICUTA VIROSA.—The above remedy is indicated when the patient is *irritable*, nervous, tumor *not* very sensitive to pressure, *great* pain with *rigidity* and *loss* of power in the arm. Tr. Cicuta 3d x, 5 drops every three hours.

KREOSOTUM.—When the whole breast is hard *bluish-red* with *burning* pains and covered with protuberances, Kreosotum 3d x should be given, three tablets every three hours.

SILICEA is indicated when there are *hard* lumps in the *breast*, *nipples* very *sore* and *drawn in*, or with fistulous ulcers of breast. Such patients are *very* sensitive to *cold*, and *warm, moist* applications agree with them the *best*. Silicea 6th x, every three hours.

LAPIS ALBUS.—When a tumor in the breast is pliable—*not* hard—with a certain amount of *elasticity* to it, and a *burning* pain in *breast*, then the above remedy will be indicated. Lapis Albus 6th x, three times a day.

BELLIS PERENNIS (English daisy).—When the tumor in the breast has been caused by a *blow*, a *bite* or any *injury*, the above remedy will be indicated. Tr. Bellis perennis, 10 drops three times a day. When a cancer of the breast has been removed by pastes or plasters, when in the healing process the skin is drawn *tight* as the head of a *drum* across the seat of the original cancer, Kali Phos., 3d x, should be given in alternation, every three hours, with Silicea 6th x every three hours.

GRAPHITES.—The above remedy is indicated in women who had gathered breasts, and there are *scars* of old abscesses that have taken on a *cancerous* form. It is the best remedy to absorb the scar tissue. Graphites 6th x, three tablets three times a day.

MILLEFOLIUM is the remedy for ulcerated cancer that *bleeds* freely; it will check the *hemorrhage*. Tr. Millefolium, 10 drops in half a glass of water, a teaspoonful every hour.

HOANG NAN is the remedy to remove the *jetor*, stop *hemorrhage*, and promote *healing*. When cancer has *ulcerated*, Hoang Nan 1st x, three tablets every four hours.

The pulse that goes with cancer has a *weak*, discouraged feeling to it, and is *faster* than normal. The *further* advanced the cancer, the more *rapid* the pulse. When cancer is *open* and *discharging*, either *outside* or *inside* the body, there will be a *pearly* tint to the *whites* of the eyes, showing a *drain* upon the system. In the last stage of cancer, the pulse will be *rapid*, the eyes having a *watery*, transparent appearance, with well-marked *pearly* tint to whites of eyes. The tongue will be *dark red* like beefsteak. The above symptoms indicate that *death is very near your patient*.

A *bloody, watery* discharge from the nipple of the affected side, with *difficulty of breathing*, shows you that the cancer has *fastened* on to the *bone*. If the *arm* is *swelled* down to the *ends* of the fingers it is a *good case* to *let severely alone*, because it is in the last stage of cancer and *past cure*. It is just as *important* to know what cases of cancer to *let alone* as it is to know what cases *can be cured*.

A COMPARISON OF BRYONIA AND NUX VOMICA.*

Frances D. Bloomington, M. D., Chicago, Ill.

We classify all drugs as deep or superficial in their action. Every remedy has its own peculiar nature, its own special sphere of action upon certain tissues, and its own individual duration of action.

The duration of the action of a homœopathic remedy depends upon the need of the deranged vital force for the aid of a complemental force from without, and the degree to which it acts in harmony with the vital force. The remedy should always be studied as a complemental aid to this vital or dynamic force within us in restoring to normal.

The homœopathic remedies are dynamic forces that correspond to the dynamic force within the body, and the more complemental they are to the condition the longer the action. For instance, Aconite is said to work from 6-48 hours to weeks; Arnica from 6 days to weeks; Arsenicum alb. 36-90 days; Phosphorus 40-45 days; and so forth. As long as the patient improves or does not drop back the remedy should not be repeated or changed.

We also find running through the symptomatology of every rem-

*Read before the annual meeting of the International Hahnemannian Association, Cleveland, Ohio, June, 1920.

edy many points of similarity to other remedies, as well as its own distinctive characteristic. In studying the remedies we find certain ones act better primarily on certain types of people, such as the tense fibered or phlegmatic, the hysterical or the irascible, the blonde or the brunette, the sanguine or the bilious. For example, Nitric acid is adapted to the dark-eyed, tense-fibered brunette; but that does not exclude its use in the blonde or sanguine when the totality of symptoms calls for it.

Again, Phosphorus is preferably used with slender, fair-skinned, blue-eyed individuals, with sanguine temperament and an exquisitely sensitive nature. This remedy may be just as thoroughly indicated, however, in the opposite type of persons when the conditions point to it.

With these facts before us it becomes evident that a thorough knowledge of the peculiar characteristics of the various remedies is necessary in order to differentiate in a given case, so as to select the similar.

With the foregoing introduction, it is my purpose in comparing these two remedies to consider under various heads a few of the strikingly similar symptoms and show how closely they may run together and yet how, underneath, the marked individuality is ever-present.

Bryonia.

According to Hering, *Bryonia* is considered best adapted to the light complexioned rather than the brunette. Experience has demonstrated that the dark person inclined to gastric and hepatic troubles responds quickly to this remedy when thoroughly indicated.

We find *Bryonia* more particularly a right-sided remedy.

Nux Vomica.

Hering says this remedy is particularly indicated in thin, tense-fibered persons. True, but the lighter complexioned individual often requires *Nux*, especially when the mental symptoms correspond. This remedy also has gastric and hepatic troubles as a basic cause for illness.

Nux more particularly left-sided.

BOTH ARE RHEUMATIC REMEDIES.

Bryonia has rheumatism of the joints with redness and swelling, worse from motion. Muscular and articular rheumatism, sore-

In *Nux* the rheumatic pains attack the large joints and muscles of the back and trunk; pain is intolerable and worse from the

Bryonia. (Continued.)

ness of the sheath of tendons, periosteum and ligaments, pain increased by motion. Worse 3-9 p. m. Rheumatic troubles travel slowly from joint to joint, until all the white fibrous tissue is involved. In advanced stages inflammation of serous membranes with dryness, also of the mucous membranes; swelling and induration of the glands, tender and pale. Gouty swellings of single parts, red and shining, with sticking, stinging pains, worse on motion.

Nux Vomica. (Continued.)

slightest jar. Swelling of the joints is pale; they feel paralyzed, worse toward morning and during the forenoon.

Inflammation of the mucous membranes with increased secretion.

Inflammation of the lymphatics with heat and shining redness, hard and painful.

Incipient stage of gout in drunkards with over-sensitiveness to pain and much ill humor.

Enlargement of the veins. Hard black cords in persons who stand a great deal.

MENTAL SYMPTOMS.

Taciturn, peevish, irritable, inclined to weep, with headache and other complaints. (Puls.)

Restless, apprehensive, despair of recovery, apprehensive of the future.

Weak memory, mind so weak his ideas disappear as though he would faint, with heat of face, worse on standing.

Mental and physical exhaustion with desire to remain quiet, and wishes to be alone.

Mind dwells on business of day, dreams of it. Restless, compels him to move constantly.

After chagrin, chilly with heat of head and face.

Delirium of a low, passive type.

Loquacity, irritable, angry disposition, violent, obstinate, quarrelsome, cries from anger. Sad and can't cry. Anxiety with irritability and desire to commit suicide, but is afraid to die.

Can't read or calculate, loses the connection of ideas, thinks she will lose her reason.

Weak memory.

Loss of energy and disinclined to work.

Irritable, fault-finding, nervous and melancholy, with gastro-intestinal and hepatic disturbances.

Over-sensitive to all impressions. Violently reproaches others for their faults.

Becomes chilly after anger; chilliness alternates with heat and vomiting of bile.

Bryonia. (Continued.)

Nux Vomica. (Continued.)

Delirium more violent, malicious.

SENSORIUM.

Stupefaction, great confusion in head, worse after rising.

Stupefaction and confusion as from night revelling.

Confusion with drawing pains in occiput.

Sensation as though the head was too large.

Vertigo in morning with weak limbs all day.

Giddiness as though intoxicated, accompanied with faintness.

Vertigo on turning head or stooping.

Faint in the morning, and at night—soon after dinner.

Nausea and faintness on raising head from pillow.

Vertigo on rising from bed or seat, with vomiting and loss of hearing. Comes on suddenly.

Vertigo and whirling sensation on sitting up. Nausea in chest with faintness.

HEADACHES.

Frontal headache as though pressed out; worse stooping, better from pressure or tight bandage around head.

Frontal headache tense, as though it were being pressed in, at night and in the morning, worse from cold air, better lying on back.

Pressing pain above left eye, with dull pressive pain in occiput; spreads across shoulders.

Pressing pain over left eye, and bones of head feel bruised. Worse from light and noise.

Drawing, tearing pains in right temple extends to upper molars and muscles of neck.

Drawing pains first in temple, then in forehead, then in occiput.

Obstinate headaches with constipation; begins on rising; increases during day, with vomiting of bile.

Periodical headache, sore as from ulceration, with constipation, pains above eyes with faintness.

Aggravated, motion generally, opening and moving eyes, stooping after eating, coughing, mental exertion, stooping, coffee, when lying on back, warm room and in the evening.

Aggravated from mental exertion, anger, chagrin, light, noise, coughing, moving or opening the eyes, highly seasoned food, stormy weather, cold air, and in the morning.

Bryonia. (Continued.)

Ameliorated in a cool room, binding up head, hard pressure, lying on painful side, closing eyes and keeping quiet.

Intolerance of noise.

Complaints mostly of external ear, boils in front of ear.

Roaring, humming or chirping in ear.

Roaring resembling water pouring over a dam.

Loss of smell.

Fluent watery coryza, beginning with violent frequent sneezing; with pain in head when stooping, and hoarseness.

Thin light-colored watery discharge from right nostril.

Catarrh extends to frontal sinuses or to chest.

Colds begin in nose and go down. (Phosphorus begins in larynx and goes up.)

Nosebleed from suppressed menstruation, or epistaxis in place of catamenia.

Nux Vomica. (Continued.)

Ameliorated in a warm room, leaning head against something, lying on back, wrapping head up, in afternoons and evenings.

Intolerance of noise, every sound painful.

Hardness of hearing with singing or hissing sounds in ear.

Ringing in ears which ceases when at rest, but reappears on motion.

Whirring sounds like that of a windmill.

EARS.

NOSE.

Oversensitive to strong odors, causes faintness.

Coryza acrid, excoriating, nose feels obstructed, worse at night and outdoors, but discharge is fluent in a warm room, which relieves.

Catarrh with headache, heat of face, chilly, much mucus in throat.

Cold begins with coryza and pain in right frontal sinus, frantic with pain.

Nosebleed, dark blood in morning from suppressed hemorrhoidal flow.

FACE.

Face swollen, red spots on face and neck; red burning hot face. Hot red spots on cheek over malar bone.

Pale, shrunken, blue circles around eyes, red, swollen, bloated, yellow around mouth and nose, or around eyes.

Bryonia. (Continued.)

Face bluish red with difficult respiration.'

Lips dry, swollen, cracked. Lower lip dry, encrusted. Lips dry, crack and bleed; have to moisten them often.

Nux Vomica. (Continued.)

Lips dry.

Painful peeling of lips after excesses.

Corroding ulcers in corners of mouth.

MOUTH AND TONGUE.

Dryness of mouth—so dry tongue sticks to palate; thirst for large quantities of water.

Apthous patches during infantile diarrhœa.

Breath offensive with hawking up offensive cheesy lumps.

Loss of taste, or a sweetish or bitter putrid nauseous taste.

Everything tastes bitter.

Great dryness of mouth and tongue.

Tongue white with red edges.

Grayish or thick yellow coating with dry lips and tongue.

Dryness of mouth in morning without thirst, feels as if the tongue stuck to palate, although there is much saliva in the throat.

Small apthous ulcer in mouth and throat, with putrid odor.

Taste in morning putrid low down in throat; sour or 'bitter; bread tastes bitter.

Tongue heavily coated, yellow or brownish dry. Anterior portion clean, posterior deeply furred; yellow.

THROAT.

Much tough mucus in fauces loosened by 'hawking.

Crawling sensation in throat inducing cough, followed by discharge of mucus.

Throat dry and raw on empty swallowing, worse in warm room.

Sensation of pressure and swelling and constriction of œsophagus.

Dryness predominates.

Tenacious mucus in throat difficult to detach.

Painful sore rawness in throat, provoking cough.

A sore rawness in fauces only noticed when inhaling cold air.

Stricture of œsophagus with feeling of suffocation worse at night.

Rawness and more painful soreness predominates.

APPETITE, DESIRES AND AVERSIONS.

Loss of appetite; with thirst for cold water.

Aversion to food.

Want of appetite with constant nausea.

Disgust for food.

Bryonia. (Continued.)

Abnormal appetite, must eat often.

Desires things and immediately refuses them.

Thirst day and night for large quantities of cold water.

Longing for acids, sweets, strong coffee.

Aversion to greasy foods.

Desires sour things.

Nux Vomica. (Continued.)

Hungry, with aversion to food.

Excessive hunger with aversion to bread.

Thirst, drinking soon followed by qualmishness.

Longing for beer, brandy, with aversion to water.

Longing for fat food which disagrees. Aversion to sour things.

ERUCTATIONS, NAUSEA AND VOMITING.

Eructations after meals, taste of food eaten. Bitter, sour eructations with nausea.

Nausea in stomach and œsophagus.

Nausea in abdomen.

Nausea when rising up in bed or sitting up, with faintness, has to lie down.

Vomiting of food immediately after eating.

Vomiting of bile, pain and heaviness in region of liver radiating to right shoulder.

Eructations sour or bitter; in the morning putrid, regurgitating of food.

Nausea constant in the morning as if everything was fermented.

Nausea in epigastrium and abdomen with accumulations of saliva in mouth. Nausea with faintness and flushes of heat; has to lie down.

Vomiting of food taken a day or two before.

Vomiting of green fluid, undigested food. Gastric disorders after acute diseases.

STOMACH.

Pressure and stitches in pit of stomach and right hypochondria.

Region of stomach painful to touch; can't endure *pressure* of clothes.

Sticking pains in stomach, worse from motion; burning in

Spasmodic pressive pain from pharynx to pit of stomach.

Region of stomach sensitive to pressure; can't endure *tight* clothes.

Pressure after eating as from weight, and heat, tense feeling.

Bryonia. (Continued.)

pit of stomach, increased by motion.

Sensation of a stone in the stomach; pressure; becomes irritable.

Sudden cutting pains as though someone were digging him with his fingers, has to bend double, relieved by stool.

Colic worse from motion, must keep very still.

Chronic constipation, stool very hard and dry, difficult to expel. Stool unsatisfactory, only after much straining, which causes rush of blood to head and feeling of confusion.

Diarrhœa during hot weather, from eating fruit, or eating sauer kraut, or drinking ice water when overheated, from taking cold. Stool dirty, watery, undigested, odor putrid like old cheese, worse from motion, in the morning and from cold drinks.

Pains griping and pinching in region of umbilicus, cramping, burning.

Nux Vomica. (Continued.)

constant pain, cramping pains change to burning as pressure extends to shoulders.

ABDOMEN.

Constrictive cramps in abdomen like griping or clawing with profuse discharge of blood.

Colic from indigestion with waterbrash, worse from coffee and overeating.

Constipation, with ineffectual and frequent urging to stool, with a sensation as if anus were contracted, or from contraction of bowels. Stool hard, dry, dark, knotty, or may consist of little balls.

Diarrhœa of nervous persons who are easily exhausted and take cold easily. Diarrhœa from overmental exertion. Stool watery, brownish, green bloody mucous, offensive, with great pain and tenesmus, worse in the morning from eating.

Pains cutting about umbilicus, burning, gnawing pains in epigastrium, backache and violent tenesmus.

LARYNX.

Tough mucus in trachea, loosened only after frequent hawking.

Bronchial croup, hoarseness with tendency to perspire; dry,

Hoarseness, with roughness and scraping in throat, with viscid mucus.

Great sensibility of the bronchial tubes, with sore on cough-

Bryonia. (Continued.)
hacking, painful cough, worse on going from cool to warm room; gasps for breath before cough.

Nux Vomica. (Continued.)
ing, shortness of breath, worse at night, copious salty tasting expectoration.

COUGH.

Cough dry, spasmodic, severe with stitching pain in chest and bursting pain in head 'as if it would fly to pieces. Worse in warm room.

Dry spasmodic cough after eating and drinking, with vomiting of food caused by tickling in epigastrium.

Whooping cough, cough worse evenings and nights, without expectoration, daytime vomits yellow mucus of flat taste.

Vomits while eating.

Involuntary urination during cough.

Cough causes bursting headache; dry fatiguing cough, with pain in stomach and abdomen as though bruised. Worse after midnight, from cold air; better from warm drinks.

Dry cough from 'tickling in larynx, with vomiting.

Whooping cough, with vomiting, gagging and choking spells, face bluish, pain in abdomen.

Involuntary urination during cough but not as marked.

INNER CHEST.

The most characteristic pains are stitching, lancinating, worse during inspiration, better by lying on *painful* side and during rest, worse from motion and deep inspiration, coughing.

Here we have the rawness, scraping and burning pains, better by lying on *well* side, by warmth. Worse in the morning with deep inspiration, turning in bed, with talking, lying on *painful* side.

HEART.

Bryonia has an irritable nervous heart and acute conditions, as carditis and endocarditis.

Palpitation in this remedy is worse from going upstairs; pal-

In *Nux* we find more organic lesions than in *Bryonia*.

Hypertrophy of heart from portal obstruction.

Dilatation and angina pectoris.

Bryonia. (Continued.)

pitiation violent with oppression of chest and shortness of breath.

Nux Vomica. (Continued.)

Palpitation worse lying down, especially after a meal, heart feels tired.

Belching and fluttering in stomach.

BACK.

In *Bryonia* we have the superficial and acute condition largely of a rheumatic character.

The pains shooting or stitching or drawing, or painful stiffness or sharp rheumatic pains.

Better by lying still.

Worse from motion.

Nux is thought of in pathological conditions such as myelitis, multiple sclerosis, spinal anæmia, locomotor ataxia, both in early stage and progression.

The pains are of a tense stiffness, or tearing, burning; lacerating, drawing, worse in bed, from 3:00 a. m. till noon.

Better from rising and walking.

Again emphasizing the remission, evening until midnight.

LIMBS.

Feeling in right elbow as though arm was broken, with paralytic pains.

Drawing tearing pain in shoulder joint and upper arm, with feeling as though in a vise.

Stitching pains in hip joint extending to knee, worse from motion and sitting.

Sciatica; pains better by cold water, late in the evening, lying on painful side.

Rheumatic gouty pains in limbs with tension, worse from motion and contact.

Shoulders pain as if bruised, paralytic heaviness with weak arms.

Drawing in arms, extending from shoulder to fingers, with sensation as if arm were asleep.

Darting pains from toes to hip. Worse on motion, lifting, and at night.

Drawing pains from below up. Better by hot water, worse during stool and in the morning.

Rheumatism in muscles of trunk and large joints, pale, tense swelling and numbness, worse from jar and from cold.

NERVES.

Bryonia. (Continued.)

Clonic spasms.

Convulsions from repercussion of measles. Hysterical spasms.

Bryonia often indicated after a spasm has been controlled and there remains fullness of pulse, abdominal tenderness and perspiration.

Nux Vomica. (Continued.)

Tonic spasms.

Convulsions from emotions, as anger.

Convulsions with consciousness, epileptic spasms.

CHILL AND FEVER.

Chill begins in lips and tips of fingers and toes, mostly in the evening. Great thirst in all stages. Worse in a warm room.

Fever without chill at night.

Chill begins in back and limbs in the morning with numbness of limbs, back and arms. Worse from cold air and drinks, the slightest contact with cold air. Must be covered through all stages. Chill, fever and heat. No thirst.

Fever with chill mornings.

AGGRAVATIONS.

3 a. m. to 6 a. m. and 3 p. m. to 9 p. m. worse in warm room, lying on painless side, from motion, sitting, standing, stooping, washing with cold water, getting wet, damp weather, changes of weather from cold to hot.

1 a. m. till noon.

Worse lying on painful side, in dry weather, cold air, lying, and from jar, motion, touch, noise, bathing.

AMELIORATIONS.

Better lying on painful side, fresh air, quiet cool room, hard pressure and warm baths.

Bryonia antidoted by Nux, but incompatible after Nux and frequently indicated.

Better lying on painless side, on back, from walking and sitting, from heat and warm room, in damp weather, in the evening,

Nux compatible before Bryonia.

HEADACHES.*

Grace Stevens, M. D., Northampton, Mass.

This affliction, which has been called the commonest of all symptoms, is associated with almost every form of disease. Very often it is THE symptom most complained of—the only one the patient asks to have relieved, and he rather resents the searching inquiry which must be made in order to find out the condition of his system and discover the cause of the pain.

If, however, we are to treat this condition intelligently we must look carefully for the cause.

In his work on "Differential Diagnosis," Dr. Richard Cabot gives fifteen causes for headache and leaves beside a large place for those of unknown origin.

