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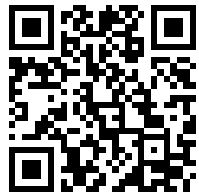
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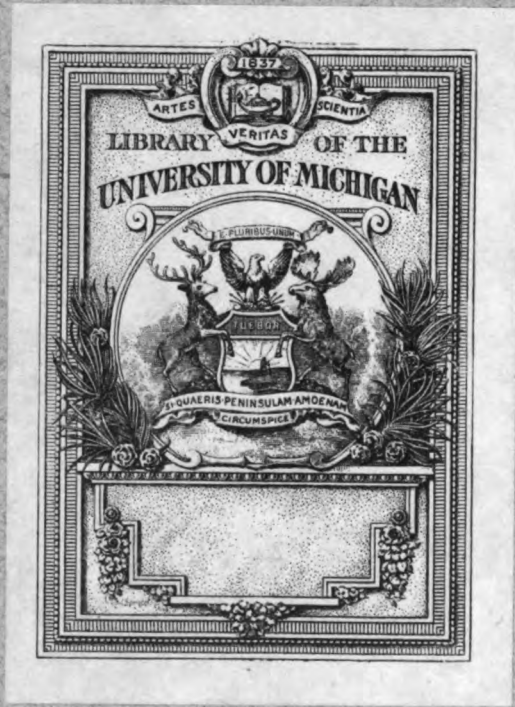
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A MONTHLY MAGAZINE OF

HOMŒOPATHIC MEDICINE

AND ALLIED SCIENCES.

H. W. PIERSON, M. D., EDITOR.

VOLUME XXXVI—JANUARY TO DECEMBER, 1897.

HAHNEMANN PUBLISHING CO.
CHICAGO.
1897.

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The Hahnemannian Advocate

A MONTHLY HOMŒOPATHIC MAGAZINE.

Vol. XXXVI CHICAGO, JANUARY 15, 1896. No. 1

Materia Medica.

VERATRUM ALBUM (HERING).

PAUL PILL, M. D., CHICAGO.

Dysmenorrhœa with vomiting and purging or exhausting diarrhœa with cold sweat.

While in bed face red, after getting up it becomes pale.

Neck too weak to hold the head up; particularly children with whooping cough.

Chilliness on top of head as if ice was lying there.

Attacks of pain with delirium, driving to madness.

Dispair about his position in society, feels very unlucky.

During wet weather pains in the limbs, getting worse in the warmth of the bed, better in walking up and down.

Difficult walking, first the right hip, then the left hip joint feels paralytic; or in patients first left then right.

Despairs of her salvation; with suppressed catamenia.

Disposed to talk about the faults of others; or silence; but if irritated scolding, calling names.

Cold perspiration on face, particularly on the forehead.

The nose grows more pointed, seems to be longer; face cold and sunken.

Cold sweat on forehead with anguish and fear of death.

Sensation of lump of ice on vertex.

Thirst for coldest drinks; craves ice; drinks frequent but little at a time.

Cold feeling in abdomen.

Colic: with burning as if intestine were twisted into a knot; worse food; worse before and during stool.

Intestinal catarrh: diarrhoea coming on suddenly at night in summer; vomiting and purging.

Vomiting: forcible, excessive, violent, with continued nausea, wrenching and great prostration; of bile, blood, food, drink, mucus.

Compare: *Arsenic, Arnica, Cinchona, Cuprum, Ipecac, Apis, Pulsatilla*!

H. C. ALLEN.

Adapted to diseases with rapid sinking of the vital forces.

Cold sweat on forehead with nearly all complaints.

Mania: with desire to cut and tear everything, especially clothes.

Cannot bear to be left alone; yet persistently refuses to talk.

Attacks of fainting from least exertion. (See *Carbo. v.*).

Sensation of a lump of ice on vertex.

Face: pale, blue, collapsed; features sunken; red while in bed; becomes pale on getting up. (See *Aconite*).

Constipation: stools large, hard; from inactivity of the rectum; in children when *Nux Vomica*, though indicated, fails to relieve.

Cholera: vomiting and purging; stool profuse, watery, gushing, prostrating, after fright.

Dysmenorrhœa with vomiting and purging. (*Amm. c.*)

Bad effects of opium eating, tobacco chewing.

Aggravation: after drinking; ice cream; before and during stool.

Amelioration: uncovering head; sitting or lying.

Time: 6 a. m.; characteristic, certain.

Cause: choleraic.

Chill: with thirst; with coldness and thirst for half an hour without subsequent heat.

Severe long-lasting chill not relieved by external warmth. (*Aran. Camp.*)

Internal chilliness running from the head to the toes of both feet, with thirst.

Coldness of the whole body, increased by drinking (*Ars. Caps., Eup., Nux*); lessened by getting out of bed, (increased by even putting hands from under bed clothes, *Bar. c., Canth.*)

Face cold; collapsed; extremities cold; predominant coldness;

skin cold and clammy; cold air streaming through bones; as if cold water were running down or into them.

Heat with thirst, with no desire to drink or cold drinks.

Heat streaming up the back into the occiput, (chills running in successive waves from sacrum to occiput. *Gels.*)

Sweat always with deathly pale face; offensive, bitter smelling, staining yellow; easily perspires on every motion. (*Bry. Hep.*)

Cold sweat on forehead; after every stool; after vomiting of mucus.

Tongue: coated white or yellowish brown; cold, red tip and edges; swollen; craves cold fruits, ice water, juicy food; wants everything cold.

RUBRICS.

Nausea, vomiting, leaden color of face, cold perspiration, especially on forehead.

Motion or liquid excites vomiting.

Vomiting violent, forcible, of food, green mucus, bile, blood.

Epigastrium: burning oppression.

Gastralgia: violent, nausea, vomiting.

Colic: in bowels like hot coals of fire.

Abdomen: flatulence and tenderness of the abdomen.

Diarrhoea: from exhaustion, copious, involuntary, watery, expelled with great force.

Stool: weak and faint after each stool; cold sweat in forehead.

Diarrhoea involuntary, watery, without patient's knowledge.

Countenance: hypocritic, cold extremities; hypochondriac.

Urine: red, scanty, suppressed, in cholera.

Breathing: cold with great prostration.

Cough: spasmodic, loose; expectorating with great difficulty.

Bronchitis: capillary, blue face.

Lungs: œdema, great fear of suffocation.

Gastro-intestinal diseases.

Sudden sinking of innervation.

Loss of power to control one's movements.

Stagger about.

Feels dizzy; vision obscure.

Complete extinction of nervous power.

Face: cold, collapsed.

Nose: pinched up, bluish.

Lips: dry, cracked.

Jaws: lock-jaw.

- Teeth: grating of the teeth.
 Sweat: cold sweat on forehead.
 Vomiting: copious, with cold sweat and diarrhœa.
 Characteristics: cold sweat; burning internally; coldness; blueness of the body.
 Forehead: cold sweat, anguish, fear of death.
 Puerpural mania and convulsions.
 Violent cerebral congestions.
 Face: bluish, bloated.
 Eyes: protrude.
 Shrieks: disposition to tear and bite.
 Head: blood rushes violently to head on stooping.
 Headache: with vomiting of green mucus.
 Face: red while in bed, pale after getting up; leaden colored.
 Neck: too weak to hold up head.
 Tongue: cold, dry, blackish, cracked, yellow, with red tip and edges.
 Voice: feeble in choleraic diseases.
 Thirst: unquenchable, desire for cold drinks; wants everything cold.
 Throat: dry and burning.
 Desires: craves fruits, juicy foods, or salty things.
 Heart: palpitation, anxiety, rapid respiration, great dyspnœa.
 Hands: blue, icy-cold.
 Arms: cold, feel too full.
 Legs: great weakness, calves cramp, complete muscular prostration.
 Skin: blue, purple, cold, wrinkled, violent internal heat.
 Pulse: thread like.
 Desires: great craving for cold drink.
 Chill and coldness predominate with cold sweat on forehead.
 Nerves: profound nervous prostration.
 Aggravation: after drinking, eating ice-cream before and during stool, rising, morning and evening.
 Amelioration: while sitting, lying down, open air, during day.

GROSS.

- Left side: upper left, lower right.
 Light hair; skin and muscles predominantly lax.
 Inclination for moving.

Rending pain downwards; paralysis more frequent than apoplexy.

Dry eruptions.

Pulse: irregular; generally slow and weak, small and like a thread; sometimes intermitting, trembling, or imperceptible.

Thirst most rare during sweating stage; heat or sweat with inclination to uncover; heat abated by drinking beer.

Constriction of internal parts.

Painful ulcers.

Fainting in the evening when trying to go to sleep, with cold sweat on the forehead.

Chill increased by drinking; drinks often but little at a time.

Dropsy external; desire for motion.

Spasms generally with unconsciousness.

Veratrine paralyzes the muscles through the blood, not the nerves.

Sleeplessness before midnight.

Chill lessened after getting out of bed; thirst oftener during heat than sweat; beer lessens the fever.

Complaints predominate in external parts; ulcers painful with scanty discharge; dry eruptions; pulse sometime slower than beating of heart.

Sensitive disposition; satiety of life with fear of death; fear of solitude; haughtiness.

Ailments from grief; easy or difficult comprehension; memory weak; rarely imbecility.

Horse strikes and bites; snaps at its tail; resists being bridled.

Cold spots on the scalp.

Eyes: pupils generally contracted; eyes sunken.

Appetite for sour things; nausea in stomach.

Catamenia too soon or too retarded.

Expectoration not constant, chiefly during day.

Complaints generally on calf.

Mood cheerful, or sad, haughty, distressful; absent-mindedness; insanity.

Diarrhœa thin, painless; predominantly watery; copious, often painless.

Urine: predominantly dark, seldom and scanty, sometimes copious.

Complaints predominate on upper part of chest and back part of thigh.

Taciturnity: mental imbecility or dullness.

Complaints predominate on upper arm. Nasal: internally.

Fear of being poisoned or apoplexy. Amorousness.

Subjective putrid odor; dry, coryza predominant.

Remission during day and evening; aggravation night and morning.

Worse when idling; better when growing cold or warm.

Better after perspiring. Ailments from *Ferrum*, *Arsenic* or *Cinchona*.

Better from eructations.

Children are easier when carried about, but quickly.

PREDOMINANTLY WORSE.

Predominantly worse inspiration; expiration; sitting down; wet weather; indoors; warmth of bed; wrapping up; during rest; while sitting and when standing; after lying down and while lying; stooping; bending suffering part inwards; stretching out diseased limb; cold diet; lying on painful side; descending; sitting erect; drinking cold water; after sleep; "when lifting or stretching out diseased limb;" when eating; after breakfast.

PREDOMINANTLY BETTER.

In dry weather; in the open air; from motion; when moving diseased part; when drawing up diseased limb; from warm diet; when lying on painful side; when walking; after rising from a seat; when ascending; when sitting bent forward; from bending the head back; from warm diet and drinking milk; when lying on back, or on painful side; when letting diseased limb hang down or when drawing it up; from eating meat or salty things; when bending the suffering part backwards; on an empty stomach.

Compare *Belladonna*, *Bryonia*, *Nux Vomica*, *Rhus*.

IGNATIA.

H. W. PIERSON, M. D.

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Ignatia is obtained either by trituration or tincture from a pear-shaped fruit of intensely bitter character known as the St. Ignatius bean grown upon the *Strychnos Ignatia* tree found in the Phillipine Islands. In many respects it bears a marked similarity to *Nux Vomica*, due in all probability to the presence of the strychnia found in each of these substances; and still the

action of each corresponds to very decidedly different conditions, dependent in all probability upon the difference in temperaments of those susceptible to Ignatia and not profoundly impressed by *Nux Vomica*. A careful study of Ignatia will bring out several marked peculiarities. In the first place you will notice that the Ignatia patient does not in the main show irritability of temper, intense anger or violence of any kind; on the contrary she is generally noted for the sudden variations from cheerfulness or sadness to uncontrollable anguish.

Hahnemann says "that Ignatia is a chief remedy against evil effects of chagrin in persons who are not in the habit of breaking out into vehemence or of seeking revenge but keep their chagrin concealed and dwell upon it in their recollections." *Silent* grief, therefore, may clearly express the underlying motive controlling many of the emotions and acts of the Ignatia patient. It is for this reason that they desire to be alone, and when brought into contact with friends or associates will put on a cheerful expression, be unnaturally merry and after a greater or less length of time become overwhelmed with the power of the pent up feelings within and burst out in uncontrollable weeping. These people are not inclined to make a confidant of even their best friends, but at the same time carry such a woe begone expression, that the most casual acquaintance is as familiar with their state of mind as though the cause of the trouble had been written all over the face.

You will bear in mind that this is not a deep acting remedy and therefore is not indicated in deep-seated, long-lasting, chronic diseases. As a general rule the reason for the profound sadness, uncontrollable grief or evidence of severe disappointment will be found in those who have inherited an amiable disposition, highly developed feelings, delicate conscientiousness, intense affections and consequently very susceptible to every wind that blows. With these highly wrought constitutions you find exceedingly favorable soil for the development of extreme sensitiveness of the nerves and that hydra-headed monster, *hysteria*. It will be noted that this peculiar alternating characteristic may lead the physician to select this remedy for seemingly opposite conditions, but in these cases the totality of the symptoms must show the tendency of the patient to pass rapidly from one extreme to its directly opposite condition. As a general thing the early part of the day is the best time for the adminis-

tration of this remedy, because if given later in the day it is liable to disturb the sleep of the patient; and you will be favored by the patient in this particular from the fact that she will consult you as a general thing during your morning hours, or you will be called to her bedside during the latter part of the night; in this connection it may be well for you to bear in mind that as a general thing the *Nux* patient should receive medicine in the latter part of the day in order that the morning hours may be free from discomfort or actual suffering.

With this general survey you will be impressed with the fact that the symptoms or the absence of symptoms are entirely out of proportion to the apparent exciting cause; for example, there may be a very apparent source of irritation and profound shock or an extensive injury and this sensitive individual will seem to be so dazed as to give little evidence of the suffering that would naturally be expected under the circumstances. The very next individual for which the remedy is indicated may disclose no apparent *cause* for suffering and still the *expression* be so great as to lead sympathizing friends to think that death would be the greatest blessing that could come to them. In each of these cases wherein the hyper-sensitiveness of the nervous system contains the cause for either the absence of suffering or the intensity of the same, Ignatia will frequently cover the totality of symptoms; the seemingly irrational, unexpected expressions being the key-note for this selection. If these patients have a fever, as a general thing there is absence of thirst and a desire to be carefully covered; if on the contrary they have a profound chill, they will want all covers removed and possibly an intense thirst for large quantities of water. Mentally the same irrational symptoms will be clearly marked. Unreasonable complaints about light, noise, motion, heat, cold, attention or lack of attention, are usually offered in a sad, plaintive manner or else in profound cases of melancholy, the result of intense grief or great suffering, the patient will meet all inquiries with a dull, vacant stare. This brief analysis will give you a picture of the sphere of action of the drug; let us now give it practical application.

Head.—Under head symptoms we find that the pain is usually confined to one small spot and as a general thing is intense as if something like a nail were being pressed into the brain or driven out through the side of the head; these pains are usually removed by *pressure, stooping or eating*, just exactly the opposite

to what your best judgment would think indicated under the circumstances. The pains of the head as well as other parts of the body will lead you to think, by their close similarity, of the pain produced by *Coffee* and it may be worth noting that *Coffee* is one of the best antidotes for the aggravations produced by *Ignatia*.

Face.—In the face we are apt to find alternate redness and paleness of the cheeks from the slightest reproof, without the angry, vehemence of the *Chamomilla* patient. The convulsive twitching of the muscles of the face (as well as the whole body) should be carefully considered, since this remedy frequently becomes the simillimum in cases of hystero-epilepsy due to grief, chagrin or other profound mental impressions as well as that spasmodic contraction of the muscles of the jaws, so closely simulating trismus or lock-jaw.

Throat.—In the throat the characteristic rule of contraries find expression in the peculiar spasmodic choking contractions of the throat, as from inhalation of sulphur fumes and sensation as from a lump when NOT swallowing, the sticking, stinging sensations which disappear *when swallowing anything solid like bread*, or they will express an inability to swallow bread, claiming it is too dry. Frequently there may be a sensation as if the food had become lodged in the throat and can neither be swallowed or removed, creating intense excitement in the household; nothing will give such wonderful relief as the removal of the friends and a single dose of *Ignatia*. So far as the throat symptoms are concerned the chief characteristics are relief from swallowing or the exact opposite, seeming inability to swallow.

Appetite, Thirst, Desires and Aversions.—The likes and dislikes are usually strongly marked. Appetite is generally good and eating relieves many of the distressing symptoms to be found in various parts of the body. There may be a craving for peculiar and even indigestible food. The desire may be strong for special articles of diet, the gratification of which being followed by an equally strong aversion for the same, which sometimes becomes very firmly fixed. There is a pronounced aversion for tobacco smoke and these people will frequently become deathly sick from the inhalation of the same. One peculiarity of the thirst is the great desire for water during the chill and the absence of thirst during the fever. *Ignatia* might be

used with advantage in the treatment of those addicted to the use of tobacco and alcoholic stimulants.

Stomach.—There is a peculiar sensation of flabbiness or relaxation in the stomach, a sensation as if the stomach and intestines were empty and hanging down thoroughly relaxed. This sinking, all-gone feeling in the pit of the stomach will call for Ignatia, provided *eating gives relief*, and in making the test nothing is better than the use of a piece of dry bread, because it will bring out characteristic symptoms from the time it enters the mouth until it reaches the stomach; but if the eating is persisted in there is apt to arise a repugnance at the very thought of eating, in which case your Ignatia will bring almost immediate relief. After eating there may be a feeling anywhere between the throat and the cardiac orifice of the stomach as if there was a constriction and that food had been arrested in its passage, a very distressing symptom, and the relief of which will be followed by grateful expressions from the patient and any physician who is ignorant of the efficiency of Ignatia is to be commiserated when these patients come under his care.

Abdomen.—Ignatia patients suffer from severe, stinging, pricking, griping pains in all parts of the abdomen; the colic is a spasmodic, periodical constrictive, accompanied with extreme flatulence, rumbling and frequently associated with that form of hemicrania as if a nail were being pressed into the brain or being driven through the side of the skull. This colic is frequently brought about by coffee or the free use of candy or indigestible substances. The suffering is intense and resists all the ordinary applications of the household.

Stool.—Bowels are inclined to be loose and natural, but easily changed by fright, grief or chagrin to a diarrhœa, worse at night and worse when alone, with much flatulence. There may be great urgency to stool with no result other than the protrusion of the rectum. This tendency to prolapsus will be found in those patients who complain of the weak, all-gone, flabby condition of the stomach and intestines, and when there is any pain at the anus it is apt to be intense and accompanied with considerable tenesmus. Naturally the hemorrhoids that will be found in these cases are temporary in their character, and while they do last are intensely painful, but will be promptly relieved by walking or firm pressure upon the seat of the trouble. It is this class of cases who bring the laurels to the officialist, because

the stretching of the sphincter or dilatation of other circular muscular fibres gives great relief to these patients; but how much better would it be for the homœopathic physician to become so familiar with his remedies that the services of the surgeon would be relegated to his proper sphere, the correction of mechanical deformities.

Urinary Organs.—Frequently there is an irresistible desire to urinate, caused by scraping sensation in the region of the neck of the bladder, especially when walking after a meal. Like *Gelsemium*, there is usually a profuse flow of urine, notwithstanding the desire, this increase being largely in proportion to the intensity of the hysterical symptoms. Observe the law of contraries when you find a persistent retention of urine without perceptible reason for same, carefully compare the totality of symptoms with that presented by Ignatia.

Sexual Organs.—By reason of preconceived ideas with reference to the nature and cause of hysteria one would naturally expect a remedy possessing so many of the characteristic manifestations of this disease to be particularly rich in the symptoms brought out under this rubric, but by reason of the fact that this remedy is pre-eminently governed by the law of contraries we find almost a complete absence of characteristic symptoms touching this sphere of activity; in fact as a general thing there is either an *entire absence of sexual desire* or there may be periods of *intense desire with more or less complete impotence*. We will find, however, the usual manifestation of nervous irritation without the slightest evidence of inflammation or even congestion. Spasmodic constrictions and supersensitiveness of terminal nerve fibres prevade the entire region and expression of the same is found under many varieties of circumstances. A form of *vaginismus* so intense as to prevent coition; *Dysmenorrhœa*, accompanied with violent spasms and pains almost perfectly resembling labor pains, lasting sometimes during the entire menstrual period and resisting all the usual means for relief, but it will be noted that co-existing with these pains will be found that highly sensitive nervous temperament so necessary to Ignatia. The menses may be scanty or even a complete suspension due to suppressed grief or chagrin, or the flow may be profuse, returning every ten or fifteen days. The period of gestation presents a very favorable condition for the complete cure of this unfortunate nervous condition, because of the pro-

nounced intensity of all the characteristic symptoms. It will be unnecessary to give further consideration to the conditions incident to gestation because they are simply a repetition of what occurs at every menstrual period, only more perfectly developed.

Respiratory Organs.—Voice is usually low, subdued, plaintive or sad, occasionally we have partial or complete hysterical aphonia, *frequent deep sighing*, which with children will be shown in the long continued sobbing after the real cry has ceased. There is a desire to take a long deep breath and there may be occasional cessation of the breath due to a spasmodic constriction either in the throat or bronchial tubes, but no bad results ever follow the same because it is always under the control of the patient. The cough is occasioned by a tickling in the supra-sternal fossa, as from the inhalation of dust or the fumes of sulphur. This cough, however, is under the control of the will and consequently increases in intensity as the family makes efforts to control the same. As a general thing it is a dry, hacking, spasmodic, hollow cough, with little or no expectoration and entirely out of proportion to any perceptible cause.

Heart.—Very frequently the patient is certain that she has an incurable heart disease and you will find them using every precaution that they have ever heard of to guard against any sudden excitement, either of joy or sorrow, and you may be puzzled by a rapid irregular beat of the heart. There may be excessive anxiety and severe constrictive pains about the heart. Of course there may be such a state of nervous irritability as will produce a complete paralysis of the heart muscles, but experience shows that we have little reason for fear from any condition that may arise under these circumstances and the closely observing physician will clearly grasp the situation and as quickly give relief to patient and friends if he understands the various actions of this remedy.

Skin and Muscular System.—Owing to the hypersensitive tendency of the peripheral nerve filaments, no part of the body has any immunity from pain, the characteristics running the entire gamut of sensations—twitching, jerking, itching, burning, tearing, etc., etc. As a general thing these pains result from either heat or cold, light touch and various emotions which the patient is susceptible to. Usually the pains are worse at night in bed and while alone and are generally relieved by hard pressure, scratching, rubbing. For this reason patient generally lies

on the painful side or applies pressure; walks if pain is in lower extremities or moves the arms if in the upper. By doing just the opposite to what you would expect a person to do with an inflamed nerve or muscle you may be easily convinced of the correctness of your diagnosis.

Sleep.—A feeling of great weariness with an intense longing for sleep and with equal inability to sleep is one of the most distressing conditions coming within the range of this remedy. People who have been overwhelmed with business cares, grief or anxiety, which follow and haunt the hours of needed repose with anxious thoughts of the day may find prompt relief from the use of this valuable remedy. Children who have been punished and sent to bed in disgrace, who awaken from their sleep with fear and uncontrollable sobbing will show general indications for the use of this polychrest.

Fever.—Much of the phenomena of disturbances in the circulation is due to peripheral nerve irritation, which explains the seemingly contradictory character of the symptoms. The chill is usually very pronounced and clearly defined,—shaking chill, with chattering of the teeth, paleness of the surface with “goose flesh” having no particular place of commencement; the patient feels cold, but has intense thirst for cold drinks or throws off the covers to the bed and an examination reveals no marked coldness upon the surface. This chill lasts but a short time and is followed by an equally intense sensation of heat, during which time the patient draws the covers carefully over her and resists all inducements to even take a sip of water. The sweat following the fever is very slight and generally appears upon the uncovered surfaces of the body. As a usual thing the paroxysm is preceded by a feeling of drowsiness with yawning and stretching and general feeling of prostration. Paroxysms assume the type of quotidian, tertian and quartan, anticipating and postponing and coming on all times of day and night.

GENERALITIES OF NEW REMEDIES.

M. E. DOUGLASS, M. D., DANVILLE, VA.

AGGRAVATION—A. evening; at night. While lying down. Morning. During the day. *Ailanthus*.

Symptoms all a. during rainy weather. *Erig.*

All the symptoms are worse on left side of the body.

Eupat. purp.