His list includes: 1. Fatigue, bad air and hunger; 2. Constipation and indigestion; 3. Alcohol; 4. Eyestrain and intrinsic diseases of the eye; 5. Infectious diseases—at onset; 6. Menstruation. 7. Psychoneuroses; 8. Nephritis; 9. Meningitis; 10. Sinusitis; 11. Trigeminal neuralgias; 12. Indurative; 13. Migraine; 14. Brain Tumor; 15. Syphilitic periostitis.

Cause number 12, "Indurative," Dr. Cabot places in quotation marks. He refers to the statement of Edinger, who had extensive experience in the Neurological Institute at Frankfurt-am-Main, and who calls this the most common form of headache.

Edinger says it is characterized by painful indurations near the insertion of muscles at the occiput, nodular points, as if something were deposited there. The pain may be only occipital or it may extend over the head, but it disappeared when these nodules are removed by massage.

The location of the pain sometimes helps in diagnosing the cause. Inflammations of the antrum or frontal sinus cause pain over the affected cavity. The pain of syphilitic periostitis corresponds to the position of the lesion.

Migraine is unilateral and trigeminal neuralgia has a characteristic

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distribution. But pain due to other causes, notably brain tumor and nephritis, may be one-sided at first, and so be mistaken for ordinary migraine.

In some cases the time of occurrence is worthy of note. In frontal sinus disease the pain often begins each day at a certain hour, lasts for a time and disappears. A case of my own had a very marked aggravation beginning almost exactly at 3 p. m. and Belladonna brought relief.

Headaches due to syphilis, uremia and brain tumor are often worse at night.

In doubtful cases the following tests should be made:

1. Thorough examination of the eyes for eyestrain or glaucoma.
2. Temperature record—to see if there is infection.
3. Blood pressure measurement—high pressure suggests brain tumor or nephritis.
4. Urinalysis for sugar, albumen or acetone.
5. Palpation of the insertion of nape muscles at the occiput.
6. Examination of the nose and its accessory sinuses.

Knowledge of the cause does not always help in the choice of the remedy, but it may help very much, and in any case it will lead to correct adjuvant treatment.

Most of us are alive to the danger of eyestrain, but often the patient is already wearing glasses and assures us that the eyes have been carefully examined. Even so, it often pays to have them re-examined as in the following case:

Miss D., a trained nurse, had at intervals of two to six weeks very severe pain, usually in and over the right eye. The pain began on waking, increasing during the day. It was intense and boring in character—much worse lying down, so that she had to sit up in bed. The pain caused vomiting which brought very temporary relief. Any food caused vomiting almost immediately.

℞. Sanguinaria can. relieved the attack but the headache returned at varying intervals.

The patient said she had always had headaches, but after her graduation, fifteen years ago, they became of the character above described. For four years she endured them, working often twenty-four to thirty-six hours without food. Finally she had glasses which relieved somewhat but did not cure.

I sent her to an oculist who found her eyes extremely hyperme-

tropic, and her glasses badly fitted. Since having the change of glasses the patient has improved steadily, with only an occasional slight headache which yields readily to *Sanguinaria can.*

Another cause of eyestrain: Miss C., corrected examination papers all one evening, wearing bifocal glasses instead of the properly fitted reading glasses to which she was accustomed. The next morning she woke with a splitting headache, eyes aching and burning, and nausea which was better by eating.

℞. *Ruta graveolens* brought prompt relief.

A woman of forty came to me complaining of too profuse and frequent menstruation. Among other symptoms she had sick headache before or during her period. She had never worn glasses, but examination proved her need of them, and they helped very much to relieve the headaches which called for *Sepia*.

Mrs. A. had very severe headaches at menstrual period with nausea, vomiting and diarrhœa. The headaches were much worse from exertion and she fainted if she stood too long. The menstrual flow was profuse and dark.

℞. *Bovista* relieved.

Miss L. P., college student in second year, had frequent very severe headaches, one-sided, in temple and vertex, aggravated by light, motion or cool air; better from bandaging head and eyes warmly and lying on painful side. Very sleepy during headache. Much gurgling of gas in bowels.

℞. *Sepia* in ascending potencies relieved the headaches almost entirely, and the patient graduated from college much stronger than when she entered.

I think her headaches were due to poison from fatigue.

An interesting case in which the headache was only a danger signal is the following:

Mrs. H. came to me June 30, 1917. She was fifty years old and had two children.

She was tall and very stout. No menstrual period for one year. For about a year she had had pain in the occiput—a pounding—worse from lying down at night. Woke in the morning with the pounding. She had also a sharp pain coming frequently and lasting a few minutes. Breath short on climbing stairs. Thirst considerable. Appetite good. Mouth dry and bitter taste in a. m. Blood pressure systolic 200. Heart negative. Urine, 24 hours' amount, two quarts;

specific gravity 1010. A trace of albumen. Some granular and hyaline casts.

R. Lach. m.

A week later she reported marked improvement in the head and in general feeling. The blood pressure soon dropped to 160. After six weeks the remedy had to be repeated, but the head has remained comfortable most of the time since.

One cause of headache of which Dr. Cabot does not speak, but which certainly should be considered, is anaphylaxis.

The following case illustrates:

Miss F. had frequent severe headaches associated with other distressing symptoms. She had discovered that coffee would cause them, but skin tests with various proteins showed reactions to beef and chocolate as well, and she found by experience that even a small amount of these foods would produce a headache.

The attacks were as follows:

About eight or nine hours after taking coffee or chocolate or beef, she would have a chill followed by fever and intense pain in the eyes, as if they were being pushed out of their sockets. Often there was nausea and retching, although the stomach seemed quite empty. With all this came an overwhelming drowsiness, so that she would sleep heavily, but the headache often lasted for thirty-six hours. About the time I began studying the case there developed a stiffness of fingers and some other joints, which was evidently worse from acids.

The aggravation from beef and coffee and also from acids led me to give *Causticum* 200, which was followed by a very marked aggravation of headache, stiffness, etc., and then by relief.

At the present time the patient can take coffee, chocolate or beef in moderate amounts and at not too frequent intervals without having any headache or other toxic symptoms.

WHAT HOMŒOPATHY MEANS.*

C. M. Boger, M. D.

That likes seemed to cure likes was noted in the earliest times, but that similia is the law of cure is not generally accepted, even now in spite of an ever-increasing evidence in its favor. It seems that truth can only become truly active through conviction.

Science has greatly broadened the scope of homœopathy so that it does more things now than formerly, but it does them no better. It was Hahnemann himself who predicted the successful treatment of cholera as well as demonstrated that of typhoid fevers. A little later homœopathy triumphed decisively over every other method, including no treatment, in pneumonia, in the Vienna Clinic. Still later it surprised and confounded its adversaries by the record it made in yellow fever, while recently we have all seen how surprisingly efficient it can be in influenza. It is a proud and convincing record.

We might recite victory after victory over acute diseases, epidemics and opposition only to finally realize that every day medicine remains firmly wedded to strongly materialistic ideas and that sanitation is gradually showing us how much better prevention is than even the best of cures. At the other extreme surgery is removing one after another of the end-products of disease, so that at last we are left to choose whether it be better to rely upon the unfettered recuperative powers of nature, upon surgical relief or upon the stabilizing power of dynamic drug action, without which there can be no real homœopathy.

The homœopathist knows that the governing life principle but seldom reacts directly and specifically to strong measures, but will respond quickly and effectively to a similar or more or less synchronously acting force. It may be well to remember here that the calming down of disturbed vital action is a daily task that can not always wait upon the decision of the microscope or the knife.

To my mind there is necessarily a close relation between things able to excite and other things capable of calming down similar vital

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disturbances. Reaction, whether to drugs or disease, is clearly of a kind; it not only discloses susceptibility, but its speed is governed by its adaptability, the amount and convertibility of vital energy present and the obstacles to be overcome. Viewed in this light there is certain to be a vast difference between recovery and cure, while susceptibility is finally resolved into one of the great miasms.

When the life forces vibrate in an unusual way, symptoms which we may finally call disease, appear; they serve as indices for diagnosis, prognosis and treatment, as the case may be. The coarser ones are of more diagnostic and the finer ones of therapeutic import. That they unfold gradually should argue strongly against a hasty prescription.

The mind which is trained to sense material things only takes to the giving of strong drugs like a duck takes to water. For it the supersensible world is a void, that absurdity of physics; it is not fitted to comprehend such ideas. This is the real reason why the dynamized potency looks absurd and impractical and its seeming effects are viewed with suspicion. Such ideas are viewed with a feeling akin to that which caused the burning of witches and the flagging out of sins, only we hate to admit that many of us are still bound hand and foot by such bigotry, narrow-mindedness and conceit. Because we can't rapidly see the other side we would fain make ourselves believe there is no such thing.

I take it that many of you have come here with an open mind; not quite satisfied with your former results, you are looking for better things and perchance homœopathy looks worth while. If this is your idea, let me beg of you to remember that all things contain only what we patiently work out of them, and homœopathy is no exception.

All true science is really grounded in philosophy, and the only therapeutic guide which has stood the fire test of painstaking investigation is the natural law of similia, whose various aspects, ramifications and philosophy, dovetail most intimately with most of the sciences, in itself a fact of momentous import. It must be mastered from this point of view, which will then soon show how little it encourages the idea that adaptabilities of millenium of years can be lightly set aside by the brain-racking concoctions of the modern therapeutic laboratory.

Nothing happens without an adequate cause and successful remed-

ial measures carry their own evidence of correctness. The use of simples as well as the selection of curative herbs by animals most assuredly arises from impulses themselves born of the promptings of and the involuntary obedience to this same law. In the nature of things it can not be, nor is it otherwise.

How easily we carry a load of nascent poison until vital resistance falls, when it suddenly expands its scavenger hosts and overwhelms us. In a panic we hunt microscopic life into its remotest recesses and consult the pathological findings of the dead house for an explanation; but an indefinable something has escaped us. The distress signals thrown out by nature can't be answered, because in our mad rush after material things we have not learned her code.

It took ages to realize how the apparently sinking ship on the horizon proves the earth's rotundity. Just so, you who see mostly with the pathological eye, objective phenomena exclusively or mental states only, etc., all partial and often variable factors in the sum of the evidence, must finally come to see that these are but expressions of a single central disturbance before you can grasp the full significance of sickness and how it must be handled.

We speak glibly of the liver being out of order or the kidneys affected, of fevers, apoplexies, blood pressure, and so on interminably, as though these things really explained something, which needs only to be adjusted when the machine will run again, just as it did before. Worse than all we have gotten the laity to believe the same thing and some of you may even think it is so too. It is really difficult to think of anything more lamentable, than to have chased away evil possession only to have made room for the physical mechanic who dabbles first with this organ then with that. It never seems to occur to him that the central life giving power is showing distress by the only signs it is capable of making, and which must be read as a unit of expression.

I might harp on the subject of telling you how to read life a long time, and you be none the wiser unless I also tell how you may go about it; which is, after all, not telling you what to do, but only hinting at how it may be done. This should open to your minds a glorious vision, which can be yours also, not for the asking, but by the most strenuous getting of knowledge. You must persevere, work and then work some more. At last understanding will come and you will know.

Your knowledge of your patient must be of the most comprehensive

sort. You must discover his attitude towards his surroundings, the elements, mobility, or anything that affords him an opportunity to express himself; for it is him that you are dealing with, and not his big toe or his nose. He reacts to disturbing factors in his own way which you must learn if you wish to succeed. His mentality moves along certain lines; these you must learn if you wish to be of the utmost service. His symptoms take on a definite course or expression, this you must grasp if you wish to help. His whole action bespeaks an underlying life principle which shows the man, him that you must know if you wish to cure radically and finally.

You will coapt these elements and see what the picture reveals in its totality of expression. It may look like a part of this proving or that clinical record; if it does, beware and step warily for it is not a true likeness and will disappoint you. A real cure is not made by the lopping off of symptoms, however entertaining it may sometimes be.

The general symptoms being worked down to a few remedies by the use of a good repertory, the correct selection is made by consulting the *materia medica* text so that the sense of the finer symptoms may correspond to those of some one of these provings.

A single dose is given and the effect awaited. In very acute affections the response will come in a few minutes or hours. If the disease is of a more prolonged nature from the fourth to the twelfth day will develop a crisis and show us our bearings. In chronic diseases periods of aggravation may come and go like waves even until the sixteenth week, while the patient shows a gradual general improvement. When, however, each of these waves is followed by increasing weakness the case is usually hopeless.

Theoretically, there should be no repetition of the dose as long as reaction lasts, but practically many of us are guilty of rather indiscriminate dosing. This arises mainly from three causes: inability to visualize a true perspective of the disease; ignorance of what constitutes reaction and impatience. The larger the number of doses or remedies given the greater is evidently the uncertainty of the prescriber or the more firmly is the disease fixed upon the organism.

A weekly Miss, aged 19, had repeated chills at irregular times, across the hips, followed by heat with sweat. The nose was obstructed, yet there was occasional slight nosebleed, with hawking down of post-nasal mucus. There was a craving for piquant things

and a sense of dryness of the lower legs with restlessness of the whole limb. From day to day she showed the characteristic step ladder temperature, sordes appeared on the teeth, and the right inner conjunctiva became red. She tried to escape from bed and a general aggravation after midnight appeared. Here you will easily recognize the oncoming of a severe type of typhoid, but the indications for *Arsenicum* were so clear that I decided to give a single dose in spite of the warnings of authors against giving this remedy too early. For several days there was no change, then a slight aggravation came on, followed by a steady improvement so that by the twenty-first day her temperature returned to normal.

A laundry worker, aged fifty, was suddenly attacked by a violent transfixion pain in the epigastrium, spreading backward and upward to the cervical spine and along the left clavicle. She sat bolt upright in bed, gasped for breath and was overcome by a deathly agony. There was considerable left ventricular dilatation and a loud mitral regurgitant sound heard over a large area. Four doses of *Aconite* dmm. quieted her for twenty-four hours only; then came a relapse with the information that she had drunk much cold water while overheated, but *Bellis* did nothing. Because of the symptom, "Gasps, fears to lose the breath and die," *Lactroductus* was now chosen. The first few doses relieved her greatly and in one day she felt pretty well. This shows what can often be accomplished even in the presence of an irremovable lesion.

A lady aged 87, complained of burning in hands and feet. A hard ache with soreness in the right lower leg < lying on it. Cloudy weather causes stupidity with rheumatic pains < on the right side. She received a single dose of *Sulfur* followed by plenty of *Sac. lac.*, and at the end of twelve weeks wants more of the same remedy because it still helps her greatly.

J. R. V., æt. 60, dismissed from Johns Hopkins Hospital as incurable from enlarged liver. Malaria years ago. Shoulders stiff, ache and get cold. Dyspnœa. Tongue feels coated. Chills in the evening. Memory bad. Easily worried. Water is tasteless. Can't sleep with much cover. Right foot cold. Pale about mouth. Gray stools. Constriction about waist. Aggravation from cold and lying on left side. He received a single dose of *Natrum mur.* 12, and at the end of seven months he is still improving, more rapidly of late, having gained seven pounds in six weeks.

An elderly maiden lady of 68 years, confined to her chair for two

years from rheumatic stiffness of back, hips and ankles with soreness of the bone. Pains from the ovarian region down the face of the thighs. Numbness of both hips down outside of thighs to toes < in heels and < at night. Vertigo in morning, seeming to ascend into head, with momentary blindness. Easy sweating. Night sweats on back, upper arms and thighs < after 11 p. m. Formerly had migraine beginning over either eye and moving to the opposite side, < in the sun. As of cold water flowing over hips and thighs. Itching eczema on ankles. Severe constipation. Puts feet out of bed at night. Aggravation from wind, drafts, dampness, cold and exertion. Better, continued motion. She received a single dose of *Sulfur* 12 on November 1st, 1919, and is still improving. She now walks well, goes up and down stairs and out on the street. Here a single dose is still acting at the end of seven months.

A merchant, aged 60, forgetful, irritable and fidgety. Weak attacks. Easy sweating; foul footsweat. Sore, stiff neck; soreness of small of back. Pains ascend from nape to vertex. Sleeplessness. Emptiness at stomach. Oxalates, phosphates, spermatozoa and a trace of sugar in urine. Sour flatulence. Nightmare. A single dose of *Silica* 12. At the end of six weeks no sugar in urine, and wants more of that same medicine which has especially helped him lately.

Mrs. L. P. M., æt. 68, wakeful at night. Irritable caruncle at meatus. Ulcer on heel. Numbness of hips and lower limbs < on lying down. Cold feet at night in bed. Oppressed breathing if lies on left side. Red conjunctiva. Blisters between toes. She received two doses of *Sulfur*, first 12, then in three months the cm. and in nine more weeks the mm. The caruncle was cured and only sudden bloating attacks and as of a weight on chest with shortness of breath on every exposure to wind, cool air or fatigue remained. The arterio-sclerosis remains the same, but these attacks of dyspnoea have been relieved more than she, her friends or her two allopathic physicians believed could be done by a single dose of *Actea spicata* 12,

Man æt. 40, has had flu followed by a dull heavy then a cutting pain at heart going downward and backward. Choking attacks on falling to sleep. Dim vision in lamplight. Like drops of water floating before vision. Vertigo on stooping. Aggravation; lying on left side; after eating. Heat. Has taken much aspirin. *℞. Kali carb.* mm. At the end of seven months he remains well and looks unusually well.

Woman, æt. 56, backward going pain (to scapula) in liver, epi-

gastrium and right chest; it compels motion and is < stooping or touch. Sense of hardness in gall bladder. Heaviness at heart. Sweat about waist; clammy sweat. Clothes feel wet, as of a cold cloth across shoulders. Craves sweets. A little food fills her up. Burning working in bowels. Acrid leucorrhœa. Urine stiffens or destroys the clothes. Aching like a band about ankles. Soreness all over; everything bruises her. Anxious dread. Aggravation; ascending. April 4, 1920. Received a single dose of *Sepia* mm.; the symptoms were irregular until June 1st, when a rapid improvement set in; *Sepia* characteristically acts this way.

I wish to emphasize that we will obtain the best results by far by scrupulously avoiding any repetition or change of remedy as long as improvement continues, even intermittently, even if it runs into many months; but in order to do this the prescription must be most accurately fitted to the symptoms and we must know how to wait intelligently upon the ceasing of the reaction which we have called forth.

Do these results look strange and improbable to you? Then you have not sensed the real meaning of my arguments, and it is up to you to learn more about such things, only do not go at them with a lot of preconceived opinions and prejudices or your work will all be in vain.

NATIONAL HOMŒOPATHIC CLINIC DAY IN NEW YORK

On October 19 this day was celebrated in all homœopathic hospitals throughout the country, by the holding of special clinics, to which the profession at large, as well as the public had been invited.

Cumberland Street Hospital, of Brooklyn, presented a full and able program, in which the purely homœopathic side was well represented by W. W. Blackman, M. D. Carson C. Peck, Memorial Hospital, also presented a program of much scientific interest.

In Manhattan the Ophthalmic Hospital held a series of clinics, covering the diseases of the eye, ear, nose and throat.

At the New York Homœopathic Medical College and Flower Hospital a particularly interesting program was presented. Dr. Frank A. Kelly, of Detroit, Mich., performed the operation for hernia under a new method of local anæsthesia and also, by means of moving pictures, demonstrated his technic in gastro-intestinal surgery. His demonstration was received with acclaim by a large audience of physicians and surgeons. The field of the "movies" as it relates to medicine and surgery, has scarcely been entered and unquestionably a brilliant future of great scientific usefulness awaits it.

Drs. George F. Laidlaw and M. J. Raisbeck, members of the College faculty, aroused the enthusiastic attention of their audience by their absorbing demonstration of the modern methods employed in cardiology, and their exhibition of the wonderful tracings produced by the electrocardiograph, caused murmurs of enthusiastic approbation.

Dr. Joseph Harkavy, of the department of internal medicine, delivered a clear and forcible lecture upon several cases of pneumonia and diabetes, demonstrating the methods of to-day as they relate to clinical diagnosis in all its many and comprehensive phases. Dr. Harkavy's remarks concerning the estimation of the blood-sugar were especially interesting and valuable.

Dr. Philip J. R. Schmahl, also of the department of internal medicine, with his characteristic thoroughness, presented the purely therapeutic side of the cases demonstrated by Dr. Harkavy and emphasized the value and importance of the use of the correctly chosen homœopathic remedy.

Dr. Leon S. Loizeaux, head of the department of obstetrics, held an ante-partum obstetrical clinic, showing the routine technic and methods in use at Flower Hospital and its out-patient department. Under Dr. Loizeaux's teaching the students of the New York Homœopathic Medical College and Flower Hospital are justly distinguished among the medical students of New York for their superior obstetrical knowledge and training.

Dean Rudolph F. Rabe welcomed the audience with a few timely remarks and called their attention to the great improvement everywhere in evidence in the New York College, which has the enviable distinction of owning and controlling its own hospital, on the college grounds. The student body now numbers one hundred and forty-four, of which number sixty-three are Freshmen. The faculty is a large and able one and has eighteen full-time paid instructors, thus more than conforming to the requirements of the Council on Medical Education of the A. M. A.

National Homœopathic Clinic Day will long be remembered as one of brilliant performance and of bright promise for the future.

NEW YORK, 163 W. 92d St.

September 21, 1920.