- The symptoms are all a. in a warm room. *Ptelea*.
 The nausea is a. by lying down or by noise. *Ptelea*.
 The symptoms all a. before a rain. *Rhus ven.*
 Singing increases the nausea and a. the headache, causing shooting pains from within outwards. *Ptelea*.
 Worse when in a close, hot room. *Trifol.*
 All the symptoms worse in the afternoon. *Wyethia*.
 AMELIORATED—Better in the open air and cool room. *Trifol.*
 All the symptoms better in the cool, open air. *Ptelia*.
 A. towards morning; by walking about; by pressure. *Ailant.*
- ANÆSTHESIA—General a. of the skin and extremities. *Atrop.*
 ANNOYED—Very nervous and easily a. *Melilotus*.
 AXILLÆ—Fetid sweat of the a. *Arctium lap.*
 Swelling and suppuration of the axillary glands. *Arctium. lap.*
- BALL—Sensation as if a b. in the stomach, rising up into the throat. *Senecio*.
- BLOTCHES—Gums swollen and bleeding, legs covered with dark, purple b., swollen, painful, and of stony hardness; pulse small and feeble; appetite poor; bowels constipated. *Agave amer.*
- BRUISED—A sensation all over the body as if b. or beaten. *Bapt.*
- CALAMITY—Feels weak and uneasy; is apprehensive that some c. is about to occur. *Wyethia*.
- CHOREA—C. from fright, with perfect inability to remain still for the space of three minutes, and inability to walk without assistance. *Visc. alb.*
 Choreic movements continuing during sleep. *Visc. alb.*
 Chorea: arms and limbs in constant motion, facial muscles distorted, could not help herself, headache, vertigo, grating the teeth nights; quiet during sleep; worse in the morning. *Mygale*.
- COLD—Ailments from c. and damp, with constant chilliness. *Aranea d.*
 Feels as if he had taken a violent c. *Carb. ac.*
 Consequences of c. and wet, c. bath, or damp weather. *Form.*
 Great sensitiveness to c. air. *Solan.*
- CONVULSIVE—C., uncontrollable movements of the back, arms and legs. *Mygale*.

- CONVULSIONS—General c.; eyes fixed and limbs contracted.
Cyan. of Potass.
- CONSTIPATION—C. of years duration, from atony of the bowels.
Calab. bean.
- CRACKS—C. in the nipples, fingers and hands. *Balsam peru.*
- DAMP—Ailments from cold and d., with constant chilliness.
Aranea d.
Consequences of cold and wet, cold bath, or d. weather.
Form.
- DARKNESS—Desires solitude and d. *Coca.*
- DEBILITY—General d., syncope, icy-coldness of the body. *Cyan. of Merc.*
D., with slow, feeble circulation. *Balsm. peru.*
D., general or local, from protracted illness; loss of fluids, defective nutrition and imperfect assimilation. *Aletris.*
- DORSAL—The lower d. region is the location of greatest suffering.
Eriger.
- DROWSINESS—Malaise and general d. *Still.*
- DYSPEPSIA—D., with great pain immediately after eating. *Calab. bean.*
- EATING—All the symptoms suddenly disappear after e. sour things. *Ptelia.*
- EMACIATED—Very e., weak, and of a peculiar pallid color.
Brom. of Potass.
- EXERTION—Unable to make much e.; the least exercise causes perspiration. *Wyethia.*
- EXHAUSTED—Thoroughly e. from a short walk. *Can. ind.*
- EXHAUSTION—Nervous e. after the least excitement. *Cimic.*
- FAINT—Tendency to f. from the slightest cause. *Sumbul.*
- FAINTNESS—F., much worse on waking in the morning, when stooping or leaning forward, when running or ascending the stairs. *Sulph. iod.*
- FALL—Sensation as if he would f. at every step, with dimness of sight. *Doryph.*
- FALLING—A feeling as if f. to the left. *Eupat. purp.*
- GIDDY—Stupid and g.; a sense of feebleness over the whole body, rendering progress difficult. *Calab. bean.*
- HEMORRHAGE—Active arterial h., with general excitement of the circulation. *Erechth.*
- INABILITY—Feeling of i. to move even a finger. *Iberis.*
- INCAPABILITY—I. of standing long at a time. *Ailant.*

- INCREASE—Pains i. in severity towards sunset. *Lycopus.*
- INSUFFICIENCY—I. or entire want of milk after parturition.
Urtica u.
- JERKING—Throbbing and j. of the muscles in the different parts of the body, with severe chills and great pain between the hips. *Piper m.*
- LAME—General l. and bruised feeling, as if sore all over. *Cimic.*
Muscles of back l. and bruised, as after severe physical exertion. *Viburn.*
- LAMENESS—A feeling of l. and soreness throughout the whole body, as from a cold. *Iberis.*
- LANGUOR—General l., with depression of spirits. *Myrica.*
An agreeable l. alternates with a pleasant, youthful freshness and vigor of body and mind. *Piper m.*
L. and lassitude on making exertions. *Ailant.*
- LANGUID—Weak, l., as if he had been sick a long time. *Asclep. tub.*
L., tired feeling, with great prostration. *Leptan.*
- LARGER—A feeling as if just a little l. all over. *Oleum caj.*
- LASSITUDE—General l., as if beaten. *Gossyp.*
Great l. and weariness, with a disposition to hurry through duties. *Ptelea.*
General l. *Piper m.*
- LAZINESS—L. all through; not a stupor, but an uneasy desire to do something, yet nothing was the right thing. *Tanac.*
- LEFT—The muscles of entire l. side of body sore, as if bruised or strained by over-lifting. *Viburn.*
- LIE—Cannot l. on affected side. *Viburn.*
Feels weary, with desire to l. down. *Iberis.*
Great desire to l. down in the day time. *Can. ind.*
Wants to l. down all the time, with weakness in the sacral region. *Abies can.*
- MALAISE—General m., and feeling of unfitness for duty. *Myrica.*
M. and general drowsiness. *Still.*
- MILK—Lack of m. in nursing women. *Form.*
Insufficiency or entire want of m. after parturition.
Urtica u.
- MOTION—Pain ceases during rest, but commences again during m.; but by continued m. it is relieved. *Calab. bean.*
- MOVE—The pains m. from place to place. *Polyg.*

MUSCLES—The m. of entire left side of body sore, as if bruised or strained by over-lifting. *Viburn.*

M. of back lame and bruised, as after some physical exertion. *Viburn.*

NERVOUS—Very n. and easily annoyed. *Melilotus.*

NUMB—A general n. feeling, especially of the face. *Oleum caj.*

NUMBNESS—N. all through left side of the body. *Xanth.*

Well marked n. throughout the body, and very decided diminution of sensibility. *Brom. of Potass.*

CEDEMA—General o. of the upper half of body. *Urtica u.*

PAINS—Stitches and sharp p. in various parts of the body. *Senec.*

The p. move from place to place. *Polyg.*

P. cease during rest, but commences again during motion; but by continual motion it is relieved. *Calab. bean.*

Sharp p., shifting quickly from one place to another. *Calab. bean.*

The neuralgic p. (facial) force him to walk about. *Ailant.*

PRESSURE—P. relieves the pains. *Form.*

PROSTRATION—P. of strength, with difficulty of expanding the chest on inspiration. *Sulph. iod.*

RESTLESSNESS—Sudden r. of all the limbs, compelling her to move; she cannot stand still, and on trying to do so, steps with her feet. *Chelid.*

Continual r. in afternoon; desire to move about, not knowing what to do, or where to go. *Cimic.*

RHEUMATISM—R. appearing suddenly, mostly in the joints, with the character of restlessness; the patients desire motion, although it makes the pains more acute. *Form.*

RESTLESS—R. and shaky, as if from palsy. *Brom. of Potass.*

RETURN—Symptoms r. every day from five to six o'clock p. m., gradually increase through the night, and abate at about eight o'clock a. m. *Lil. tig.*

SENSITIVENESS—Great s. to cold air. *Solan.*

SHIFTING—S. pains. *Myrica.*

Sharp pains, s. quickly from one place to another. *Calab. bean.*

SHOCKS—Gentle s., like electricity, pouring through the body. *Xanth.*

SICK—An indescribable s. feeling all over, with great languor. *Bapt.*

- SINGING—S. increases the nausea and aggravates the headache, causing shooting pains from within outwards. *Ptelea.*
- SLEEPLESS—Incipient cerebral disorder, when the child is s., and laughs and plays in the night. *Cyprip.*
- SHAKY—Restless and s., as if from palsy. *Brom. of Potass.*
- SORE—When the pain remained in any place for a short time the spot became disagreeably s. *Calab. bean.*
All the muscles prominently used are s. and stiff. *Carb. ac.*
- SORENESS—General s., worse in back, abdomen and chest. *Carb. ac.*
Great s. and painfulness of the whole body and extremities, as if he had been bruised or beaten. *Eupat. purp.*
A feeling of lameness and s. throughout the whole body, as from a cold. *Iberis.*
S. of the whole body. *Ptelea.*
- SOLITUDE—Desires s. and darkness. *Coca.*
- SPASMS—S. and convulsions, followed by paralysis. *Aesc. gl.*
- SPOTS—The pains occupy small s., as if produced by hand pressure with the ends of the fingers. *Lil. tig.*
- STAGGERING—S. gait; with confusion of thought and purpose in the head. *Myrica.*
The gait became s.; false steps became frequent. *Brom. of Potass.*
- STIFF—All the muscles prominently used are sore and s. *Carb. ac.*
- STOMACH—Sensation as of a ball in the s., rising up into the throat. *Senec.*
- STUPID—S. and giddy; a sense of fullness over the whole body, rendering progress difficult. *Calab. bean.*
- SUPPURATION—Swelling and s. of the axillary glands. *Arctium lap.*
- SWEAT—Fetid s. of the axillæ. *Arctium lap.*
Night s. from any debilitating disease. *Hypo. of Lime.*
- SWELLING—Enormous, elastic s. of the whole body. *Doryph.*
- THRILLING—Agreeable t. through the body and extremities. *Can. ind.*
- THROBBING—T. and jerking of the muscles in the different parts of the body, with severe chills and great pain between the hips. *Piper m.*
- TIRED—Very t. on going up stairs. *Piper m.*
T. in the morning on rising. *Viburn.*

Complains of being very t. *Carb. ac.*

TOTTERING—T. gait, with an inclination to stagger; requires extra effort to walk straight. *Ailant.*

TREMBLING—Muscular t. in different degrees. *Calab. bean.*

General weak, ill, t., sinking feeling. *Cimic.*

T. sensation all over, so that he had to lie down. *Iberis.*

T. all over. *Oleum caj.*

TREMORS—T.; so weak and trembling as not to be able to walk or study. *Cimic.*

TREMULOUS—Feels weak and t., as though recovering from a fit of sickness. *Bapt.*

TONGUE—Hard nodulated tumors of the t., of a cancerous nature. *Galium.*

TUMOR—Hard nodulated t. of the tongue, of a cancerous nature. *Galium.*

TWITCHING—T. of the muscles. *Abies can.*

WALK—Cannot w. straight. *Carb. ac.*

WEAK—Feels w. and uneasy; is apprehensive that some calamity is about to occur. *Wyethia.*

He feels so w. he could scarcely speak, and soon fell in a deep sleep. *Can. ind.*

General w., ill, trembling, sinking feeling. *Cimic.*

Feels w. and tremulous, as though recovering from a fit of sickness. *Bapt.*

WEARINESS—Great w., increased by talking. *Doryph.*

WEARY—Feels w., with desire to lie down. *Iberis.*

HIS SECRET SAFE.—A Washington woman is the happy mother of a bright boy whose only failing is his boy-like propensity to be mischievous. After doing some annoying thing yesterday, his mother called him to account and remonstrated with him for being naughty.

“Nobody saw me, mamma,” said the young hopeful.

“Yes, my son,” said the mother, “God saw you.”

The little fellow looked up at her with a thoughtful expression, and remarked,—

“God won’t tell.”—*Washington Post.*

Society Reports.

CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

ROCHESTER CLUB, ROCHESTER, N. Y., June 18, 1896.

The meeting of the Central New York Homœopathic Medical Society was called to order at 11:20 a. m., Dr. Grant in the chair.

Members present: Drs. Grant, Graham, Biegler, Brownell, Carr, Hoard, Hussey, Sayles, Leggett.

Visitors present: Drs. Bruce and Tretton, and Mr. Dake.

The minutes of the meeting of December, 1895, were read and approved.

There was no report from the Board of Censors.

The privilege of the floor was extended to the visitors.

Dr. Biegler referred to discussions in the December transactions just read. He thought that "fraudulent practice," when upheld by men who assume the role of leadership in Homœopathic Science, had an infinitely bad effect upon the young practitioners. He gave two reasons for "fraudulent practice:" first, ignorance, and second, avarice. He considered that the two evils combined or condoned by those who assume to be leaders in homœopathic thought, result in inattention and loose prescribing on the part of the inexperienced.

He reminded the society that the mere fact of accepting loose prescribers as homœopathists, as differing from the strict only in the potencies which they employ, was harmful in the extreme. He thought that if the leaders in homœopathy had not so often failed in principles, there would have been less danger from the ignorant and inexperienced.

In his position, as Censor, many typical cases came up for judgment. He cited a case, lately brought to his notice, in which a young practitioner, carefully grounded in the principles of homœopathic prescribing, and a graduate from the P. P. G. S. of H., was charged with local application in a case of eczema. This young practitioner justified himself by claiming that the

application was homœopathic to the case; and that, by making it, he was enabled to "hold his patient."

Dr. Biegler considered that the man Allen countenanced that kind of prescribing which it is distinctly "fraudulent" to call homœopathic. He was present at a meeting of the A. I. H. at which a paper was presented by a physician, who advocated twenty grain doses of quinine. Only *one* man in the society had the courage to object to the acceptance of that paper. Dr. Allen not only warmly advocated the acceptance of the paper, but roundly abused the man who had objected, and dared to criticise.

Dr. Brownell considered that Dr. Allen's lectures taught good homœopathy, with the exception of the last one, which was devoted to expedients, dosage, etc.

Dr. Biegler believed that Dr. Allen's practice was good, but that he failed to encourage uprightness of principle in his followers.

Dr. Grant remembered the final lecture of the course given by Dr. Allen. He himself differed from Dr. Brownell in his understanding of the reasons for that lecture. He had always considered that Dr. Allen thought it unwise to send students out into the world without instruction upon the points treated.

Dr. Brownell considered that the lecture properly came under the head of Toxicology, and had nothing whatever to do with the lectures upon *Materia Medica*.

Dr. Grant referring to the statement attributed to him, in the December transactions, said that it resulted from an effort to combat the apparent suggestion in Dr. Gwynn's paper that Dr. Allen's success was due to mongrelism. Dr. Grant believed that this success was due to good homœopathic prescribing only.

Discussion upon the advocacy, by leading homœopaths, of other than strictly homœopathic measures, was closed. A brief paper was next read from Dr. Seward, who was unable to be present, because of failing health.

"SOME NOTES UPON THE TREATMENT OF HORSES."

Some years ago, my driving mare had colic. I found that she had been eating frozen, cut, wet feed. Concluding that her pain had been caused by the frozen feed, I gave, upon her tongue, a few globules of *Arsenic*³⁰. In less than fifteen minutes, she began to eat and was well.

A man having tied his horse to my hitching post, came into

my office to get medicine for his child. He said that the horse had colic. Upon inquiry, I thought the pain resulted from the feed. I gave the man a vial of *Nux Vomica*^{6x}, in liquid form, and told him to put three or four drops upon the horses' tongue. He laughed at the prescription, but followed directions, and one dose cured the colic.

A two year old colt, owned by a farmer, was affected with long, pedunculated warts located near the ear. I prescribed one dose of *Thuja*^{2m}, and the warts disappeared.

During the August preceding the epidemic of Epizootic in Syracuse, my mare was attacked with the disease. The weather was warm and pleasant. The mare began to droop and to act sick, before the discharge appeared, which finally became a profuse, whitish, glairy mucus, falling in a constant drip. The mare neither ate nor drank for five or six days. Prescription was difficult, but at various times I gave her, as best I could, *Chamomilla*, *Pulsatilla* and *Sulphur*. She soon began to improve, and to eat, and finally recovered. She afterwards drove as well as ever.

In the following November, during the epidemic, she had another attack of Epizootic. She was not so sick as at first. The discharge in the second attack was bright yellow. She received the same medicine, and recovered perfectly.

During the epidemic, I treated a number of horses belonging both to private families and to the street railway companies. All recovered. During the same period, the Veterinary Surgeons lost some cases.

One morning I found my mare with an extensive swelling under the throat. *Belladonna*³⁰ cured it. The horsemen said that if it were stopped, it would gather somewhere else. It did not, but the cause not being removed, the mare had swelling of the udder. An open window above the stall, allowing the cold north wind to blow down upon her, was found to be the cause of the trouble. *Belladonna*³⁰ again cured.

STEPHEN SEWARD.

Dr. Carr mentioned the case of colic cured by *Colocyth*³⁰⁰, reported by Dr. B., at the meeting of the I. H. A. Dr. Carr was also reminded of a case of a valuable dog, for which he was asked to prescribe. The dog belonged to one of his patients, and had shown symptoms of restlessness, with a desire to get into a corner of the room, and to hide. Watching the dog for a time,

convinced the doctor that the pain was in the chest. He thought of *Angina pectoris*, gave *Cactus Grand.* and cured.

Dr. Biegler considered it a fact that horses respond more promptly than human beings to the indicated remedy.

Dr. Brownell said that he felt as much sympathy for suffering animals, as for suffering human beings. He thought that the animal was as responsive as man to the indicated remedy. To obtain indications in dumb brutes, it is necessary to watch them, as one watches a young child. During his practice in Clifton, he had had a large and increasing practice among the animals of that region. He regretted that there are no homœopathic veterinaries

Dr. Biegler briefly told his experience with the "best mare in the world," owned by him twenty-five years previously. After twenty-two years of good service on the part of the mare, the doctor was prepared to neither kill her, nor to let her suffer.

One morning, he found her with her head hanging down, as if she were suddenly stricken with old age. He called a Veterinary Surgeon who said "shoot!" He called a second, who said the same. The mare occasionally raised her head, when it would swing limply back and forth. The doctor having watched for a time, gave one dose of *Cocculus*. The mare was cured by the medicine, and lived three years longer.

Another horse, owned by the doctor, was found one morning in the stall, standing upon three legs. The left hind leg was swinging. There was no swelling. The veterinary diagnosed phlebitis or fracture, and thought that there would be swelling the day following.

The suddenness of the attack and the possibility of over-heat, led Dr. Biegler to prescribe *Aconite*²⁰⁰. The next morning the horse stood upon "all fours."

The doctor enjoyed the surprise of the Veterinary Surgeon and admonished him not to disregard such a lesson in homœopathic cure. The Veterinary Surgeon left the stable in anger.

Dr. Hussey said that all except homœopathic treatment had been discarded at the stables in Buffalo where his horse was kept.

Dr. Leggett presented a short paper, as there was no other business ready for discussion. The paper had been called out by the apparent uncertainty of leading homœopaths, as to the

cause of the success or the non-success of measures employed in certain localized diseases.

MIASMATIC DISEASES.

In the light of recent discussions, it should seem necessary to define more clearly that most obvious cause of human suffering, miasmatic disease.

The stumbling and uncertainty in many cases presented, the effort to obtain good results from radical measures, the frequent failure through misapplication, should make profitable a further study of Hahnemann's repeated experiments and recorded results.

It is probable that many diseases exist which do not arise from a miasmatic base. Query: Can we learn to distinguish between the miasmatic and the non-miasmatic sickness?

A short review of *Chronic Diseases*, (Vol. I), presents an intelligible picture of the chronic miasm, both in its latency and in its activity. In the work quoted, Hahnemann notes a discovery—he found that some diseases, when met by the simillimum, are only temporarily relieved; that the same phase of disease recurs, or a new one presents itself, which must again be met by a simillimum. In order to study the cause of these phenomena, therefore, he resolved to place all such disturbances under observations. At the end of thirteen years, he offered to the world the result of his observations, declaring a miasmatic base to be the cause of all chronic, progressive disease.

It is now understood that all miasmatic influence originates in a contagious principle introduced into the system through contact, inoculation, or heritage. Suppression, or recession of the various manifestations of this influence has but one result. That is, to fix the locality of the disease deeper in the system, and nearer the vital organs.

Taking the psoric miasm as an example, there is, in *Chronic Diseases*, page 35-49, a most remarkable record of the progression of that miasm, from without inward, from below upward, toward the vital centers. A careful examination of the above-mentioned record shows that, in these cases, the curative action is always a reversal of progression, effected either spontaneously or accidentally by the therapeutic measures employed.

The fact of the suppression, or the recession of the miasm being established, and its consequences understood, further ex-

amination of the records show that the rate of the miasmatic activity, in these circumstances, may be either rapid or slow, and that this activity may last either weeks or years; that the action of the miasm is progressive, never exhibiting a tendency toward retrogression, except through some extraordinary revulsion, either natural or fictitious, of the vital dynamis.

A study of the records of *latent psora* made by Hahnemann, indicates the kind of disturbance that is developed from heritage. It teaches that the constantly perverted action of the vital dynamis, in any direction, not due to irregular living, drug effects, or traumatism, is miasmatic. Pallor, swollen glands, epistaxis, cramping of the muscles, tendency to colds, cough, coryza, deficient bodily warmth, frequent headaches, constipation, etc., are only signs of the presence in the human organism of this powerful enemy. In spite of these signs of its occupancy, persons so affected, many times consider themselves to be in excellent health.

Later, in the work on *Chronic Diseases*, we find a record of miasmatic activity gathered from cases under the personal care of Hahnemann, and successfully treated by him. These cases confessedly followed a development of itch, and the course mentioned; they were also uncomplicated by other miasmatic disease. They show functional derangement of every organic system of the body. In all probability, these were the cases from which the great physician deduced the memorable principle that disease recedes from above downward, from within outward, and in the reverse order of its coming.

Surely, the study of the action of this miasm alone gives the *general sweep and motion of all* miasmatic influence. It brings clearly before the mind the progress of the sickness. It shows how an approximately simple affection of the outermost covering of the extremities of the body becomes of greater significance and deeper action, as it attacks the trunk and scalp.

Suppression from the locality of the skin leads to various organic affections. Terrific convulsions of the vital force are needed to expel the affection from the new point of attack. At times, the vital force is unable to resist its enemy, even by violence. Then its activity rebounds upon itself to the destruction of the organ. These records of Hahnemann are daily verified by strict observers and prescribers.

In the miasmatic action of Syphilis and Sycosis, the same

truths are observable. In Sycosis, the primary lesion is upon the mucous membrane; in Syphilis, it is upon either the mucous membrane or the skin. Both are inoculable in the primary, secondary and tertiary stages. Their progress is from without inward, or from below upward, toward the vital centers.

These miasms, in their coarser lesions, were known to Hahnemann, who described their general action. But to-day the details of their expressions are still better understood. It is possible that these miasms are affected by new environments, by the manner of life, etc., different from those of Hahnemann's time. But the rule and the rate of progression are the same. Experience finally establishes truth and exposes falsity.

Various phases of miasmatic diseases having been noted both in the records and by experience, the truth and application of the *Similia Similibus Curanter* having been established, the question of therapeutics should seem to be forever settled. But alas! physicians daily cry, "How shall we treat tumors, hemorrhoids, skin disease and the multitude of externalized diseases?"

Is it not easy to understand that the cases of cure "by the knife without evil results," reported by our old-school brethren and by *others*, are those of the non-miasmatic order, in which there is nothing to suppress? Does not repeated experience show that a suppression of miasmatic disease is *always* followed by evil results? What then is the first duty of the physician understanding these facts, if it is not to determine the miasmatic or the non-miasmatic origin of the case under consideration? In most instances, it is possible to do this through the history of the case and its progression. It should also be possible to learn whether a manifestation is the result of the curative action of disease, or whether the successive steps have been in the direction of deeper disorganization and destruction.

There seems to be no possible manner of determining the difference between the recent sycotic and the non-sycotic infection. May it not be the same with many acute diseases? Is there not all the greater danger from hasty action?

There is nothing truer in nature than that miasmatic disease can be suppressed. It is also true that local manifestations of the suppressed miasm may become so predominant and so totally misleading as to need an operation before prescription can be made. But the operation is never curative. An acknowledgment that there are non-miasmatic diseases, therefore, diseases

non-suppressible by operation, is not a decision in favor of an operation.

The true homœopathician acknowledges that there is a better and surer way of treatment.

If the homœopathician fails to understand the progression of chronic miasmatic sickness upward and inward, he fails in the application of the broadest truth of our beloved science. He is no farther advanced than Hahnemann was, when he discovered that infinitesimal doses of quinine cure a symptom picture, similar to that which the same drug is capable of creating in the human organism.

Hahnemann passed long years in study and experiment after that period. He repeatedly verified his statements before he gave to the world the result of his observations. It remains for this generation further to develop these principles, or else by as careful experiments, to disprove their existence.

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

Discussion of the paper followed.

Dr. Biegler praised the conciseness and clearness of the paper, and recommended that it be published in leaflets, as well as in the transactions of the society. Dr. Biegler thought that the truths therein involved were so stated as to leave no room for discussion, but he cited a case illustrating the results of operations in chronic disease. The case was one of malignant tumor of the breast, in a person of greatly impaired health. Two months after the removal of the tumor, there appeared in the cicatrix a fully formed keloid. This keloid was cured by three doses of *Asterias rubrens*. The cure of a malignant growth in a progressive stage was remarkable. The doctor mentioned this case as an instance of the wonderful action of *Asterias rubrens*. He thought that this medicine should receive more attention, and so become better understood.

Dr. Graham was greatly interested in the subject as presented by Dr. Leggett, but could hardly agree with all that she said. He believed that an operation often removed many uncomfortable symptoms due to reflex action, and that it did not interfere with the eventual cure of the patient. He thought it better when possible, to remove a local manifestation, even though it returned. Many times, when fully expecting the return of a growth, he had been happily disappointed by obtaining a perfect cure.

Dr. Leggett said that, in chronic, miasmatic disease, what is termed "removal by operation of the symptoms of reflex action" was, according to her experience, misleading in the extreme. She gave the substance of an interview held that morning with a victim of cancer upon the tongue.

Several months before, an eminent surgeon had removed the cancer, together with considerable tissue of the tongue. Curious as to "reflex symptoms," &c., Dr. Leggett, by inquiry, had found that since the operation the patient's discomforts had greatly multiplied, even locally. She had also learned of unrelieved conditions that were signs of still greater disturbance in the near future, because the perverted action of the vital dynamis had been in no way corrected.

Dr. Biegler showed that operation did not always relieve "reflex symptoms." He cited a case of laceration of the perineum brought to the hospital for operation. The patient having been assured of cure, three month before, had submitted to the operation. She had not been perceptibly benefited, and, but a few nights previous to the meeting, she had applied to the doctor for treatment of abdominal symptoms, due to dyspepsia.

Dr. Leggett argued that physicians should be able to distinguish between the local manifestations that are due to an active chronic miasmatic disease, and those that are due to an effort of the vital dynamis toward resolution; that while the latter might possibly be operated upon safely and successfully, the former would be complicated and lead to destruction. The same must be said of "reflex action." (In an active chronic miasm, the removal of a tape-worm by drastics, in no way relieves the symptoms said to be caused by tape-worm. Ed.)

Motion made, seconded and carried to adjourn.

Meeting again called to order at 2:15 p. m.

Dr. Graham presented the following paper:

INTESTINAL SURGERY.

The Intestinal Surgery of to-day has attracted the attention of the entire profession. It has called a halt upon old methods, and shown that they must be abandoned. It has taught, through experience, that operations, once considered hazardous, and which were usually fatal, are now performed frequently, and with small percentage of death.

The operator expends much thought upon various methods of

obtaining satisfactory results; if he be endowed with sufficient ingenuity to develop his ideas, his final experience is of value to the profession. It is by such means that surgery has already risen to a science, and that the operator, in the opinion of the laity, has become less of a butcher.

I wish to report a case of intestinal anastomosis operated upon by myself more than one year ago.

Mrs.:——, age 32. Operation, August, 1894.

The operation was for the removal of the right ovary. The ovary was entirely broken down, forming two cysts, one containing pus, and the other a clear liquid such as is found in ordinary cysts. The cysts and the fallopian tube were removed.

Many cold-like adhesions, some of them as large as my finger, were found binding the intestines. Small fibroid tumors were growing upon the cords, in considerable numbers. These adhesions and growths were removed, their removal requiring much careful dissection among the intestines.

The appendix being somewhat inflamed, was removed, and its contents were found to be a plum-pit.

So much work among the intestines caused the formation of an abdominal abscess. This was opened, ten days later, and found to contain not only pus, but fecal matter. The operation disclosed a deplorable condition, from which no one who saw the patient expected recovery.

I was taken sick three days before this operation, and I had to call another physician to open the abscess and to attend the case.

An operation was also performed to close the two or three openings into the intestine. It was of no avail. The sloughing extended until six inches of the ileum, except the mesenteric portion, were destroyed.

Nourishment through the mouth or the rectum was expelled through the abscess, which, except for the intestinal and artificial openings, seemed to be walled into the central portion of the abdomen. The nurses were kept busy attending to the dressings, which were as objectionable as any I have ever seen.

Because of sickness, I did not see the patient for four weeks. In the meantime she had gained some strength, and a fair appetite.

Examination showed that the sides of the two open ends of the intestine had grown fast to the abdominal wall. These were,

with difficulty, detached sufficiently to bring the two ends of the gut together. To cut out the mesenteric portion of the gut would necessarily open the rest of the abdominal cavity. A failure to unite the gut and leakage into that portion of the cavity meant death. I chose not to open the cavity, but to work for the safety of the patient, even though more than one operation should become necessary.

The physicians present advised the removal of the mesenteric portion of the gut, and the use of the Murphy button; but, after such a degree of inflammation, I feared constriction, and hindrance to the passage of the button. To proceed: the ends of the gut were detached, without opening the peritoneum, and were brought together with difficulty. These were first sewed with cat-gut, and that suture was followed by a row of fine silk stitches upon the serous surface of the intestine. The mesenteric portion of the sloughed gut was rolled in, and stitched at the edges, so that the contents of the bowels could not escape. There was a sharp bend in the intestine at the point of union, because of adhesions to the abdominal wall. The gas, in passing the bend, caused considerable strain at that point; so that, after a short time, the stitches gave way and allowed a leakage as before. This did no harm, as the leakage only escaped through the old abscess. The patient was in a much improved condition, and the ends of the gut were now only one and a half inches apart, instead of six inches, as at first.

Three weeks later, I made an operation to close the gut. I knew that I had to contend with an angle at the point of union, and that it was necessary, by some method, to give support at that point to the lumen of the intestine. Not being partial to the Murphy button, I decided upon the use of the tube made of carrot and shaped like the elbow of a stove-pipe. It was as large as the intestine could hold. The perforation allowed the gases and fluids to escape, without pressure upon the stitches. The carrot was held in place by cat-gut. The abdominal wall was brought over the gut and stitched. The healing process progressed in the usual manner. After three days there was a slight leakage for a short time; but, in three weeks the union was strong, and the discharges had ceased. After three months of both mental and physical suffering, the patient left the hospital in good condition.

Physicians, both allopathic and homœopathic, were present at

the last operation. All urged the use of the Murphy button, and opposed that of carrot, saying that I would get no union. They also said, "Doctor, you will admit that it is not a scientific way to perform an operation, won't you?" To which I replied, that if the operation was a failure, I would admit that it was unscientific; but that if it was a success, *they* must admit that it was both scientific and safe. This was conceded, and, after the result was known, all acknowledged that the plan adopted was right.

The surgeon is too apt to follow the fad of other surgeons, rather than his own ideas. A man without some original ideas, has no right to become a surgeon. No two cases are alike. The surgeon must be able not only to discriminate, but he must be ready with an expedient to fit each case. He must, like the tailor, cut according to his cloth.

If I had followed the advice of the surgeons, and had used the Murphy button in the foregoing case, the patient would now, no doubt, be resting under the sod. Instead, she is attending to the manifold household duties devolving upon a wife. Great praise for this success must be given to the carrot.

Success in intestinal anastomosis depends, not only upon the methods, but also upon the dexterity of the operation. This fact is an incentive to use such means for uniting the gut as will effect its union in the briefest possible time, and to avoid those means liable to cause sloughing. Should the latter means be employed, and should the patient seem to do well for a few days, if sloughing occur, he sinks rapidly away, at almost a moment's notice.

Among the many and one of the latest methods in use for uniting the gut is the Murphy button. This method, according to my observation, has not won for itself a prominent place in the annals of surgery. The principle of the button is wrong. The pressure of a spring holding the parts together, must be neither too strong nor too weak. In the first condition it causes inflammation and a sloughing that should be avoided; in the second, it produces leakage and its consequences. Again, when the button becomes dislodged, it is liable to leave an opening in the gut, followed by leakage.

To the thoughtful it seems that the Murphy button "fad" will soon be a thing of the past; indeed, that not only the Murphy button, but metal of any kind will soon be regarded as an im-

proper substance to leave in the bowel, with the hope that it will be evacuated as indigestible material.

More confidence can be given to the decalcified bone-plates invented by Senn, than to metal of any kind. In fact, these bone-plates have been fairly successful, although they are fast falling into disuse. Their disuse is largely due to the fact of their slow absorption, and to their necessarily slow operation.

Lateral anastomosis, by Abbe's method, sometimes presents distinct advantages, owing to the situation of the parts involved, as in the operation of gastro-enterotomy.

Two methods of uniting the intestines are employed: a simple suture and the use of foreign substances. The first method is reasonable, and has been successfully employed by me. In this method, it is necessary that the ends of the intestines be carefully approximated, and puckering of the sutures prevented. The sutures should not be drawn too tightly, as that gives occasion for sloughing. This method, properly performed with the use of the sutures devised by Lembert and Czerny, should show excellent results. A skilled surgeon should perform a circular enterorrhaphy in half an hour. I believe that I have proved that the use of a vegetable in circular enterorrhaphy expedites the operation. The sutures are much more easily inserted in the distended gut, and a hole through the center of the vegetable allows the passage of gases and liquids with less pressure upon the sutures.

For a time the vegetable is held in place with cat-gut; and when it softens it is passed as food. When the vegetable passes, the healing process is so far advanced, that the intestine is enabled to hold its contents. In this way the operator prevents a slough that might be caused by indigestible material.

The use of the vegetable, in cases of circular enterorrhaphy, seems to me not only a sensible procedure, but one productive of excellent results and deserving general adoption.

M. E. GRAHAM, M. D.

This very interesting subject was presented by the Chairman for discussion.

Dr. Carr inquired concerning the diet before and after the operation.

Dr. Graham replied that immediately after the operation the patient was allowed hot water only. After a short period, an enema of malted milk was given. He considered malted milk

less liable than other liquid food to produce gases. He said that the quantity of food should be as small as possible during the first three weeks, and that no solids should be given in less time than ten or twelve days, following the operation. He further said that the indications of favorable progress in the patient should be found in the pulse and temperature.

Dr. Carr asked about the medication to be employed.

Dr. Graham said that the medication was indicated by the symptoms, and that it was usual to lead with *Arnica*, if no other signs presented themselves.

Dr. Brownell asked how long the carrot remained in place.

Dr. Graham replied, forty-eight hours, which period was of immense advantage to the union of the gut. He then explained his experiments with various vegetables which he had exposed to the heat of the sun, in order to determine, approximately, the length of time they could be of use to the suture.

Dr. Grant had seen the patient above described during the year, and she was then performing the usual duties of wife and mother.

Dr. Graham had been surprised at the degree of union effected in forty-eight hours.

Dr. Stow, who was unable to be present, sent a short paper upon the subject of

INTESTINAL SURGERY.

On Tuesday, June 9, 1896, I was called to see a farmer, 52 years of age, and living in the town of Palermo, N. Y. For some years the man had worn a truss for an oblique inguinal hernia. The truss becoming frail, allowed a recurrence of the hernia, followed by strangulation. For a week or two the man kept at work, and the hernia gave him little trouble; but finally he went to bed, and, getting worse, sent for his physician. All attempts at a reduction on the part of both patient and physician were of no avail, and I was sent for to operate.

The patient being put under chloroform anæsthesia, I reached the sac which was as large as a hen's egg, and nearly black. I found it greatly thickened and bound by adhesion to the internal ring, the whole being so constricted as scarcely to admit of the introduction of my finger, as a guide to the bistoury. The sac held no hernial fluid, but was filled with enterocele.

Color returned to the intestine, and it was dropped back into the abdomen. The sac was ligated at the neck, cut off and

stitched to the ring. The wound was dressed antiseptically and closed over a small drainage tube. The patient was put to bed and did well until Saturday, June 13, when I was sent for.

I found the man in a state of collapse; temperature 103°, pulse 136 and very small. He had a cadaverous look; vomited mucus and bile; tongue coated heavily, whitish-yellow; much burning thirst; profuse, clammy perspiration. Indeed, he seemed moribund, and told his friends that he was probably about to die. I sat with him all night, and administered *Arsenic*²⁰ in water every thirty minutes. At 3 o'clock, and until 5:30 a. m., the patient was soporific and had no pulse; his only favorable symptom being consciousness when aroused, and posture on right side, not dorsal. At 6 o'clock I could detect a pulse at either wrist. At 7 o'clock pulse was stronger, patient was disposed to drink more, and to change position in bed. At 9 o'clock he awoke and asked for nourishment, when hot milk was given him. From that time he improved, and at last report was doing well.

I describe this case, as an illustration of remarkable improvement under the action of a well-selected remedy, and in spite of adverse circumstances.

T. D. STOW.

Dr. Graham was much interested in Dr. Stow's paper, and in the action of the remedy under such pressing need.

Dr. Brownell then read Section 206 of the *Organon*.

Dr. Ross, the essayist upon this Section, being absent, communications bearing upon the subject were read from Drs. Straten and Morgan.

"A FEW REMARKS ON SECTION 206 OF THE ORGANON."

Every word of this section is true. Its meaning is far-reaching and unmistakable. To ignore it means to ignore one of our cardinal principles. This no Hahnemannian can do. In order to cure chronic, and many times, acute cases, especially if the latter be of sudden and obscure nature, we must duly inquire into the previous health of the patient, and not consider our examination complete without knowing whether he has ever had primary, secondary or tertiary psora, sycotic gonorrhœa, syphilis, or chancroid.

To stop here would be equally wrong, because we must ascertain what drugs have been used, or, rather, abused.

A crude drug administered singly, or in compound, may cure

and if, because of its similarity, it produce a cure, no after effects need follow. This is not true of the remaining elements of the compound. All drugs taken into the system without curative effect, make and leave an impression which I shall call *drug*, or *artificial* disease.

The cases are few that neither present any of the natural miasms, nor suffer from drug miasms.

To attain success, we must direct our treatment to the miasmatic condition presented. This is done by attacking first the latest, *i. e.* the most conspicuous miasm (the strongest disease). If this be psora, an antipsoric remedy is the simillimum. If it be syphilis, an antisiphilitic remedy is to be employed. If sycotic gonorrhœa (sycosis) underlie the miasm, the simillimum will be found among the anti-sycotics.

If we have to deal with an underlying drug-miasm, we can begin to prescribe no sooner than we know which of the formerly abused drugs is causing the principal trouble.

The number of such cases is great; but all can be cured by the homœopathic remedy, carefully and properly applied.

I have seen Itch, Erysipelas, Chancroid, Gonorrhœa and Syphilis reappear after the administration of the simillimum. I have also had occasion to witness the revolutionizing effects of a high potency of a drug previously abused, whose symptoms at the time of my prescription were the most prominent and latest manifested ones. Thus *Sulphur* has reproduced itch after a seventeen years' suppression; *Tartar-emetica* has brought back to the face (original seat) an erysipelas suppressed five years previously by *Cream of Tartar cerate*; *Medorrhinum* in seven cases, and *Pulsatilla* in one case, after several years' suppression, reproduced gonorrhœa, chancroidal sores returned after prescription of *Medorrhinum*; syphilitic ulcers reappeared after *Syphillinum* as an ultimatum, several other remedies having been given without result; *Merc. v.* high restored a salivation produced by *Merc. v.* crude ten years before, and the disease was more troublesome than the first instance.

Kali bich. extensively used to cure syphilis, caused a disappearance of all constitutional symptoms, and the growth of true gummata upon the right arm, right leg, and forehead.

Red rubber (vulcanite) plates and amalgam fillings are, as we know, extremely poisonous and in many cases have to be changed; the red to black rubber (free from the *Sulphate of*

Mercury, which gives color to the red plate), and the amalgam to gold, or to cement fillings.

The question whether an apparently dormant miasm may be transplanted or transferred from mother to child, or from husband to wife, must be answered in the affirmative.

I have now under treatment a pure woman who, four months ago, under the action of the indicated remedy, developed an active gonorrhœal discharge. Her husband had considered himself free from the gonorrhœal poison, the disease having been contracted and cured (?) two years before his marriage with this innocent woman. Who has not met cases of Salpingitis and Ovaritis, due to direct infection from "surely cured" husbands?

I have under my care, two children, each begotten of a sycotic father, who suffer from an aural discharge, similar in every respect to gonorrhœal, and which causes burning pimples upon the surrounding tissues.

Cases of inherited syphilis are common.

The underlying miasm must always be carefully considered; above all, in patients who are pregnant.

In obstetrical practice, it is particularly noticeable that difficulties arising before, during or after labor, occur in constitutions that are heavily laden with miasmatic disease. Treat the mother during gestation, and the result will be, not only an easy labor, but a healthy child.

HUBERT STRATEN.

Dr. Morgan acknowledged the invitation to discuss Section 206 of the *Organon* and pleaded want of time. He then gave the following summary of his understanding of the passage:

To understand this Section of the *Organon*, we must remember Hahnemann's ideas of the nature and treatment of the three chronic miasms, as set forth in the first volume of *Chronic Diseases*. The latter was published in 1828, while the *Organon*, fifth edition, was published one year later, 1829. The Stratten edition of the *Organon*, 1833 (from fifth edition of the German, 1828), and also Dr. Fincke's translation, give Section 206 nearly the same rendering.

Section 206 is based upon the conclusion laid down in *Chronic Diseases* (Hempel edition), Vol. I, from III onward.

In the Stratten translation of 206, we are told that "where no other symptoms but those of syphilis or sycosis are present, the

treatment ought to be directed, specially and solely, toward these objects." What objects?

Hahnemann evidently here refers to the treatment mentioned in *Chronic Diseases, i. e., Thuja*, followed by *Nitric acid* for the gonorrhœal syçosis, and *Mercurius* for syphilitic miasm.

We read in Dr. Fincke's translation (same clause), that "if only signs of syphilis or syçosis be present, the treatment must be directed upon *them exclusively*."

In *Chronic Diseases* we are given to understand that cases of uncomplicated gonorrhœal syçosis are "cured in the most thorough and durable manner, by the internal administration of a few globules of the decillionth preparation of *Thuja*," which acts from fifteen to forty days. This to be followed by "an equally small dose of *Nitric acid*, letting the latter act an equally long period."

Speaking of genuine and uncomplicated syphilis, Hahnemann goes on to say: "When the chancre or bubo still exists, one single minute dose of the best *Mercurial* preparation is sufficient to effect a permanent cure." When a complication with psora is present, the case is different, and he tells us unequivocally that "it is impossible to effect a cure of syphilitic disease complicated with psora, by one remedy only." Consequently, he enjoins upon us the necessity for the successive use of the most similar anti-psorics, one after another, as the case may require, to be followed by *Mercurius*. This method is to be repeated, using anti-psorics to remove the psoric taint, and *Mercurius* in an inferior potency, to remove that which is syphilitic.

For my own part, I do not venture to prescribe for venereal, or any other complaints, without taking into consideration the totality of morbid phenomena. This I believe to be the true Hahnemannian method.

Routine methods are demoralizing, especially to inexperienced practitioners, and venereal complaints form no exception to the rule.

In many cases, no one can tell with absolute certainty, whether this subtle psoric taint may or may not be ambushed behind the simplest case of venereal infection. A. R. MORGAN.

Some discussion of the prospects of the new *Journal of Homœopathics*, and members present subscribed to the proposed publication.

The essayists appointed by the Chairmann for Sept. 17, 1896, were:

Organon, 207-8-9, Dr. Isaiah Dever.

Clinical subjects, Dr. Wm. G. Brownell.

Medical subjects, Drs. V. A. Hoard and Wm. M. Follet.

Adjourned to Syracuse, N. Y., Sept. 17, 1896.

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

ONE BOOK-AGENT EXASPERATED.—The agent for a handsomely illustrated book to be sold on long-time credit—a feast to the intellect and an adornment to any library—leaned against the side of the house, caught his breath, clinched his fist, and looked skyward.

“What’s the matter?” asked the policeman.

“I’ve met the meanest man,” he answered. “I’ve heard of him, and I’ve read about him in the papers, but I never expected to meet him face to face.”

“Where is he?”

“Up in that office building.”

“How do you know he’s the meanest man?”

“By the way he acted. I showed him this work of art, lectured on it for half an hour, showed the engravings, and, when I hinted that it would be a good thing to order, what do you think he said? He said he never bought books. He didn’t have to. He just waited for some fool agent to come along and tell him all that was in ’em and turn over the leaves while he looked at the pictures.”—*Washington Star*.

IN THE SCHOOL OF JOURNALISM.—“What do you call a piece of exclusive news that you secure?”

“A beat or a scoop.”

“And what do you call a piece of exclusive news that is secured by your rival?”

“An idiotic fake.”—*Chicago Post*.

Institutes of Medicine.

WHAT DOES HOMŒOPATHY STAND FOR?*

H. M. ADAMS, M. D., ROCHESTER, N. Y.

Realizing how easy it is for the medical man to become so absorbed with the duties and cares of the immediate present as to prevent a careful review of the past, and not even able to take an accurate inventory of what he, as a homœopath, has a right to claim as distinctively his own, we have decided to take for our subject one which, though it may seem familiar, will always be of great interest to the ardent homœopath. The past, present and future of homœopathy is the grandest theme that a gathering of this kind can consider.

The time has come when we ought to know what homœopathy stands for, and as the subject of this address implies, we will try and give a resume of what is almost universally conceded by homœopaths the world over to be well established as true: First, to be discovered and first in importance is our law of cure; second, proving of drugs on the healthy to ascertain their indication for the sick; third, that the efficacy of the drug is increased by the process of potentization laid down by Hahnemann.

During this centennial year of homœopathy this topic has been the central and absorbing one for all our great societies—state and national. At the beginning of the century the founders of homœopathy, of whom Hahnemann was first and foremost, claimed there was a law applicable in all cases for the cure of disease, and that without qualification or exception it was universal, and as much a natural law as the law of gravitation. Has the truth of this claim been established? To this we answer unhesitatingly—yes! To the scientific and unprejudiced mind there are methods of proof as conclusive and satisfactory as a mathematical demonstration. We can affirm that it shows improved methods of practice, and any one who makes a study of the statistics on this subject, will be forced to the conclusion that the application of the principles of homœopathy to the

*Annual Address of Retiring President of Monroe County Homœopathic Medical Society.

treatment of the sick has done much toward reducing the death rate to the minimum.

In making proof of our claim, we will not go outside or beyond our own country for evidence of witnesses. We will summon only a part of our own, who, by common consent, would be regarded as competent to testify. To make the case strong, and to corroborate testimony, we will call ten thousand men from the ranks of the experienced and active homœopathic physicians of this country to testify as to what they know from actual observation of this law of cure as laid down by the founders of homœopathy. To make the trial brief, only three questions shall be asked each witness: First, have you, in selecting your remedy for the sick, been governed by this law of cure and the principles laid down in the standard works of homœopathic practice? Second, have the results been such as to convince you beyond any doubt that there is a universal law of cure? Third, what is that law? "*Similia similibus curantur.*"

No witness will be allowed to testify unless he has passed through a regular college training, and has been engaged in active practice of homœopathy for a term of years. We will not ask to have the evidence, however valuable, of such learned experts in our profession as the illustrious Hahnemann, the learned Hering, the scholarly and logical Dunham, and many others whose written volumes and world-wide reputation as successful practitioners will ever add strength and luster to homœopathy.

Last, but not least, we will excuse from testifying the millions of people who have themselves submitted to the test of this truth by intrusting their lives to the action of a remedy selected according to our law of cure. Also the millions who have intrusted their little ones and their dearest ones on earth to this system of practice, only to become convinced of its truth and to thank God for it. The evidence given by this, the largest class of all, is a life-long devotion to it.

Assuming, as we have a right to do, according to the inductive method of reasoning, that our claim to a law of cure has been demonstrated, we can pass on to another question of great importance in medicine, namely, the question of dose. This has always been the dynamite for medical gatherings or private interviews, very dangerous to handle and often injures the feelings, at least.

During Hahnemann's experiments which led to the law of cure and for years thereafter, when administering remedies to the sick, according to this law, he used the crude drug, tinctures, etc. History records the fact that he was successful, but with his logical mind and inductive method which led to the discovery of the law of cure, he soon began to investigate the dose. Starting out with the promise that the "minimum dose that will cure the patient is the best dose," he began at once to reduce the quantity of the crude drug, and later to the diluting of the drug with alcohol. This finally led to the process of potentizing the drug. We can state only the fact that nearly all homœopathists, say at least 90 per cent., believe in the increased efficacy of drugs when submitted to the potentizing process laid down by Samuel Hahnemann.

It is entirely safe to say to-day that homœopathy stands for the single remedy, in a potentized form, ranging from the first decimal to the higher attenuation, and that the selection of the potency is, and must ever remain, a factor in making a correct prescription, or in other words, he who uses exclusively the low may fail to get all the benefits from the remedy selected, whereas he who goes to the opposite extreme, using exclusively in all cases the highest attenuations, may deprive some of his patients of the good results of a well-selected remedy, had it been given in a medium or lower potency.

Passing on from the law of cure and the question of the dose, we come to consider a third factor in homœopathy, namely, the importance of constitutional treatment as opposed to the external and local treatment, once so general in the practice of medicine. Hahnemann opposed with all his ability this abuse of his time, and it is safe to say that while we homœopaths do not discard every form of external and local treatment, we do condemn it as a rule, and that our main dependence is upon the correct remedy internally administered.

Passing now from the distinctive principles of homœopathy to our attitude and relations to the medical world at large, we are compelled to speak plainly, as we are interpreting the facts of history. At the beginning of the century we were without an organization of any kind, not a society, hospital or college; in fact, very far from even a prospect of one.

It was early made evident that if we had any medical organi-

zation in which the principles of homœopathy were recognized, it must be separate from those of the dominant school.

As a result of the situation there soon sprung up city, county, state and national societies, each enunciating a belief in the fundamental principles of homœopathy, and opening their doors for membership to those who shared such a belief and were legalized practitioners of medicine. Next thing to follow in the order of evolution, or as an irresistible sequence, was that these fundamental principles should be taught in our medical schools, and that our rights to hospital privileges be recognized.

The result was, a separate existence or no existence, a fact, which, at the time, seemed very unwise and hard to contend with, but experience has demonstrated that it was all for the best, and that man's ways of developing a great truth are not God's ways. All natural laws are as old as creation, but it has taken all these centuries to discover and utilize the laws of electricity. However, the homœopathic colleges and the homœopathic hospitals were forthcoming, and the foundation and history of each would form a chapter of exceeding interest; but time will not permit of such a discussion here. A paper on this subject would be relished by our own society.