Dear Dr. Rabe: After reading your Editorial Comments on Dr. Wheeler's note regarding paragraph 166, in relation to the suppression of eruptions by external applications, it reminded me of a case I treated a number of years ago. Child, five years old when I was called, with an eruption over her whole body, which she had had ever since her birth. She had had the best that money could buy, but still no improvement. I was recommended and after a careful study began the treatment with Sulphur. cm. After three weeks was called and found the child with a temperature of 103° , hard cough, etc., and no eruptions to be seen. I asked the mother what she had applied and she said the itching was so bad that she used some zinc ointment (I had forbidden any applications), but she said this was from a cold. I gave the child Bry. 30 and restored the eruption, which, of course, relieved the temperature and cough. I kept quiet and went on with the treatment; in three weeks or so, the same thing was done, and with the same results, and again in about a month. I got the eruptions all out again and then said to the mother: "You can go on with your treatment. I will not be back, as you have interfered three times in this way with the same results. No one can cure her under such circumstances and she will no doubt have consumption later, as the bronchial mucous membranes have to do the work the skin should, so I will bid you good day." "Wait," she said, "I want you to treat her and I will keep my hands off." "All right," I said. I treated the child about a year and a half before she was entirely free.

The child is now married and the mother of two children, one seven and the other three years old, and she and the children have never had any skin troubles, which is good evidence that she was cured. I cannot tell what did the work, but Puls. 200 was the remedy that did the most of it. I have seen other cases of suppressed symptoms, but this one was conclusive in my opinion.

Yours truly,

B. G. CLARK.

BROOKLYN, N. Y.

October 7, 1920.

Dear Mr. Editor: Only just now my attention has been called to Dr. John F. Keenan's criticism in the July number of THE HOMŒOPATHIC RECORDER of my treatment of a case of epilepsy. It would have been kinder if the doctor had written it with professional courtesy and more in accord with the facts. Did Dr. Keenan ever see or hear of anyone being killed by a dose of Sulphur given after Calc. carb., both remedies in high potency? If that is so very dangerous, why, then, do we have a *Calc. sulph.*? Perhaps the Doctor thought there was such danger, when she had six convulsions in one day, occurring seven months after taking the Sulphur. But she had had more than twice as many in a day before I began to treat her and this was the reason why my niece wrote to me regarding her. Any patient who can survive allopathic treatment for epilepsy for twelve years is in no danger whatsoever of being killed by a dose of Sulphur given after Calc. carb., both remedies in high potencies and given by a homœopathic physician.

I reported this case merely to show the great superiority of homœopathic over allopathic treatment and not as a model case; this it could not be; with the patient on the other side of the Atlantic and the family ignorant as to what constitutes a symptom for homœopathic prescribing.

Very truly yours,

F. H. LUTZE, M.D.

P.S.—I did not expect to cure this patient after twelve years of allopathic treatment, but hoped to alleviate her suffering and was well within the homœopathic law, when giving the Sulphur 55m after Calc. c. 200, for after Calc. c. the symptoms had remained unchanged, it had not acted, it was therefore, as if it had not been given at all. Furthermore, a rule in homœopathic practice says: When the indicated remedy does not act, give Sulphur. This will either clear the way for the remedy to act, or else produce new symptoms indicating some other remedy more homœopathic. The result proved the wisdom of the selection of Sulphur.

F. H. LUTZE, M.D.

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY

Stuart Close, M. D., Editor

248 Hancock St., Brooklyn, N. Y.

CHARACTERISTICS AND KEYNOTES

By Stuart Close, M. D.

In paragraph 153 of The Organon, Hahnemann says that in comparing the collective symptoms of the natural disease with drug symptoms for the purpose of finding the specific curative remedy, "the more striking, singular, uncommon and peculiar (*characteristic*) signs and symptoms of the case are *chiefly and almost solely* to be kept in view; for it is more particularly these that very similar ones in the list of symptoms of the selected medicine must correspond to, in order to constitute it the most suitable for effecting the cure. The more general (common) and undefined symptoms: loss of appetite, headache, debility, etc., demand but little attention when of that vague and indefinite character, if they cannot be more accurately described, as symptoms of such a general nature are observed in almost every disease and drug."

This seems a sufficiently clear description of what Hahnemann meant by "characteristic" symptoms; and yet the term has been the subject of much discussion and many have differed as to what constitutes a "characteristic."

Confusion arose and still exists through the inability on the part of many to reconcile the teaching of this paragraph with the apparently conflicting doctrine of The Totality of the Symptoms as the only basis of a true homœopathic prescription. These have taken refuge either in the mechanical "symptom covering" already referred to, as fulfilling their conception of the "totality"; or in what is known as "Keynote prescribing," which, as they practice it, means prescribing on some single symptom which they (perhaps whimsically) regard as the "Keynote" of the case.

The fundamental mistake here has been in the failure to distinguish between the *numerical totality* and the *related or logical totality*, as explained in the preceding article.

Both of these misapprehensions should be recognized and corrected.

The real "Keynote System," as taught and practiced by the late Dr. Henry N. Guernsey (but perverted by many) does not conflict with the doctrine of the totality of the symptoms, nor does it fall short of complying with Hahnemann's injunction to pay most attention to the peculiar and characteristic symptoms of the case. It is, in fact, strictly Hahnemannian. The truth is that Dr. Guernsey simply invented a new name for the old Hahnemannian idea.

A synopsis of Dr. Guernsey's Keynote method will be of value in this connection.

The term Keynote is merely suggestive as used in this connection, the reference being to the analogy between *Materia Medica* and Music. This analogy is shown in the use of other musical terms in medicine, as when the patient speaks of being "out of tune," or the physician speaks of the "tone" of the organism. Disease is correctly defined as a loss of *harmony* in function and sensation.

The Keynote in music is defined as "the fundamental note or tone of which the whole piece is accommodated." In pathology the term "pathognomonic symptom" expresses what might be called the Keynote of the disease, or that which differentiates it from other diseases of a similar character.

In comparing the symptoms of medicines we find that each medicine presents peculiar differences from all other medicine. These differences by which one remedy is distinguished from another, are the "Keynotes" of the remedy, according to Dr. Guernsey.

It does not mean that the Keynote of the case alone is to be met by the Keynote of the remedy alone and that the other features of the case or remedy are to be ignored. The Keynote is simply the predominating symptom or feature which directs attention to the totality. Its function is merely suggestive. A prescription is not based upon a Keynote, considered as one symptom, no matter how "peculiar" it may seem. Its utility lies in this: that when the prescriber has become familiar with these "Keynotes" or "Characteristics" of remedies he will be able more quickly to find the remedy in a given case because the field of selection has been narrowed. When he recognizes such a Keynote in the symptoms of a case it suggests or recalls to mind a medicine, or medicines, having a similar Keynote. Reference to the repertory and *Materia Medica* will verify and complete the comparison. There is usually something

peculiar in the case, some prominent feature or striking combination of symptoms that directs the attention to a certain drug, and this is what Dr. Guernsey called a **Keynote**.

The misunderstanding and abuse of this method has caused it to fall somewhat into discredit: But considering Guernsey's "Keynotes" and Hahnemann's "Characteristics" as synonymous terms, which they are, and making legitimate use of Guernsey's method, it has value.

A Characteristic or Keynote Symptom is a generalization drawn from the particular symptoms by logical deduction. Evidently the characteristic or peculiar symptoms of a case cannot be determined until a complete examination has elicited *all the symptoms of the case* (the numerical totality) for purposes of comparison. This having been done there are various ways of selecting the characteristics.

Dr. Adolph Lippe illustrated his method in this way: "In many cases," he says, "the characteristic symptoms will consist in the result obtained by deducting all the symptoms generally pertaining *to the disease* with which the patient suffers, from those elicited by a thorough examination *of the case*." In other words *the characteristic symptoms are the symptoms peculiar to the individual patient, rather than the symptoms common to the disease.*

He illustrated this by a case, as follows: "The patient was attacked by cholera. All the characteristic symptoms of cholera were present; but in this individual case there was (1) an unusual noise in the intestines, as if a fluid were being emptied out of a bottle. (2) The discharge came away *with a gush*. Of what pathological value these symptoms were we know not. Still they formed part of the totality which we must cover. Deducting from the (numerical) totality of the symptoms those common to the disease, we were in possession of the characteristic symptoms of the patient.

"We found that those two symptoms are also characteristic of *Jatropha Curcas*, and that this remedy, at the same time, has caused symptoms corresponding with the general pathological condition." *Jatropha* promptly cured the case.

The selection of a curative remedy in this case, therefore, was governed by two symptoms of no known pathological value, and of seemingly trifling character. Yet these two symptoms were what gave the case its individuality, and unerringly pointed out the curative remedy.

This case is a beautiful example of the kind of work for which Dr. Lippe was famous. It illustrates the necessity of being familiar with the natural history, symptomatology and diagnosis of disease. Dr. Lippe could not have decided that these two symptoms were peculiar and characteristic if he had been unfamiliar with the symptoms of cholera. Neither could he have selected these two symptoms as peculiar if he had not had the rest of the symptoms before him for comparison. The mistake of arbitrarily picking out some "freak" symptom, and giving a remedy which has a corresponding symptom, should be avoided. Dr. Guernsey did not teach prescribing on a single symptom.

In the preface to the first edition of his great work on obstetrics Dr. Guernsey presents the subject of "Keynote prescribing" in another way. He says: "The plan of treatment may seem to some rather novel, and perhaps on its first view, objectionable, *inasmuch as it may seem like prescribing for single symptoms, whereas such is not the fact.* It is only meant to state some strong characteristic symptom, which will often be found the governing symptom, and on referring to the Symptom Codex or Materia Medica all the others will be there if this one is.

"There must be a head to everything; so in symptomatology; if the most interior or peculiar symptom, or Keynote, is discernible, it will (usually) be found that all the other symptoms of the case will be also found under that remedy which produces this peculiar one, if the remedy be well proven. It will be necessary, in order to prescribe efficiently, to discover in every case that which characterizes one remedy above another in every combination of symptoms that exists. There is certainly that in every case of illness which pre-eminently characterizes that case, or causes it to differ from every other. So in the remedy to be selected, there is and must be a peculiar *combination of symptoms*, a Characteristic or Keynote. Strike that and all the others are easily touched, attuned or sounded. There is only one Keynote to any piece of music, however complicated, and that note governs all the others in the various parts, no matter how many variations, trills, accompaniments, etc."

If it is understood that the "keynote" to a case may and often does exist in, or consist of a "peculiar combination," as Dr. Guernsey puts it, and that it is not merely some peculiar, single, possibly incomplete symptom which the tyro is always mistakenly looking

for, the subject is cleared of part of its obscurity. Dr. Guernsey might have summed up the whole matter in one word—Generalization, which has been discussed at length in the articles entitled The Logic of Homœopathy.

Dr. Lippe, discussing characteristic symptoms, wrote as follows: "When medicines are submitted to provings upon the healthy they develop a variety of symptoms in a variety of provers. Each prover had his own peculiar, characteristic individuality affected by the medicine in a peculiar manner; other differently constituted individuals experience different, yet similar, peculiar symptoms from the same medicine. There is a similarity and a difference evident upon close comparison. In like manner diseases and all other external influences affect different individualities differently, yet similarly. The physiological school and its followers accept in disease only what is general (common) to all those affected by it; in medicinal provings in the same manner they accept only that which has been experienced alike by many. In both cases they simply (sic) generalize. The homœopathic school reverses this order. Accepting all the symptoms experienced by the differently constituted provers, they consider as peculiarly characteristic the individual symptoms of the patient; those *not* generally experienced by others suffering from a similar form of disease."

This is individualizing with a vengeance! In aspersing the process of what he calls generalizing Dr. Lippe traduces the very instrument he is apparently unconsciously using, but misusing the word. One is the traditional pathological-diagnostic method based upon an arbitrary and artificial classification only of the common or gross phenomena of disease; the other is the homœopathic natural or inductive method of modern science, based upon *all* the phenomena of the case, but paying particular attention to the *uncommon* and peculiar features, never forgetting that we always have an *individual patient* to treat and cure.

Dr. P. P. Wells says: "Characteristic symptoms are *those which individualize both the disease and the drug*. That which distinguishes the individual case of disease to be treated from other members of its class is to find its resemblance among those effects of the drug which distinguish it from other drugs. This is what we mean when we say that with these the law of cure has chiefly to do. When we say "like cures like" this is the "like" we mean.

Characteristics may sometimes be symptoms observed only as a result of the closest scrutiny, like the apparently trifling clues in a mysterious murder case which the ordinary detective overlooks or ignores, but which a Sherlock Holmes pounces upon and utilizes with amazing logical acumen to clear up what is otherwise impossible of solution. Their value depends upon who is using them. An Agassiz or a Leidy, placed in possession of a fragment of bone, or the scale of a fish, found in the remains of some pre-glacial geologic period, will reconstruct for us not only the animal or fish from which it came, but unfold a whole chapter of natural history, picture the scene and repeople a forgotten period of earth's history before our delighted eyes.

Dr. Charles G. Raue pointed out that scarcely one of the "Key-notes" or characteristic symptoms belongs exclusively to a single remedy, and cautioned us not to diagnose a remedy on one symptom only, be it ever so characteristic. "While in some cases," he says, "it may point exactly to the remedy, it cannot do so in every case, as it is not rational to suppose that the whole sphere of action of a remedy, which is often extensive and complex, should find its unerring expression and indication in one symptom. But such characteristics are of great aid in the selection of the remedy, as they define the circle of remedies out of which we must select."

Dr. Hering, in his quaint fashion, years before the "Keynote system" was ever heard of, said: "Every stool must have at least three legs, if it is to stand alone." He advised selecting at least three characteristic symptoms as the basis of prescribing.

A milking stool will stand upon one leg—if *you sit on it* and thus provide your own two legs as the other necessary props; but even then, as every farmer's boy knows by bitter experience, a vicious kick, or a "corkscrew swat" from the old cow's tail may upset the youthful milker and his pail of milk and bring him to grief.

So it is wise to always give the symptomatic milk-stool as broad a base and as many legs as possible. The youthful prescriber will get many a vicious kick for refractory cases. He may be knocked sprawling and lose his pail of milk a few times, but he will be able to avoid this when he has learned the peculiarities of his patient as well as I learned the peculiarities of my bovine kicker when I was a boy.

The Totality is an ideal not always to be realized. As a matter

of fact, in practical experience, it is often impossible to complete every symptom, or even a large part of the symptoms. Patients have not observed, or cannot state all these points. They will give fragments; the location of a sensation which they cannot describe, or a sensation which they cannot locate; or they will give a sensation, properly located, but without being able, through ignorance, stupidity, failure to observe or forgetfulness, to state the conditions of time and circumstances under which it appeared. Sometimes no amount of questioning will succeed in bringing out the missing elements of some of the symptoms.

What is to be done under such circumstances? Make a guess at the remedy? Give two or three remedies, in alternation? Give a combination tablet? Or "dope" the patient with quinine or morphine? Rather than do any of these things, follow the advice of my old preceptor, the famous Dr. P. P. Wells. Sometimes, when I approached him with a difficult case, he would assume a quizzical expression and ask, "Don't you know what to do?" On being answered in the negative he would say, "If you don't know what to do, do *nothing*—until you *do* know"; emphasizing the injunction with a characteristic downward stroke of his right forefinger. Then he would go over the case and show what should be done and how to do it.

It was he who taught me Boenninghausen's method of dealing with such cases. And I thought the more of it because he had known Boenninghausen and had received instruction and treatment from the Grand Old Man personally, while traveling in Europe.

Boenninghausen's famous Therapeutic Pocketbook was devised primarily to deal with just such cases. The *Materia Medica* contains a great number of incomplete symptoms. Until Boenninghausen's time this constituted one of the greatest obstacles to successful homœopathic prescribing. Boenninghausen first conceived the idea of completing these symptoms partly by analogy, and partly by clinical observation of curative effects. He discovered that many if not all of the *modalities* of a case were *general in their relation*, and were not necessarily confined to the particular symptoms with which they had first been observed. The "aggravation in a warm room" of *Pulsatilla*, for example, might first have been observed as applying to a headache. Boenninghausen assumed that this modality applied to *all* the symptoms—to the patient himself, in other

words; and that this modality, once discovered in relation to any particular symptom of Pulsatilla, might be used to complete all other symptoms of Pulsatilla which, up to that time, had been incomplete in respect to their modalities. Experience proved this to be true.

Out of this grew the idea that all other combinations of symptoms might be thus made. By classifying the characteristic features of medicines in certain general relations to each other, in such a way that one part could be used to complete another, the prescriber might always be able to construct a related totality, even with apparently fragmentary symptoms.

Starting with the basic idea that every symptom is composed of the three elements of locality, sensation and modality, and that fragmentary symptoms may be completed by analogy or by supplementary clinical observation of the curative effects of similar remedies, Boenninghausen, in his Therapeutic Pocketbook, distributes the elements of all symptoms, pathogenetic and clinical, according to this analysis, into seven distinct parts or sections which, taken together, form a grand totality. (1) Moral and Intellectual Faculties; (2) Locality or Seat of the Symptoms; (3) Morbid Conditions and Sensations; (4) Sleep and Dreams; (5) Circulation and Fever; (6) Modalities, Etiology, etc.; (7) Concordances. Each of these sections is subdivided into rubrics containing the names of remedies arranged alphabetically under the symptoms to which they correspond.

Of this arrangement he says: "Although each part ought to be considered as a complete whole, it never yields, however, more than a part of a symptom, which receives its complement from one or many of the other parts. In Odontalgia, for example, the seat of the pain is found in the second, the nature of the pain in the third, the exacerbation or diminution of pain, according to time, place, or circumstance in the sixth; and that which is necessary as an accessory to complete the description of the malady, and warrant the choice of medicines, must be sought in the different chapters."

By this method, as Dr. Wm. Boericke observes: "a remedy is selected for a case that is found to possess in its symptomatology marked action (1) in a certain location, (2) to correspond with the sensation, and (3) to possess the modality; *without necessarily having in the proving the very symptom resulting from the combination.* It is to be inferred that a *full proving would* have it, however. For instance, a patient with a tearing pain in the left hip, relieved by

motion, greatly worse in the afternoon, would receive *Lycopodium*, not because *Lycopodium* has so far produced in the healthy such a symptom, but because from the study of its symptoms as recorded in the *Materia Medica*, we do find that it effects the left hip prominently (locality); that its pain in various parts of the body are 'tearing' (sensation); and that its general symptoms are relieved by motion and aggravated in the afternoon (modality)."

The experience of nearly a century has verified the truth of Boenninghausen's idea and enabled us, in the use of his masterpiece, "The Therapeutic Pocketbook," to overcome to a great extent the imperfections and limitations of our *Materia Medica*.

In constructing a *Materia Medica* from the materials of the provings, all the symptoms of the different provers of the same drug are collected under the name of the drug. The second step is to distribute the symptoms thus collected under the names of the various parts, organs and functions of the body affected by the drug. This localizes the phenomena of each drug and gives the *Materia Medica* its anatomical and physiological structure.

When all the symptoms have been collected and arranged in this form under the name of the medicine, it represents a sick man, whose likeness may be met almost any day in the actual world. The drug symptoms are in fact disease symptoms, artificially induced. In other words they are symptoms of a drug disease. The significant thing is that drug diseases or poisonings accidentally or intentionally produced, *are similar to natural diseases*—so similar that it is sometimes difficult to distinguish them. A person poisoned to a certain degree by arsenic, or camphor, or *veratrum album*, for example, presents an appearance so similar to one suffering from cholera, that any one but an expert might be deceived. If this is so strikingly true of the gross and violent phenomena produced by poisonings, it is equally true of the milder, finer and less obvious symptoms which result from proving drugs in small or moderate doses.

The symptoms of the homœopathic *Materia Medica*, experienced by the provers, are expressed in plain and common terms. The language of everyday life is used, not the technical language of the medical profession. For this reason, the homœopathic *Materia Medica* is enduring. It is not subject to the influence of the transitory theories of allopathic medicine, with its constantly changing terminology and bewildering array of newly invented names. So

long as common language endures, the homœopathic *Materia Medica* will be intelligible and useful to every person who can read and write.

It is enduring also because it is a record of the facts of actual, voluntary experience, in a sphere and under conditions open and common to all men. In other words, the "experiments" of Homœopathy are made by men, upon men, for men under the *natural* conditions which belong to the everyday life of all men. They are not necessarily conducted in elaborately equipped technical laboratories, nor by using and abusing poor, dumb animals, "whose only language is a cry," who are often forced to give up their lives, under unspeakable torture, to bolster up the theory, or satisfy the curiosity of some cold-blooded man of science. While knowledge gained by vivisection may be valuable to the surgeon, it is unnecessary for the physician. The homœopathic way of determining the effects of drugs by giving small doses of single, pure medicines to intelligent healthy human beings, who can observe and describe their feelings, is the only way to obtain reliable knowledge of medicines for use in healing the sick. It is safe to say that nothing of any real therapeutic value has ever been learned by experiment upon animals that could not have been learned better, more simply and more humanely by harmless experiments upon human beings; while the knowledge gained in such experiments on human beings, is equally valuable for use in the treatment of sick animals.

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R. F. RABE, M. D., Editor, 616 Madison Ave.,
New York, U. S. A.