Men of rare scholarship and ripe with years of experience are building our literature. Men of the most discriminating minds are proving our drugs on the healthy. Our colleges are being managed by the best business men of the age, and the faculties are composed of medical men of skill and distinction in their respective branches. Our hospitals have sprung up to prominence in nearly every city, and here we cannot refrain from an expression of profound gratitude to those of our own city who out of their abundance, and inspired as they have been by a firm belief in homœopathy, have come forward and made it possible thus early in our history, to have the best hospital in this or any other country. We as homœopaths feel a deep sense of gratitude to those who are managing the finances and affairs of our hospital. To those who devote their time, whether in the office or in the ward, to those who toil on, not only through the day, but through the long weary hours of night, endeavoring to restore the sick, and alleviate human suffering, which should be the motto of every hospital. We cannot forget the labor of the physician who, weary with his own work and care, turns in here to render his services for those who are unfortunate and afflicted

and are brought together in the hospital. Especially grateful are some of us who have long been engaged in practice, that now we can have our patients who need the highest surgical skill, submitted to operations, without ourselves being excluded from their presence; that surgery, once the "weak place" in our school, has been made the "strong place" and so recognized to-day throughout our country. Honor to those whom honor is due.

To those who have contributed to the grand success of our own hospitals here in Rochester, whether of money, time or skill, permit me to say that you have all "buidled better than you knew." That in addition to alleviating human suffering from day to day, you have been helping to establish a great principle, a law of cure, which shall stand to the end of time. Let a consciousness of this come to your mind whenever conditions arise which oppose or retard our progress. Look down the century to come and see that you were engaged in a glorious cause, which is sure to triumph, "because it is just, and triumph it must."

Let our ambitions be to advance the principles of truth, rather than engage in an unwise rivalry. Let us not engage in any fraternal strife, but rather be tolerant of the few in our school who seem determined to occupy extreme grounds. Let us anew, one and all, pledge our lives to homœopathy and suffering humanity, and thus show to the world what a century of homœopathy stands for to-day.

QUICK PRESCRIBING.

I. DEVER, CLINTON, N. Y.

Mr. President and Fellow Physicians:—Early in October I received a note from Dr. Keeler informing me that a meeting would be held at this time and place, and that he, or the society for which he is presumed to have spoken, wanted me to prepare a short paper to be presented at this meeting. His note read about after this fashion: "We want a short practical paper from you; we do not want much but we want that bad." I offer this as an explanation for what might appear to you as a sufficient want of interest on my part for having presented a paper hardly sufficiently extensive to more than hint at the question which we have chosen for the grounds of our remarks.

When I first received the doctor's note I fully intended writing him that I could not comply with his request, but after a second

thought I wrote him that I would present a paper on the subject of "Quick Prescribing."

Now I think you will bear witness to the truth of my assertion when I say I have complied with the doctor's request, for my paper is a short one on a practical subject and certainly not much of a paper when we take into consideration the importance of the question of which I have attempted to treat.

However, there is no question more important to both physician and patient, and I might truthfully say no knowledge more to be desired than that which leads up to quick, correct prescribing—desirable inasmuch as there are many cases presented for which the prescription must be quick and correct if we would retain the confidence of our patient, and his friends.

An investigation of the different methods (of which there are two) and their adaptation to the individual case will go far in the direction towards an answer to the question, yet the first requisite to which we must attain is a thorough knowledge of *Materia Medica*.

Dr. Henry M. Guernsey was perhaps the best example of a quick prescriber that we can present as an illustration of his class; however, it is not presumed that he did not burn midnight oil in the preparation of his more difficult cases and in pursuit of knowledge of *Materia Medica* which he possessed to an extraordinary degree, as he was quick to adopt those peculiar symptoms which he found in the records of the provings to the peculiar similar symptoms which he so readily recognized in his patient. This method, which has been denominated the Key-Note System, was simply an adaptation of the leading characteristics of the different remedies to diseased conditions which they resemble in their provings upon healthy individuals. He first considered the nature of the difficulty as to location, sensation, aggravation and amelioration, together with the most peculiar symptom in the case, after which he selected his remedy quickly and with a degree of certainty that was indeed wonderful.

The *Organon* teaches us that "we ought to be particularly and almost exclusively attentive to the symptoms that are striking singular, extraordinary and peculiar (characteristic) for it is to these latter that similar symptoms from among those created by the medicine ought to correspond in order to constitute it the remedy most suitable to the cure." This may be regarded as the Key-Note System which has for its advantage, that of a quick

prescription, which in the hands of an expert may approximate correctness the more tedious taking of the case.

As we have before said this method of prescribing demands on the part of the prescriber a thorough knowledge of both, symptoms peculiar to remedies, and symptoms peculiar to disease, he must not only know the characteristics of his remedy but the *value* of the symptom must be taken into the account, if he would prescribe quickly and well.

This method of prescribing is practiced by those who, like the lightning calculator, take in the whole situation at one mental grasp; they duly estimate the value of the more characteristic symptoms which point to that which is to be cured in the patient and they are likewise acquainted with the curative virtues of medicines. It is not denied that quick prescribing is more suitable in acute cases, which presents a few well-defined symptoms, nevertheless it often serves us a good purpose in chronic cases where we have three or more well-marked indications for the remedy. We have all heard the often-repeated expression that a stool would stand on three legs. We have already referred to this as location, sensation and condition. Now if you will pardon an illusion to our own practice we will give a practical demonstration by presenting a clinical case. While we were preparing this paper a lady came to our office to consult us in reference to some chronic difficulties. We began to write down the symptoms, intending to study them in their totality, but we had not gone far when she informed us that she was troubled with a pain in the back *relieved by urinating*. Further questioning revealed other symptoms of the remedy. Now we have the three legs of the stool on which to balance our prescription. First, the location, her back; second, the sensation or pain; and, in the third place, the condition or relief from passing urine. *Lycopodium*, one dose, will cure all her chronic troubles. We could present many cases in evidence of the truth of this plan. But enough, let us briefly examine the system best adapted in complicated cases.

The other method consists in taking the case in detail and is that recommended by the best authority in our school of practice; the advantage to be attained by the careful writing down of all which may appear in an examination of the case, both subjective and objective cannot be over estimated in the study of those difficult cases which the homoeopathic practitioner will

meet in daily practice, and as we cannot present the importance of the subject to you in more forcible diction than in the words of Hahnemann we will introduce part of Section 104 of the *Organon* to substantiate the truth of what we have already said as to the importance of this method of prescribing, or rather of selecting, the remedy. Hahnemann says "the totality of the symptoms which characterize a given case, or in other terms, the image of the disease—being once committed to writing the most difficult part is accomplished."

This method furnishes us with a pen picture of our case by which we can make future comparisons as to progress, but it does not appear that we should not add to our record any new or hitherto undiscovered symptoms which may appear during the treatment of the case.

From what we have said in our outline description of those methods of prescribing we doubt not that you have already come to the correct conclusion that the difference is more apparent than real, and that the quick prescriber must necessarily have arrived at a high degree of precision after having passed through the "Slough of Despond," or in other words, by a diligent study of the *Materia Medica* as applied to the principles of the homoeopathic practice, other than which there is no easy road leading up to quick and correct prescribing.

HE WAS OF AN INQUIRING MIND.—An old and respected citizen of Windsor, whose mind goes off with a wet fuse, so to speak, recently met his neighbor's wife with her two little daughters. He asked,—

"Are these your daughters?"

"Yes."

"Little girls, I presume?"

"Certainly."

"They do not look like twins."

"No, indeed. This one is ten and the other is seven years old."

"The one ten years old is the older."

"Yes, and the other is the younger."

"Just so. Thank you. I was about to ask that."—*Amusing Journal.*

Surgery.

APPENDICITIS COMPLICATED WITH OBSTRUCTION OF THE RIGHT URETER—OPERATION FOR GENERAL PERITONITIS—DEATH.

HOWARD CRUTCHER, M. D., CHICAGO.

On January 2, 1897, a man of excellent physical health, aged 39, with good family history, was taken with distressing pains in the hypogastric region. He got on a railway train and rode to his home, a distance of three hundred miles, walking with some difficulty from the station to his residence. A physician was called and a diagnosis of appendicitis was given. This opinion displeased the patient's family, and another practitioner was summoned for consultation. On January 5 the first attendants were discharged and another practitioner placed in charge. The last physician gave a guarded diagnosis but was inclined to attribute the condition to some lesion of the right kidney. On the afternoon of January 7, I was called by telegram to come to a neighboring state to operate for appendicitis. The doctor who sent for me was quite anxious for a confirmation of his diagnosis of kidney disease, although he frankly admitted that he suspected appendicitis, as his telegram stated, but he did not desire his predecessors in the case to suspect that he had weakened on his first diagnosis.

I found the patient lying on his back with the thighs extended. The pulse was 120, temperature 101. There was mild delirium. The hands were busy with the bed clothes and imaginary objects. The tongue was clean. There had been some vomiting at first, but none for three days. His bowels had moved violently when the attack first appeared. A moderate quantity of usual food had been taken. There was no thirst and the quantity of urine passed was apparently normal. The abdomen was round, smooth, perfectly even, and highly tympanitic. No tumor could be defined. Pressure over the right kidney and along the course of the ureter was painful. Muscular tension was equal on both sides. The cæcal region was sensitive. Although there had been considerable vesical irritation, supra-pubic pressure was not painful. Rectal exploration revealed nothing definite. The

patient's family gave a history of a long-standing "stomach trouble," which often kept him from work. It was impossible to discover any traces of venereal disease. The urethra was not strictured and the prostate not enlarged. Occasionally there was slight subjective pain, but there had been no steady pain at any time.

A diagnosis of general peritonitis, following appendicular perforation, was given, and an operation at daylight the following morning advised. The intervening hours were spent in giving much-needed preparatory treatment and in making further clinical examinations. I was extremely careful to explain to the patient's family and friends that we did not expect to cure him; that, in fact, we did not believe that recovery was possible unless we should find conditions more favorable than they appeared to be. Last year I saved a case believed by myself and others to be hopeless, not because general peritonitis can be cured once in a thousand times perhaps, but for the reason that the patient was not as far gone as he seemed to be. It is a good post-mortem record to save even one out of a hundred. I do not believe that general peritonitis, caused by extravasation of intestinal sewage, can be cured by any means once in a thousand times, but the prophylactic powers of the peritoneum are so great and the diagnostic lines between the localized and the general process are so confusing, that we are amply justified in giving the patient the benefit of every doubt. A mistake between local and general peritonitis, if verified by prompt treatment, is always in favor of the patient. I have had such experiences.

Early in the morning of January 8, the patient's abdomen was opened by a *median* incision three inches below the naval. When in doubt it is not well to attempt extensive abdominal exploration through lateral incisions. Always choose the centre. Gas gushed out. The color of the intestines was nearly normal, save some hyperæmia of the ileum. The intestines were glued together by gentle adhesions which oozed slightly upon separation. A tumor was located in the right lumbar region. It proved to be a mass of infected omentum, which was promptly removed. The cæcum was traced into the pelvis, and a gangrenous appendix, lying in a little pool of liquid fecal matter, was located under the bladder. The bladder itself was collapsed until I broke up some fresh adhesions across the right ureter,

when it rapidly filled with about four ounces of urine. This explained the kidney and bladder symptoms. It was impossible to release the cæcum or to bring the base of the appendix into view. During the operation, which lasted nearly forty minutes, a stream of hot salt water was kept running over the intestines. A deep Mikulicz drain was inserted and the upper part of the wound united. Chloroform was the anæsthetic used. The shock was not severe at any time. I am confident the hot water did much to mitigate the shock. The patient lived twenty-seven hours. There was no arrest of the septic process. The ante-mortem having already been held, further examination after death was not necessary.

My reasons for advising operation are these: No case of this kind (and few of any other) should ever die without a post-mortem examination being made. Without operation and drainage they are utterly hopeless; with operation nearly all of them die, but occasionally one is saved. When these facts are explained to the family and all concerned in the plainest possible terms, and they fully understand that death and only death is expected, but that operation gives a possibility of life, I fail to see wherein surgery loses any of its glory. Above all things, do not say anything to the family about "operating for appendicitis." Put the case this way: "He is dying from blood poisoning; there is a lot of foul matter in there that we must wash out; I doubt if we can do any good whatever, but we can try." People understand blood poisoning, or think they do, and they know that "matter" is highly dangerous material.

It is unnecessary to define the cases that ought to be let alone to "die in peace." They are generally plain enough. But an autopsy should always follow. As a rule, the men who do not urge the necessity of an autopsy are those who need such study most. It satisfies many a family and clears up many a dark place. For the case here recorded to have gone to the grave under a doubtful diagnosis would have been a crime against science. We have buried a great many doubts. If these doubts had been cleared away by investigation we would not have buried so many patients in days past and gone.

Editorial.

THE HOMŒOPATHIC SURGEON.

It has been stated that homœopathic surgery is a misnomer in that surgery means, work with the hands or manual manipulations, and consequently eliminates the factor, therapy, in any form. We believe, however, that the name may be very appropriately taken by the surgeon who is able to recognize the difference between disease and the manifestations of the same, and consequently is trained to that degree of conservatism when he will know how to refrain from the temptation of applying mechanical dexterity where remedial agents are more perfectly indicated. The surgeon who knows little or nothing of the nature of disease as presented by the mind who gave birth to the system called Homœopathy, show very poor taste in laying any stress upon the name Homœopathic Surgeon. He might easily be charged with inconsistency, if not worthy of a more serious epithet whenever he parades his skill before the public or profession under so incongruous a title. Not many years have passed since we looked upon every physician or surgeon who used the prefix, Homœopathic, as a dishonest, unscrupulous man who used the term with a purely mercenary motive, because of the limited competition in that school; and to-day the opposition shown by the dominant school toward the homœopathic school is due to the prevalence of this same impression, and when taken to task for their lack of charity can bring forward a mass of evidence confirming their position that is simply overwhelming. There may be such a thing as a homœopathic surgeon and the surgeon who is a true homœopath should be accorded the highest position in the ranks of the profession for he should possess *all* that gives excellence to the physician and in addition to that, the skill and dexterity by means of which his hand is enabled to supplement his therapeutic knowledge with means that are both sure and speedy. His conservatism should be of so high a character that his knowledge and skill would be in demand by every one who fail to accomplish with remedies the thing so eagerly sought for by all—the saving of life. The standard can-

not be raised too high; the qualifications cannot be made too great, and there should be no limit to the honors of the consistent homœopathic surgeon. This brings us face to face with another condition that should be very humiliating to the members of the homœopathic school of medicine: Why is it that the brightest, keenest, wisest men to be found standing under the banner of *similia* are surgeons? Why is it that our brightest students so quickly cast to one side the cherished principles and precepts of the Master and eagerly grasp the opportunities for securing manual dexterity? There can be but one answer to these questions and that answer carries with it a force of rebuke and condemnation that should be sufficient to arrest the attention of every teacher and every student in our colleges. One reason why there are so many surgeons, is *because there is so little homœopathy taught*; the student sees an earnest, aggressive, skilled man occupying the chair of surgery, he sees the institutes of medicine relegated to a subordinate position and a second grade, indifferent sort of a man placed in charge of the same. The department of materia medica and therapeutics may be in the hands of good men, but as a usual thing the clinical teachers have received so little knowledge of the true art of homœopathic prescribing that they neutralize the power and influence that emanate from the chair of materia medica and reduce to a minimum the enthusiasm that will come with a thorough, practical application of these principles in the treatment of the sick. The homœopathic school of medicine have taken to themselves an exclusive dogma, it behooves them to defend their right to those principles, by a most consistent application of the same, and the schools which makes the institutes of medicine of prime importance and places the chair of materia medica and clinical medicine upon the same high plane are characterized by enthusiastic homœopathic students, with comparatively little relish for the manual dexterity of the surgeon, because they recognize the superiority of the remedy over the cold steel.

In conclusion, the rapid development of skilled surgeons in the homœopathic school should be looked upon as a most serious criticism of the homœopathic physician who by his lax, indifferent work lost in a measure his heritage and made it necessary for the surgeon to come in and try to undo the poor work already committed. The time was when the profession actually suffered because of the lack of skilled surgeons, but to-day the most urgent call is for true and consistent practitioners.

PERSONALS.

Dr. A. W. Phillips, of Derby, Conn., President of the State Homœopathic Medical Society, has been appointed Surgeon General on the staff of Governor Cook.

Dr. A. S. Eshbaugh, formerly of Lexington, this state, has completed his post graduate course in homœopathy, and opened up an office in Kankakee. The people of that city will have reason for congratulating themselves upon the selection made by the doctor, and we sincerely hope his worth will receive the recognition it so justly deserves.

Dr. Frederick William Payne, editor of the Ophthalmological Department of the HAHNEMANNIAN ADVOCATE, has removed to the new Steinert Hall Building, 162 Boylston street, directly opposite the Boston Commons.

Dr. Eleanore G. Lennox, of Toronto, has gone to the Sunny South and makes her home at 706 Georgia avenue, Chattanooga, Tenn. The Doctor is a member of the Royal College of Physicians and Surgeons, Ontario, and a graduate of the Post-Graduate School of Philadelphia, and is therefore capable of defending the law of similars whenever opportunity may present.

Dr. Frances McMillan, formerly of Clarksville, is now in Nashville and has taken the practice of Dr. Klimpton, much to the satisfaction of the Doctor's old patients.

C. S. Durand, a faithful reader of the *Medical Advance* and HAHNEMANNIAN ADVOCATE, in the Central Provinces of India, has returned to this country and is now located at Colorado Springs. We hope to have an interesting letter from the Doctor with reference to this famine-scourged country.

Dr. Stella E. Jacobi is now located at 4144 Grand Boulevard, this city. Dr. F. H. Lutze has given up his practice in Cheshire, N. Y., and is now located at 271 South Fifth St., Brooklyn.

Dr. J. H. Allen moved to Chicago early in December, opening an office at 186 East 37th street. The Doctor has become identified with the Hering Medical College, occupying the chair of Skin and Venereal Diseases.

We are pleased to enroll the name of another physician who is willing to devote his time and talents to the unraveling of chronic diseases. No physician should be content with anything short of

the most thorough work and few physicians have the inclination or knowledge necessary for arduous work. It therefore gives us pleasure to announce that Dr. Charles H. Young, 160 W. 48th St., New York, has decided in the future to limit his practice to the study of chronic diseases. We trust he may prove worthy of the responsibility assumed.

Chas. H. Bresee begins the year 1897 in his new field of work at Auburn, N. Y. His former residence was Morrisville.

Dr. Roland A. Davis has removed his office to No. 376 Medford St., Somerville, Mass.

Dr. Maro F. Underwood, author of *Underwood's Checking Lists*, was married to Anna C. Lawler New Year's Eve. They are at home to their friends, 1302 West St., San Francisco, on Tuesdays. May peace and prosperity go with them.

Dr. John Storer, of Jamaica Plaine, Mass., is now thoroughly equipped for the treatment of all diseases of the eye and ear, including the proper fitting of glasses. His office is at 16 Revere street.

SOCIETY REPORTS.

Des Moines, Ia.—The regular monthly meeting of the Des Moines Homœopathic Medical Society was held at Dr. Royal's office, Jan. 9. The annual election of officers was the first order of business, which resulted as follows: Geo. Royal, M. D., President; D. W. Dickinson, M. D., Vice-President; Wm. Woodburn, M. D., Secretary and Treasurer; Drs. Eaton, Linn and Goodrich, Board of Censors. After election the Secretary read a paper on "Conjunctivitis." After a general discussion Dr. S. W. Aldrich was selected the essayist for the February meeting, with Dr. D. W. Dickinson as alternate.

Adjourned to meet second Saturday evening in February, at call of President.

WM. WOODBURN.

New York.—The third annual meeting and banquet of the Hahnemann Association was held at Windsor Hotel on Thursday evening, Dec. 3, 1896. Many eminent physicians of this city, accompanied by their wives and daughters, were present, besides a large number of ladies and gentlemen representing the lay membership of the Association.

At the business session President Martin Deschere presided.

Eighty-nine applicants were admitted to membership, and the following-named candidates were elected as officers for the ensuing year:

President, Francis E. Doughty, M. D.; first vice-president, Charles McDowell, M. D.; second vice-president, Edward Chapin, M. D.; third vice-president, D. J. Roberts, M. D.; Recording Secretary, H. D. Schenck, M. D.; Corresponding Secretary, S. H. Vehslage, M. D.; Treasurer, A. G. Warner, M. D.; Members of the Executive Committee, J. Lester Keep, M. D., A. B. Morton, M. D., M. Deschere, M. D.

The interval between the adjournment of the business meeting and before entering the banquet hall the members enjoyed in social converse.

After the dinner President Deschere made a short address of welcome, and a statement of the condition of the Homœopathic school, here and abroad, at the present time.

Dr. C. F. Adams was then introduced as Toastmaster, whose rhetorical effusions and felicitous introductions of the speakers charmed the audience. The first toast, to the memory of Samuel Hahnemann, drunk standing, was—

“Dream not helm and harness,
The sign of valor true;
Peace hath higher tests of manhood
Than battle ever knew.”

Rev. Edward Judson, D. D., responded in behalf of “Medical Missionaries.” To Dr. E. H. Porter was assigned the toast to “Charity.” His friends expected that he would preach a sermon, but he surprised them; he spoke to the text in an able and very pleasing manner. Charles E. Hughes, A. M., gave “A Lay Prognosis” of the medical profession, and Mrs. Alice May Scudder spoke of the physician from “A Woman’s Point of View.” Dr. J. B. G. Custis, Washington, D. C., responded briefly to “The American Institute,” of which he is the President.

The meeting was a grand success in every sense.

Watertown, N. Y.—The regular monthly meeting of the Farrington Medical Society of this city was held at the office of Dr. W. T. Laird. Every member was present. Dr. A. D. Chattaway read a paper on “Capillary Bronchitis in Children,” showing the superiority of homœopathic treatment. Dr. Laird commenting on the essay said, that in his opinion the mortality

in this disease might be reduced to five per cent., instead of being fifteen to twenty per cent., as laid down by old school authorities. He dwelt at length on symptoms calling for *Stibium*, *Arsenicum* and *Ant. Tart.*; also *Belladonna*. Dr. G. S. Farmer told of the peculiar action of *Stibium* and *Arsenicum*, given in alternation, the amelioration and aggravation following the two remedies, while the *Stibium* and *Arsenicum* cleared up the whole matter. The essayist, as a theory, advocated the administration of *Pernanganate of Potash* for the cyanosis; *Kali carb.*²⁰ or *Chlorine*³⁰ was recommended for the emphysema. It was decided to expend a part of the funds in the treasury for a banquet at the next meeting, Feb. 10, at which Dr. Farmer will read the essay on the "Care and Nursing of Typhoid Fever."

A. D. CHATTAWAY.

The attention of our readers is called to the following list of seventy-one towns in the State of Minnesota, with a population of seven hundred and over, which have no homœopathic physicians. Information can be obtained from the post masters or ministers in these several towns, or more definite information may be obtained from the Minneapolis Pharmacy Co., 608 Nicollet Ave., Minneapolis, Minn: Ada, 800; Adrian, 1,072; Aitkin, 1,670; Appleton, 1,000; Barnesville, 1,200; Benson, 877; Brainerd, 7,000; Biwabik, 1,000; Buffalo, 827; Belle Plaine, 800; Caledonia, 1,065; Chaska, 2,443; Cloquet, 2,662; Dawson, 1,000; Dayton, 1,139; Delano, 889; Detroit City, 1,800; Ely, 2,260; Farmington, 752; Fort Snelling, 838; Granite Falls, 733; Glencoe, 2,022; Hutchinson, 1,812; Henderson, 1,000; Hibbing, 1,085; Hopkins, 1,868; Janesville, 1,128; Jackson, 1,000; Kasson, 1,125; Kenyon, 1,148; Leech, Cass Co., 1,600; Lake Crystal, 1,124; Lanesboro, 1,109; Long Prairie, 700; Madelia, 1,185; Montevideo, 1,800; Melrose, 780; Montgomery, 1,250; Monticello, 750; Morton, 785; New Prague, 1,042; New Paynesville, 800; North Branch, 1,241; North St. Paul, 1,020; Ortonville, 800; Red Lake Falls, 1,002; Rush City, 832; Rushford, 1,122; St. Paul Park, 1,691; St. James, 1,874; St. Peter, 4,250; St. Louis Park, 1,211; Sauk Rapids, 1,313; Sandstone, 1,054; Sleepy Eye, 1,953; Sauk Center, 2,015; Staples, 1,194; Springfield, 1,116; Thief River Falls, 840; Tracy, 1,687; Tower, 1,265; Two Harbors, 1,960; Virginia, 3,647; Wabasha, 2,500; Wadena, 1,200; Waterville, 1,446; Wells, 1,762; White Bear Lake, 1,300; Wilmar, 2,577; Worthington, 1,917; White Earth, 3,000.

REPORT OF DISPENSARY OF PHILADELPHIA POST-GRADUATE SCHOOL OF HOMOEOPATHICS FOR THE YEAR 1896.

Clinics.	Old Patients.	New Patients.	Total.
Dr. Kent, January to July,	175	42	217
“ Pierce, do	213	83	296
“ Saylor, July to December,	518	134	652
“ Thacher,	1397	325	1722
“ Stankowitch, January to September,	597	124	721
“ Ives, (7-8 p. m.)	2651	193	2844
“ “ (4-5 p. m.)	2107	299	2406
“ Gladwin,	3071	283	3354
“ Loos,	908	197	1105
“ Reger,	187	82	219
“ Cooper, January to December,	521	83	604
Total,	<u>12,295</u>	<u>1845</u>	<u>14,140</u>

Visits.	Old	New	Total.
Dr. Ives,	210	4	214
“ Cooper,	1088	138	1226
“ Loos,	154	8	162
“ Stokes, January,	22	1	23
“ Farrington, May to December,	1112	40	1152
“ Jackson, January to March,	52	3	55
“ Hanlin, January,	56	5	61
“ Cameron, May to December,	735	51	786
“ Houghton, January to May,	60	20	80
“ Fleagle, May to July,	40	2	42
“ Lewis,	308	30	338
“ Howland,	196	13	209
“ Stankowitch, January to July,	91	8	99
Miscellaneous,	249	1	250
Total,	<u>4373</u>	<u>324</u>	<u>4697</u>
Grand Total,	<u>16,668</u>	<u>2169</u>	<u>18,837</u>
Confinement Cases,			<u>44</u>

A handsome fac simile of the prize painting “Wedded to Science,” has been received from the Palisade Manufacturing Co., of Yonkers, N. Y. It is a very artistic chromo lithograph, worthy of a handsome frame, and will make a pretty addition to any physician's office.