EDITORIAL NOTES AND COMMENTS

Goiter and Iodin in the School.—Weith relates that large mouthed bottles containing 20 gm. of 10 per cent. tincture of iodine were placed in all the school rooms of several of the school buildings at Lausanne. Examination of the children after two months of this showed only 495 with goiter when there had been 651 to start with, and more than 50 per cent. showed marked retrogression. This reduction of 13 per cent. does not compare favorably with Marine's 33 per cent. in the Akron schools, but Weith relates that in the school buildings at Lausanne in which no attempt at the iodine treatment had been made, the proportion of children with goiter had increased during this same period from 22.86 and 36.72 per cent. to 28.72 and 57.77, and in one of the schools the percentage among the girls had doubled (from 22.85 to 45.18). The contents of the bottles disappeared in the course of thirty days, that is, 2 gm. of metallic iodine passed into the air of the room, about 7 cg. daily, and were distributed among thirty to forty scholars. He thinks that iodine crystals might work still better, and that twice the dose might be preferable. This "iodation" of the school rooms has a number of obvious advantages over administration of iodine by other means, and is, he declares, the true public prophylaxis, automatic and effectual. (*J. A. M. A.*)

So here we are again with another O. S. confirmation of the value of iodine in the treatment of patients with goiter. As usual, however, it remains for homœopathy to define the exact sphere of usefulness of this remedy, by individualization. Not all goiters can be cured with iodine, but all iodine patients will have their goiters cured or much reduced, when iodine is suitably administered.

No matter how we try, we cannot get away from the fact that patients must be treated and not diseases. Individualization is the keystone of the homœopathic therapeutic arch.

Influence of Musical Rhythm on Pulse Beat.—Reys' patient is a young woman whose pulse grew temporarily fast or slow to correspond to the rhythm of music. Even the beat of a metronome sufficed to modify the pulse beat to correspond. He reproduces the tracings of the pulse while the third or fifteenth Chopin preludes were being played in the room. With a metronome ticking 192 times to the minute, the pulse beat was 96 to the minute: 1:2. With a metronome beat of 80, the pulse was 80. With a metronome beat of 40, the pulse kept at 80. The subject was a young woman who at one time had been treated for "piano arm," but did not seem to be nervous. (*J. A. M. A.*)

A Dutch medical journal records the above, which is of interest to homœopaths who well understand the various effects of their remedies in relation to music. Thus NATRUM CARB., NUX VOMICA and SEPIA are sensitive to music (kind not stated nor whether produced by the Bodansky Symphony orchestra or by the Boonton Firemen's Band). AURUM METALLICUM is soothed by music. Good music, incidentally, is apt to cost much aurum. *Tarantula* is sent into ecstasies, saltatory and terpsichorean in nature; no doubt the accompanying castanets of sunny Hispania do much to accentuate the rhythm and the increasing violent fervor of the dance. We still recollect most vividly, how Carmencita set all New York on fire by the wonderfully enticing gyrations and syncopations of her Spanish dances, many years ago.

If the usually phlegmatic and methodical Dutch can experience an acceleration of pulse beat, as did the patient of Reys, what, pray, must have been the effect upon the pulses of those obstreperous college students who, in the good old days "befo' de wah" were wont to warble such edifying classics as "Hail, hail, the gang's all here" and "We won't go home till morning" or words to this effect. Perhaps, who knows, the alcohol and not the music, had something to do with the circulatory acceleration. On with the dance!

Dog's Milk in Infant Feeding.—Legrand has witnessed four instances in which, after the puppies had been drowned the dog suckled the infant in the family. In one case Legrand advised utilizing the large female dog he noticed under the gypsies' wagon, when he saw that the gypsy twins he had delivered not long before were being fed

on insanitary soup. The animals in all the cases served with evident delight, running to the infant when they heard it cry. All the infants thrived on the dog milk. The fourth case was a boy of 10 who sucked his dog's milk after its puppies had been taken away. He said the milk was richer than cow's and goat's milk. In this case the lactation had been kept up for five or six months. (*J. A. M. A.*)

Romulus and Remus did the same stunt with the dog's ancestors several thousand years ago. History repeats itself. *Lac caninum* is, as every homœopath knows or should know, when highly potentized, a most valuable remedy, particularly in throat diseases, whether diphtheritic or not, characterized by an alternation of the symptoms from side to side as well as by a pseudo-membrane of china-like whiteness in appearance. Severe pain in the throat, shooting to the ears on swallowing, will be present. Puerperal mastitis also frequently finds a sure remedy in *Lac caninum*, which likewise has the power to dry up the milk in the mother's breasts. Sore throats which make their appearance at the beginning or end of menstruation are likely to need this beneficent medicine. Do not give it lower than the 30th.

Treatment of Intolerance of Infant for Milk.—Pierret reports three cases in which the intolerance for condensed milk or breast milk seemed to be the result of anaphylaxis, and was conquered by Weill's anti-anaphylaxis. The child was injected subcutaneously with 5 c.c. of a mixture of 2 teaspoons of unsweetened condensed milk and 4 tablespoons of boiled water. There was no general reaction, no fever, and two days later the child began to thrive on the condensed milk diluted 1:4. Before this it had responded with high fever and diarrhea to every attempt to feed it with condensed milk. The temperature chart shows the remarkable change brought about by the injection in the 11 month infant. The other infants were 6 weeks and 3 months old and a subcutaneous injection of 5 cc. of the mother's milk arrested the digestive intolerance, fever up to 39 or 40 C. (104 F.) and diarrhea at every feeding. (*J. A. M. A.*)

Subcutaneous injection, however, is not at all necessary, as Simonson, of The New York Homœopathic Medical College and Flower Hospital, has shown. Simonson, in a similar case of milk intolerance, overcame this very quickly by using potentized preparations of breast milk, commencing with the sixth decimal potency and gradually descending to the "mother tincture" itself. Of course, Simonson is a mere homœopath, which makes a difference, we are told.

Death Due to Swallowing the Contents of a Golf Ball.—An inquest has been held on a girl who died after swallowing some liquid in stripping the covering from a golf ball with her teeth. Analysis disclosed that the core of the ball was a liquid contained in a small rubber pouch. The liquid was strongly alkaline, and its basic principle was sodium silicate. Serious injury to the eye of a golfer through the inner core bursting on examining the construction of a ball has previously occurred in this country. Analysis of the contents by the *Lancet* revealed that the inner rubber pouch contained a fluid of high density which proved to be a strongly alkaline fluid consisting mainly of potash soap. (*J. A. M. A.*)

We present this interesting account of the potential lethal activities of the usually innocent golf ball for the express benefit of those of our subscribers who, when they are not occupied in reading THE HOMŒOPATHIC RECORDER, are busily chasing the elusive sphere over the puts and hazards of the golf links. Now teeth, of course, whether natural or artificial, serve a most useful purpose in the preparation of our food, for its long and downward trip through the alimentary canal, but it is extremely doubtful whether old dame Nature ever intended them to be put to such an unholy use as the chewing of a golf ball. Golf enthusiasts frequently grow quite peevish and heated during a game and certain of them have been observed to chew their mustaches, as a sort of vicarious discharge of pent-up anger or irritability which the ethics of good society deny any other egress. But to chew golf balls, the very thought is almost beyond conception!

Sodium silicate or *Natrum silicatum* was proven by the late James T. Kent and in its pathogenesis presents numerous symptoms which classify it as a powerful and deeply acting remedy. A general aggravation from cold or cold air and a pronounced sense of weakness are characteristic. Drafts of air aggravate, likewise any change of weather. Great lassitude and desire to lie down, show how severely it affects the economy. Induration of glands is also one of its marked effects. Perhaps this explains its use in golf balls?

At any rate, it is another compound remedy which deserves a careful proving.

The Popular "Arsenicals."—Under this caption the *Journal of the A. M. A.* quotes the *Archives of Dermatology and Syphilology* regarding the "many therapeutic perplexities which still remain at

the end of nearly a decade of trial for the types of compounds (606, arsphenamin, salvarsan, etc.) which Ehrlich introduced." *J. A. M. A.* then goes on to say: "It is recognized that the exact composition of arsphenamin in its available form is not fully determined. As has been emphasized again, the quantitative determination of arsenic alone in arsphenamin is insufficient to estimate its purity; in fact, interstate sale of arsphenamin is controlled by toxicity tests on guinea-pigs made by the Hygienic Laboratory of the United States Public Health Service. Consequently, practical medicine must be on its guard to employ a product which is carefully controlled by such toxicity tests as well as by other criteria. It will not do to charge untoward results offhand solely to idiosyncrasy of the patient, faulty administration or other errors in technic. The drug itself still has inherent dangers. It should be borne in mind also that neo-arsphenamin behaves differently in the animal organism from arsphenamin, and should not be regarded simply as arsphenamin in a convenient form for administration.

It is gratifying to learn from a government expert that after the long struggle to produce satisfactory products, arsphenamin preparations made in the United States are generally less toxic than those of foreign manufacture. Neo-arsphenamin preparations made in the United States compare favorably, and in certain instances are decidedly less toxic than most of the foreign products. Timely presentations of the faults and dangers as well as the undisputed advantages of current therapy in the management of syphilis should be welcomed."

You, dear reader, in your simple-minded homœopathic way, no doubt consider arsphenamin a highly dangerous drug. You think that your own pharmacopœia can afford something better; you believe that if any *arsenical* is indicated, it is best given in a properly potentized form such as the sixth decimal, twelfth centesimal, thirtieth, two hundredth and higher. You think you know that there are other remedies of your acquaintance useful in syphilis and you believe that their use is not only successful, but free from all possible danger to the patient.

But please remember that by the rank and file (especially the rank) of the O. S. persuasion, you are rated as a sort of medical imbecile, a poor, deluded, credulous fanatic who still thinks that there is something in homœopathy. Poor fools that we are; alas, alas!

But listen to this, again culled from the fountain head of all medical knowledge:

Death After Arsphenamin Injections

“Deaths following the use of arsphenamin injections continue to be recorded from time to time. An inquest has been held on a woman who contracted a chancre on her nose. The source of infection appeared to be some dirty rags which she removed from underneath a bath in an empty house. She was given three injections of 0.3, 0.3 and 0.45 gm. according to the recognized standard treatment. Five days after the last she became unconscious, and on the following day she died without regaining consciousness. A necropsy failed to determine the cause of death, and the organs were sent for analysis, with the result that a grain of arsenic was traced. The analyst expressed the view that the woman was unduly sensitive to the drug. Her friends had the satisfaction of hearing that the treatment had been the approved one.”

“Her friends had the satisfaction of hearing that the treatment had been *the approved one.*” How nice! What a world of comfort to the dear friends as they gathered about the ornate casket, to take one last, lingering, loving look at the dear departed. Imagine the closest friends saying in mournful tone, between great gobs and sobs of grief—“Mamie, dear, now rest in peace, though we shall miss you we are at ease, we know why thus you were removed, t'was by orthodox treatment, regularly approved. Amen!”

'Tis better to die regularly than to recover irregularly!

Aurum muriaticum natronatum.—The double chloride of gold and sodium is a useful remedy in uterine hyperplasia—enlargement of the uterus following childbirth, with failure to undergo normal involution. The uterus is heavy, bearing down is complained of and the woman is mentally depressed and physically fatigued. Tumors of the uterus and ovaries are said to lie within the therapeutic range of this remedy, whose pathogenesis naturally resembles most nearly that of gold itself—*Aurum metallicum.*

So far as the pelvic symptoms are concerned, *Sepia*, *Fraxinus americana*, *Lilium tigrinum* and *Natrum hypochlorosum* are to be compared. Inasmuch as gold has an affinity for the arterial vessels, its use has been recommended, when the symptoms agree, in arteriosclerosis, as well as in myocardial degenerations. Crawford Green.

of Troy, N. Y., has reported several striking ameliorations of conditions found in cases of arterial degeneration, with a marked lowering of the blood pressure, after the administration of Aurum muriaticum natronatum. He has used the lower triturations, such as the 3d and 6th decimal potencies. In two likely cases, both incurable, with one daily dose of the thirtieth centesimal potency, given over a period of from two to three weeks, we have been able to bring about some general improvement in the condition of the patient, as well as a distinct lowering of the blood pressure. In one patient, a woman afflicted with an advanced interstitial nephritis, the systolic blood pressure dropped within ten days from 200 mm. to 170 mm.

This effect of the remedy is certainly of interest, tending to define more clearly its therapeutic sphere and scope of action. Possibly, in the early stages of organic disease, where the cardio-vascular and renal systems are involved, curative results with this salt may be obtained.

Its study is at all events to be recommended.

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PSORINUM*

The ancient doctrine of signatures pointed the way to many remedies which, through greater knowledge of their powers and action, have today become our important agents in the alleviation and cure of disease. Similarly, in the dim and distant past, many bizarre animal as well as disease products, were used, crudely, to be sure, in medicine. These have since been experimented with, refined and proved, until now we speak of and use animal or organic extracts, vaccines, nosodes, etc. The term "nosode" belongs to homœopathy alone and designates a class of remedies the wonderful capabilities of which are known strangely enough, to but few physicians. It is indeed a severe indictment of our own school that so few homœopathic physicians are acquainted with the proper uses of the nosodes. This neglect to study and use these remedies curtails to a serious degree the ability of our physicians to cure many deeply seated chronic states which are not amenable to the ordinary remedies.

Hahnemann, in his "Chronic Diseases," speaks of the three great miasms, psora, syphilis and sycosis. Not all homœopaths have subscribed to his theories regarding chronic diseases and the term "miasm" is, of course, obsolete and misleading at the present time. Those, however, who have seriously studied the question of the origin and nature of chronic disease are struck by the fact that modern pathological and bacteriological investigation does not, after all, offer the real explanation. Pathology photographs, as it were, the end-products of disease, bacteriology identifies the accompanying microscopic agents which play an unwelcome part; but which do not, in the last analysis, explain the fundamental reasons and causes. The personal equation of the patient himself, always remains to be con-

* Read by the editor before the annual meeting of The Southern Homœopathic Medical Association, Richmond, Va., November 18, 1920.

sidered and it is this factor in relation to which, the nosodic remedies such as *Psorinum*, are to be regarded. It matters little whether we speak of a miasm or of a diathesis, of psora, or scrofula, of tuberculosis or of hypothyroidism, so long as we keep in mind a sick individual who has so radically departed from the physiological normal that his constant state is one of slowly progressing ill health. Regarded in this light, the names psora, syphilis and sycosis will come to have a far greater significance for us as physicians seeking to cure, than is now apt to be the case and will lead us out of the fog of idle speculation into the clear atmosphere of logical reasoning, for we must at all times remember, that as homœopathic prescribers, we are treating patients rather than diseases.

So, then, *Psorinum*, the subject of our brief essay, ought to have a peculiar interest for us, based upon its unusual individuality, for remedies possess these in the same degree as patients; were this not so, we could not speak of a law of similars. Perhaps the greatest characteristic of the *Psorinum* patient is his extreme sensitiveness to cold, which accompanies and modifies, as it were, all his symptoms. The *Psorinum* patient bundles up when others hardly feel the cold at all. Without this sensitiveness the remedy is never indicated and by this fact alone can be easily differentiated from such remedies as *Pulsatilla*, *Lycopodium* and *Sulphur*, which crave and love the cold open air. *Psorinum* takes cold easily, with all that this implies; the patient who needs *Psorinum* is persistently afflicted with frequently recurring attacks of catarrhal inflammation of his mucous membranes. Hence he suffers from chronic nasal catarrh, pharyngitis, bronchitis, etc. His tonsils become enlarged; with chronic inflammation of their crypts, the latter filled with an offensive cheesy deposit, offensive indeed, both in odor as well as in taste. Recurrent attacks of suppurative tonsilitis are common and many a patient who is pestered by annual winter visitations of quinsy will be permanently cured of these attacks by this nosode. Aggravation of *Psorinum* complaints in the cold or winter months, is, therefore, a great characteristic of this remedy and offensiveness of its secretions, excretions or discharges is another, equally important. In fact, *Psorinum* tends to uncleanliness, slovenliness in appearance and dress. Oily, dingy, dirty skin is characteristic. *Arsenicum album* and *Psorinum* both dislike cold; but the former is a dainty, particular patient, exacting as to the details of his appearance; the latter is philosophically careless in this respect, paying little or no attention

to such niceties. Both remedies, however, are very valuable in the treatment of skin diseases. The Psorinum patient suffers from a variety of skin eruptions, chiefly eczematous in character and marked by offensiveness. Itching and burning are bitterly complained of and these distressing sensations are invariably worse at night, from the heat of the bed. This modality, viz., aggravation of the skin symptoms from the warmth of the bed, is an apparent contradiction to the general aggravation from cold. It is, however, apparent only and relates to the skin alone, in this respect resembling Sulphur; but easily differentiated by the fact that the latter loves cold and feels better in it.

Psorinum eruptions are vesicular and pustular in character, rhagades and crusts are common, always worse in winter and oozing an offensive moisture. This is suggestive of Graphites, with which remedy Psorinum must at all times be compared. In the diathetic skin diseases of children this remedy will often be required.

Diarrhœas which are obstinate, with dark, almost black, copious, watery stools of an extremely offensive odor, which permeates everything, are very characteristic of this remedy; also constipation with difficulty in expelling even a soft stool. The latter symptom reminds us of Alumina.

Chronic recurrent headaches which alternate with other manifestations, notably those of the skin, are amenable to Psorinum when the general characteristics are present and when the sufferer experiences marked hunger during the attack. Hunger at night is also typical, recalling both *Lycopodium* and *Phosphorus*, which have a similar symptom. Eating often relieves the Psorinum headache and going without a meal will bring one on.

Chronic otorrhœas, extremely offensive in odor, not yielding to the usual remedies, will often be cured by this great nosode.

The treatment of hay-fever and of its various manifestations presents much difficulty, as all physicians will admit. For homœopathic prescribers such remedies as *Arsenicum iodatum*, *Sanguinaria nitrate*, *Sabadilla*, *Succinic acid*, *Wyethia*, etc., have done wonders in modifying the actual attack and bringing it to a speedy termination. The radical cure of recurrent *æstivo-autumnal* catarrh is, however, quite another story. Here the deeply acting constitutional remedies will be required and among these, the nosode Psorinum occupies a place of prominence. Asthmatic breathing which, curiously enough, is relieved by lying down, with the arms abducted, will demand

Psorinum, though possibly *Laurocerasus*, which has a similar symptom, may be required. The symptom is certainly an unusual one, since most asthmatics, whether cardiac or bronchial, must sit up for relief. Psorinum, however, does the reverse and, in addition, requires a warm atmosphere as well.

Numerous remedies are useful in conditions where reaction is poor, feeble and slow. *Carbo vegetabilis*, *Capsicum*, *Sulphur*, are three notable examples. Psorinum is a fourth, particularly after exhausting acute diseases, when the patient despairs of ever regaining his health, is depressed, discouraged and believes that everything he may undertake is bound to end in failure. Slight effort causes him to sweat profusely; night sweats are likewise common.

In short, the possibilities of usefulness of this interesting remedy are large indeed and Psorinum should always come to mind in obstinate chronic disorders especially, when its great characteristics, as above briefly recited, are in evidence. Without these, the remedy need not be thought of, as it cannot accomplish anything unless these individualizing factors are present. To know the Psorinum patient is to know Psorinum and in homœopathy knowledge of disease and knowledge of remedies is interchangeable. We cannot know too much of either.

NOTES ON MATERIA MEDICA*

Harry B. Baker, M.D., Richmond, Va.

If in the later months of pregnancy your patient complains of great soreness in the abdomen, so much so that walking is very painful and at times impossible, give her five drops of *Bellis perennis* tincture in a teaspoonful of water, four times a day. She will generally be greatly relieved.

If in treating a chronic case one symptom persists after all of the others have cleared up, try a dose of *Carbo Veg.* in high potency. *Sabal Serrulata* will often enable an old man to pass his urine without the assistance of a catheter. Try it for enlarged prostates, five drops of the tincture in a little water four times a day. *Ceanothus* has reduced an enlarged spleen a number of times for me. It is a left-sided remedy and has an aggravation from lying

* Read before the Southern Homœopathic Medical Association, Richmond, Va., Nov. 17, 1920.

on the left side. I use it in the tincture. Hypericum is very useful in injuries to nerves, especially punctured wounds. It is claimed that it prevents tetanus. I always give a few doses to a patient who has stuck a tack or nail in his foot. It is a useful remedy in neuritis also. Nux vomica is an excellent remedy to begin a case of intermittent fever with when no remedy seems especially indicated. It will generally develop the case so that you can see the remedy and sometimes it clears it up alone. Here I use it in repeated doses and in low potency. In my experience Nux Vomica, Arsenicum, China, Eupatorium Perf., Natrum Muriaticum, and Ipecacuanha cover the great majority of the cases of intermittent fever, but you must always be on the lookout for the unusual case. For instance, where the chill is preceded by a dry teasing cough which is aggravated by cold air Rhus Tox. will probably be the remedy. Remember in prescribing for intermittents that the prodromal symptoms are most important. Should your case get mixed up and no remedy appear, give a dose of Sepia in high potency.