Our Monthly Review.

A New Local Anæsthetic. C. W. Enos, M. D., in *Denver Journal of Homœopathy*, says: Eucaïne, like cocaine, is used to produce local anæsthesia, either to be applied to the mucous membrane or in the form of an injection. I have found that the anæsthesia is more extensive than in cocaine, and that it is of longer duration. As to the record of eucaïne over cocaine, I find that the heart is in no way influenced by it; that there is no headache following its use; that it does not cause the stiffness and thickness of the palate and tongue as is often the case with cocaine. It does not cause the suffocation which is sometimes the case with cocaine, especially when using it in the ten or twenty per cent solution. So far I regard it as the best local anæsthetic now in use. I use it in my nose work in the ten per cent solution.

The editor of the *American Homœopathist*, in the third of his interesting letters from the International Congress held in London in August last, makes some suggestions wherein the American Institute might well follow in the lead of the International Congress. Dr. Kraft says: "First, in having but the one, or at most, three papers for a section, all on the same line of thought, and these printed in advance of the meeting, and then handed to those who will take part in the discussions. This in the end would cost no more than now, if done by the institute printer. The same form could be used in making up the Transactions. It has the great advantage of being before the disputants before they begin their debate, and they can therefore prepare themselves fully so that the discussions would necessarily take on a better and more elevated standard, and become less pyrotechnical. It would expedite still further the appearance of the Transactions and measurably reduce their size and cost. It would put each essayist on his best behavior and the same regarding the debators. It would reduce the number of papers and improve their value."

Anæsthetics in Obstetrics. B. H. Ogden, M. D., A. M., in the *Minneapolis Homœopathic Magazine*. Any enumeration of the blessings conferred upon humanity by the discovery of anæsthetics would be very incomplete if it did not refer in most grateful terms to the relief secured to mothers from that suffering which in all ages and among all people has challenged the sympathy of the human race. Her agony in childbirth has become the synonym of suffering. Too much praise cannot be bestowed upon those who use anæsthetics daily in their constantly enlarging field of surgery. Many operations formerly impossible are to-day rendered easy by their use. Ether was first used in obstetrical practice in America, by Dr. N. C. Keep of Boston, in 1847. The use of ether in securing anæsthesia had a few obvious disadvantages: its disagreeable odor, the irritating effect upon the air passages and the large quantity required, together with its slow action, stimulated Simpson to the discovery of an inhalant which should obviate these objections, and chloroform was the result, and to this day chloroform retains its prestige in obstetrical anæsthesia at least. The use of anæsthetics in instrumental or abnormal cases of labor was accepted, or at least not opposed, but its use as an analgesic in normal labor

aroused a storm of hostility. On the one side superstition and dread of interfering with nature, mingled with commendable caution; on the other a firm conviction of a right and noble impulse to benefit humanity and relieve useless suffering. English speaking countries first generally accepted the use of anæsthetics in normal labor. Queen Victoria was twice confined under its use, which exerted a powerful influence upon the public. To-day anæsthesia in natural labor is theoretically accepted, but it has not spread with the rapidity that might have been expected in this country of progress. Thanks to Dr. Martin and Dr. Simpson, the obstetrician can now largely mitigate, if not entirely relieve that agony or suffering which no man has ever experienced, or he could not sit calmly by and tell his patient that nature's way is the best.

Generally anæsthetics are administered in labor for two distinct classes of cases: 1. To secure complete insensibility in the various operations of what is known of obstetrical surgery. 2. To lessen or annul the pain of natural labor. In the first case its administration is identical with that of surgery in general. The pregnant woman seems in less danger from complete anæsthesia than any other class of subjects. In the second class the process is a special one, and so peculiar to obstetrics that it has been termed "obstetrical anæsthesia." Analgesia would be a better term. Its purpose is to relieve suffering without causing unconsciousness and has as its physiological basis the fact that anæsthesia is regularly progressive, affecting first the lower portions of the nervous system and ascending gradually to the higher. Relief from pain precedes everything else. Later comes disturbance of intellection. While no labor is entirely free from pain, not every case requires the use of anæsthetics. Many women are phlegmatic and do not seem to feel suffering, whereas in nervous women, often weakened by refinement and luxury, the suffering is acute. Certain conditions of the nervous system demand chloroform, particularly the excitable or hysterical woman experiences marked relief. Again, the pains may be spasmodic and irregular in character. Chloroform is a potent factor in bringing harmony out of this chaos. As the child's head escapes the cervix and begins to distend the soft parts, the pain becomes intense and relief is nearly always called for. It is often necessary to push the anæsthetic to the surgical degree. As soon as the head is born, the anæsthesia should be withdrawn.

Infantile Diarrhoea. Dr. Charles D. Crank, in the November issue of the *Homœopathic Journal of Obstetrics, Gynecology and Pediatrics*, presents the following statements as the consensus of medical opinion with reference to this prominent cause of mortality in infants. First, that two-thirds of all infantile, gastro-intestinal troubles and three-fourths of the accompanying mortality is among the bottle-fed children. That the difference between the mortality of the bottle-fed and those who nurse at the breast is due to the sterile condition of the mother's milk, would classify infantile diarrhoea as an acute and sub-acute milk infection, but after considering the questions from the standpoint of the bacteriologist he confesses that all investigation has failed to show positively any consistent relation between any particular form of diarrhoea and any particular variety of bacteria and further that no one knows the exact nature of the morbid condition that takes place in the intestinal tract. Investigation has opened certain lines of research and there can be no question but what irritating food and illy ventilated homes may contribute a large factor

in the mortality from infantile diarrhoea, but unfortunately the mortality is not limited to the tenement or the careless nurse, but invades the home of the rich and poor alike and when we seek for the cause in the constitution of the woman approaching motherhood or the prospective father and seek to remove certain tendencies that may make their presence apparent by the disturbances brought about by the period of gestation, we will have given to the infant a degree of immunity that, combined with scrupulous care in the nursery, will more materially lower the mortality of the coming generation than research in any other direction. See to it that the new born infant is as perfectly prepared for the battle before it as possible instead of continually postponing the time when the sword of the Demosthenes will fall and destruction be the result.

Eczema. Dr. A. M. Linn, in the *Homœopathic Journal of Obstetrics, Gynecology and Pedology*, gives a very interesting paper on the above subject. His description of the physical appearance will be generally accepted as correct and the etiology, so far as it goes, will be equally acceptable, only it is expressed in terms too general and therefore unsatisfactory in their nature, *i. e.* he assigns depraved conditions, constitutional dyscrasias, irritation of trophic nerves, filth, dentition, unsuitable food, irritating clothing, etc. When he could with equal truth have said that the depraved condition and constitutional dyscrasias should be looked upon as the most important factors in the case, and being the most important factors the greatest attention should be given their elimination, thereby pointing to the necessity of seeking for the cause in the constitutional tendencies of the parents, failure to observe nature's laws and ignorance of the proper methods for removing the effects of their violation, give to the world the various forms of constitutional dyscrasias and for that reason the infants of the present day seems to be more and more susceptible to the disturbing elements surrounding it in almost direct proportion with the injurious demands made by our modern civilization upon her faithful, but misguided followers. The importance of filth and unsuitable food must be carried back to the parents and especially the mother before the birth of the child. Eczema is that form of skin disease arising in the susceptibility which has been transmitted through parents to their offspring and this susceptibility can best be treated in the parent before the birth of the child, when the good work can be followed up with the hope of completely eradicating the tendency in future generations.

Bed Treatment of the Insane. S. H. Talcott, M. D., Ph. D., in the *Denver Journal of Homœopathy*. For more than fifteen years we have practiced the method of treating the insane as if they were really sick people, and instead of forcing them to disagreeable toil, we have placed the weak ones in bed as religiously as if they were suffering with pneumonia. Since the results of bed treatment have become more and more favorable, the friends of the insane now agree and rejoice with us, because the patients are most certainly restored to health by this method. The advantages of this plan are:

1. The waning forces of the insane are most surely conserved.
2. An easy circulation of the blood throughout the entire system is facilitated, and thus the wastes produced by disease are most speedily and naturally repaired.
3. Digestion and assimilation of suitable food, in cases where the normal

functions of the body are much below par, are best promoted in bed, provided suitable care is given.

4. The patients are more readily protected from injury than when allowed to wander about the wards in association with disturbed or violent patients.

5. Bed treatment secludes the insane patient most surely from drafts and exposure before open windows and in long halls where the sweep of ventilation is sometimes very strong.

6. Attendants treat bed patients with more tender consideration than they usually bestow upon patients upon the ward. A sick person in bed excites more kindly sympathy and attentive care.

7. An insane patient, if weak in body, and either excited or depressed or apathetic in mind, recovers more rapidly and certainly when afforded proper bed treatment than when allowed the freedom of daily exercise. I believe that many of the insane may be saved from the reckless realms of dementia if suitable bed treatment is afforded and enforced during the stormy or sullen or obfuscated experiences of mania or melancholia, or acute dementia.

When a patient is admitted, he is at once carefully examined by one of the medical officers of the institution, and if he seems debilitated, even though manifesting much excitement and insane strength, he is sent to the hospital and placed in bed, where he may be under the constant care of tried and skilled nurses. The patient is placed upon a bed, (woven wire, with a felt mattress and supplied with comfortable bed clothing) and requested to remain there. If he is restless and not amenable to reason, then a light body bandage or a protection sheet may be used. Either of these means will keep the patient in a recumbent position, but he may lie easily upon his back or turn upon either side. No strong barred cribs or leather muffs are required. If the patient strikes at others or seeks to injure himself, a pair of light canvass mittens stuffed with soft cotton, are placed upon his hands. The patient is fed abundantly with hot milk and beef extract, or milk and raw beef tea, or milk and bovine, with an occasional piece of toasted bread or plain, stale bread, until the spirit of restlessness subsides. Medicine is administered in accordance with the totality of the symptoms as presented by each individual case. As soon as the patient is quiet and will promise to remain in bed, the protection sheet or body bandage is removed and is never applied except by order of one of the attending physicians. Many of the insane, even when in an excited condition, will become quiet and remain willingly in bed after a few days of this form of treatment. When they find themselves absolutely secluded from everyday cares and business troubles and come to feel for the first time in their lives, that they are surrounded with all the facilities and appliances of profound rest, they accept with surprising willingness the doctrine of laziness which is constantly preached to them and become believers in the doctrine of fat and fun. As they gain in strength and begin to increase in weight, they may be allowed solid foods in slowly increasing quantities. Bed patients should be kept in cheerful and sunny rooms, strict attention being paid to ventilation. Swift drafts over the patient should be scrupulously avoided. The success of bed treatment depends upon the manner in which it is administered. It is necessary to have the best, gentlest, most skillful, intelligent and handsome nurses it is possible to secure. In a hospital where sixty or eighty nurses are employed, ten to fifteen

of the best may be selected for hospital work, and it should always be considered an honor to be promoted to the care of patients in the hospital wards.

Vicious Conditions Affecting Young Females. D. W. Horning, M. D., in *Minneapolis Homœopathic Magazine*. An intelligent, earnest man gazes over the broad acres of woodland, field and meadow so promising of full reward for his labors' full fruition of long cherished hopes, and thoughtfully asks, "What shall the harvest be?" So may we gynæcologists, family physicians, thoughtfully, seriously contemplating that portion of our clientele which is passing from the springtime to early summer of their lives, ask ourselves "what shall the harvest be?" For ourselves there will be an abundance of labor and the gathering in of a few shekels; for our patients there will be days and nights of pain, a life spent battling with a constant succession of ailments; their physical organism prostrated, they will drag along in helpless, hopeless invalidism, which neither your science nor your art can overcome. This condition will surely exist unless the mothers can be brought to attend to the physical needs of their daughters and see to it that they are guarded against the dangers which, neglected, means almost certain ruin to the health of woman-kind. No other conclusion is possible in view of the fact that we are called upon with increasing frequency to treat our girls and unmarried young ladies for many of the long list of diseases which should be unknown to their experience at such an early age. Make a mental inventory of the girls between the ages of twelve and fifteen in the families where you individually are the medical attendant, and how few are in anything like a normal condition! You will find in an appallingly large number of cases a history of chronic headaches, disordered stomachs, irregular evacuations, backaches, seriously threatening nervous disorders, the menstrual periods abnormally irregular, painful, too scanty or profuse, too long or too short, too often directly suppressed and the whole vicious catalogue lightly passed over with the remark "it is her age; she will get over it after a time." Does she get over it? Can a girl with such a beginning develop into a healthy woman? A fortunate few, gifted with strong recuperative powers, aided by wise counsel and their own common sense, ultimately overcome their adverse beginning and afford a rare illustration of what it was intended should be their natural state and condition.

Continuing the investigation, review the condition of the young, unmarried ladies, those between the ages of sixteen and twenty two. Many of these are constantly applying to us for relief, and since the young ladies of to-day are the girls of yesterday, the former's physical history and status will prove or disprove the results predicted. Instead of rugged health, you find invalidism; instead of health and activity, depression and listlessness; weakness takes the place of strength; functional and organic diseases take the place of normal processes carried on in effective, painless regularity. Our girls begin their menstrual life with pain, irregularity and reflex organic disturbance; our young ladies, by reason of debility and periodic attacks of acute or chronic disease, are incapacitated for the pleasures and duties of their age, with the result that young wives are incapable of keeping pace with their husbands in the enjoyments or necessities of their young lives; mothers are confirmed invalids and children begin their mundane existence weighted with a load of hereditary weakness. What are the causes, and how can we check this woful, ruinous

procession? Conceding the deleterious effects of faulty dressing and unhealthy living, there is a far more potent cause for this growing evil. On the part of young girls, an excusable ignorance of the anatomical relations of the pelvic organs; an imperfect or total lack of knowledge of the physiological process of menstruation; utter ignorance of the results attending retarded or suppressed menses, except such as they may have learned by severe personal experience, leads to neglect of personal care, to unwitting but none the less harmful exposure at these periods when care and the avoidance of dangers means safety from suffering and disease. We can scarcely hold them responsible for not avoiding dangers they neither know nor rightly understand. The excusable ignorance of our daughters is the direct result of the inexcusable ignorance and unpardonable carelessness of mothers and guardians. How a mother can remain ignorant of her physical construction, ignorant of the most common causes of her complaints and how to avoid them, is a problem without an adequate solution. In the matron of to-day the plea of ignorance or modesty of mother or daughter is but a cloak for careless negligence. In the mothers we find the primary, and in the young ladies the secondary cause of the increasing prevalence of diseases to which our young patients should be utter strangers. We, as physicians, may correct some of the results, but the only effective barrier to the vicious stream is instruction, education. Instruct and educate both mothers and daughters and in this lies your work and your responsibility as physicians, and especially as family physicians. Watch the girls as they approach puberty and when you note the first signs of threatening danger make or take frequent opportunities to talk with their mothers why and what they should do on behalf of their daughters. In the same way deal with the young ladies who have grown from maternal restraint and are laying the foundation for future misery. Make earnest efforts to eradicate the causes that are rapidly consigning our youths, our wives and daughters to lives of suffering or to the lot of hopeless invalids.

Medical Prostitution. Another Cheap John medical shop is about to be organized in San Francisco. The medical degenerates must be accumulating in our midst. They seem to be using what little knowledge and ability they possess for the degradation and prostitution of an honorable profession. Not satisfied with offering their services to this, that and the other order or lodge, they are now preparing to organize a health insurance society which will offer its members a year's medical treatment for \$5.00. It is not to be presumed, however, that many members will survive a whole year's treatment from—we can hardly say a physician, perhaps doc. will answer—who values his services at considerably less than one cent and a half per visit. Our medical societies must see to it that their members take no part in such unprofessional, undignified and humiliating transactions. The professional man in any profession who abandons all the permanent advantages of professional standing for temporary gain, makes the blunder of his life.—(*Pacific Medical Journal*).

Book Reviews.

LITERARY NOTES.

Review of Reviews. The "Progress of the World," in the January, 1897, number of the *Review of Reviews*, gives an admirable *resume* of the great world-events of 1896. Nowhere else can so faithful and impartial a chronicle of these stirring times be found. This illustrated editorial summary in each month's *Review* is everywhere recognized as one of the triumphs of modern journalism. The discussion of the Cuban situation is enlivened by the reproduction of timely Spanish and Spanish-American cartoons. "How *Not* to Better Social Conditions," is the title of an article by Theodore Roosevelt. Mr. Roosevelt is permitted to publish a letter addressed to him a few months since by the Hon. Thomas Watson, then the candidate for Vice-President on the Populist ticket with Mr. Bryan. This letter was occasioned by Mr. Roosevelt's article in the September *Review of Reviews* dealing with the Vice-Presidential candidates. The letter is a most important and interesting contribution to what may be termed the personal literature of the last campaign; it puts its writer in a new light, and must lead to a thorough revision of the opinions about "Tom Watson" entertained so generally by his political opponents. The *Review of Reviews* has taken pains to obtain the opinions of ten representative students of public finance in the leading American universities on the duty of Congress regarding the national revenues, the currency, and the banking system of the country. Profs. Hadley of Yale, Taussig of Harvard, Jenks of Cornell, Laughlin of Chicago, Sherwood of Johns Hopkins, Ross of Leland Stanford, Folwell of Minnesota, Daniels of Princeton, and Presidents Adams of the University of Wisconsin and Slocum of Colorado College, take part in the *Review's* symposium.

North American Review. The opening pages for January, 1897 are devoted to a most carefully prepared paper by Senator Henry Cabot Lodge, of Massachusetts, entitled "The Meaning of the Votes." Poultney Bigelow writes interestingly on "The German Press and the United States," while M. E. J. Kelley, from the workingman's point of view, discusses the effect of "Strikes as a Factor in Progress." A charming essay on "Genius in Children," is contributed by Andrew Lang, and in "Pending Problems," the Hon. Albion W. Tourgee sets clearly forth the character of the financial problem with which the incoming administration will have to deal. An important paper from the pen of T. W. Russell, M. P., treats ably of the "Root Difficulties of Irish Government," and "Some Aspects of the Drama of To-day" are presented by Herbert Beerbohm Tree, the talented and well-known actor. Under the title of "Folly of Differential Duties," Captain John Codman pleads strongly for the revival of American shipbuilding; while the Hon. Lloyd Bryce recounts some remarkably interesting reminiscences of the late election in "A Study in Campaign Audiences." Mr. John E. Milholland furnishes an article of intrinsic value in "The Danger Point in American Politics," and "Mr. Bryan the Conjuror," by Andrew Carnegie, treats cleverly of the recent presidential candidate's currency theories, yet conceding to his personality a sincere respect and consideration. Other topics dealt with are: "Can We Do Away With Fog?" by Alexander McAdie; "The Railway Vote," by H. P. Robinson, and "Boss Rule in Old English Municipalities," by Edward Porritt.

Lippincott's Magazine. The complete novel in the February, 1897, issue is "Under the Pacific," by Clarence Herbert New. It takes the reader to a part of the world he probably never heard of before, where two extremely enterprising Americans conduct a search for long lost treasure under the most unusual circumstances. The two "Old Friends" of whom Edith Brower writes were far apart in age, and one of them was musical; in fact, music and friendship are the key-notes of the tale. "Old Tom of Nantucket," celebrated by Joseph A. Altsheler, was an old man-o'-war's-man in the hands of Algerine pirates, on whom he played a judicious and most Christian trick. M. S. Paden, in "A Forestry Idyl," gives a reminiscence of the great Chicago Fair. "South Florida since the Freeze" is another of R. G. Robinson's eminently fair-minded and instructive articles. Albert G. Evans handles a topic of vital importance to our great West, "Irrigation." Francis Albert Doughty writes on "The Southern Side of the Industrial Question." Emily Baily Stone supplies a second amusing paper on "Marrying in the Fifteenth Century." "A Vanished Civilization"—that of the Jesuits in South America—is described by Henry Granville. "The Dignity and Humor of Signs" are discussed by Agnes Carr Sage, and "Gloves" by Elizabeth Ferguson Seat. Dr. Charles C. Abbott has a quaint essay on "Overdoing the Past." The poetry of the number is by Jean Wright, Julian Hawthorne, Charles G. D. Roberts, Clarence Army, and Clinton Scollard.

The January Atlantic Monthly begins the new year with the opening of a new story by Paul Leicester Ford, the author of "The Hon. Peter Sterling." This novel, "The Story of an Untold Love," is a love story pure and simple, but full of dramatic interest, and it bids fair to be one of the leading novels of the year. The *Atlantic* is taking up reviews of the century from several important standpoints. These papers are rather in the line of John Fiske's recent contribution, "A Century of Science." The review this month is "A Century of Social Betterment," by James B. McMaster, the eminent historian. It is very fitting that in this issue of the *Atlantic*, published just sixty years since Emerson's first book appeared, there should be a discriminating estimate of the permanence and value of his work. This is contributed by John Jay Chapman in a striking article entitled "Emerson Sixty Years After." Another feature is W. P. Trent's "Dominant Forces in Southern Life." In this paper a Southerner born and bred gives a very fair estimate of the present great forces at work in the South of to day. Col. Higginson's reminiscences fulfill the promises of earlier installments and grow in interest as they follow the writer's mature years. This installment brings in his graduation and affords us the first intimate glimpse of Lowell and Motley and other famous men with whom he was associated through his lifetime. A timely word is spoken in behalf of Memorials for American Authors, by Joseph E. Chamberlin, and Mrs. Mary C. Robinson's paper on the "Art of Public Improvement" (Park-making as a National Art) is an interpretation of our artistic development. There are further chapters of Charles Egbert Craddock's powerful serial "The Juggler," and a sketch of travel in Joan of Arc's country, by Mary Hartwell Catherwood. The reviews are of particular interest, notably Charles Eliot Norton on Kipling's poetry. Men of Letters, the new department, Comments on New Books, and the Contributors' Club complete the issue.

The Hahnemannian Advocate

A MONTHLY HOMŒOPATHIC MAGAZINE.

Vol. XXXVI CHICAGO, FEBRUARY 15, 1897.

No. 2

Materia Medica.

MIND, DISPOSITION, SENSORIUM.

Absence of Mind.

ABSENCE OF MIND, *Acon.*, *Agn. cast.*, *Amm. carb.*, *Cham.*, *Lach. Lyc.*, *Rhus t.*

ABSENCE OF THOUGHT, *Amm. carb. Cic.*

ABSENCE OF MIND, irresoluteness, *Alum.*

— in company of friends, *Plat.*

Hears not what is said to her, *Plat.*

Does not heed what is taking place around him, *Thuja.*

REVERIE, does not know what she is thinking of, *Ole. an.*

ABSENCE OF MIND, he does not recognize his friends, *Croc.*

—, with confusion of thought, *Cupr.*

—, as if from swimming in the eyes, with frequent disappearance of the objects, *Rhus t.*

He is unable to chain his attention to the work before him, *Sulph.*

Unable to be attentive, *Bor.*

Imagined he had something important to do without knowing what, *Caust.*

ABSENCE OF MIND, in paroxysms, with stitches in the joints of the fingers, on return of consciousness, *Mosch.*

—, with uneasiness in the head and pit of stomach, *Silic.*

He is almost always, in his mind, at two different places, *Silic.*

The children are sitting in the corners of the room and give wrong answers, *Bar. m.*

Makes mistakes in writing, *Natr. carb.*

Hurried heedlessness and forgetfulness; he says and does something different from what he intends, omitting letters, syllables, and words, *Magn. art.*

Uses different kinds of letters in writing, and stumbles from one subject upon another, *Nux m.*

Talks logically about abstract things, but uses wrong expressions in talking about common-place things, such as plums instead of pears, *Lyc.*

If he wants to write 12, he puts down 1 and forgets the 2, or he forgets what he is holding in his hand, *Rhus t.*

He makes mistakes in speaking, and uses wrong words, *Sep.*

Puts down wrong words, or omits whole syllables, *Bor.*

REVERIE; appears absorbed in his thoughts, though he does not think of anything properly speaking, *Arn.*

ABSENCE OF MIND, stares at one point without thinking, *Hell.*

Stares as if stunned by a blow, *Natr. carb.*

Thoughtless staring, *Hyosc.*

He looks through the window for hours without seeming to be conscious of anything, *Mez.*

Stares while taking breakfast, *Guaj.*

ABSENCE OF MIND, as if without consciousness, *Nitr. ac.*

—, as if intoxicated and deprived of consciousness, *Nux m.*

Never achieves what he proposes to do, remains standing at one spot, appears changed to his acquaintances, *Nux m.*

ABSENCE OF MIND, remains standing in the street, gesticulates like a crazy person, loses his thoughts completely, and (on waking) thinks everything around him ridiculous, looks stupid and childish (all ceases on re-entering the room), *Nux m.*

When alone his ideas vanish, *Phos. ac.*

Frequent vanishing of thought, *Ol. an.*

His ideas vanish, *Cham.*

His thoughts vanish when thinking, *Ran. bulb.*

He goes twice to the same place without intending it, *Nat. mur.*

Does things mechanically, without appearing to be conscious of it, *Ruta.*

She imagines she does not belong to her family; after a short absence, all things appear changed to her, *Plat.*

Drops the tumbler when spoken to, *Hell.*

He went out of the door without being conscious of it, *Natr. mur.*

While attending to his business he talks aloud to himself without being aware of it, *Magn. art.*

Understands what he is reading least when he thinks he will not understand it, understands more easily when he does not at all think of intending to understand it; in this case he is not interrupted by strange ideas, *Oleand.*

Alternation of States.