Fraxinus is a wonderful remedy for a prolapsed uterus. Of course, it does not take the place of operation where there has been laceration, though I have seen it give a good deal of temporary relief in these cases, but where the trouble is due to a relaxation of the supporting parts it gives fine results. I use five drop doses of the tincture. "Sleeps on the knees with face forced into the pillow," is a symptom of Medorrhinum which I have verified a number of times. It usually occurs in children. This remedy also has "burning of the feet," "great soreness of the soles of the feet; walks as if treading on egg shells." These symptoms occur in gonorrhoeal arthritis, and are greatly relieved by a dose of Medorrhinum. It must be given high. I generally use the cm. Don't forget Natrum Sulphuricum for troubles caused by injuries to the head. It is a wonderful remedy for these cases and rarely disappoints. Trillium Pendulum is very useful for uterine hemorrhages, especially those which come at the menopause, the flow is generally bright red. I think that the best results are obtained from the tincture.

For hemorrhoids which are very sore, painful to touch, worse from cold water and relieved by heat, give Muriatic Acid. If there is relief from cold bathing Aloe is apt to be the remedy, and where there is much bleeding and itching Sulphur would probably be indicated. Æsculus has the well known sticking sensation as of a

burr in the rectum, also great dryness of the rectum. I believe that the majority of cases of hemorrhoids are medical and should be cured by the indicated remedy. The four remedies above mentioned are the leaders in this work. I have derived great assistance from Dr. Guernsey's little monograph, and would feel lost without it. I have found Arsenicum the remedy in most of my cases of intermittent neuralgia, and I have generally been able to trace their cause back to an old attack of malaria.

Spigelia has special affinity for the left eye and frequently is the remedy for pain in that region, especially if ameliorated by heat and hard pressure. Magnesia Phos. is another remedy which has sharp pains ameliorated by warmth and pressure, but it is apt to be right-sided. I usually give Stannum Iod. 6x to an old person who has a loose rattling cough and no other special indications for a remedy. Dr. Mersch, of Brussels, Belgium, gave us a remedy, Chromico Kali Sulphuricum, which I have found very useful. Its most marked indication is a sensation of rawness in the post-nasal space. It is generally used low. Another recent addition to our materia medica for which we have to thank Dr. John H. Clarke, of London, is gunpowder. The old black gunpowder is the preparation used, and while there is as yet no regular proving of it, there are a number of verified clinical symptoms, and when it has a thorough proving will, I believe, take its place as one of our most valuable remedies. I have used it for carbuncles, crops of boils, enlarged glands, etc. In a general way it resembles Sulphur, which is one of its ingredients.

RECENTLY USED REMEDIES

Dr. Thomas G. Sloan
So. Manchester, Conn.

Bryonia has been indicated in nearly all of the cases of influenza this year (1920). The bodily aching, soreness of the eyeballs, headache, all worse from motion, slight coryza, dry cough hurting the upper part of the trachea and head, vertigo, chilliness and prostration have yielded quickly to *Bryonia*.

Recurrences of fever, with or without other symptoms, have promptly responded to this remedy unless some other remedy was clearly indicated.

Allium cepa: Hard, dry cough, worse evenings, in warm room, after going to bed, with or without coryza.

Pulsatilla: Earache in adults or children, as a complication of influenza, without definite symptoms. No cases of ruptured drum.

Phosphorus: Following Bryonia for loose cough with rawness under sternum.

Aconite: Hard, barking cough, evening and night, absent during the daytime.

Squilla: Cough followed by sneezing and involuntary spurting of urine.

Kali iodid: For the nondescript coryza, violent sneezing and copious lachrymation. Excoriating, watery discharge.

Hep. sulph.: Several cases of beginning alveolar abscesses.

Mag. phos.: The most severe *cramps* at the beginning of menstruation, better from *heat* and *pressure*.

SELENIUM*

E. A. Moulton, M. D.

Chicago, Ill.

The only reason, worth while, for any one writing a paper of a known remedy, of which there are pages describing its effect on the human organism, is that attention may be called to forgotten resources that may be needed.

Many papers have been written for Materia Medica bureaus which have failed of their purpose because of a lack of coherence or because in the effort to describe the wealth of symptomatology characteristic of most of our remedies, the real nature of the drug was lost. This paper will be brief.

The method of interpretation which has been of greatest help is that of Dr. Kent. The use of the colloquial style introducing you to the strange, rare and peculiar nature, or personality, if you will, of the remedy, has proven itself of great value to students. Homœopaths great and small are students as long as they live.

This valuable unit of our Homœopathic Armamentarium has a

* Read before the annual meeting of The International Hahnemannian Association, Cleveland, Ohio, June, 1920.

special use as it has no peer in the management of the patient with an unmanageable appetite for alcohol of the periodic drinker.

It has all the amativeness or lasciviousness which characterizes a certain type of inebriate.

Mental weakness, *unfitness for any sort of work*. Thoughts are lascivious, worse when alone, very irritable, lazy and sleepy. Loquaciousness as marked as Lachesis due to nervous unrest and exhaustion. Worse in the evening. Slightest task seems unsurmountable. Inability to commence anything; but may do it if he starts. *Memory unreliable*. Dreams of forgotten things; of day's work.

Vertigo and general symptoms all worse in the evening. Vertigo with faintness, cold sweat and pallor (*Tabacum*) and vomiting. Vertigo worse when riding, standing and in the evening.

Head symptoms have the characteristic stitching, jerking pains in the forehead and temples, with heaviness in the vertex and occiput. Worse after drinking sour drinks, as lemonade or sour wine. Worse from odors and *hot weather*. Worse in the afternoon and evening. Periodic headaches over *left eye*. Waving and fluttering sensations in the brain.

Eyes: Twitching, burning pains with herpetic eruptions on the lids. Myopia, lachrymation with diminished vision.

Mental and sexual prostration: *Loses semen and no erection*. Comprehension difficult. *Uncontrollable lasciviousness*. If these thoughts are distressing to the patient he is curable; but he can't be cured if he delights in such things. He dreads society.

Stomach and Abdomen: Aversion to solid food. He *craves whiskey and cognac*. Pulsation over body after eating. Worse from sugar, salt and tea. The liver is enlarged and patient suffers from long lasting constipation with *hard, impacted stool*. Stitching pains in the liver and at times a fine rash is seen over the liver and right side. Loss of appetite.

Urine dribbles, due to laxness and vesicular weakness. Involuntary urination when walking. The urine is dark red and scanty. Red sand and sediment is found in it.

In the male sexual system are found some of its most striking symptoms and uses. *Weakness and impotence*, with thin semen. *Lewdness*. *Slow erections and quick ejaculation*. Prostatic fluid escapes during sleep. Disagreeable feeling along urethra, as fluid escapes. *Dribbling after urination*.

Respiratory organs: *Hoarseness on beginning to sing*. Cough,

with expectoration of bloody lumps. Worse in the morning. Has proven useful in tubercular laryngitis. The cough is deep in the chest and there is oppression of breathing. Dryness of nasal passages. Stitches in lower thorax, either side. These symptoms, plus mental and sexual picture, complete the indication.

The neck and back are weak and stiff, especially in the morning. Cramping and stitching pain in the small of the back. Some patients complain of weakness without pain. *Weakness following typhoid.*

Extremities: Cramping and stiffness in the morning, with tearing, stitching pains, not inflammatory in character, but due to debility. Emaciation of the extremities, plus weakness.

The sleep is light and easily broken. Dreams of things his conscious mind has forgotten. Awakens early and is sleepless before midnight, although the patient feels sleepy.

The generalities present *weakness* and *general debility*, both *sexual and mental*. The patient *feels worse in hot weather*. The sweat stains the linen yellow and stiffens it. The skin itches, particularly about the ankle joint.

The pains of the remedy are stitching and jerking in character.

It is long and deep acting, like Aurum met. Graphites and Mercury finding its range of action in hereditary, life-long complaints. The records of its usefulness can undoubtedly be amplified from the experience of others.

THE SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

We left New York in a pouring rain, glad to snuggle into a "lower" on the 8:45 P. M. for Richmond. Ho for the sunny South! And sunny it was on Wednesday morning, November 17, when the train rolled into the Union Station. Arrived at the Jefferson, the clans were already trekking in from west, north, south and east. The hotel lobby was buzzing with cheerful conversation and friendly greetings—even the old alligator in his palm tree bower and shady pool, blinked his eyes as though he quite understood the hubbub of the occasion. Promptly at nine o'clock, President Smethers called the convention to order and the work of the association began.

Materia medica held the place of honor and some most excellent papers were read and what is better, were thoroughly discussed, for

nothing is more discouraging to an essayist who has travelled oodles of miles to read his paper, than to find his effort received in sphinx-like silence. Dr. Juett, of Lexington, Ky., was the chairman of this bureau and felt himself well repaid for all the effort he had put forth to achieve success.

In the afternoon, the bureau of homœopathy held sway and again most interesting essays and discussions were listened to. Wednesday evening was the occasion for the public meeting, at which Mayor Ainslee, of Richmond, in a graceful speech, welcomed the members to his beautiful city. Dean Sutherland, of Boston University School, addressed the audience in his customary scholarly manner and held them in rapt attention for three quarters of an hour, after which Dewey, of Ann Arbor, showed his interesting lantern slides of homœopathic hospitals located in the many different countries of the globe. As we sat and watched the various pictures of homœopathic institutions, we could not help but wonder what Ann Arbor will be without Dewey and W. B. Hinsdale, when these two veterans shall have left that honored seat of medical learning. Where are the men to come from who are to fill the places of our retiring teachers of *materia medica*? Who will fill William Boericke's place in the University of California, when he retires, as soon no doubt, he will? The present generation of young homœopaths lacks the enthusiasm and fire of the older men. The Allens, the Dunhams, the Farringtons are no more! This is the age of surgery, of specialism and of commercialism as well.

Thursday morning, the O., O. & L. Society had the program in its keeping, under the staccato leadership of George Washington Mackenzie, of Philadelphia. Mackenzie reminds us of Longfellow's "The Village Blacksmith"—he looks the part and can act it, too, as his vigorous, verbal sledge hammer blows testify. One gentle hint we would give our specialist friends—develop your art with an eye to closer coördination with homœopathic *materia medica* than is now in force with most of you. Many of you are blind to an enormous field of helpfulness which lies quite outside your marvellous manual dexterity.

Philosophy held sway on Thursday afternoon and many essential truths of fundamental principles were set forth and clearly elucidated. Later, Old Hahnemann's dermatological marvel, Ralph Bernstein, of Philadelphia, exhibited his projectoscopic skin clinic. The best of "Bernie" is the fact that his homœopathy is as good as his expert knowledge of skin diseases. Down in dear old Philly

he teaches not only dermatology, but Hahnemann's Organon as well, which after all, is quite as it should be.

Of course, no convention would be complete without Dean Pearson, of Philadelphia, whose chief ambition in life, when he isn't brewing chemical mixtures, is to call late meetings of the College Alliance. The Southern was no exception, for Pearson corralled Sutherland of Boston, Cobb of Chicago, Burrett of Columbus and Rabe of New York and together with McCann of the Institute, Dewey, Street and Ferree had them hog-tied in the committee room until one-thirty in the morning, discussing matters of importance to homœopathy and our colleges.

From distant California came C. E. Fisher, founder of the Southern Homœopathic Medical Association, keen of mind, alert and vigorous as ever. Miami sent Monroe, always in good humor, but ready to fight for homœopathy at the drop of the hat. McCann of Dayton, president of the American Institute of Homœopathy, was much in evidence, as becomes a thoughtful leader looking after the welfare of his flock.

Richmond is a rapidly changing city. The old stateliness of its homes is giving way to the more modern utilitarian industrialism of the present age. Beautiful East Grace street is taking on an air of business and homes are changing into marts of trade. As yet the old and the new are mingling, but the warm Southern hospitality gleams through it all. The shiny green of the magnolia is still untarnished, its foliage unscathed by winter's oncoming hosts.

Leaving Richmond with regret, we journeyed to West Point on the river York and here boarded the roomy steamer "Annapolis," for Baltimore. Sailing down the calm waters of the York, the moonlight added beauty to the scene. Several landings were made, notably one at Gloucester Point, where many barrels of succulent Lynnhaven Bays were hustled aboard for the Baltimore market. Old Yorktown was touched at, too, to deliver and carry away the mail and in the silvery light we fancied we could see Lord Cornwallis as in his red coat, he marched to surrender to the victorious Rochambeau and his six thousand French. To-day, Yorktown, due to the great war, looks very different from its former peaceful self, as huge American warships lie at anchor in the deep channel off its shores. But things and times change and we must hurry on, bidding a fond farewell to the 1920 session of the Southern Association as echo answers, "Au Revoir," at Knoxville, next year, when Dr. Juett of Lexington will preside.

MY SOUTHERN AND NORTHERN JOURNEY.

Eli G. Jones, M.D., 1331 Main St., Buffalo, N. Y.

In the month of October I attended the fifth annual meeting of the Medical Society of United States at Hot Springs, Ark. The name of Hot Springs seems to be well chosen, for there are 44 hot springs with an average temperature of 135° Fahrenheit, the hottest one being 157°. They discharge about 800,000 gallons per day, and are located on U. S. Government Reservation.

The Government employed an eminent chemist to investigate the Hot Springs, and the result of this investigation shows conclusively that the water of the Hot Springs are all radioactive to a marked degree. The climate was delightful to me, the days, though warm, were not uncomfortably so, and the nights were cool, so a person could sleep the "sleep of the just." Every hour of the meeting was *full* of interest. One evening of the session was given over to a public meeting that was well attended.

The speakers were Dr. W. A. Guild, Des Moines, Iowa, on "Basic Principles of Healing Through Orificial Means." Dr. Charles E. Mooers, Seattle, Wash., spoke on "How to Influence the Child in Pregnancy Through the Mother by Proper Medication."

The writer gave a lecture on "Retention of Waste in the System and Its Treatment." The above lectures *held* the attention of the audience from *start* to *finish*.

The meeting at Hot Springs was a grand success. It is a great pity that all our readers of THE RECORDER could not have been there to *enjoy* it with us. Many of the doctors present said that they "*never* attended a medical society meeting where they *learned so much* as at that meeting."

Hereafter this society will take *advanced* ground, for every annual meeting will be practically a SCHOOL OF INSTRUCTION, where our doctors can attend and learn the latest; the *best*, and the most *definite* means of *healing* the sick. At every annual session we will have a public meeting one evening, for it is the policy of this society to take the *public into our confidence*, and tell them what we are *doing* to *cure* the diseases *common* to our country.

Dr. Charles E. Mooers, Seattle, Washington (a student of mine), was elected President for 1821. Dr. Mooers had a prominent man in that city consult him professionally. The doctor began to read his

face, eye, pulse, and tongue as he had been taught to by me. The patient said, "Doctor, I want you to give me a thorough examination." The doctor said, "You are now *getting* the most *thorough examination that you ever had in your life!*"

Dr. Guild *believes* in orificial surgery; if you don't think so just ask him about it. When I hear anything about orificial surgery it makes me think of the story of an old lady down in Maine. She went up to Boston to consult a specialist (I presume he was an orificial surgeon). The neighbors were very *curious* to know what was the matter with the old lady. So when she returned home she said that "she had been up to Boston to have her rinktum (rectum) scraped!"

In November I was invited to deliver a lecture before the "Canadian Institute of Homœopathy" at Toronto, Canada. The members of the society are readers of THE RECORDER, and are *bright, brainy* men.

Upon my arrival in Toronto I was met at the depot by Dr. McFall and Dr. McLaren, and taken to the home of the former, where we had a nice dinner, and I fully enjoyed the visit with the above two doctors and their wives. The next day, Friday the 5th, the society met in Y. M. C. A. Room. The meeting was well attended and presided over by the President, Dr. C. W. Clark, of Toronto, with dignity and honor. I was asked to give a *helpful, practical* talk, and as soon as the meeting opened in the forenoon, I gave them a lecture, and I have *never* in *all* my 27 years' experience as a teacher of materia medica, seen a body of men so *anxious* to learn, so *willing* to be taught as *they* were. They seemed to try to grasp the *great truths* of *Definite* Diagnosis and *Definite* medication.

We had dinner served the society in the same building, and I think we all did justice to a *good* dinner. The President and I had planned to have a quiet smoke after dinner, but "alas, the best laid plans of mice and men," etc., for we saw the sign, "No smoking allowed."

After dinner Dr. Clark informed me that "the members wanted *more* talk from me." They wanted "some" more of the same. So I gave them another lecture that was listened to with the *closest* attention. A vote of thanks was tendered me for my lecture, and led by the President, one after another of the members spoke of my "talks" to them, how much they *appreciated* them. For they

said I told them many *facts* that they *never* heard of before. They could not seem to do *enough* for me with their courtesy and kindness, to show how much they *valued* my talk to them.

The visit to Toronto will be a "Red Letter" day in my life's history. It will be long remembered as one of the most *delightful* visits I ever had anywhere. Dr. McFall and Dr. McLaren took Mrs. Jones and me in an automobile and showed us all the interesting points in Toronto. We fully *appreciated* all their kindness and courtesy to us. We were strangers to them, but they took us to their hearts and homes. It is a great pity that we don't have more practical lectures of that kind at all our medical societies, instead of filling up the time of the meeting with *dry, uninteresting technical* papers of no *practical* value whatever because they don't tell us *definitely* how to *cure* any thing. Each medical society should have a "post-graduate" course of lectures by two or three prominent physicians; let the lectures be *practical, helpful, not theoretical*. What the members *need* is something that they *don't* teach them in the medical colleges, and what will *help* them to be *better* physicians. The reader should remember the value of Silica marina 3d x (sea sand), composed of Silica and Natrum mur. It is indicated in dilatation and dislocation of the stomach, 10 tablets night and morning. I have seen *good results* with the above remedy.

When there is a headache, as if the temples would *burst* or the eyes *burst out of the sockets*, it indicates Usnea Barbata 3d x, 10 drops every hour until relieved.

When there are sharp *sticking* pains in *both* ovaries, *better* bending over, by lying on *left* with legs *flexed*, the above symptoms indicate Apium Graveolens (Celery), 1st x, five drops every two hours.

May the New Year, 1921, be a *prosperous* year for *all* our doctors, may they resolve to be *better* physicians than *ever* before, to do *more* for the sick and suffering than ever before.

ARSENICUM ALBUM*

Guy Beckley Stearns, M. D.

New York

A man of 53, had been ill for fifteen weeks of septic endocarditis and was in extremis; he was delirious, covered with purpuric spots, very restless, had hiccoughs constantly and painful spasms of the diaphragm for three days. Arsenicum covered his case, relieving the hiccough and causing sufficient reaction to prolong his life for two weeks. Study of his case made it clear that *Arsenicum* had been his remedy from the start—that is to say, fifteen weeks before I was called in.

I obtained from the family all the early symptoms which they could remember and reviewed the few similar cases that had come under my own observation. *The only salvation for these cases is the administration of the exact similimum, early.* This man first remained home because of a slight fever and headache; then, three days later, went to business, although feeling weak and in the evening found that he had fever, so stayed home again and called in his physician. After twelve days, a heart murmur was discovered. All that I could learn from the family was, that he objected to remaining at home as, for the first three months, he did not feel that he was ill enough to make staying home necessary; all that he suffered from was some pain in the occiput and inability to get his head in comfortable position because the scalp was sore, and he felt worse when the weather was wet. His appetite was gone, but during the first half of the night he was thirsty for small amounts, frequently repeated.

The urine was profuse at first.

Restless and worried from the beginning of his illness and this worry and restlessness were worse during the first half of the night.

This is not a text-book picture of arsenic, but, reviewing the salient features, we have:

1st. A streptococcic infection; the streptococcus causes virulent infection which tends to invade the entire organism instead of localizing.

* Read before the annual meeting of The International Hahnemannian Association, Cleveland, Ohio, June, 1920.

Arsenic is a virulent poison and clinically is one of our commonly indicated remedies in septic infections. So the quality of malignancy of infection must be recognized early and is one of the keynotes of arsenic.

2. Restlessness is one of the most typical things about arsenic and we are taught that it is worse at night, especially from 1 to 3 A. M. I have often observed, as in this case, that the restlessness begins in the evening and is worse before midnight. As to the worry in this patient's case, there was much in his business affairs to cause it. But he was not what could be termed "anxious." In my serious Arsenic cases, anxiety has been as often absent as present, and in some cases there has not been even restlessness.

3d. Appetite and thirst. He had the classic combination: loss of appetite and increased thirst for frequent, small amounts. Later, he had neither appetite nor thirst. In severe acute illness requiring Arsenic I have just as often found thirst insatiable for large amounts—"Can't drink enough." Occasionally thirst has been quite lacking.

At times, the lack of appetite is very striking and is expressed by both words and countenance—"I can't endure the thought of food." This symptom is given by Lippe as "loathing of the thought of food."

This keynote is one of the most valuable that I have picked up for Arsenic.

4th. Aggravation in wet weather: this is at times a strong modality in Arsenicum, but I do not remember ever meeting it in an acute case before.

5th. This patient could not find an easy place for his head because the scalp was so sore; Hering gives the highest value to the following symptom: "Can scarcely bear to have the hair touched, because the scalp is so sensitive."

All these symptoms developed sufficiently early in the attack for a careful prescriber, even though at first he might not have seen Arsenicum as the remedy, to find it very soon, by comparing groups of remedies having the general characteristics: "Worse in wet weather, worse before midnight, and restlessness." Since the patient had vitality enough to live seventeen weeks, he might have had resistance enough to live with the aid of Arsenicum, if given early.

There are a few other indications on which I have learned to rely.

Usually there is something characteristic in the face; if the illness is well developed, the expression registers "sickness" and with this

may be anxiety or suffering or distress. The face may be pale or flushed, blue or hippocratic, but the evidence that the patient is ill is plain. Very characteristic, however, is an angry, circumscribed flush on the cheeks; this is as characteristic as under Phos. or Sang. or Sul. It has often been the first symptom in serious cases to lead me to study Arsenic.

Another objective symptom relates to the tongue.

In gastric conditions, it may be white as though whitewashed; in infections, it is thickly coated, with red edges, or it has a red streak in the center with red tip, or red edges which take the imprint of the teeth, or dry red with the papillæ elevated. All of these are characteristic and each is the kind of tongue that occurs in severe infection.

In one case of long-lasting infection, the patient complained of a constant sweet taste and that everything she ate tasted sweet.

We are taught that the *Arsenicum* patient is chilly; this at least is not always marked. Many of my *Arsenicum* cases have preferred the covers well up around the neck, but in a few instances this was not so. One thing I have observed and that is, that the patient would become flushed and warm toward late afternoon and in the early part of the night and then want the covers off. Hering gives this as "evening and night," and Sulphur has a similar symptom in the afternoon or evening.

In a case of septic endocarditis, in a young woman who died of it in about 5 weeks, the following were practically her only symptoms:
Hectic flush.

Face flushed and patient so hot that she demanded air and to be uncovered in the late afternoon and evening.

Coated tongue with red edges.

Sulphur has all of this and was given, but with only a temporary checking of the symptoms.

In the light of what I have since learned, *Arsenicum* was her remedy.

A Hollander landed in New York with an acute exacerbation of a chronic appendicitis. Complicating this was a severe bronchitis. The latter yielded to *Bryonia*, but a retrocæcal abscess formed. After the operation, the bronchitis flared up and the wound became infected. He was irritable, anxious, fearful of draughts; had a slight hectic flush; became flushed in the late afternoon and evening and then wanted the covers off; had much thirst and little appetite, the thirst being more at night; his feet were at times so hot that he put

them out of bed; and the pus from the wound was profuse, green and very offensive. Expectoration was copious and green. Sulphur slightly modified his condition, but under *Arsenicum* the wound became clean in three days, and in less than a week the surgeon freshened the edges and sutured them and there was no further trouble.

From this last, we can add "green discharges" as a keynote. I have observed green expectoration in pneumonias requiring Arsenic, but more frequently the expectoration has been frothy and white, later becoming bloody.

An old man with a serious pneumonic infection presented the following complex: The attack commenced with chilliness, severe headache and vomiting; his temperature was high and his pulse very tense. He had the hectic flush, the later afternoon flush and heat. He had responded to Aconite, in the manner that patients always do respond to a partially similar remedy, by temporary improvement. Then he rapidly began to grow worse, with mental dulness and confusion and involuntary yellow diarrhœic stools. At that time, I did not know the value of the hectic flush or evening heat symptoms, but whilst I was watching him, the nurse gave him a drink. After drinking, he gave a short, hacking cough. I asked the nurse whether he often did that and she said "Yes; every time he drinks." All through his illness he never coughed except after taking a drink. Arsenic is one of the remedies that have this symptom and it cured him. Since then, I have many times verified the symptom under Arsenic: "*Cough after drinking.*"

Now a word as to the Arsenic pains.

The classic burning pains, better from heat, are most frequently observed, but just as characteristic are sharp, cutting pains resembling those of Bryonia. These are worse from motion, but also are worse from touch or pressure, this last serving to distinguish them from Bryonia.

Illustrating the pains, a young woman with acute articular rheumatism involving both knees and ankles, had severe cutting pains, worse in the evening before midnight, with restlessness at this time and excruciating pain worse from the slightest motion or touch. Her tongue was heavily coated, with red edges which showed the imprint of the teeth. She was thirsty; said she couldn't drink enough, but, to use her own words, "could not bear the thought of food." Her face was pale.

Arsenicum cured her so quickly that she left the hospital in less than a week.

Another typical case was a young man who had influenza. Home treatment with aspirin brought him to the hospital very ill, with right-sided pneumonia. He had intense cutting pain in the lower right chest, worse on breathing or motion, worse lying on the right side; insatiable thirst, aversion to food, face pale with angry hectic flush, tongue white-coated with red edges; expectoration white, frothy and bloodstreaked.

As is usual when the exact similimum is given, *Arsenicum 30th* brought his temperature down to normal within 48 hours.

Arsenic cases of pneumonia are likely to develop pleuritic effusions which may become empyemas. He had the effusion, but it cleared up.

Summarizing the Arsenic infections: They are of a virulent type, such as occur from the streptococci, the influenzal, and other groups of bacteria that tend to spread through the blood, instead of localizing, or the toxins of which are very depressing.

From my observation, I believe Arsenic is the most nearly specific remedy for septic endocarditis and for a general streptococcal infection. I have cured with it one case of the former and one of the latter, and have seen two cases of septic endocarditis which died and in which Arsenic was undoubtedly the similimum—but which had not been given.

I have heard of two cases of infective endocarditis cured by Phosphorus and some consider Phosphorus the specific. It may be that honors lie between Arsenic and Phosphorus; they are closely related and have similar symptoms and one will help, where the other is better indicated, as I have a few times demonstrated.

The following combination of symptoms, however, can be absolutely relied upon: An angry hectic flush, with a red tongue or a white-coated tongue and red edges and red papillæ showing, or red streak down the center of the tongue, the patient being thirsty for small quantities of water frequently, or an insatiable thirst for large quantities, or, in rarer cases, no thirst at all. Lessened appetite, especially if there be loathing of food. Usually, although not necessarily, there is restlessness, and this is particularly characteristic when the restlessness is more noticeable around 1 A. M. or in the evening and the first part of the night. Very typical, also, is the flushed face and sensation of heat in the late afternoon and early evening, when the patient usually wants warm covering, though not always.

With any of the above-mentioned combinations the face may be pale or flushed all over.

In pneumonia, cough after drinking is a reliable symptom, and the expectoration may be green or frothy and white.

Loose cough is characteristic, where the patient recovers slowly, is pale, and has a pleuritic effusion.

The face almost invariably expresses severe illness. There may be burning pains ameliorated by warmth, or intense stabbing or cutting pain, aggravated by the least motion.

All of the above has been gleaned by repertorial analysis of many cases, followed by comparison with the *Materia Medica*. It is not possible to give elaborate comparisons, but the following remedies are mentioned in Kent's Repertory:

Septic fevers: ANTHR., *Apis*, ARN., ARS., Bell., BAPT., BRY., *Cadm.*, Carb. v., Cur., CROT. HORRID., ECHI., KALI PHOS., LACH., LYC., Merc., MUR. AC., PHOS., *Phos. ac.*, Puls., PYROG., *Rhus tox.*, *Rhus v.*, SUL., TARENT. C.

Hectic flush: ANT. TART., ARS., CHINA, *Colchicum*, Dulc., FER., Iod., Kali carb., Creos., Lach., LYC., PHOS., Puls., Sang., Stan., SUL.

Tongue with red streak down center: Arn., Arg. nit., Ars., Bell., Bry., CAUST., Cham., Crot. horrid., Eupat. pur., Kali bi., Lac. can., Phos., *Phos. ac.*, Pb., Sang., VERAT., VIR.

Tongue with red edges: ARS., Bapt., Canth., CHEL., Crot. horrid., Fluor ac., Gels., Iris, Kali bi., Lach., Lyc., MERC., Merc. bin., Nit. ac., Phos., Pb., *Rhus tox.*

Tongue with red tip: *Apis*, ARS., ARG. NIT., Fluor ac., Lach., Lyc., Nit. ac., PHYT., RHUS TOX., RHUS VEN.

Loathing at thought of food: ANT. CRUD., *Ant. tart.*, ARS., CHINA, COCC., COLCH., Ip., Puls., SEPIA, Thuja.

Thirst for large quantities: Acon., ARS., BRY., China, Cocc., Eup. perf., Fer. phos., Lac. d., Lycps., Merc. cor., NAT. MUR., PHOS., Stram., SUL., VERAT ALB.

Thirst for small quantities: *Apis*, ARS., Bell., China, Coloc., Corn., Hell., Lach., LYC., *Rhus tox.*, Sul.

STELLARIA MEDIA.

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

Stellaria Media, the common chickweed, has been before the profession since 1893, as stated by Clarke in his Dictionary. The HOMŒOPATHIC RECORDER, Vol. XIX, page 399, has a short article on the remedy. The rheumatic symptoms are prominent and pronounced and should be of great use. It acts prominently on the liver. Shifting pains may be a keynote according to Bellairs; Kopp confirms this.

Some eighteen years ago a merchant who had been the rounds of many physicians and pronounced incurable by a Chicago specialist on nervous diseases, stating that "nothing under the heavens could cure him," and charging twenty-five dollars for the encouraging diagnosis, came to me finally. He was a nervous wreck, neurasthenia or brain-fag, especially worse from mental work, fatigue and hard application, such as buying goods. He had pains in occiput, vertex, > pressure; > in open air, < in close air; neck close to head felt heavy, > pressure. Had the itch when a boy. When tired knees felt as if they would give way; pain and weakness in knees. General health fairly good; bowels regular; digestion good usually. Nervous chill or jerk at night on waking. Cold feet. Very poor sleep. Pain in upper part of sacrum, which is the first indication of having worked too hard. Flushing of face. Weakness in small of back. Stomach at times deranged with slight pain. Eyes were defective and we had a hard time to get properly fitting glasses. Very tired and weary, depression marked, a kind of fearful feeling. Rheumatoid feeling here and there. Etc.

My first prescription was *Psorinum* 14m (Y) which gave him so much relief that he slept eight hours the first night and said the next morning he felt very much better, and so encouraged him he was willing to continue treatment for nearly two years, with ups and downs and a change of remedies as symptoms changed. Remedies required were *Psorinum*, *Picric acid*, *Actea race.*, and a few others. Though much better he kept relapsing when overworking. Finally he complained so much of his knees paining, being stiff and rheumatoid pains, that I gave him *Stellaria* at various times as needed, clearing up the whole case with very marked and prompt action. Potencies used were from the 900 (Y) to the 4m (Y). He has had

no return of the trouble in more than fifteen years and is in robust health, working hard, and, incidentally, has been able to make several hundred thousand dollars.

MIND.—Gloomy, depressed, discouraged.

VERTIGO.—Dizziness on awaking in the morning; < turning head. Vertigo.

HEAD.—*Headache*, > a drink of cold water; with nausea, > cool room; confusing frontal headache, < smoking with great sleepiness and lassitude; from sudden jar or motion; throbbing, < stooping over; dull frontal, < l. side, < in morning, < motion, < warmth, passing off toward evening; dull headache from eyes upward; throbbing in temples and occiput, with nausea; dull, > pressure; violent all over; dull pulling pain as from a tight rubber cap; dull, extending upward from the eyes to the temples and back of head; cutting pain from temples through frontal eminences; dull supra-orbital, < over r. eye, with faintness; ache with nausea and perspiration, > by going into cool room; pain in neck with stiffness of muscles with headache, < by motion.

Rheumatic pains over r. side of head, especially at back; sore to the touch. Rheumatic pains darting through whole head, < r. side; through l. half of forehead, over eyes; sore to touch.

EYES.—Pain with nausea. Smarting and burning. Sensation as if eyes protrude. Lids feel swollen and hot, and eyes strained. Heavy sensation in lids. Swimming before eyes. Burning of vision. Dry feeling in eyes. R. ball sore to touch. Flushes of heat below r. lid. Darting pains in r. eye. Vision dim.

NOSE.—Dryness of nostrils.

FACE.—Neuralgic pains r. side of face. Burning on lower lip.

MOUTH.—*Dry*. Thirsty for small drinks often. Drink of cold water relieves headache and nausea. Bad taste on waking. Numbness of lower gums and tip of tongue. Sensation as if incisors were set on edge.

THROAT.—Numbness and dryness in throat, followed later by sharp stitching in l. tonsil.

STOMACH.—Nausea without vomit. Nausea almost constant, < in morning with drowsiness and lassitude. Loss of appetite. Smell of food nauseates. "Good dinners not palatable." Flatulence and belching of gas. Stomach sensitive to pressure. Irritable stomach. Slight nausea with frequent eructations, tasting of the drug.

ABDOMEN.—Stomach and bowels sore, < touch. Navel sore to

touch. Soreness and dragging pains in lower bowels. Wandering pains around navel, settling between navel and liver. Sensation as if liver was too large for body. Burning pains all over liver. Liver sore to touch. Burning pressure in region of liver. Bilious feeling. Pains in r. groin. Flatulence. *Liver engorged, swollen, pains stitching, tender, sore to pressure, < lying on r. side.* Flatulent distention with griping pains in transverse colon. Pain in l. hypochondriac region. Pain in epigastrium. Griping pains in small intestines.

RECTUM.—Stools loose, dark brown, attended with slight pain. *Constipation, or alternating with diarrhea;* from inactivity, sluggishness. Violent pain in rectum after stool. Large, hard, dry, stool with much flatus, anus sore and burning.

URINARY ORGANS.—Region of kidneys sore to touch.

RESPIRATORY ORGANS.—Short cough from tickling in upper chest, < deep inspiration. Hawking of viscid, saltish mucus.

CHEST.—Tickling in upper part; constricted; oppression; heat. Severe pain in l. side of chest. Stitching pain, especially l. side.

BACK.—Rheumatic pains across small of back, < bending. Loins stiff and sore. Dull pain under r. scapula. Sharp pain in small of back, over kidneys, coming suddenly, reaching maximum and stops suddenly. Dull pain from waist to shoulders, l. side. Sharp stitching pains in l. side of back in region of the spleen, severe and intermitting. Lancing pains in small of back, both sides. Stiffness and soreness of neck.

EXTREMITIES.—Joints stiff. *Wandering and shifting pains.* Pain in both shoulders. Rheumatoid pains in different parts of the body. Pains in gluteal region extending down thigh into calf and ankle. Shooting pains in hip, ankle and knee. Dull ache in l. arm and shoulder, < rest and warmth. Rheumatoid pains whole length of l. arm. Intermitting pains in both shoulders, upper arm and neck, l. side. Sharp, shooting pains in r. knee, > motion. Rheumatoid pains in joints of fingers of l. hand. Dull pain in elbow and arm. Intermitting pain in l. elbow joint, > motion. Crampy pains in muscles of r. forearm. Lameness in r. shoulder as if from rheumatism. Pain in biceps and extensors of arms. Rheumatoid pain in r. foot and leg. Pain in r. shoulder and upper arm, < after going to bed. Pain in scapular region, < moving arm. Sharp shooting pain in l. knee extending to ankle joint. Rheumatic pain in r. shoulder, < lying on r. side. Coldness of extremities. Hands warm, feet cold. Dart-

ing, rheumatic pains down r. arm, and in middle of index finger of l. hand. Rheumatic pains in r. hip; l. foot; ankle; l. knee; r. knee, < motion; below r. knee cap; in calves which are sensitive.

SKIN.—Psoriasis of 20 years standing (cured).

SLEEP.—Sleeps well, but unrefreshed on waking. *Constant sleepiness.*

FEVER.—Pulse slightly raised, but temperature normal. Chills.

GENERALITIES.—*Lassitude, indisposed to work.* General feeling of malaise. Tired, sore, strained feeling as from overexertion. General irritability.

MODALITIES.—Pains < motion; parts sore to touch; < morning; < from warmth, tobacco, at rest.

Better in evening; from motion; fresh, cool air; pressure (headache); eating; drink of cold water (headache, nausea).

TO THE EDITOR OF THE HOMŒOPATHIC RECORDER.

Dear Mr. Editor: I just read in the *N. Y. Times* of 12th June, that a new eleven-story fireproof hospital costing \$3,000,000, will be erected on the east side of Fifth Avenue, between 105th and 106th Streets, Manhattan. That this hospital is a consolidation of the Hahnemann and Laura Franklin Hospitals.

All this is welcome news for homœopathic practitioners in general; but why have the trustees decided to change the name of Hahnemann to 5th Avenue? Are we advancing so that Hahnemann and all his science and teachings should be thrown into oblivion while the so-called progress in scientific medicine corroborates, as we go, all that Hahnemann taught us? Lately we hear lamentations from New York that the College is not on a sound basis financially, and one dean after another has been called to relieve the situation, but all have left the job after a fair trial; while the N. Y. Post-Graduate School of Medicine in its appeal to the public has received a hearty response.

Why should this be so?

The Five Points House of Industry Hospital for Children has been turned over to the Allopaths after so many years of good record. As senior intern of this institution (1892) I can testify that this hospital proved to be an undeniable necessity for the com-

munity, by the cures made in the institution. Why this hospital, which still exists, has been turned over to the allopaths, Dr. Saint Clair Smith, the head of the medical board, might kindly answer.

As one who has lived about thirty years in New York, as a practitioner and has met our medical men on the rostrum, I have noticed petty jealousy, and that the rich practitioner, no matter what his mental capacity, has always occupied the teaching chairs, and the highest positions in our hospitals and clinics. . . . Hence the graduates year after year did not turn out to be scientifically equipped and therapeutically imbued with Hahnemann's teachings, nor conversant with homœopathic materia medica, but instead what our elder teachers of happy memory used to call mongrels, with a few exceptions.

The research laboratories, lately instituted in our different colleges, for new proving and verification of our drugs formerly proven by Hahnemann, Bœnninghausen, Stapf, Hering, and others, did but confirm what these teachers and masters have years ago left to us. And let me emphasize right here, the undeniable fact, that we are to-day earning our bread and butter, at the expense of their hard and painstaking persevering labors. I for one, who have travelled thousands and thousands of miles, visiting many famous medical institutions, came to America on the advice of the late Prof. Pierre Jousset and that of Dr. Alphonse Teste, both of Paris, for the simple reason that I wished to study homœopathy. I am not at all sorry for my tribulations but regret deeply to see such a change of the name of this new hospital.

JOHN ARSCHAGOUNI, M. D.

*Hahnemann Medical College and Hospital, Philadelphia, 1891,
Sr. A. I. H.*

NEW YORK,

June 12, 1920.

Editor's Note.—Dr. Arschagouni's letter, to which we gladly give space, was inadvertently mislaid some months ago. The doctor may not be aware that the Five Points House of Industry no longer possesses a hospital; but sends its sick children to the various city and other allopathic hospitals, when necessary. Homœopathy is no longer represented in this institution. So far as the doctor's criticisms of the change of name of Hahnemann Hospital and of conditions in our homœopathic medical colleges are concerned, these will receive editorial comment in the near future.

November 13th, 1920.

Editor HOMŒOPATHIC RECORDER:

In the October number, page 448, Dr. S. L. Guild Leggett makes a palpable error in writing, "The comparison of remedies which we call *Anamnesis*" The Standard Dictionary gives: "Anamnesis, the patient's account of his sickness as a basis for diagnosis." With us particularly applied to the diagnosis of the remedy. In Dunham's Lectures on *Materia Medica*, Vol. II, page 50, we find: "A very important feature in the examination of the case—a most important element of the case—viz: *the previous history*, or the anamnesis, as it is called." We *take* the anamnesis, but do not "*make*" it.

Faithfully yours,

HENRY L. STAMBACH,
H. M. C., Philadelphia, '79.

DEPARTMENT OF HOMŒOPATHIC PHILOSOPHY.

Stuart Close, M.D., Editor, 248 Hancock St., Brooklyn, N. Y.

CURE AND RECOVERY.*

By Stuart Close, M.D.

The Recall of the Medical Profession.—The advent of homœopathy in the world opened a new era in medicine and gave new meaning to the word "Cure." In the *Organon of Medicine* Hahnemann, in military parlance, "sounded the recall" to all physicians in the field and laid before them a new plan of campaign and a new method of attack upon the enemy forces of disease. For the first time in history it then became possible to treat diseases under scientific principles and perform true cures by medication.

The New Ideal.—Hahnemann contemplated the entire field of medicine from the standpoint of an ideal and efficient therapeutics. In the first paragraph of the *Organon* he penetrated directly to the heart of the matter and declared that the "physician's high and only mission is to restore the sick to health—to cure."

Here Hahnemann took his stand. From this point he viewed his field. By this standard he measured all physicians, all medical

* A lecture delivered, by invitation of the Dean, before the combined junior and freshman classes of the N. Y. Homœopathic Medical College and guests, October 28, 1920.

theories, methods and systems and desired and demanded for himself and his method, to be measured. He asked but one question, applied but one test, *Do they cure the sick?* Experience and observation of the men and methods of his day showed clearly that they did not cure. In the light of a vast and comprehensive knowledge and a bitterly disappointing personal experience, he pronounced the medicine of his day a failure and set about its reformation.

Cure was not then, as it has since become in the dominant school of medicine, an obsolete term. Physicians still talked and wrote of "cures," but vainly sought to find them. "The Art of Healing" or "The Healing Art" were familiar phrases, but the thing itself, like a will-o'-the-wisp, eluded them—then as it has ever since.

In the second paragraph of the Organon, Hahnemann gives, for the first time in medical history, an adequate and satisfying definition of the ideal expressed in the word "Cure": "The highest ideal of a cure is rapid, gentle and permanent restoration of health, or removal and annihilation of the disease in its whole extent, in the shortest, most reliable and most harmless way, *on easily comprehensible principles.*"

Principles, not Precedents.—In those last four words lies the main point of the whole matter. Cure is dependent, not upon precedent, opinion or speculation but upon the application of *Principles*; principles, moreover, that are "easily comprehensible." The only principles that are easily comprehensible are principles that *are true*. The only principles that are true are principles logically deduced from facts—*all the facts* that belong to the field of research involved. Simplicity—comprehensibility—is the highest criterion of Truth. The greatest truths are always simple.