ALTERNATION OF STATES; at times idle, at others runs about restlessly, and quarrels with everybody, *Mosch.*

Dumbness succeeds the talkativeness, *Bell.*

ALTERNATION of mirthfulness with ill-humor, vexed mood and anxiety for the future, *Tart. st.*

ALTERNATION of anxiety and restlessness, with indifference, *Natr. mur.*

— of sullen, solicitous mood, and cheerfulness, *Op.*

— of anxiety and internal care, *Lauroc.*

— of anxiety, oppression and low-spiritedness, with exaltation of courage, followed by an even and tranquil disposition, *Sulph. ac.*

—, first cheerful, then anxious, lastly calm and contented, *Stram.*

— of cheerful and anxious mood, finally he is contented, *Staph.*

— of cheerfulness with palpitation of the heart and anxious oppression of the chest, *Spig.*

ALTERNATION OF STATES; first anxious, then cheerful and pleased with himself, *Calc. c.*

ALTERNATION of dullness and great clearness of the head, *Staph.*

ALTERNATION OF STATES; exaltation of body and mind, sometimes alternating with absence of mind, dulness of sight and hearing, *Alum.*

ALTERNATION of ease and rage, *Hyosc.*

ALTERNATION OF STATES; at times kind of calm, then vehement and angry; now full of hope, then desponding, *Cal. carb.*

—, vehement in the morning, hypochondriac in the evening, or cheerful in the morning, desponding in the evening, *Graph.*

ALTERNATION of consciousness and rage, *Stram.*

ALTERNATION OF STATES; first indifferent, then easily moved by passion, *Carb. a.*

Alternate lowness of spirits and vehemence, *Ambr.*

ALTERNATION OF BODILY AND MENTAL SYMPTOMS; alternate sensitiveness of the body and mind, *Arn.*

ALTERNATION OF STATES; ill-humored, then cheerful, then again ill-humored, *Cupr.*

—, out of humor, quarrelsome, soon after merry and singing, *Croc.*

ALTERNATION OF STATES, takes offense at everything and then is sorry for it, *Croc.*

ALTERNATION of cheerfulness and ill-humor, *Cycl.*

— of ill humor and weakness, with cheerfulness and lightness of the limbs, *Natr. mur.*

ALTERNATION OF STATES; excessively merry, then uncheerful and impatient, *Lyc.*

ALTERNATION of ill humor with cheerfulness, *Mercurial.*

— of cheerful, weeping, quarrelsome and vexed mood, *Spong.*

ALTERNATION OF STATES; easily offended, or else readily indulging in flat mirth; when laughing the muscles of the arm and hand are relaxed, *Carb. v.*

—, at times indifferent, stupid, disconcerted or embarrassed, at others ill-humored by the slightest cause; at times cheerful, at other times gloomy, sudden crying out and tossing about, even with a cheerful mood, *Chin.*

—, vexed, afterwards cheerful and jesting, *Cocc.*

—, cheerful in the morning, ill-natured in the evening; life is at times pleasant, at times disagreeable, *Bor.*

Frequent alternation of silent peevishness and cheerfulness, *Aur.*

Alternate quarrelsomeness and childish mania, tells childish tales, is excessively merry, *Acon.*

ALTERNATION OF STATES; a few hours after the anger he began to jest, *Ign.*

—, lively and humorous on the first, out of humor and quarrelsome on the second day, *Hyosc.*

Indifferent to amusements, shortly after disposed to jest, *Menyan.*

ALTERNATION of ludicrous manners and sad looks, *Stram.*

ALTERNATION of sadness with mirthfulness and imbecile foolishness, and of cheerfulness with sadness and dulness, *Sec. corn.*

ALTERNATION OF STATES; at times whining, at others foolishly merry, *Carb. a.*

Weeps easily about sad things, and laughs as easily on account of trifles, until his eyes run, *Carb. v.*

At times laughing, at times crying, *Caps.*

Alternate weeping and humming a song, *Acon.*

She weeps and laughs alternately as if unconscious of herself, *Aur.*

ALTERNATION of laughing and moaning, *Verat.*

ALTERNATION OF STATES; anxiety with desire to laugh at trifles; after a while she weeps without knowing why, *Lyc.*

Alternate disposition to weep and be cheerful, *Jod.*

ALTERNATION OF STATES; disposed to weep; in the forenoon she laughs at every trifle, *Graph.*

—, at times serious, at others disposed to laugh, *Nux m.*

ALTERNATION of cheerful and weeping mood, *Plat.*

— of laughing and apathetic mood, *Sabad.*

ALTERNATION OF STATES; spasmodic laughing and weeping, *Phos.*

Alternate laughing and moaning, with vexed mood, *Stram.*

— laughing and moaning, *Stram.*

ALTERNATION of weeping and laughing mood, *Sulph.*

— of revelling, singing amorous songs, laughing and indulging in all sorts of ludicrous gestures with anger and raving, finally sadness and sleep, *Op.*

ALTERNATION OF STATES, moaning while asleep, alternating with jumping and dancing, *Bell.*

ALTERNATION of sad and cheerful mood, *Ferr. ac., Magn. p. arct., Natr. carb., Nitr. ac., Sep., Zinc. m.*

ALTERNATION OF STATES; sad, then merry, *Croc.*

ALTERNATION of cheerful and gloomy mood, *Spig.*

— of sad mood and excessive feeling of bliss and affectionate mood, *Plat.*

— of sadness with excessive cheerfulness, *Menyan.*

ALTERNATION OF STATES; first desponding, then very merry, or first cheerful, then trembling, sleepy, dull, weight in occiput, forehead and limbs, pain in the joints and muscles of the fingers, arms, shoulders, knees and feet, *Caust.*

—, cheerfulness, sometimes interrupted by melancholy mood, *Asar.*

—, great consciousness and then lightness of sense and indifference, *Arg. nit.*

ALTERNATION of cheerfulness and feeling of strength, with want of courage and weakness, *Magn. p. arct.*

ALTERNATION OF STATES; spasms, fits of tenderness, wild joy, then disposition to bite, *Croc.*

ALTERNATION of depressed and elated spirits, the latter even with tremor of the joints, *Cycl.*

ALTERNATION OF STATES; at times confident, at others desponding, *Alum.*

ALTERNATION of intellectual and emotive excitement, *Sabad.*

ALTERNATION OF STATES; he sometimes feels as if he were nobody, and would rather be dead than to have that feeling; he then has no courage to undertake any thing; when free from that feeling, he feels exalted, would like to read like an orator, &c., *Agn.*

Alternate states of feeling; at times *in*, at others, *out* of his senses; at times doubts his recovery, at others is full of hope.

ALTERNATION OF STATES; excitation followed by sleep and deadness of the limbs, *Natr. mur.*

——, looks as if absorbed in deep thoughts, but is without any; alternating with fixed ideas about music and melodies, *Ign.*

——, first gets angry on account of some trifling cause, then is calm again, then again angry, &c., *Croc.*

——, sometimes angry at persons, then again would like to kiss them, *Croc.*

——, angry on account of reproaches; tries to justify herself, then refrains from it, again wants to speak and again is silent, *Croc.*

ALTERNATION of weak and quick memory, *Cycl.*

——, of disposition and indisposition to do mental work, *Lauroc.*

Anger.

ANGER, *Acon., Cann., Carb. veg., Carb. an.*

——, irritability, *Job.*

——, at trifles, *Bell., Natr. mur.*

Gets angry at trifles and is as speedily composed again, *Ipec.*

He screams and howls on account of trifles, worse when talking to him kindly, the pupils being easily dilated and contracted, *Bell.*

ANGER, at every thing, with asthma, *Cham.*

He gets angry at absent persons, *Aur.*

ANGRY and vehement, *Aur., Chin.*

ANGER, violent, but quickly passing, *Stan.*

He knits his brow and crosses his arms, *Nux v.*

The child screams and scolds, thrusts his fists into his mouth, with pale face and cool body, *Ipec.*

Pain makes him angry, even unto tears, *Op.*

On waking, he grinds his teeth, *Kal. carb.*

He trembles when he cannot satisfy his anger, *Aur.*

By some slight cause, he trembles, is hurried, uses violent language, *Magn. p. aust.*

ANGRY, mad, with internal trembling, followed by sadness and depression of spirits, *Petr.*

ANGER excites her so much that she dreads an apoplectic fit, and her eyes see black, *Sep.*

Antagonistic State of the Mind.

ANTAGONISTIC STATE OF MIND, laughs when he ought to be serious, sometimes on account of tickling at the pit of the stomach; does not laugh even on seeing ludicrous things, *Anac.*

Sensation as if he had two opposite wills, one of which excites him to do that which the other would like to prevent, *Anac.*

Absence of volition, accompanied by a sense of strength, *Calc. c.*

He is merry, and nevertheless inclines to get angry, *Caps.*

Paroxysms of laughter and weeping in alternation, without either resulting from a corresponding mood, *Sep.*

Laughs against her own inclination, being very sad, *Phos.*

Quarrelsome, yet is merry, *Staph.*

He endeavors to do things and actually does things contrary to his own intentions, *Magn. art.*

Ill humor, yet she hums a song, *Magn. carb.*

Is neither glad nor sorry, although he constantly feels as if he had been suffering great affliction, with a kind of stupor, *Cycl.*

Not disposed to work, and yet he does not like to be idle, *Cupr.*

He feels as if he were longing for something, without knowing what, with a sort of anxiety, which leaves him, however, very cheerful, *Croc.*

Hums a merry melody, even when out of humor, *Croc.*

Inclines to weep and laugh at the same time, *Lyc.*

He imagines things which he does not want to imagine, uses wrong expressions which he knows are wrong, proposes to him-

self things which are contrary to his intentions, and is in contradiction with himself, and in a disagreeable mood, *Sepl.*

Anger About Imaginary Things.

ANTIPATHY TO MEN.

Dislikes those who pass him, would like to lay hold of them and abuse them, *Con.*

Hates mankind, abhors their follies, seeks solitude, *Cic.*

Some persons are offensive to him, *Aur.*

Involuntary antipathy to certain persons, *Am. mur.*

Aversion to most men, *Calc. c.*

Repulsive disposition, *Calc. c.*

ANTIPATHY TO THINGS.

ANTIPATHY TO THINGS, every external object is repulsive to him, he wants to push it out of his way, *Camph.*

He is disgusted with everything, *Puls.*

POWDERED FLUOR-SPAR HELPS X RAYS.—Prof. Winkelmann and Dr. Straubel, of the University of Jena, have succeeded in discovering a new method of photographing with Rontgen rays, by which the length of exposure is reduced from ten or fifteen minutes to only a few seconds. The method is based on a conversion of the X rays into rays of other undulations by means of fluor-spar crystal. If the Rontgen rays are allowed to fall upon a photographic plate the sensitized film of which is turned away from them and covered with fluor-spar, the rays, after passing the film, will be absorbed by the fluor-spar, and there undergo the modification spoken of. The new rays now act upon the photographic plate, and, indeed, much more strongly than did the Rontgen rays on passing through. As large fluor spar plates are to be had with difficulty, powder of the same crystal was tried in their place, and, as this succeeded, nothing stands in the way of the further application of the method. The new rays emitted by the fluor-spar were minutely examined by the discoverers. They succeeded in determining the frangibility, and from this the length, of the undulations. The rays lie far beyond the ultra-violet end of the visible spectrum.—*London Daily News.*

Institutes of Medicine.

SOCIETY OF HOMŒOPATHICIANS.

THIRD DAY—MORNING SESSION.—10:30 A. M.

Thursday, June 25, 1896.

HOMŒOPATHIC PHILOSOPHY.

T. R. HAYNES, M. D., INDIANAPOLIS, IND.

Let us inquire, what is Homœopathy? After Hahnemann had discovered and thoroughly proved the law of cure, he sought a name which should represent the meaning of the law. Hence he choose two Greek words, '*Omoion*, Similar and *pathos* disease, which he converted into *Homœopathikar*, and which has been anglesized into Homœopathy, meaning the drug symptoms when proved upon the healthy must be similar to those caused by the disease to cause a cure. Probably this idea was more or less forced upon his mind, whilst translating Cullen's *materia medica* from the English into the German language, by the jumbled up contradictions which he was there forced to consider. This caused him to start a series of experiments upon himself, which he carried on until he had thoroughly proved that '*Omoion-pathos* was the true law of cure. He did not make his experiments public until he had proved beyond a doubt that that was the only true law by which diseases could be really cured; there can be but one true law of cure, if more than one then it would be no law, but a system. This he hinted at in an article in Hufeland's journal in 1796; this was followed by other publications at shorter or longer intervals. In 1804, by the publication of two volumes in Latin on the drug action upon the human body, and in 1810 he gave to the world the first edition of the *Organon*. But long e'er this, Homœopathy had been recognized as the living law of cure, *i. e.* the drug action on the human body must be similar to that produced by the disease to be cured by the chosen remedy. Thus was the '*Omoion-pathos* recognized as the law. This is the real true meaning of the term Homœopathy; and not Homeopathy as many persist in calling it, the two words mean two entirely different things, and should never

be confounded under any circumstances. In 1813 he gave us the first volume of his *Materia Medica* and soon followed the other three volumes of the *Materia Medica Pura*.

In the preface of the first volume of his *Materia Medica* Hahnemann says: "The day of the true knowledge of remedies, and a true system of therapeutics will dawn when the physician shall trust the cure of complete cases of disease to a single medicinal substance, and when regardless of traditional systems, they will employ for the extinction and cure of a case of disease, whose symptoms they have investigated, one single medicinal substance whose positive effects they have ascertained, which can show among these effects a group of symptoms very similar to those presented by the disease." He says "that dynamically acting medicines extinguish diseases only in accordance with the true similarity of their symptoms. Hence the very small doses prescribed by Homœopathy produce the uncommon effect necessary for the organism to regain its original healthy action." He says "what life is can only be known empirically from its phenomena and manifestations, but no conception of it can be formed by any metaphysical speculations; what life is, in its actual essential nature can never be ascertained or even guessed at by mortals." As the condition of the organism and its health, depend solely on the health of the life which animates it, in like manner it follows that the altered health which we call disease, consists in a condition altered originally only in its vital sensibilities and functions, irrespective of all chemical or mechanical conditions; in short, it must consist in a dynamically altered condition, a changed mode of being, whereby a change in the properties of the material component parts of the body is afterwards affected, which is a necessary consequence of the morbidly altered condition of the living whole in every individual case. Here reigns a wonderful fundamental Omnipotent power which abrogates all tendency of the component parts of the body, and brings them under the laws of life alone; in other words, maintains them in a condition of sensibility and activity, for the preservation of the living whole—a spiritual dynamic condition. As the organism in its normal condition depends only on the state of the vitality, it follows that the changed condition which we call disease, or sickness, must likewise depend *not* on the operation of physical or chemical laws, but on organically vital sensations and actions; a changed existence, becomes

altered in their character, as is rendered necessary in each individual case, through the changed condition of the living organism. As disease is but dynamic, a morbid or vitiated vitality, inimical to life, a disturber of the sentient nervous system, a something invisible to our sight or senses, and which must be reached by the remedy in the same dynamic, or spiritual condition, or it cannot be eradicated. What disease is we do not know, we cannot see it, *no one* ever saw it, no one ever can see it, we can only see the outward manifestations of disease, but not disease itself, the banners hung upon the outward wall, which is the only evidence of the existence of disease. The *hallucinations* of the lunatic are not mania any more than the ravings of the drunkard are the potentations he has taken. The only evidence we can have of disease is the manifestations which it produces to the external senses (the totality of symptoms) which are conveyed to us by the disturbed sensations of the sentient nervous system, which has been caused by some morbidic invisible agent, and which is inimical to life, and which can only be made known through the sensations produced upon the nervous system, but how or by what means we do not know, as they are utterly invisible to our sight or senses. These sensations must be our sole guide, to point us to the means for their removal by the remedy that is '*Omoion-pathos* to them, but how and why we cannot tell, it is one of the unrevealed mysteries of which we can only empirically guess. We may as well ask what is life, what is vital force, what is the difference between life and death? They must move upon the same plane, they can move upon no other. In death some thing has gone, but what we cannot tell. The tenant has gone and left the house, to be resolved back into its original elements of which it was formerly composed—earth, air and water. Disease being a disturber of the vital principle, a dynamic abnormal vitiated life force, and which can be made known to us only through the disturbed nervous sensations (symptoms) which it produces, there can be but one way for the complete restoration of health, *i. e.* after a careful investigation, the true simillimum to the case will remove all of the morbid sensations and health be restored. Health and disease must occupy one and the same plane, otherwise they could not both exist, for if one was superior it would hold superior power and the other could not enter; one or the other must surrender its control. Death, life's enemy, must act upon the same sphere

with life. Life, health and disease are but conditions of the nervous system. The vital or life force, when in perfect health, the life force holds supreme sway and the nervous system is in perfect accord and harmony.

Let us quote from § 6 of the *Organon*. Note, "When he (the physician) can neither see the spiritual essence, the vital power which produces the disease, nor yet disease itself, but simply perceive and learn its morbid effects, that he may be able to treat it accordingly. The physician who engages in the search after the hidden springs of the internal economy will be hourly deceived." For he will never find it.

In § 9: "In the healthy condition of man, the immaterial vital principle which animates the material body, exercises an absolute sway and maintains all its parts in the most admirable order and harmony, both in sensation and action, so that our indwelling rational spirit may freely employ these living healthy organs for the superior purpose of our existence."

In § 14: "There is no curable malady, nor any invisible morbid change in the interior of man, which admits of a cure, that is not made known by the morbid indications or symptoms to the physician of accurate observation—a provision entirely in conformity with the infinite goodness of the All-Wise Preserver of men."

Disease being the dynamic disturber of the spiritual or vital principle or life force, and which causes the disturbances which we call symptoms, then the proven remedy must be in the same dynamic state as that of the diseased (morbidly disturbed) vital force or it could not cause its removal and a restoration to health and which we would call a cure, it could relieve in no other way; it must be met with a weapon that would correspond to that of the disturbing element, which we are well aware the potentized remedy will do and never fail, if it is Homœopathic to the case; otherwise it cannot cure. As disease is nothing more than the changes in the general state of the human economy, which declare themselves by symptoms and the cure being impossible except by the conversion of the diseased state into that of health by the complete removal of the symptoms which consists of sensations and actions, and the curative virtue of the remedy is owing to this faculty alone, which is founded on the natural law of Homœopathy, *i. e.* a dynamic in the living economy of man, is extinguished and in a permanent manner by the dy-

namic remedy which is strongly in resemblance to it in its mode of manifesting itself. This is correct or true Homœopathic philosophy; it cannot be deviated from; the line must be rigidly drawn; error has no domain therein. The single remedy and the minimum dose, when properly dynamized, but it must be strictly "*Omoion*" to the case of sickness before us, or it cannot do the work expected of it, no matter what the potency or how often repeated. Each remedy has its own field limit of action, it cannot go outside of that field, and if not Homœopathic it cannot produce the desired effect; when that is not obtained we have no right to say that Homœopathy is not the Omnipresent law, *i. e.* it will do in some instances, but in others we are called upon to resort to other measures; so instead of laying the blame to our own shortcomings, we wish, like the thief, to cast the blame upon innocent parties, and escape under false disguise of our own indolence and ignorance. If any one supposes that it is an easy matter to always select the true remedy for every case of disease that may fall into his hands in a long practice, let him be at once undeceived; he must do as Hahnemann has done before him, put soul and body into his work; if he cannot do that, then he has made a mistake in the selection of his occupation, and the sooner he makes a change the better.

DISCUSSION.

Dr. Carleton—It would be a pity to let this paper pass without comment. In my opinion Dr. Haynes is true as steel every time. I for one, am very grateful to him for the paper he presented to us last year. It is well to have fundamental truths brought to our attention frequently. Of course, what he has stated is more or less trite; but it is true, and it cannot be too often declared, that diseases are not of materialistic origin. For that reason we should welcome this paper of Dr. Haynes'.

Dr. Sawyer—I think the paper is a splendid one. By one of the most honest men alive, and a man who has given a single remedy for forty years, and one who, when he has entered upon a case, as he sometimes does, that puzzles him a little, never leaves that case until he finds where he has slipped, and a paper from such a man is valuable. He, however, is sometimes guilty of giving the high potency of a drug that has been formerly administered in crude material doses. I have only one criticism of Dr. Haynes' paper, and I do not know as that can be called a

criticism. He says, "We never can know what disease is," and I do not know as I can state just what disease is, so I had better leave that alone. I think Dr. Haynes questions our ability to know why any drug ever cures any case of sickness. Let us see if this idea is correct. That disease is of dynamic origin is, I believe, generally accepted by the followers of Hahnemann, and that to cure it we must meet it on its own ground, with a force that is capable of producing similar conditions when administered to a healthy person; or in other words, the curing force must act along the same lines and on the same plane and in a similar manner to the disease-making force, in order to cure; and Hahnemann's idea was that the curative force must be a *little stronger* than the disease force in order to be able to expel it. I do not and never did accept Hahnemann's explanation of the *modus operandi* of cure. This casting out devils through the prince of devils will not do. The "Regulars" have been trying to do that for thousands of years, and they have made a mess of it with their crude dosage. The law of love or affinity is the strongest that I have any knowledge of. Now when the curative dynamis is administered to the patient the disease causing dynamis having a stronger affinity for the curative force than for the diseased body, leaves it and unites with the curative dynamis and is easily expelled by the life force. We see the same principle illustrated on the chemical plane.

We get from Swedenborg the idea that disease is of spiritual origin and from the hells, and that the infernals rush into what they love best. From this standpoint it is easy to see *why* a remedy or dynamis having a stronger affinity for the disease producing dynamis than for the patient should unite with that dynamis and leave the body.

Dr. Biegler—I have nothing to add to what has been said in approval of this paper, except that when it was read I was gratified to have it as an additional paper, and those reasons given to substantiate the truth in the minds of those who may inquire, or who are ready to receive the truth, and there are such men now, not among the professed homœopaths, but outside, and I am looking forward to the volume of transactions of this meeting as being just what we want, and I am very glad to have that paper produced and added to what we already have received for that purpose.

ENERGY THE FOUNDATION.

S. MILLS FOWLER, M. D., CHICAGO, ILL.

Energy, in this connection, refers to that inherent property in all things created which is capable of being converted into Force.

Energy is made manifest in two distinct forms of Force. The first, the universally distributed form is the Spiritual Force. The other is the Vital Force and is shown only in the animal and vegetable kingdoms of nature. Both of these forms of Force are dynamic in character.

Vital Force, or Vitality, is the organic life-element of all things which grow and reproduce. Spiritual Force is everywhere present in all things created whether animate or inanimate, organic or inorganic. When the Vital Force leaves the body, the Spiritual Force remains. It is everywhere present where matter is. Vital Force is dependent on the integrity of the body which it inhabits. Spiritual Force is independent of all bodies, and may be (as in the process of potentizing remedies) attached to other substances. Vital Force is affected by violence whether chemical or mechanical. Spiritual Force is in no way influenced by chemics or mechanics, always maintaining its integrity on all occasions and under all circumstances. Vital Force is nourished by food and made sick by drugs; and, being void of volition, manifests itself only in the processes of Life, Growth and Function. Spiritual Force manifests itself in Emotion.

It is not difficult to understand an exhibition of Emotion in the higher orders of animal life. In man there are Hope and Hate, Love and Reason. As we go down the scale of intellect, exhibitions of Emotion are not so easily interpreted. When we approach the realm of the inanimate, we can only explain them by the rules of Chemical Affinity. For instance, that wonderful affinity which exists between water and *Sulph. acid*, for all we know or can understand, may be an exhibition of inanimate love or inanimate hate.

Foods and poisons appeal first and primarily to the Vital Force. It appropriates whatever is nourishing and helpful. It will, to a certain extent, eject that which is harmful or in excess of Vital needs. If carried beyond the point of Vital needs, there will be more or less impairment of Vital Function, and to that proportion in which the excess is carried. Persistently

overtaxed in this way, the Vital Force yields to the burden, and will then react upon the Spiritual Force, when there will be a development of disease of organic character; a solution of continuity, a breaking down of tissue. In this way the Spiritual Force, in its control of the material elements of the body, is impaired. (This corresponds to, is Similar to the breaking down of the material parts of a drug in the potentizing process by which is set free the Spiritual Drug-force), while at the same time the Spiritual Force, as such, remains the same. It is in this way that we obtain all of the symptoms of disease ranging from the slightest functional disturbance to the most profound of organic lesions.

Having thus explained the modes of Energy-made-manifest, we find no trouble in accounting for the operation of the sick-making as well as the Health-restoring powers of remedies. All that is necessary is that they be brought into the realm of Dynamis where we find the disease at work, and then select that remedy the sick-making powers of which correspond, are Similar to the character of the case of sickness in hand, and apply the one to the other.

Take, for instance, pure Gold or pure Glass or pure Charcoal. How harmless they are in the crude material form. Yet, how powerful in their Spiritualized (potentized) state. In the one form they are inanimate, inorganic, inert; in the other they are of the most profoundly deep-acting remedies in the *materia medica*.