Medicine in general and therapeutics in particular are authoritatively classified among the Arts.

From time immemorial the practice of medicine has been called "The Art of Healing." Hence, a cure is a product of art. Let us consider what is meant by Art.

Art Defined.—Art is practice *guided by correct principles* in the use of means for the attainment of a desired end.

An artist is one who is skilled in applying knowledge or ability to the accomplishment of a concrete purpose.

Psychologically, art is the superior work of reason and intelligence, actuated by a sense of beauty and the "eternal fitness of things."

Art transcends nature. It represents the victory of mind over

matter, of man over nature. The Artist can take a hint from nature and devise some quicker or better way of accomplishing certain purposes; as when the homœopathic artist takes the crude materials that nature provides and adapts them directly to therapeutic ends by potentiation, rendering them harmless, more active, more potent, more assimilable and hence more efficient.

Art not Imitation of Nature.—Art is not mere servile imitation of nature, nor of nature's processes, although such base imitations are constantly being foisted upon the medical profession and the public in the name of art or science.

Hahnemann says: "The vital force, capable only of acting in harmony with the physical arrangement of our organism, and without reason, insight or reflection, was not given to us that we should regard it as the best guide in the cure of disease. What man of sense would undertake to *imitate nature* in her endeavors of coming to the rescue. . . . No, the true healing art is that *intellectual office* incumbent on the *higher human mind* and *free powers of thought*, discriminating and deciding *according to cause*."

To illustrate: Many examples of the working of the homœopathic principle may be found in nature: The happy but unexpected results of accidental experiences, such as relief from rubbing a bruise, applying snow to a frozen ear, or radiant heat to a burned finger; the instinctive actions of sick or injured animals, as when they eat grass or leaves to produce vomiting when they are nauseated, or lick the secretions from their own wounds or sores.

If a homœopathic artist desired to profit by the observation that a dog had apparently cured himself by licking the pus from his own sores; or that a human victim of septicemia had recovered after accidentally or intentionally ingesting a portion of his own morbid secretions, he would not think of imitating these procedures. Desiring to ascertain the value of "autogenous pus" as a possible remedy, he would first submit the morbid product to the recognized scientific process of modification by mechanical potentiation, according to the method of Hahnemann and carry it to a point where there could be no question of the non-existence of toxic or septic qualities.

Having thus removed the obnoxious qualities of the substance and raised it from the physical to the dynamical plane, he would next submit it to the test of proving upon healthy persons; or, if he chose to approach the problem first from the clinical side he

would administer doses of the potentiated substance to the person from whom it was taken and observe results, checking them up later by the results of a proving.

To further illustrate: Venomous reptiles and insects inject their poison by puncturing the skin and obtain quick and positive results. This suggests but does not justify the use of the hypodermic needle for therapeutic purposes, than which no more pernicious violation of the principles of true medical art was ever devised.

The use of the hypodermic needle for therapeutic purposes is merely a slavish imitation of nature, and of nature in her most malignant moods. The avowed object of the procedure is to get "quick" and "positive" results, but, like many other questionable medical expedients, it is a violation of the principles of the healing art and an evil to be combated by every homœopathician.

If every hypodermic needle in existence were destroyed it would still be possible to cure or relieve every curable disease quickly and safely, by means of the appropriate medicine administered by the natural channels.

Imitation of nature is a paltry substitute for art. Whatever may be the outcome in the long run and final accounting, nature, temporarily at least, works irrationally, blindly, painfully and wastefully; as when she creates a million spawn to secure a dozen fish; or suppurates an eye away in the effort to remove a splinter from the cornea. Undoubtedly law underlies all such efforts, but it is a law violated, thwarted or hampered in its operations by adverse conditions. Art thereupon steps in, removes obstacles, quiets disturbance, improves conditions and accomplishes results *with the least expenditure of force*, by means perhaps similar, but always superior to those used by nature.

Cure is never accomplished by methods which are but a mere imitation of nature or nature's processes. Recoveries, only, result from such methods. Frequently great injury is inflicted upon the patient by the use of such methods, because many of nature's processes cannot be successfully imitated by man. There is always something which eludes us in our attempt to grasp nature's deeper secrets.

Distinction Between Cure and Recovery.—The favorable outcome of medical treatment may be either a *cure* or a *recovery*. To realize the ideal of cure, it is necessary to know the exact meaning of these terms and to be able to discriminate between them.

Failure to discriminate between cure and recovery engenders confusion of thought and leads to pernicious practices. The terms are not synonymous. Natural recoveries following treatment consisting of mere palliation of symptoms should not be mistaken for cures nor falsely paraded as such. In either case, a false standard is set up, injustice is done to the ideal of cure and scientific progress is retarded.

A Cure is always a Result of Art and is never brought about by Nature.—Nature, however, aided or unaided, often brings about a recovery, under the operation of natural laws. Fortunate indeed is it for humanity that this is true.

Aside from homœopathy, sanitation and surgery, the only real progress in handling the problem of disease during the last century has been in the adoption of hygienic methods of treatment tending toward natural recovery—the abolition of all drugs and dependence upon rest, diet, regimen and good nursing—known as the expectant method. The rate of mortality in certain diseases has fallen in proportion to the degree that meddling medication has been superseded by sound hygienic methods.

Definition of Recovery.—Recovery is the spontaneous return of the patient to health after the removal, disappearance or cessation of the exciting causes and occasions of disease, or as a result of treatment which is not directly and specifically curative in its nature.

Recovery takes place by virtue of the existence of sufficient integrity of organs and inherent power of reaction in the patient to overcome the disease-producing agency without the aid of the homœopathic or healing art. Recovery is favored by the application of sound principles of mental and physical hygiene, judicious mechanical or surgical treatment when required, avoidance of drugs used for their “physiological” (really pathogenetic) effects, and by enlightened sanitation.

The Expectant Treatment Inadequate.—Nature unaided, however, or with all the aid afforded by the expectant treatment and by sanitation and surgery, is unable to cope successfully with many forms of severe disease. Such diseases as cholera, yellow fever, pneumonia, diphtheria, typhus and typhoid fever, smallpox, and many other diseases take a heavy toll in mortality, practically uninfluenced by the expectant treatment, except as compared with the much greater mortality under ordinary drug treatment. If diseases

are divided into three classes with regard to their rate of mortality, the highest mortality is found among those treated by ordinary drug methods, the next lower under the expectant method, and the lowest under homœopathic treatment.

The Superiority of Homœopathy.—Homœopathy has gained its greatest triumphs in those diseases which are uninfluenced by even the expectant treatment. Of these cholera is a notable example. With a normal mortality of from forty to seventy per cent. under any other form of treatment, the mortality under homœopathic treatment, but otherwise under precisely the same general conditions, has been as low as four per cent. Substantially the same is true of other diseases, in all of which the mortality is distinctly lower under homœopathic treatment than under the expectant treatment, which is itself so superior to ordinary drug treatment that the leaders of thought and research in the regular school warmly advocate the abandonment of all drugs except mercury, quinin and morphin in special cases.

It is the duty of every physician to avail himself of all the resources of hygiene, sanitation and surgery, but it is also his duty to put prejudice aside and investigate the claims of a method of medication which can show such markedly superior results as does homœopathy.

Homœopathy alone, of all therapeutic methods, can legitimately claim to effect true cures by medication, as distinguished from recoveries; and this it claims, first, because it is based upon a definite general principle or law of nature; second, because it is able to successfully apply that principle to individual cases; and third, because it does actually restore the sick to health, quickly, safely, gently and permanently, upon easily comprehensible principles.

Relation of Cure to Disease.—A true definition of cure must be based upon a right conception of the nature of disease.

The Standard Dictionary defines disease as “any departure from, failure in, or perversion of normal physiological *action* in the material constitution or *functional* integrity of the living organism.”

This definition rightly focuses attention upon the dynamical aspect of the subject, for disease is essentially and primarily a morbid dynamical disturbance of the vital powers and functions, resulting in a loss of functional and organic balance.

Primarily and essentially, cure is the restoration directly, by

medical art, of normal physiological action. Cure does not consist in the mere removal of the external, secondary, tangible products of disease, but in restoration of the dynamical balance, so that the functions of the organism are again performed normally and the patient is in a state of health.

Disease is manifested perceptibly by signs and symptoms. Cure is manifested by the removal of the symptoms. Strictly speaking the removal of all the symptoms of the case is equivalent to a cure, but if symptoms disappear and the patient is not restored to health and strength it means either that some of the most important symptoms of the case have been overlooked, or that the case has passed beyond the curable stage. All curable cases present perceptible symptoms, but their discernment often depends upon the acuteness of the observer.

Cure relates to the case as a whole: A patient may have his hemorrhoids removed and be relieved of his rectal symptoms; but if the symptoms of the heart or liver disease which preceded and caused his hemorrhoids are not removed the patient is not cured; and so of innumerable other morbid conditions. Cure refers to *the patient*, not to some symptoms of his disease, nor to what may be called "one of his diseases." To say that a patient is cured of his hemorrhoids, but still has his heart disease is absurd. Cure means complete restoration to health.

Cure is not affected by the removal surgically nor by any local means, of the external, secondary, pathological "end-products" of disease, such as tumors, effusions, collections of pus, useless organs or dead tissues; *for the morbid functioning which produced those effects often remains unchanged, after such removal.*

Cure is effected only by dynamical treatment according to fixed principles, directed to the primary, functional disorder as revealed by the complete symptom-picture preceding and accompanying the formation of the tangible products of the disease.

Cure is not merely the removal of *the primary causes of disease*, for even if all the causes of the disease are known and removable, the effects, having been begun, may continue as secondary causes after the removal of the primary causes. Spontaneous disappearance of the disease does not always occur in such cases, and dynamical treatment is required to restore the patient to health.

The End Products of Disease and Mechanical Treatment.—The tangible, physical results of disease as thus defined may and often

do disappear spontaneously when the internal dynamic disturbance is removed by curative medication, but they are not primarily the object of homœopathic treatment. It may be necessary eventually, to remove them mechanically by surgical art. Surgical or mechanical measures become necessary when the tangible products of disease are so far advanced or so highly developed that they become secondary causes of disease and obstacles to cure. In all cases in which disease has ultimated in organic or tissue changes which have progressed to a point where surgical interference is necessary, homœopathic dynamical treatment should precede and follow operation; bearing in mind always that such changes are the direct result of preceding and accompanying morbid functional changes, and that the patient is not cured unless normal functioning is restored.

The Object of Treatment.—The primary object or purpose of homœopathic treatment is the restoration of normal functional balance—health.

The basis of the homœopathic prescription is the totality of the symptoms which represent the functional disorder—*the abnormal process of the disease itself*, not its ultimates or “end-products.”

The physician who prescribes for a tumor or any other tangible product of disease is misdirecting his energies and courting failure.

Physicians are constantly mistaking the *product* for the *process* of disease. The product can only be changed by changing the process. Destroying the product does not change the process. Correct the faulty process and the product will take care of itself, so far as homœopathy is concerned. This defines the sphere of homœopathy and this is what we mean when we say that the cure of disease is a dynamical problem.

A Law of Cure Implied.—The accomplishment of even one true cure by medication implies the existence of a governing principle or law of cure by medication. The occasional occurrence of accidental cures very early attracted the attention of medical men and led them to seek for such a law. Glimpses of the law were had by individuals from time to time down the ages, but it eluded the searches or failed of demonstration until Hahnemann finally grasped it comprehendingly and made it the basis of the therapeutic method which he named homœopathy.

Many were deluded by mistaking natural recoveries for cures. Their attempts to “imitate” invariably failed. Others abandoned

the idea of a general principle of cure by medication and denied its existence, refusing to accept the demonstration when it was finally made. That is the attitude of the average member of the dominant school to-day. He denies the existence of a general principle of therapeutic medication. "We do not profess to cure," he says; "we only aid nature to bring about recoveries." In this he is at least honest, and constant in his use of terms.

The Requirements of Cure.—The first requirement of a cure by medication is that it shall be *the result of the direct application of a definite general principle of therapeutic medication*. The result may be accidental or intentional on the part of the prescriber in a given case, but its relation to the means employed must be capable of rational explanation and demonstration by reference to the governing principle.

A general principle is capable of systematic demonstration, not only once but repeatedly and invariably, under stated conditions. Given the principle, it is always possible to formulate a method or technic, by means of which the principle may be successfully applied to every case within its scope.

The second requirement of a cure by medication is that it must be individual. A general principle according to which any action takes place is always capable of being individualized. The ability to meet the varying requirements of individual cases proves the existence and truth of the principle involved.

A true system of therapeutics must be able to adapt its basic principle and its remedy to the needs of each individual case.

There are no cures for "diseases," no remedy for all cases of the same disease. Cure relates to the individual patient, not to the disease. No two cases of the same disease are exactly alike. Differences of manifestation in symptoms and modalities always exist in individuals. It is these differences which give each case its individuality, and create the need for an individual remedy.

The Morphological Factor.—Every individual develops according to a certain morphological tendency or predisposition, inherent in his constitution. It is from this tendency that he derives his individuality. This tendency or predisposition may be or become morbid. If it does, the symptomatic form of that morbidity will also be individual. It is necessary, therefore, to study each case of disease from the morphological as well as the semeiological standpoint in order to be able to determine its individual form and characteristics.

The new morphology includes all the facts and phenomena, anatomical, physiological and psychological, functional and organic, normal or abnormal, which represent the individuality of the subject. It aims to establish in each concrete case the particular kind or variety of organization, development and functioning which gives it individuality and differentiates it from other similar cases, thus providing a reliable basis for the rational interpretation of symptoms and the selection of the remedy indicated for the patient.

The Examination of the Patient and Construction of the Case.—Disease is primarily a dynamical disturbance of the vital functions of the individual organism, manifesting itself by signs and symptoms. Symptoms are the only perceptible evidence of disease and the only guide to the curative medicine. For the prescriber the characteristic symptoms of each individual in the totality constitute the disease and their removal is the object of treatment and the cure.

The third requirement for the performance of an ideal cure, therefore, is a complete and impartial collection and record of the facts which constitute the natural and medical history of the individual.

This should include not only physical and constitutional signs, the heredity and family history of the patient; how he was born, raised and educated; his occupation, habits, social and domestic relations; but a chronological symptomatic history of all his diseases, indispositions, idiosyncrasies, accidents and vicissitudes, as far as they can be recalled.

In considering the recorded results of each examination, the homœopathic therapist pays particular attention to the unusual, peculiar, exceptional features or symptoms which give the case its individuality; for by these, under the guidance of the principle of symptom-similarity, he is led to the remedy needed for the cure of the individual case.

Symptoms, general and particular, "behave themselves in a particular way," take on peculiar forms, combinations and modalities, according to the morphological type, environment, personality and predisposition of the individual.

It is necessary thus to study the individual in order to understand how a general or particular predisposition to disease becomes concrete and the object of treatment and cure, as well as to elicit the symptoms which are to guide in the selection of the remedy.

Manner and Direction of Cure.—Cure takes place in a definite, orderly manner and direction.

Normal vital processes, cellular, organic and systemic, begin at

the center and proceed outwardly. Figuratively, if not literally, life is a centrifugal force, radiating, externalizing, concentrating and organizing spirit into matter—"from above, downward." In the same sense disease is a centripetal force, opposing, obstructing, penetrating toward the center and tending to disorganization.

The progression of all chronic diseases is from the surface toward the center; from less important to more important organs—"from below upward."

Curative medicines reinforce the life force, reverse the morbid process and annihilate the disease. Symptoms disappear from above downward, from within outward and in the reverse order of their appearance.

When a patient with an obscure rheumatic endocarditis, for example, begins to have signs and symptoms of acute arthritis soon after taking the homœopathic remedy and is relieved of his chest sufferings, we know that cure has commenced.

Cure takes place in much less time than natural recovery, without pain, physiological disturbance or danger from the use of the remedy employed and without sequelae. The restoration of health is complete and lasting.

The Trend of Modern Therapeutics.—Cure, as a medical ideal, appears to have been abandoned by the dominant school of medicine. Formerly, every new therapeutic method or measure based its claims to acceptance upon alleged cures. If the results of its use could be made to pass for cures, it was given some sort of standing in the medical world. If not, or if time revealed the falsity of the claim, it was relegated to the limbo of exploded theories.

With the progress of science and the general diffusion of knowledge, both profession and people have begun to realize their mistakes. A great majority of the alleged cures are found to be not cures at all, but, at best, only recoveries. In many cases, the condition of the patient after his supposed cure is found to be worse than it was before, for the removal or suppression of some of his superficial symptoms, which was all that was accomplished, was followed by other symptoms indicating the invasion of deeper and more important organs by metastasis. The young man, for instance, whose gonorrhœa was treated by injections, and who was told by his physician, after the discharge disappeared, that he was cured and might marry the girl of his choice, soon found that his previously healthy young wife began to complain of serious trouble in her reproductive organs. He found himself watching the grad-

ual fading of the roses in her cheeks and the brightness in her eyes; her lassitude, failing strength and falling weight; her mental depression and irritability; until, finally, consultation with a gynecologist and a physical examination revealed a gonococcic salpingitis, "a pus tube" or a degenerated ovary, for which the only recourse is an operation and removal of the diseased organs. Result, a mutilated and crippled reproductive organism and a farewell to all hopes of a family. The young man learned too late that he was never cured of his gonorrhœa, but that the measures used merely drove the disease to deeper parts, from whence it was communicated to his innocent wife with such dire results.

Seventy-five per cent. of the alarmingly large and increasing number of operations on the female sexual organs are said by high authorities to be due to chronic gonococcic infection, caused by suppression (by local treatment) and metastasis of the acute disease in the husband. It is a sad commentary on the boasted efficiency of modern therapeutics.

Examples in many forms of disease might be given to illustrate the results of a false and pernicious therapeutics and ignorance of what cure really means; but enough has been said to indicate the importance* of a reëxamination of the subject.

The abandonment of the ideal of cure by the general profession and the disappearance of the term from current medical literature does not mean that cure is impossible. It only means that the wrong method has been pursued in the effort to attain it.

Many great truths have had their rise, acceptance and period of sway, followed by a long period of decline and obscurity; but never has a great truth been lost. There is always a "Remnant in Israel" who survive to hold the truth committed to them as a precious possession and cherish it until a revival comes.

The Hahnemannian ideal of cure by medication, according to the principle of symptom-similarity, largely lost sight of for a time in the dazzling accomplishments of modern surgery and laboratory research, has been passing through such a period of neglect and obscurity. But already there are signs of a revival of this great truth, as science, in its wider reaches, is beginning to correlate the results of its work. The whole trend of modern medical thought is toward the confirmation and acceptance of fundamental postulates and principles first enunciated by Hahnemann. Homœopathy is gradually being rediscovered by modern science.

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R. F. RABE, M. D., Editor, 616 Madison Ave.,
New York, U. S. A.

EDITORIAL NOTES AND COMMENTS

Infestation with Lice as a Symptom of Disease.—Jeanselme has repeatedly noticed that the perfectly healthy may escape phthiriasis even when sleeping with lice-infested persons. The lice colonize by preference on the diseased, and hence severe phthiriasis should impel a search for serious, possibly latent disease. (*J. A. M. A.*)

Hahnemann described psora in all its many manifestations. We may not like the word "psora"; we may object to the term "miasm" as being obsolete. The American Illustrated Medical Dictionary, by Dorland, defines "miasm" as a noxious effluvium or exhalation. So be it; but if we keep in mind what Hahnemann intended to convey, if we realize that a psoric individual is one who lacks resistance to disease and who, in consequence of this lowered resistance, takes on disease most readily, whether the latter be of microbic origin or not, we shall have the proper understanding of Hahnemann's theory of the chronic diseases.

It is no news to homœopaths that in spite of all cleanliness, certain children, or even adults, will still remain lousy. Such require careful homœopathic prescribing of remedies constitutional in nature, as Sulphur, Psorinum, Lycopodium, etc. In this way only can the tendency to lousiness be overcome. The "latent disease" spoken of by Jeanselme is Hahnemann's psora, no more, no less.

Homœopathy in the Old School.—*J. A. M. A.* for September 4, 1920, contains the subjoined account of Vitón's tuberculin test and treatment, which with slight alteration, makes good homœopathic reading. Thus, Vitón's 1:100,000,000 equals our eighth decimal potency (8x). Not so bad! Dilutions of tuberculin with from twenty-one to twenty-six zeros equal our twenty-first to twenty-sixth

decimal potencies or approximately the 12th centesimal. We know many homœopaths who, alas, balk at the 12th potency.

The sentence which we have italicized refers to our miasms as understood and set forth by Hahnemann. Burnett was wont to speak of "consumptiveness," an expressive term. The entire article of Vitón fairly breathes homœopathy and is excellent propaganda to introduce among so many of our own school who have become wobbly at the knees. Really, as our good friend, Oliver Sloan Haines, says in his inimitably dry way, "homœopathy ought to be seriously introduced to the homœopathic profession." Heaven knows, there are too many who have but a nodding acquaintance with it! Some day these men will find themselves literally "beaten to it" by their allopathic confreres who are patiently searching for the truth—and gradually unearthing it. More power to them!