A potency (Homœopathic) of a drug is not that drug by any means, any more than the Spirit of the body is the body itself. But, being the Spirit of the drug, it is just what it is by the Fiat of the Almighty, who, as Creator of the Universe, gave to everything created an impress of His influence, making Gold the dwelling place of the Gold-Spirit; the Rock-crystal the dwelling-place of the Silicea-spirit. etc.

It is thus that we bring everything into the realm of Dynamis where we find all of the Forces operative in both sick-making and health-restoring powers, and can explain their relationships.

This I conceive to be the true character of the forces which we as Homœopathic physicians must study and understand in order to intelligently apply the great Law of Similars which is the unerring guide in the selection of remedies in the treatment of the sick.

DISCUSSION.

Dr. Sawyer—I did not know until within the last two years that *Carbo. veg.* had any dynamic force when administered in the crude form, at least did not feel sure of it. Since that time I have met serious, yes, dangerous sicknesses from the action of *Carbo. veg.* crude, and have been enabled to remove those symptoms like magic by administering *Carbo. veg.* in a high potency.

Dr. Biegler—In the cases which have come under Dr. Sawyer's observation, it may have happened that after the *Carbo. veg.* had been in the stomach, and subject to chemical changes, then the dynamic force may have been generated. There is one thing in the paper in regard to which I would differ from the author. I may not be right about it, but it occurred to me that when he derives the different kinds of forces from one source, that this is a mistake. I think that the energy proceeding from one force is one and the same thing, whether of the universe, or of animated beings, but that the energies, however, are distributed differently. I have not had time to formulate the idea that occurred to me while hearing the paper read, but think I can bring up a simile that, which, while it may not cover the ground, will be an illustration. As an illustration, we will take the *Nitrite of Amyl.* You can manufacture any essence, flavor or odor from that one element. You can make the strawberry, the banana, the apple; you can make all kinds of flavors from that one substance, but the original is the same, the energy is distributed differently under different conditions. If any of you have gone to soda fountains, and have called for some flavor for your soda water, you may have obtained chemically made, artificial syrup; if so, it came from one thing, *Nitrite of Amyl.*

Dr. Adams—In speaking of powdered charcoal, I think we should bear in mind that it is really a trituration. You all know how it is prepared. A hollow wheel, attached to a shaft, is filled with lump charcoal and heavy iron balls. It is then kept revolving for hours. The effect must be to potentize above the crude lump charcoal.

Dr. Biegler—Hahnemann was in the habit of purifying water which he used for the administration of his remedies, by putting in a piece of charcoal. Now, of course, we know that charcoal is an absorbant. It does take up degenerating and impure sub-

stances from the water, and I have, myself, often used it for that purpose, but I still believe that charcoal in its crude state does not distribute its dynamic energy, and that not until it is taken into the stomach, and becomes changed chemically, does it do so, and then it is not the entirely crude substance it was before.

Dr. Adams—I do not believe that any one can prove that pulverized charcoal will interfere with the action of a medium or high potency dissolved in water. When our low potencies are taken internally without interfering with the action of the simillimum, we may safely risk a little powdered charcoal when needed to purify the water.

Dr. Sawyer—When a high potency is placed on the tongue of a diphtheria or typhoid patient, the tongue being about as foul as can be imagined, it acts apparently just as well as though the tongue was clean. Again, if administered in very impure water, or coffee or beer or liquors, it does its perfect work with wonderful rapidity if it is the simillimum. The high potency being on a discrete degree above the chemical plane, is not acted on or modified by the chemical force of the vehicle used in its administration.

Dr. Biegler—I believe, Mr. Chairman, that our potencies are indestructible and will live forever, and I cannot believe that our potencies can be destroyed by any poisons they may inject into the stomach, but when I put a single powder upon the tongue, I always ask the patient not to swallow it, but to let it lie there.

Dr. Drake—Hahnemann, as I understand it, simply added the lump of charcoal, or “spirits of wine,” to the water to keep it pure, not to purify it after it was foul.

HAHNEMANN'S THEORY.

A. L. KENNEDY, M. D., BOSTON, MASS.

Hahnemann, beside giving us the fact, full demonstrated that likes cure likes, advanced also a theory as to the *reason* for this and the manner in which it is brought about. He knew the mode of behavior when two diseases would possess the system at the same time. Possibly from this he deduced his theory as follows:

“A remedy which has the power and tendency to produce an artificial disease closely resembling the natural one against which it is employed, and which is administered in proportionate doses,

affects in its action on the organism, precisely those parts which had till then been a prey to the natural disease, and excites in them the artificial disease which it is naturally capable of producing. The latter by reason of its similitude and greater intensity now substitutes itself for the natural disease.

“From that moment it then results that the vital powers no longer suffer from the last mentioned, which in its quality of purely dynamic immaterial power has already ceased to exist. The organism is no longer attacked but by the medicinal disease. But the dose of the remedy administered having been very small, the medicinal disease soon disappears of itself.

“Subdued by the energy of the vital power, like every other mild medicinal affection, it leaves the body free from suffering—that is, in a perfect and permanent state of health.”—*Organon*, § 148, fourth American edition. Stratten.

Health and disease are relative terms, are they not? Given a condition in which there is in the organism a complete equilibrium—a perfect balance of forces—and we have what we term a normal condition—a state of health. Let, however, a disturbing element come in, there is at once an increased action—an arousing, as it were, on the part of the forces, or force, whose function it is to preserve harmony, and the *result* of this arousing is what *we see* and what *we call disease*. Now as to the remedy. We are aware that certain elements in nature have an adaptation to, an affinity for certain functions, organs, tissues of the animal organism. We find this principle amply illustrated in the provings of our remedies. The part invaded or affected by an adverse influence is shown us by the flag held out, by the smoke of the conflict, by the light of the conflagration, by the sound of the battle. How shall aid be rendered? Shall we increase the forces of the enemy? Surely not. We have learned to interpret the signals—the calls for help. We know where the struggle is great—the battle strong. We know along what thoroughfare to send our agents, for they have shown us by many fruitful trials their respective fields of operation. We have determined all this and therefore we know what to do and what will be the inevitable result.

But the questions *why* and *how* still confront us. Hahnemann says that in lending our aid, guided by the law of similars, we thereby bring in another—a fiercer struggle—which, though more intense, is in the nature of the case, short-lived, exists only suffi-

ciently long to draw off the fire, as it were, and then dies out, leaving all peaceful and serene.

Now this would appear to be a correct deduction provided the new (artificial) disease is under the same laws in its operation and results as the so-called natural disease—that is, provided it substitutes itself for the natural disease and in turn after a brief existence subsides. But do we know this? Hahnemann terms the natural disease “dynamic” and the artificial disease “medical.” Question—Are not all diseases dynamic? If *not* as here he would seem to imply, then are we justified in supposing that all are under the same laws in regard to their action? If not under the same laws, can we assume that they will operate upon one another as do natural (similar or dissimilar) diseases when existing in the system together?

Again, do we know that artificial diseases are short-lived? Must we not admit that they are but relatively short-lived, else what becomes of the theory in the management of chronic affections where presumably the artificial disease becomes substituted, improvement begins but *goes on for months* and even *years* before complete restoration results?

As has been stated, that which we term disease is but the result of a disturbed life force. The latter is aroused and is it not by virtue of this renewed activity that health is to be restored? Can we look for it through any other means?

In the majority of disturbances of an acute nature that afflict mankind will not this vital force, *unaided*, bring about sooner or later a state of comparative health? But experience shows that the duration and intensity of disease may be much shortened by the use of remedial agents. This must be then by aiding the vital force. Theoretically this can be done in either of two ways. Negatively by directly attacking the intruder—the cause of the deviation from health—and thus modifying its influence, weakening its power; and positively by combining with the resisting (life) force to enable it to do what otherwise it could at best but imperfectly accomplish. Is not the latter more probably the correct theory?

The system is invaded; the vital force called into unusual activity; the simillimum is applied. The vital force, already struggling but quite equal to the work, *not* because of lack of sufficient inherent power—else would the organism never be restored—but through want of activity adequate to meet the demands, the

vital force feels the spur imparted by this agent acting along similar channels, is awakened to still greater activity, and in consequence the conflict wages a little more hotly for a brief space, sometimes noticeable (homœopathic aggravation) then gradually less and less warmly as the life-saving force is gaining control, till finally the battle is over—the victory won, health restored. But this, too, is but a theory.

DISCUSSION.

Dr. Carleton—Mr. President, thank you very much. That is a splendid paper, but I, for one, am not prepared to discuss it. I have not had time to think it over. Now, I hope you will not rule me out of order if I make a suggestion, and that is, that before we adjourn, the chairmen of the bureaus be appointed; and I hope these chairmen are present, and will give some heed to my recommendation, which is this: that they shall hustle and get their papers in *early*, ready for the next meeting; become familiar with each paper, and see that copies are furnished to one or more members, who will be expected to open the discussion at the meeting. It is plain to me, that by following that plan, we shall have discussions more to the point, more instructive and interesting than now.

Dr. Patch—I have nothing further than hearty approval to offer, except to express a desire for opportunity to look through the paper at leisure. The subject is one which has always interested me and may well be given ample discussion.

Dr. Sawyer—Hahnemann, if I understand his character, was a discoverer. He never claimed to be God, as some of his professed followers seem to think. He never claimed to know *all* truths. He claimed to be an honest investigator. His theory that the medicine being stronger than the disease, expels it, I claim the right to reject. In the Bible, when the devils were cast out, where did they go? They rushed into what was next best suited to them. Some vermin are attracted by filth and they will rush into that if they can; some human beings are attracted by and rush into the lowest depths they can find. Because they hate them? Not much. Because they love them and are at home there. They seek their own natural atmosphere as a fish would rush out of air into water, if he could. It seems to me that this is the solution of this thing. The law of affinity.

Dr. Davis—I do not want to let the opportunity pass without

expressing my great satisfaction with this paper. It meets my views, and this argument of Dr. Sawyer clears away some of the mist. I like it. It seems to be clear and positive, and as if it would stand the test.

Dr. Biegler—Mr. Chairman, Dr. Sawyer's view as to the manner in which the remedies relieve the system of disease by the law of attraction is one that has occurred to me as very likely to be true, but as I have told you before, I am a Dutchman, and it takes some time for me to come to a conclusion, and it may take me a year to get ready to express my views. I am very favorably impressed with what he presents. As to the paper, there is one thing that I wish to speak of, and that is, that there was a confusion in my mind in comparing what the doctor said to-day, with what I believe was generally accepted yesterday. If I am not right, the doctor will please correct me. If I am right, I think the doctor said that perfect health was perfect equilibrium. Now, as I understood yesterday, perfect equilibrium is nothing. This conception this morning may add to my dullness but I bring it up to ascertain which we are to believe.

Dr. Close—Mr. Chairman, I confess to having the same feeling in regard to this paper that has already been expressed by others. It deals with a subject so difficult that it is almost impossible to promptly express one's ideas until one has had time to reflect upon it. The impression I have received from the paper is a very pleasant and favorable one. The suggestion advanced as to the method by which a cure is effected and brought about is a very helpful one.

To refer for a moment to the conception of equilibrium as I understand it: it may be necessary to bring to mind the fact that we must assume certain fundamental positions in order to think at all. For example, we cannot form any conception of motion without the abstract idea of equilibrium. It is assumed that there is a point at which motion starts. This is an abstract idea, merely for the purpose of thinking. Science declares that, in reality, there is no rest—that motion is universal. When we follow out the subject logically, and take into consideration the facts demonstrated by the methods of science, we know that there is no actual equilibrium in the sense of rest or repose; that if actual equilibrium was ever obtained it would result in total annihilation. Since motion exists, everything exists, but as I said in the beginning, we are obliged to deal with the conception

of equilibrium and of rest in order to think at all. So in regard to health, we are obliged to conceive of that as absolutely perfect, which, of course, it is not. Practically, health and disease are relative terms. I feel unable to discuss the operation of cure, however, without further thought upon it.

Dr. Thurston—When Hahnemann stated his opinion as to *how* the remedy cures, he declared it was only a *theory*, and not a settled principle. He furthermore says, that the explanation will always remain a theory. I am not satisfied with this summary dismissal of a most interesting subject. I believe we have discovered the law which explains the action of the curative remedy, and what will clear up many of the questions now perplexing us—Hahnemann's "theory" is not only a *theory*, but is unphilosophical, and fails to account for all the phenomena presented.

Dr. Kennedy—I have but a word to add in closing. I certainly thank the gentlemen for the interest manifested as shown by the remarks made. I do not see that anything in my paper militates against the doctrine of correspondence. In fact it is one of the principles I had in mind. I assumed that the remedy stimulates the life force. Then the question arises, *How* does the remedy stimulate the life force? I believe this is what we are all after. Is it not by working along the same channels? The affected parts are already sensitive and in consequence are more susceptible to a stimulus applied in the shape of a Homœopathic remedy. As I think I said in my paper, the life force will do its work sooner or later, but by virtue of this stimulus thus applied it will be enabled to do that work more promptly than it otherwise could. Our friend, the Chairman, has spoken of consumption. He says the patient is sent to another part of the country, and apparently, for the time being, recovers. This is true. Why? Because he is under those conditions and circumstances where the irritating influence is removed, and the life force, allowing it to be just the same as before, is *relatively* stronger. Consequently the life force, being in itself just as strong as it was in the section of the country, is able to do its work; but let the man remain in the country where the consumption was contracted and let him get the simillimum and be restored, he will be much less likely to ever have consumption again.

MORBID GROWTHS.

E. W. SAWYER, M. D., CHICAGO, ILL.

Hahnemann said they were expressions of psora or sycosis; not excepting cancer. Later experiments have demonstrated that some of them at least are more than expressions of psora or sycosis; that *all malignant* growths are an expression of two or more of the great natural miasms *combined*. Hahnemann claimed that there were three great natural miasms, and that all chronic disease was an expression of some one or more of these.

Some later pathologists claim that there are *four* distinct natural miasms—adding chancroid to Hahnemann's list; also that the latter is more subtle and *malignant* than psora, sycosis, or syphilis.

You can class me among those who believe chancroid to be far the *most* malignant of the natural chronic miasms. Back of every malignant growth will be found two or more of the following natural chronic miasms, viz., psora, sycosis, or chancroid—*never* syphilis. Syphilis may be *present* in these cases, but *never* the *cause*. Psora, sycosis or chancroid *must* be present or there is no malignant morbid growth.

If uncomplicated syphilis ever caused a morbid growth I have not been able to find the case, after more than thirty years search, nor have I found any one else who has seen it. In *every* case of malignant morbid growth coming under my observation there has been present psora and sycosis, or psora and chancroid, or all of them. When present they can *always* be detected by the *objective symptoms* and *objective symptoms* tell no lies to those who know how to interpret their meaning; hence the *necessity* of *studying* them, something to which our school has not given sufficient attention. *Too much stress cannot be laid on this subject.*

For instance, suppose a patient has a morbid growth in the viscera and an operation is contemplated, is it not *exceedingly* important that the surgeon should know whether it is malignant or otherwise before deciding whether to operate or *not to operate*?

The three objective symptoms that, *more than all others*, demonstrate the presence of malignity in the morbid growth, are chronic bright red spots, or very dark brown freckles, on *covered* or uncovered parts, and distended capillaries. Where these objective symptoms are present there is a soil, figuratively speaking, that is capable of producing *any* kind of malignant growths, and such growths are *never* found when they are absent.

The bright red spots are an expression of sycosis; the very dark brown or black freckles are an expression of chancroid, and the distended capillaries are an expression of psora. The presence of these objective symptoms explain with *absolute certainty* the nature of the morbid growths found in their presence, and they are the *only* evidence that is *absolutely* reliable in these cases. The testimony of the microscope is very *unreliable* and the attempt to determine the nature of any morbid growth by *histological* research is a dismal failure.

TREATMENT.

The treatment of these cases would be very simple if uncomplicated, but unfortunately when coming under the care of the physician there will be found present several, and, perhaps, *many* chronic drug miasms.

You will remember that Hahnemann in p. 74 to 76, says "that the artificial or drug diseases produced by the allopathic school are the greatest, the *only incurable* diseases—that no art has been discovered nor can there *ever* be—by which they can be cured."

It is one of the cardinal principles of his teaching, that a *less* disorder can *never* be cured in the presence of a *greater*. He speaks of this when discussing the treatment of syphilis, where he says that "when syphilis is complicated with *psora*, that you *must* attack the psora *first*, *psora* being the greater miasm."

If this principle is true, and drug diseases being the greatest, if found present, it logically follows that the drug miasms present in any case of natural chronic disease *must be attacked first*. Unfortunately Hahnemann and his followers have not *always* followed, or did not know how to follow this, to its logical sequence.

The trouble has been that they had *not* discovered the art of curing drug diseases—that remained for later discovery.

More than thirty years ago while practicing dentistry and medicine together, I found that some cases could not be cured by me while there were amalgam fillings in the teeth, or, while the patient was wearing artificial dentures on a red vulcanite base, which could be easily cured after their removal. I found cases of catarrh of stomach and bowels that certainly would have terminated fatally but for the removal of the red vulcanite bases.

Then the question arose, how shall I antidote or cure these drug miasms? The classical mode of beginning the treatment of all cases where drugs were present was not a success, and I found in our literature from two, to more than thirty drugs given as antidotes to *one* drug miasm. It was easy to see how any one of many drugs might *palliate*, each one removing *single groups* of symptoms, and defacing the true image of the disease. It finally became clear to me that this was *palliation*, pure and simple, and certainly *not Homœopathy*.

Then what was to be done? If it was true that the drug diseases must be removed before there could be a genuine cure, and Hahnemann had said that the art could never be discovered, the question, "what are you going to do about it?" stared me in the face. Gradually it dawned upon me that the *SIMILLIMUM* for any drug miasm was a *high potency of the same drug; that this is a law*. Many have noticed the curious fact that a high potency in some rare cases worked well, but that it is a universal *LAW*, was *never* taught so far as I know until four years ago when I began teaching it to my class at the Hering College. For three years then and one in the *Dunham* this *LAW* has been demonstrated to be true. It has also been demonstrated that malignant morbid growths can be cured by this method—first eliminating the drug miasms—*and the failures have not exceeded five per cent*.

The reason that so many skillful homœopaths have failed in treating malignant growths, is that they have *overlooked the cardinal* principles of Hahnemann's teachings, and did not *know* of the *LAW* of cure for artificial miasms.

In clearing the field for the treatment of malignant growths, the same principles should be followed that Hahnemann taught in treating the natural chronic miasms, viz., *attack the GREATER FIRST*, or the one that seems to be in possession of the field at the beginning of treatment, and so on successively, until there is nothing in the way to prevent a direct onslaught upon the natural chronic miasms lying back of and causing the malignant growth under treatment.

Nothing is plainer, once the Hahnemannian principles are clearly understood, and the *LAW* governing the cure of the artificial or drug miasms.

DISCUSSION.

Dr. Kimball—I would like to ask Dr. Sawyer if, when these objective symptoms appear, it is necessarily a fact that there

will be a morbid growth, or if, when the objective symptoms are found with a morbid growth, it is necessarily a malignant growth.

Dr. Sawyer—You may have distended capillaries, brown or blackish spots, and red spots without morbid growths. But growths found on such soil will be found to be the expressions of the miasms indicated by these objective symptoms.

Dr. Kimball—Would you kindly explain what you once said to me about the lines or fissures in the tongue?

Dr. Sawyer—I will give a few objective symptoms of the tongue. Longitudinal fissures along the sides of the tongue mean syphilis or mercurial poisons. Fissures across the *front* third of the tongue mean sycosis. Symmetrical fissures across the middle of the tongue usually means some obscure kidney trouble. “Map-tongue” is always an expression of the combined miasms, psora and *chancroid*.

The rest of the objective symptoms of the tongue are too well known to be mentioned. The “Map-tongue” was a puzzle to me for years. I found it in such nice families, so highly cultivated and so pious that it was a poser. But I never left the track after once camping on it until the facts about it were coralled. It took me more than ten years to be dead sure and I studied the habits and pried into the facts until they were mine.

Dr. Close—When the whole tongue is fissured way across?

Dr. Sawyer—I am not sure of that. I had a case come to me recently that demonstrated the truth of the objective symptoms mentioned. He had several physicians and they were as usual divided in opinion as to the diagnosis. He was tall, slim, emaciated, pallid, lips and tongue straw-colored, finger nails also, legs swollen, bad diarrhœa, profuse hemorrhages from the bowels and a tumor in the abdomen. The soil was there which produces malignant growths, and without a moment's hesitation I pronounced it cancer and promised to *try* to cure. Under treatment the hemorrhages were wonderfully relieved and the growth was reduced more than one-half in a few weeks, but the diarrhœa continued and I found he was eating bananas by the dozen and showed as little sense in his mode of life in other ways. As often as I headed him off from one wrong course he was sure to plunge into another like a mustang and finally he announced his intention of going to the pineries of Wisconsin, as he thought the water and air there would do much for him. It was a clear case that the ass would go away, so I did not oppose

it, but he voluntarily promised that if he did not gain as fast there as he was doing here he would return at once. Well, he got worse there as was to be expected; the people there of course knew very much more about such cases than I and he sent for medicine which was sent with an urgent request for him to return, which of course he did not do, but went to his home and did probably the only sensible thing he was ever guilty of—died. The only valuable point about this case is, that the *post mortem* showed that he *did* have *cancer*. I forgot to mention that one of the best prescribers that ever lived said that he did not have cancer.

Dr. Close—Do these brown or blackish spots include what are frequently known as freckles?

Dr. Sawyer—I do not mean those freckles of the face. I have followed one of those cases years to *know* absolutely what lay back of that morbid growth. This has been an awful task for me, and if I know anything, I know the meaning of these objective symptoms.

Dr. Thurston—Do you include, Dr. Sawyer, what are generally known as “moth patches?”

Dr. Sawyer—No, sir, I think not. They are *dark* brown or black and about the size of freckles or larger, and are as often on covered as on uncovered parts. Every patient should be stripped when morbid growths are present and carefully examined.

Dr. Thurston—Does hair ever grow in these patches?

Dr. Sawyer—No, sir. *Chancroid* is one of those infernal things that will show on the children and the dark brown spots or the “map-tongue” are a “dead give away” on parents.

Dr. Davis—Mr. Chairman, I want to state that Hahnemann has said that probably there never will be, or never can be, any art discovered to cure a drug disease. Now, I want to ask Dr. Sawyer if these diagnostic indications of the malignant conditions of morbid diseases disappear under the treatment in his cases.

Dr. Sawyer—While treating patients for chronic disease, where the three great miasms, psora, sycosis and chancroid, were shown to be present by the objective symptoms, distended capillaries, red and brown or blackish spots, I have had cancer appear and then disappear under treatment. But I did not discontinue the treatment until the objective symptoms disappeared, recognizing the fact that the morbid growths were only one ex-

pression of the miasms. The patient is never safe as long as those danger signals are in sight.

Dr. Close—There have been some statements, or quotations here from Hahnemann's writings, in which he says that no cure has been discovered, or can be discovered, for these drug diseases. It seems to me that Dr. Sawyer is telling us, substantially, that Hahnemann did discover the cure but did not realize it, for all cure is based upon that one grand, fundamental law that we call the Law of Similars. If these cures have been performed they have been performed in accordance with that principle and no other. We get the conception of a law, or a principle, and begin to study it, and as we study it and observe its application and its results, we get further views of the sphere of operation of that law. It widens out before us. It is merely the ultimate extension of the idea. Hahnemann might not have seen (although I question it) that the high potency of a drug would cure the chronic disease produced by taking large doses of that drug.

Dr. Sawyer—Just so, Bro. Close, treating drug miasms by a high potency of the same drugs, *is* Homœopathy, pure and straight; there is no other. In the *Calomel* disease, for instance, to give *Hepar* to knock out an eye from the *Calomel* image, and some *Sulphur* to twist the nose off, and so on until no one can see the image of the *Calomel* miasm, is bastard Homœopathy, no matter by whom advocated or practiced. So you think that Hahnemann understood this Law. Let us see. If he had seen it could he have waited for days or weeks to let those drugs torture the patient? Nay, verily. Hahnemann was not cruel—impossible! If he had understood it could he have given from two to thirty "antidotes" for a drug, and not one of them the true simillimum? Never! Hahnemann was not a liar. Why did he charge us to get a list of the drugs that had been administered? So as to *not* repeat them in the potencies? Was that possible if he had understood it? 'Tis said that there are spots on the sun. Hahnemann's renown is great and will grow brighter as long as the memory of man exists, no doubt. It is not true and it is not necessary to assert that Hahnemann knew *all* about Homœopathy, for he did not, and all that his followers will learn about it in the next century will be but a beginning.

Swedenborg taught more of the higher pathology than Hahnemann ever did, and gives the only rational explanation of how it is that *any* remedy cures *any* disease. But what of it? HAHNE-

MANN IS STILL THE PEERLESS PHYSICIAN. So far as Hahnemann's connection with the treatment of the drug miasms is concerned, he "dreamed about it." Chiron taught Homœopathy in a cave in Greece in the dawn of the Christian era, and centuries later Paracelsus taught it in the identical language of Hahnemann, yet Hahnemann says that he "dreamed about it." Why did Paracelsus fail to establish his School? Simply because there were two things that he did not understand. First, that there is a latent force in every drug—the dynamic—and how to bring it out and make it useful. Secondly, that he did not understand that you can *never* cure the *less* disease in the presence of the *greater*, and I am sorry to say that far the larger part of Hahnemann's professed followers are still unable to see it.