"Vitón's Tuberculin Test and Treatment.—The "Argentine method" of giving extremely minute doses of tuberculin has been repeatedly mentioned in these columns. Vitón insists that in applying the tuberculin test it is as important to avoid an appreciable local reaction as a general febrile reaction, as both do serious damage. The optimal dose has to be determined tentatively for each individual. The diagnostic reaction is when there is a decided improvement in the focus, not an aggravation. This decided improvement in the focus and in the general condition is maintained by continuing the optimal dose until its effect is exhausted, and then increasing the dose a little. He argues that as statistics show that nearly every one of us is tuberculous, this infection must be a factor in many affections in which hitherto tuberculosis has not been incriminated. By his method of tuberculin treatment in extremely minute doses, this factor is eliminated more or less completely, and the system is then able to throw off the whole affection.

Dilutions of the tuberculin from 1:100,000,000 to the figure with fifteen zeros are what he uses in the subacute and chronic rheumatism of Poncet, neuralgias, dorsal myalgias, disordered heart action, arrhythmia and functional disturbances of various kinds without much impairment of the general health, and in all cases of mild impregnation with tuberculous toxins with little if any derangement of the metabolism. This is the "tolerant group" of patients. The "sensitive group" includes external glandular processes, paratuberculosis dyspepsia, endocrine derangement (exophthalmic goiter, hyperthyroidism, ovarian disturbances, etc.), diabetes, neuritis, and

lesions of the eyes. In this group he uses dilutions of the tuberculin with from fifteen to twenty zeros. His third group embraces asthma, tuberculous nephritis, mild tuberculous toxemia and incipient apical disease. This group is treated with dilutions of from twenty-one to twenty-six zeros. The fourth group, the "hypersensitive," includes frankly febrile lesions and softening and cavity formation in the lungs. In this group he uses the tuberculin diluted to twenty-seven zeros. With these minute doses of tuberculin the organism is helped, not damaged at first before help is applied, as is the case with ordinary tuberculin treatment. He advises a tentative course of the kind in every pathologic condition which, contrary to expectation, shows no tendency to recovery under persevering classical treatment. *Also in every slow chronic syndrome of whatever nature, and every pathologic condition for which no definite cause can be discovered.* He has had great success, he relates, in tuberculous affections of the eyes rebellious to all other measures, including tuberculin by the ordinary excessive dosage. It does not conflict with other treatment, and systematic prophylaxis by this means in jails, schools and factories might modify the predisposition to phthisis and thus ward it off."

Internal Vaccination.—The Brooklyn *Eagle* of September 16, 1920, contains the following account of another belated allopathic "discovery" known and utilized by homœopaths for a third of a century:

"SWALLOWED VACCINE FOUND EFFECTIVE

"Paris Pasteur Institute Announces Epoch-Making Discovery by Dr. Besredka

"Paris, Sept. 5.—The *Annales* of the Pasteur Institute of this city report an epoch-making discovery by Dr. Besredka in connection with vaccination for intestinal diseases such as typhoid, para-typhoid or dysentery. Experiments have shown that in these diseases a dose of anti-toxin, when swallowed, is just as effective as when it is injected into the blood. Dr. Besredka maintains that immunity or protection against dysentery is not an affair of the blood at all, but an affair of those special parts of the body in which the dysentery germs live and act. In short, that salvation is not by antidote but by *some local effect*, 'the intestinal barrier becomes unbreakable,' whatever the nature of that barrier may be.

“This is a conception of an absolutely different kind from that to which we are accustomed. One result—for the work applies also to typhoid fever—is that vaccination as now practised is unnecessary. It was found that a dose of dead germs given by mouth was quite as effective in producing this local protection as a dose given under the skin—the present method of vaccination. It is declared:

“‘In all these infections’ (typhoid, dysentery, para-typhoid, etc.), ‘vaccination is only efficacious when the vaccine finally reaches the intestine or certain zones of it. The mode of vaccination to be preferred is the oral route; it gets to its required position directly and with the maximum of security.’”

“Preliminary experiments on men have shown already that if the dysentery germs—dead—are taken by mouth no effects of any sort occur. We thus avoid the pain and malaise associated with vaccination as now practised. And the result is better. Both rabbits and mice which swallowed the dead germs were ‘solidly protected.’

“This foreshadows a new and much simpler method of protection against certain diseases.”

Slowly but surely our O. S. friends are drawing nearer and nearer to homœopathy.

The Discussion Nightmare.—About this season of the year, the faithful physician who attends his national medical society meetings and takes an active part in them, begins to receive unwelcome reminders in the form of more or less badly reported discussions, that his day of reckoning is at hand.

In a moment of scientific fervor or in the heat of spirited argument he has, little thinking of the dire consequences, allowed his unbridled tongue to sally forth in all the salivary glory of its untrammelled freedom. Alas, what an awakening months later when, racking his brain almost to gory fragments, he vainly tries to inject some semblance of sanity and recognition into the typist’s badly garbled version of what he is supposed to have said. We might, although in all due modesty, with the immortal Shakespeare exclaim, “sans sense, sans intelligence, sans context, sans everything!” and then sink down into the deepening purple of dull remorse.

Truly, some much needed reform is most necessary in the method of reporting discussions at medical society meetings!

Ammonium Causticum in Laryngitis.—With the advancing fall and nearing winter, catarrhal troubles are naturally in evidence and our old and tried friends, such as *Allium cepa*, *Arsenicum album*, *Causticum*, *Phosphorus*, etc., come into frequent use. Let us not, however, forget that in laryngitis marked by particular severity, with aphonia and a pronounced *burning rawness* in the throat and larynx, *Ammonium causticum*, rather than *Causticum*, will be needed. The latter remedy has an aggravation in the morning, also a sensation of a burning streak under the sternum, together with difficulty in raising sputum, which more often must be swallowed. A drink of cold water gives relief. In women, involuntary spurting of urine may be present.

Ammonium causticum lacks these characteristics, but makes up for this in the violence of its burning rawness, so that the patient dreads to attempt to speak.

Phosphorus is marked by its typical sensation of a Webster's dictionary blissfully reposing upon an already overburdened chest, as well as by its evening aggravation, its cough made worse by laughing, talking or entry into the cold air, the aggravation of the condition when attempting to lie upon the left side, as well as the deep hoarse voice and the painful larynx.

These few characteristic symptoms are sufficient in themselves to make differentiation easy.

The Origin of Cancer.—Alexander Paine, M. D., director of the Cancer Hospital Research Institute of London, England, contributes to *The Lancet* for October 2, 1920, a most absorbing article under the above title. We herewith present part of his essay, together with his conclusions which will, we are convinced, greatly interest our readers, particularly, moreover, his statement that "In my opinion cancer is not a specific disease due to the activities of a special parasite. . . ."

The trend of the article shows distinctly that cancer must more and more be regarded from the biologic standpoint and that it is more and more coming to be regarded as a medical, rather than a purely surgical, problem.

Slowly but surely, the theories of Hahnemann are finding response and vindication in the results of modern medical research.

"There are few subjects in medicine more obscure than the origin of cancer, using the term as implying a malignant overgrowth of

epithelial tissues, and, notwithstanding all the thought and labor expended, there is to-day no consensus of opinion regarding it. From whatever standpoint the subject is approached I am in agreement with those who consider cancer should be studied on the broadest scientific lines as a biological phenomenon, and not simply as a disorder affecting man. I have devoted many years to the study of the clinical and pathological manifestations of this terrible malady, both in man and the lower animals. As the result of that experience I have been driven to the conclusion that cancer is not a specific disease due to the action of a special parasite, but a condition dependent on a disordered growth of epithelium. This condition, which arises in damaged tissues, results from injury, physical or chemical. I consider the most frequent cause is to be found in the subtle activities of various micro-organisms whose toxins damage the tissue cells; also that cancer may be a remote sequel of microbic infection and a terminal phase of inflammation. It is in reality a form of tissue-degeneration. I have succeeded in tracing microscopically every step in the development of the morbid process from its inception, and in this brief communication, which is concerned with the origin of cancer, I will endeavor to describe them, reserving their demonstration for another occasion. I intend here to approach the origin of cancer from the clinical standpoint, but, before entering upon a consideration of its pathology, briefly to review the distribution and clinical features of the disorder, and also the circumstances under which it arises.

“Distribution of Cancer

“The distribution of cancer in man may be said to be universal. It is to be met with amongst civilized communities of all grades, in all countries, living at both high and low altitudes on every variety of soil and under every condition of climate. In this country, according to Haviland, it is most prevalent in low-lying districts with damp or swampy soils, though it has been pointed out that he did not take into consideration the age-distribution of the populations. Cancer is not uncommon in animals, both cold- and warm-blooded, in either the domesticated or wild state. Modern research has discovered the prototype of the condition in fish, and traced its biological descent in the reptile and mammal to man, thus illustrating the Darwinian theory of organic evolution and showing that cancer is not solely a product of civilization, but probably existed at a very early geological epoch in our history. In passing it is important to point

out that the herbivora, carnivora, and omnivora are all liable to cancer.

“When our knowledge of the disorders of plant life becomes more extensive it is possible that conditions analogous to cancer may be discovered in the vegetable kingdom; some scientists believe that the widespread condition known as “crown-galls” is of this nature, whilst others fail to see the analogy; the similarity of the structure of the vegetable cell to that of the animal should, however, make us keep our minds open on the subject.

“Clinical Features of Cancer

“The clinical features of cancer in man are distinctive and strikingly unlike those of the inflammatory disorders of infective origin, for it is neither contagious nor infectious in the ordinary sense of the terms, nor does it show seasonal prevalence. If, as has been asserted, it is endemic in some localities it never spreads in the manner of epidemics. The physically strong are subject to cancer as well as those who are physically weak; and it attacks the old rather than the young, being most frequent in the decline of life. It is common to both sexes, but predominates in the female, and though it may arise in almost any part of the body it shows a predilection for the alimentary tract in man and the reproductive system in women. We do not associate the malady with any particular type of individual, nor do we speak of a cancerous diathesis, though it probably exists, since cancer may run in families, thus showing an hereditary tendency. Its onset is insidious, and unattended by constitutional disturbance, there being no definite incubation period nor premonitory symptoms; but once started it runs an indefinite and generally prolonged course, and, in the absence of complications, usually without fever. Accompanied by wasting it progresses towards a fatal termination with little tendency towards recovery.

“Conditions under which Cancer Arises

“If we inquire into the circumstances under which cancer arises in man we find it is closely associated with the process of inflammation, which is the tissue response to injury. Thus it develops in damaged tissues—tissues that have been subjected to some form of injury, be it physical or chemical. It may follow a severe injury, such as a blow or contusion, usually appearing after a considerable interval; or a mild injury produced by the action of pitch, petroleum,

soot, heat or the x-rays, and other forms of chronic irritation. The disorder follows the chronic inflammatory reactions provoked by these irritants. On other occasions we see cancer arise in the course of some chronic infective process of a septic, syphilitic, or tuberculous nature, or, again, in association with rheumatism or gout. All these processes are characterized by local chronic inflammations, which are the reactions of the damaged tissues; as instances I may mention the supervention of cancer in old ulcers, syphilitic glossitis, lupus, psoriasis and so forth. All pathologists recognize that cancer may develop in organs that are the seat of chronic inflammation, such as the liver, in which case it is often multiple, or the kidney.

“Inflammation and Cancer

“It is manifest, therefore, that there is a very close connection between inflammation and cancer, and the fact that the disorder is liable to follow chronic inflammation shows that its early stages develop, and must be sought for, in the late or chronic stages of inflammation. If we trace step by step the changes in the tissues that lead up to its development we should be able to discover its origin. With this end in view I will briefly describe the essential tissue changes of chronic inflammation and afterwards those associated with the development of cancer, stating what I consider to be the connection between the two.

“Chronic inflammation may be the sequel of acute inflammation, but is more often insidious from its commencement, like the fatal malady which is liable to follow it; it is generally local and unattended by constitutional disturbance; giving rise in its early stages, to few symptoms, its presence is often unsuspected and therefore overlooked, and may only be revealed by the microscope.

“Conclusions

“In my opinion cancer is not a specific disease due to the activities of a special parasite, but a disordered growth of epithelium caused by various physical or chemical irritants, the most important being the toxins of micro-organisms. I consider that the origin of cancer lies in the degeneration of the nobler parts of the cell consequent on damage of its structure. The result of this damage is to disturb the balance of metabolism by impairing the special functions of the cell, and thereby causing persistent overgrowth.”

Status of the Treatment of Leprosy.—The following conclusions of McDonald and Dean, in a very interesting article published in "Public Health Reports," for August 20 last, give the status of the treatment of leprosy, in which much progress has, apparently, been made:

"The following conclusions may be drawn from our recent experience in the treatment of leprosy:

"1. The intramuscular injection of the ethyl esters of the fatty acids of chaulmoogra oil usually leads to a rapid improvement in the clinical symptoms of leprosy. In many cases the lesions disappear, except for scars and permanent injuries, and the leprosy bacillus can no longer be demonstrated.

"2. When combined with iodine, the fatty acids of chaulmoogra oil and their esters give good results; but there is no adequate experimental proof that this addition of iodine causes any increase in the effectiveness of the materials used.

"3. All of the available evidence obtained from the use of fractions of the fatty acids of chaulmoogra oil indicates that the therapeutic action is due to one or more of the fatty acids of the oil or to some as yet unidentified substance associated therewith. The various methods of fractionation heretofore employed have failed to demonstrate the active agent.

"Although conclusive evidence is not at hand, it is probable that the oral administration of chaulmoogra oil derivatives is of minor importance compared with the injections.

"5. In treating leprosy, it is important to make use of all auxiliary agencies to build up and maintain bodily vigor.

"6. Hypodermic injections of the ethyl esters into leprous nodules are followed by marked swelling with ultimate recession of the lesions. This is a valuable auxiliary treatment for especially resistant lesions.

"Summary.—It has been sufficiently established that chaulmoogra oil contains one or more agents which exert a marked therapeutic action in many cases of leprosy. We can not say as yet that the disease is cured, since we have no test adequate to establish such a verdict. Whether or not the apparent cures are real and permanent, it is evident that we have a valuable agent at our disposal in the control of the disease."

This extract from "Public Health Reports" is taken from the Weekly Bulletin of the Department of Health, City of New York, for October 9, 1920.

Chaulmoogra oil has of late received considerable attention in medical journals, as a possible curative remedy in leprosy. Homœopathic provings should be made; it will then be possible to determine the value of this oil. *Hydrocotyle asiatica* is said to be of therapeutic usefulness in this disease. This remedy is the Indian Pennywort and has been proved.

Homœopathic Retrogression.—The *Pacific Coast Journal of Homœopathy* for October bewails the fact that organized homœopathy is rapidly losing ground and points out numerous reasons for this lamentable state of affairs. THE HOMŒOPATHIC RECORDER has more than once called attention to our dwindling numbers, both as to homœopathic physicians and students of homœopathic medicine. It has likewise called attention to the fact that our homœopathic medical colleges are becoming fewer in number and that the end is not yet. Homœopathic hospitals can no longer man their intern staffs with graduates of their own school of medicine—the supply does not equal the demand.

Our California contemporary asserts that

“(1) We killed off nearly all our missionizing colleges, largely through an erroneous and short-sighted policy of the American Institute’s Medical Council a few years ago, approved by the Institute.

“(2) We killed off nearly all our missionizing medical journals when we established an official organ for the Institute, thereby inviting practically all the advertising patronage of medical journals to concentrate in it because of a guaranteed membership circulation that no outlying propagandizing periodical could tender.

“(3) We contracted our student body by exacting time and money, conditions the average aspirant for the profession from the humbler fields could not possibly meet.”

With assertion (1) we do not altogether agree, since it is a notorious fact that those homœopathic medical colleges which were “killed off” deserved a speedy death; they had fallen behind in the procession of medical educational progress and no amount of temporizing palliation could revive them sufficiently to enable them to overtake the vanguard.

With assertion (2) we heartily agree. Our so-called official journals of to-day lack the breadth of rugged individuality; they fail to show the personal touch; they reflect not personality, but official policy—stereotyped, cut-and-dried, directed from and by head-

quarters. As a missionizing influence their effect is nil; as a demonstration of how not to do it, they offer brilliant testimony. That they have a first mortgage upon most of the current literature of the school is true, denoting an unfair advantage which tends to stifle honest competition. In keeping with many other things in this world-harnessed age of standardization, they are contributing their mite in an unconscious effort to regulate the world's affairs. We are in short, in grave danger of being regulated to death. What this means may best be illustrated by the unfortunate example of Germany, whose truly wonderful genius for world progress was stifled by an unwise officialdom plus the terrible magic of the word *verboten*. There are numerous signs that the devotees of this magic are at work in this country also.

With assertion (3) we cannot coincide. There is no reason why homœopathic graduates shall not be as well educated or as scientifically trained as their brothers of the O. S. "Time and money" must be exacted, unless huge endowments shall enable us to dispense with the latter. Huge endowments we have thus far failed to attract. The reasons are several and generally obvious.

The plain unvarnished truth of the present status of homœopathy lies in the fact that we have attempted to make of homœopathy a "system of medicine" and to spread this system over the entire field; whereas the truth is that homœopathy is a "therapeutic speciality" only and as such should be taught and applied. The sooner we come to realize this the better it will be for the real interests of our law of cure.

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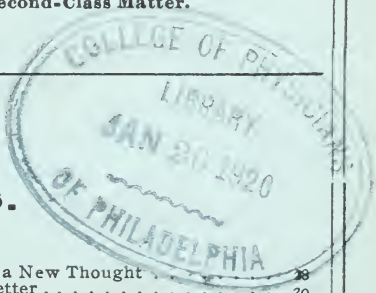
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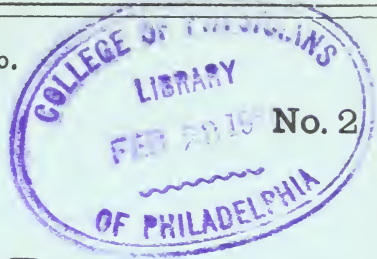
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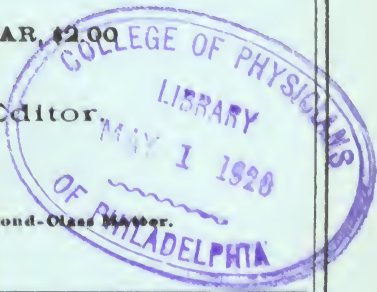
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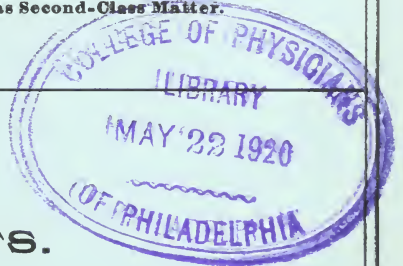
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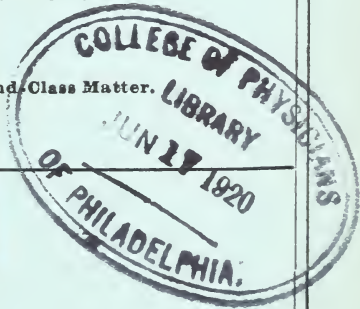
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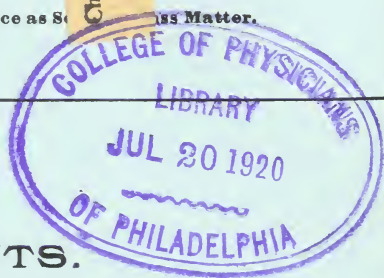
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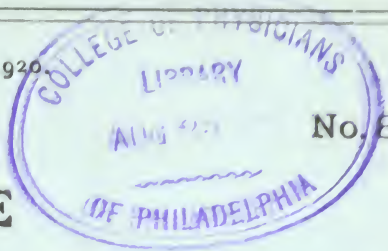
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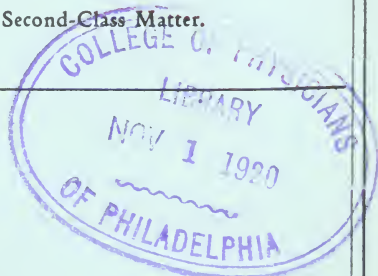
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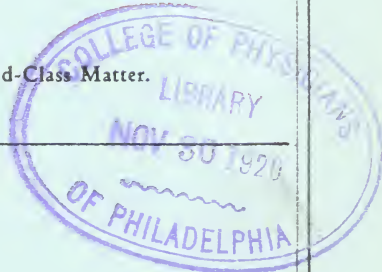
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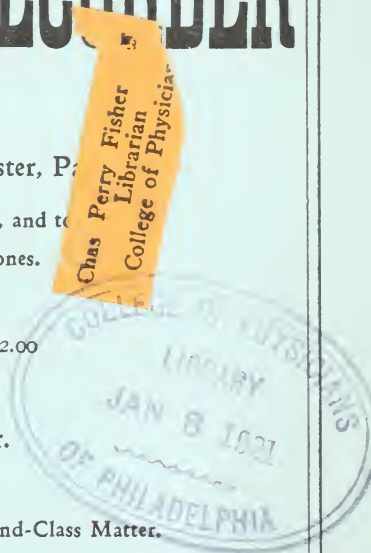
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