Dr. Close—All symptoms which have been produced by a drug, in connection with the natural disease, must be taken into the picture. I had in mind, and I wish I could read it, that closing statement in the first volume of *Chronic Diseases*, where he speaks of psora being changed by potentiation; and that when it was so changed it became the simillimum. It is a very easy step from that to the case of *Rhus tox.* poisoning, which was referred to here yesterday as being changed and cured by the administration of a high potency for the symptoms which were produced by the original crude drug. We find a great many contradictions in Hahnemann's writings, but at any rate, the cure of drug diseases must proceed on the same principle as the cure of any other disease, and the idea that the administration of the high potency of the original drug will cure the effects of the crude drug, if true, greatly simplifies a class of cases which have been very perplexing, and is itself an illustration of the further application of the law of cure.

Dr. Kimball—Can there be fifteen or twenty similars for one drug miasm?

Dr. Sawyer—They may be palliative, but there is only one curative or simillimum.

Dr. Close—I object to calling the action of a Similar palliative. The action of a similar medicine is curative; always curative, and only curative, but only partially so in proportion to its similarity. I admit that the simillimum is the only absolute cure, but it takes a Master to find a simillimum, and we are not all Masters. Yet cures are made. I claim that these others who are only able to select a similar, also cure, though more

slowly; and that we are acting curatively, as far as we go, in giving a similar. By the action of three or four, or half a dozen similar remedies, we will finally cure what might have been cured by one remedy, if the simillimum. It cannot be otherwise. We invalidate the claim that the Law of Similars is the true law of cure if we call the action of a similar palliative. We do not deal with palliatives, but with remedies which are curative in greater or less degree.

Dr. Carleton—It is not my purpose to discuss this paper in the ordinary acceptation of the word, but as my name has been called, let me simply put in this. Next year, or the year after, or some time in the future, when some medical friend comes into my office and picks up the volumes of this Society for this year and reads the paper which you have just listened to, and then confronts me with this question:—"Dr. Carleton, do you mean to tell me that you went to that meeting and listened to that paper and said nothing, and by virtue of your silence gave consent to these utterances?" I want to be able to say in reply, "Read on and somewhere in the stenographer's notes of what followed you will find that I stood up and was counted as not endorsing the paper in any sense.

Dr. Sawyer—I had a case last winter where a man had been treated by many Old School physicians in Chicago, who differed in opinion as to what ailed him, but as he continued to grow worse, they suggested a change of climate and sent him to California. The climate failed to cure him, and he returned to Chicago to die. I was called in and saw the case, and consulted with another physician. I examined him and found the objective symptoms which I have stated before. I told him without hesitation that he had cancer of the spleen. He looked at me and said, "Well, Doctor, that is a new deal." He said no man had ever said anything about a cancer in his case, and wanted to know if I was not mistaken. I told him that the chances were small for cure; but from operation sure death. He told me he would think it over and report to me, and then went away. I heard no more about the case for several weeks, but when I did they had several surgeons in council, and they have some good ones. I do not believe there are any better on earth, and they said: "There is no cancer here, Dr. Sawyer, you are totally mistaken, and one of them said he would bet \$10,000 there was no cancer, and the result was that they took him to the hospital

and opened his abdomen. What did they find? *Cancer of the spleen*, and he died; passed to the land of the hereafter, in less than twenty-four hours. They tried to smuggle what they found, but it was a cancer.

Dr. Kennedy—I would like to ask Dr. Sawyer if a malignant disease, in his opinion, is malignant from the start.

Dr. Sawyer—Always. Syphilis is just as much a malignant disease from the moment it starts as it is after it has been there forty years.

Dr. Kennedy—Why I ask this question is that pathologists assert that these growths are not necessarily malignant in the beginning. They say they may be benign up to a certain stage, after which they become malignant. I do not pretend to be a pathologist, and wish to know your opinion in the matter.

Dr. Sawyer—The mistake of the "Regular and Scientific School" and their little echoes, the "Progressive Homœopaths," regarding morbid growths results from utter ignorance of what morbid growths really are. They regard the growth, the *effect*, as the whole thing. They say the cause is "occult" or "unknown," and follow the injunction to "operate early." Poor fellows, if they understood that there must be two of the three great miasms—psora, sycosis or chancroid—back of every malignant growth and that the growths were merely expressions of those miasms, they might be able to see how these growths come by taking a wart, or cicatrix, or mole, or any other tissue as a nidus to express themselves.

Dr. Kimball—Do you think a so-called benign growth is made malignant by irritative treatment or by operation?

Dr. Sawyer—No, sir; unless the miasms lie back and are aroused into action by the operation.

Dr. Kimball—There is one more question I would like to ask Dr. Sawyer. What is his experience in the treatment of these malignant growths where he has a case in the beginning, which has not been operated upon, and what, in one where the growth has been apparently removed? If there has been an operation and the growth has returned, is there much hope of cure?

Dr. Sawyer—I cannot give the percentage. I can only generalize. I can only say that the cure after operation is very much more difficult, and that, except from a sense of duty, I would not take them. A large percent of those operated upon can be cured, however. *Before* an operation the proportion of curable cases is *very large*.

Adjourned to 3:30 p. m.

Clinical Verifications.

LACHESIS.

C. HERING, M. D.

1.—A woman of 76 years of age, who had long suffered from a suffocating cough, which prevented her lying down at night, and who had besides œdematous feet, etc., was for some time treated homœopathically with alleviation of the swelling of the feet and distention of the abdomen. She afterwards got *Ars.*, *Nux v.* and *Ipec.* with temporary benefit. Lachesis proved of the greatest efficacy in this case, and although from not being able to watch the case for a length of time, I cannot say whether that benefit was permanent, yet I shall detail the particulars of it.

The chest was, as it were, stuffed. She cannot lie down, from a sense of suffocation, and must open the doors and windows to obtain air; a suffocating, *short cough with scanty and difficult expectoration* (characteristic of Lachesis). She is frequently better and is then able to lie down, but the head must always be high, and she generally rests it on her hand.

Fever every night at ten o'clock, with urgent and unquenchable thirst, dryness in the throat and mouth, she can scarcely breathe for thirst, she must continually moisten the mouth; drinking does no good and she dreads it; apples alleviate it somewhat. The fever begins with rigor on going to bed, and the heat continues till about four in the morning, *with intervals of shivering*; there is sweat toward morning. Teasing pain in the temples during the hot stage, with burning heat in the epigastrium. So sleepy, day and night, that she cannot resist the inclination, but yet she cannot sleep, except a little towards morning. Frequent micturition, the urine is scanty, dark brown, and turbid.

Abdomen distended, much annoyance from flatulence; cannot bear anything on the abdomen.

Little appetite, stool daily, frequent coryza.

Some weeks ago, another most annoying symptom appeared, which was very characteristic of Lachesis, and induced me to give this medicine, particularly as all the other symptoms were suited to Lachesis. It was this: the feeling of *a ball in the throat*,

as if a button was stuck fast in the pit of the throat, not perceptible on swallowing food but perceptible on attempting deglutition, during which it seems to rise and sink, as if it were turned round. It always feels *as if she could bring it up, but it will not come* (characteristic of Lachesis). *She must have the whole neck bare*, cannot even endure the bed-clothes on it, nor even tie her cap-strings on her throat. A short time before the appearance of these symptoms, she had a swelling between the collar-bone and first rib.

After taking Lachesis the ball was much more perceptible, and seemed to threaten suffocation. On the morning of the third day, forty-eight hours after the dose, some red blood was *hawked up* with much effort, a thing that had never happened to her before in her life. After this the ball in the throat disappeared, and she felt in every respect so much better as to consider herself quite cured; and I have never heard more about her.

2.—A young, robust, sea-captain, who had previously suffered from abscess of the throat, suddenly felt as if a fish-bone had stuck there, and some days after felt, with increasing discomfort, as if a sponge were hanging in the throat; it seemed to impede his breathing, and he felt as if he could hawk it up, but the attempt gave him pain, and did no good. He also felt as if there was a small dry spot, from which pain extended to the ear. There is continual inclination to swallow; there is no pain felt at the spot on swallowing food, but there is during deglutition, and on applying external pressure. When he presses the throat, he feels as if the eyes would spring out of the head, and externally as if he had got a blow on the neck. Between the sternum and glottis he has a throbbing, *choking* sensation. The throat is better in the morning; it begins two or three hours after rising, and continues until the evening. It is little felt during the night.

After the first dose of Lachesis, the chief symptoms were all better; after four days he was again worse, and he took the second dose on the fifth day. This produced new indications, and after another dose, with a similar interval between, he started on his journey in perfect health.

3.—A lady, of a weak frame of body and a quiet, sensitive mind, had suffered much distress from the death of her husband and the loss of her fortune. During the suffering from grief on account of her unaccustomed poverty, an affection of the throat

became developed, along with shivering and fever; the affection went and came, and seemed to depend much on the state of the weather. When the catamenia were not present (she was in the climacteric period), the affection of the throat was more severe, and it became less when the catamenia returned five weeks afterwards; but on the following week it became so troublesome as to oblige her to seek medical assistance. She had hitherto undergone no regular medical treatment, and had never been ill before.

Pain, especially to the right of the throat, increased by pressure, as if a thick substance were there, and it feels very dry. She feels no difficulty in swallowing solid food, or in deglutition, but she cannot easily swallow fluids, and must be very cautious while doing so not to have the drink forced back by the nose. The pains are worse when she washes in the morning, and after sleeping in the day-time; they generally disappear in the afternoon; at this time the affection of the throat becomes so prominent, without being painful, as to prevent speech altogether. There is so much swelling of the throat that the speech becomes quite unintelligible and through the nose, many words she is quite unable to pronounce; the more and the longer she speaks, the worse it becomes; the voice is quite nasal, and at length altogether lost. In the morning, the speech is attended with pain in the throat, but is more distinct. The sufferings are aggravated in damp weather, when there is also pain in the back.

No medicine suits these symptoms so well, not even *Belladonna*, as Lachesis. After the first dose the symptoms were all worse; during the improvement which followed, fire broke out at a neighbor's house, and the patient suffered from the alarm. She got another dose, which produced aggravation also and new symptoms. Soon after this, during her improvement, the catamenia appeared, and after this was past, she got a third dose. After this, new symptoms set in, yet there was permanent improvement, and in the course of a few weeks she was completely restored to health. During the damp weather she became again affected with pain in the throat and hoarseness, for which she took *Carb. v.*, which was followed by complete and permanent cure.

4.—A lady was affected with syphilis from her husband, and not knowing what the primary symptoms indicated, she did not seek advice nor do anything to arrest the disease until it ap-

peared in the throat. Then the most distinguished physicians in New York and Philadelphia were consulted, and sometimes the disease was better and sometimes worse. Thus in ten years she had consulted eleven physicians, and had used the various methods of the day, each of which seemed to do temporary good, but the return of the attack was always aggravated with some new and worse complication.

For two years, with short intervals of relief, she had suffered from severe sore throat and cough. The soft palate and pharynx are full of cicatrices, between which may be seen small ulcers of greenish yellow color, seated deep in the pharynx. There is severe pain on swallowing food; she cannot swallow anything either sweet or pungent, nor anything hard, not even a morsel of bread; she is obliged to feed entirely on soft food; the pain is sometimes so severe that she cannot swallow anything at all; and at all times when she drinks, some of the fluid returns by the nose.

The ulcers produce a continual titillation of the throat, which induces cough; there is a constant hawking, going on to empty retching without nausea; there is seldom any expectoration, and when there is, it is brought up with extreme difficulty, and at the risk of suffocation.

There is constant salivation, so that she is often disabled from speaking by the salivation, cough, and expectoration; if the expectoration occurs after dinner, she frequently vomits her food.

The throat is painful externally to pressure, and here and there are to be felt painful lumps. The pain of the throat extends as far as the ears, which feel as if stuffed.

There is urgent desire of micturition, and much urine is passed, often there is burning pain when the water is passing.

Formerly there was much leucorrhœa, which however diminished under homeopathic treatment.

The catamenia are regular, but always attended with pain, like labor-pains, in the loins, but only much more severe; some days before and after, violent diarrhœa, with intolerable tormina. In general there is great costiveness, on one occasion she was twenty days without a stool.

She is frequently feverish, shiverings alternating with flushes of heat.

She is besides haggard, and her face is of an unnatural color, the cheeks are yellow with traces of red vessels visible, and spots

of circumscribed red; the nose is pointed and red, as if raw from a sore, and there is always stuffing of the nose.

She is very sleepy during the day, and yet sleeps very well at night when she is not kept awake by the cough, nor by the pains in the head and limbs.

The attacks last frequently for half a day, the headache is frightfully severe, the brain feels as if it would burst the skull, especially at the temples; this generally begins on rising in the morning, seldom in the afternoon. Lying down relieves the pain, but as soon as she raises the head, whether she sit or walk, the pain is equally severe. She has also frequent attacks of pain in the limbs, in the back, loins, right hip and knee, less frequently, also in the left; these attacks occur at night, awaken her, and oblige her to rise; they drive her nearly frantic for the time; the pains are piercing, griping, and squeezing, and frequently recur.

The characteristic symptoms of this group are peculiar to Lachesis alone, hence it cured this syphilitic perennial disease, which had been mistreated for ten years, in a few weeks. After the very first dose, the pain in the throat and the cough were lessened. As after six days the pain in micturition and in the head increased, she got a second dose; when afterwards the rhumatic pains returned with much severity, she got a third dose; these doses relieved the costiveness. After fourteen days, the cough and headache returned, she then got a fourth dose. Then there appeared what seemed a crisis, for suddenly there was a copious discharge of blood and pus from the nose, as if a large abscess had opened. It felt as if it came from above the eyebrows. The second day after the fourth dose the catamenial discharge appeared, it might be a day or two premature, but unattended with pain or diarrhœa. The leucorrhœa was entirely gone.

Her face was now of a natural color, she felt strong and healthy, and as if metamorphozed; had no pain or suffering of any kind, and could swallow perfectly.

Some weeks later, a chill brought the hoarseness back, but this was removed by *Dulc.*

5.—A young man, weakened by disease and by medicine, had suffered much from pains in the bones (probably mercurial syphilitic) of the right arm, which had been still further weakened by the fracture of the clavicle. After he had been cured of this pain as well as of caries of the upper jaw, and had remained

perfectly well during four months of the coldest weather, that is from December to March, he was without any assignable cause, except that he had taken a piece of ice in his hand, suddenly attacked one morning with the following affection:

Swelling of the back of the right hand, extending down the fingers; the whole after a few minutes became quite livid. After being wetted with hot brandy it went off; but after some days it returned as suddenly as before, and much more severe, and then it appeared every day, each day earlier than the foregoing, and continued three or four hours.

It begins with severe itching and "creeping," the hand becomes blue and gradually darker, and has the appearance of a contusion on the worst part, but more transparent; it is at parts mottled; the hand looks as if it were stuffed, it is so hard.

The affection now goes from the middle of the back of the hand, over all the fingers, the hand is ice-cold, but seems to him burning hot, it is very sensitive to pressure, and he can bear nothing to lie on it; burning and pricking in the finger ends; the heat of the stove relieves the pain, but increases the creeping sensation.

Throbbing pain at the outside of the wrist, the whole day; sharp pain extending up the arm as far as the elbow; spasmodic (?) pain in elbow-joint when he carries his arm in a sling, not when he allows it to hang; at every attack there is pain at one small spot under the shoulder, (affection of a vein?). There is pricking and burning in the hand as it goes slowly away.

Lachesis given after an attack, made the succeeding one slighter, and there was one more. It was observed at the last attack, that the cold finger-points when rubbed became white, and by repeated stroking of the finger upwards, the blood was forced into the upper veins, thus the blue color left the fingers; but it was more difficult to recover the back of the hand.

6 A woman had to take charge of a child affected with the itch. After some months she became affected with the itch; *psorin* only increased, and after various medicines, she got, on account of the dark blue vesicles, the swelling, and the burning pain, *Arsenic*, which however did no good except at first, and on its repetition increased the disease, and brought on bilious vomiting.

She had itching on the whole body, on the hands and feet; *after burning pains* there appeared itch vesicles; attended with

much itching, throbbing heat, there formed a large diffused red swelling; here and there among the small vesicles a larger vesicle the size of a nut was seen, at first full of water, but afterwards containing pus, and there was great inflammation at the time as far as the elbow and knee; some of the pustules instead of being yellow, were dark blue, with burning, throbbing pain in the whole swelling, as if the flesh were being torn from the bones; the attacks made her almost desperate; the pains attack the head, teeth, breast and back, and dreadfully severe burning pain is felt in the head, which causes a sense of sickness and nausea; throbbing and beating is felt in the head at every movement.

After the attack she lies in a stupified sleep; the pains are worse at night; she has constant thirst, but drinking makes her sick. Sometimes the itching goes off, and then she is very short of breath and full of anxiety.

After the first dose of *Lachesis* she was better, and the headache was gone. After some days a second dose was necessary. In a week she was quite cured, except the remains of stiffness in the joints of the fingers.

7.—A strong young man became affected with pain in the second toe of the right foot without any known cause. By the evening, from thence as far as the knee a livid swelling had extended, which was more painful when he walked. Salt and vinegar removed the swelling, but still he could not walk. There is much pain in both knees, he cannot stretch out the foot, and can scarcely move from the spot. The toe is still painful on pressure, in stretching out the foot on walking, and he cannot put on a shoe.

Four days after the first dose of *Lachesis* he could walk without any annoyance for half an hour, and he has now some sensibility in the ball of the foot to pressure. After a week a painless tumor appeared in the cheek, but he did not wish to take any medicine, and I have not seen him since.

Lachesis I have found very useful in many cases of so-called shortening of the tendons, sensation as of threads stretched along the arms, legs, or from the back of the neck to the eyes, and in various other sensations of tension.

8.—A young man suffered from what was considered to be dyspepsia, and was quite exhausted by the disease and the remedies. Ever since the first accession of the disease, he had had no passage in his bowels except from laxative medicine. Several

Homœopathic medicines only brought out the symptoms of the complaint in a clearer light; on the whole he found himself better, although he had still the same symptoms as before and some new ones in addition. These new ones afforded the best indications for the remedy.

His appetite was occasionally very good, occasionally absent; sometimes he is so tormented by hunger that he cannot wait for a meal at the proper time. After eating he is giddy, heavy, and indolent, with a suffocating sense of dyspnoea. The stomach is painful with flatulence, he must often eructate, which gives him relief. Sometimes he vomits his food; when he gets no relief from eructation he becomes very ill.

At a small spot between the navel and the epigastrium a sense of unpleasant pressure, which takes away the breath, and it also is relieved by eructation. Throughout the whole day he has frequent attacks of nausea and dyspnoea, weakness even to syncope, and palpitation of the heart attended with cold sweat.

When lying in bed at night the slightest covering over the nose or mouth produces suffocating dyspnoea.

He sleeps ill on account of continual dreams and frequent awakening, and in the morning he is heavy and out of sorts. Costiveness as before.

He is very pale and emaciated, and the color of the face is a dim whitish yellow. He has pain in the legs and stiffness of the knees after sitting.

After the first dose of *Lachesis*, the only medicine which has all these symptoms, and in the same order, first the sleep improved, then the color of the face, and then the eructation and the other symptoms therewith connected. The fits of dyspnoea become less severe and less frequent, but the painful sensation on pressing a particular spot of the body remained. After the second dose, all the symptoms were alleviated, even the costiveness. After the third dose some new symptoms appeared, but the aggravation of former ones which had followed the second dose subsided, and the improvement went on fast. After some weeks his color was fresh and healthy, and he was in strong vigor.

Great exertion and errors in diet, made some other medicine necessary, but the symptoms cured by *Lachesis* never returned.

9.—A young man of phthisical habit of body, had suffered from pneumonia in autumn, and as happens in half the number

of cases after severe depletion, he pined away, and came to me in spring quite emaciated, and suffering from a constant cough. *Sepia* seemed to correspond with the symptoms, and it had so good an effect as to change the man's appearance altogether.

But the improvement went on only for three weeks after the first dose, and after the second dose, the complaint increased. This I always consider as an indication that a medicine does not answer, but that it is necessary to give some other medicine related to this one. Several other medicines, among the number, *Stan.* relieved the accessory symptoms, but only brought the essential ones out in clearer relief—for example, *cough always after sleep.* This forced me on Lachesis. The symptoms were:

Short superficial tickling cough, which is very exhausting, sometimes causing vomiting. Expectorations attended with much difficulty, and what is expectorated is of two kinds, thin tough mucus and thick roundish lumps. He often coughs, hawks and spits without bringing up anything. He coughs only during the day, (this day cough is very characteristic of Lachesis, but also a night cough of which the patient is ignorant. They often appear together without the latter being observed.) More cough in the open air, and after speaking, which seems to make every thing dry. It is always worse in damp weather, and after eating fish. The cough often seems to originate in the epigastrium, where it produces a tickling sensation, and also severe pain. There is a pain as if from suppuration under the ribs, also in the trachea, and much water-brash. He is also always short of breath, especially after working with the arms. He has, especially after rising from the sitting posture, such a stiffness and weakness in the knees, that he can scarcely move from the place; he is always much bent as if from weakness. He has nausea and want of appetite in the forenoon.

After Lachesis the cough was very bad for an hour, then he expectorated some yellow matter for the first and only time. After this the cough became looser, gentler, and less frequent. After three or four days the symptoms re-appeared, the color of the countenance alone remaining improved.

After the second dose, improvement again occurred, and went on progressing for some time. After a few more doses, all his suffering almost entirely disappeared, the hoarse phthisical voice was better, he walked upright and quick, and felt so strong and well, that he went on a journey of business.

Medicine.

A VOICE FROM THE PAST.*

JESSE W. BUELL, M. D., ROCHESTER, N. Y.

Now and again, when one sets out to do a specific thing, he is carried off upon another scent, and ends in quite a different region. My own intention was to write for the present meeting of this society, a conventional paper bearing upon the use of the mercurial remedies. In considering the subject, there came to me, inevitably, the thought of the abuse of mercury, under the old system of practice, and I was led to investigate, in order that I might make a comparison. The result was that I fell afoul of a queer old book, that had accumulated dust in my office for many days, and I was fascinated by the simplicity of the writer, that I quite forgot my theme, and give the members of the society to-day only a glimpse of the old practitioner of the eighteenth century, and of the odd scheme of medicine that was then the rule.

The book bears the imprint of London and Edinburg, and the publishers are W. Strahan and T. Cadell, in the Strand, and, in the Scotch capital, W. Creech. Its date is 1781, and its long letters and strange typographical make-up, are almost as completely out of date as is its exposition of medical methods. This is the title:

DOMESTIC MEDICINE;

OR A

TREATISE ON THE PREVENTION AND CURE OF DISEASES

BY

REGIMEN AND SIMPLE MEDICINES.

BY

WILLIAM BUCHAN. M. D.,

Fellow of the Royal College of Physicians,

EDINBURG.

*Read before the Monroe County Homœopathic Medical Society, June 19, 1897.

It seems to me, after a careful examination of this quaint old book, that Dr. Buchan deserves to be regarded as a leader and a brave and honest man. Hahnemann declared his system of medicine during the last decade of the eighteenth century, and, when this author was active in practice and literary work, all the atrocities of the old system were in full force. Against them, he was a protestant, and was ready to suffer all the ignomy that the conservatives of his day could devise, because he saw the falsity of the methods and the evils of their results.

Here is a bit from his preface, showing how well he recognized the value of sanitation and nursing, at a time when almost the entire medical faculty neglected these and depended upon the use of drugs:

“The observations relative to nursing and the management of children, were chiefly suggested by an extensive practice among infants, in a large branch of the Foundling Hospital, where I had an opportunity not only of treating the diseases incident to childhood, but likewise of trying different plans of nursing. Whenever I had it in my power to place the children under the care of proper nurses, to instruct these nurses in their duty, and to be satisfied that they performed it, very few of them died; but when, from distance of place, and other unavoidable circumstances, the children were left under the care of mercenary nurses, without any proper person to instruct them, few recovered.

* * * * Though many reckon it doubtful whether medicines are more beneficial or hurtful to mankind, yet all allow the importance of a proper regimen in diseases. Indeed, the very appetite of the sick proves its importance. No man in his senses ever imagined that a person in a fever, for example, could eat, drink, or conduct himself in the same manner as one in perfect health. This part of medicine, therefore, is evidently founded upon nature, and is, in every way consistent with reason and common sense.”

In another part of the introduction, the author tells his readers that he was warned, before he published the first edition of his book, that his action would be resented by other physicians, as tending to expose the methods of the profession, and, incidentally to diminish its revenue. He speaks of the tendency of physicians to surround their practice with mystery, to write in a foreign tongue and in general, to make the medical cult a close corporation.

It would be interesting were it possible, to quote extensively from the work of this radical among physicians, for there is hardly a page that does not show either the enlightenment of the man or the ignorance of the time in which he shared. No better example of his brains and ready appreciation of the truth can be selected than is found in his chapter dealing with fevers. Here is a quotation that should be placed upon his tombstone, if there is not a better epitaph already given:

“Almost every person in a fever, complains of great thirst, and calls out for drink, especially of a cooling nature. This at once points out the use of water and other cooling and diluting liquors. What is so likely to abate the heat, attenuate the humours, remove spasms and obstructions, promote perspiration, increase the quantity of the urine and, in short, produce every salutary effect, in an ardent or inflammatory fever, as drinking plentifully of water, thin gruel, or any other thin, diluting liquor, of which water is the basis? The necessity of diluting liquors is pointed out by the dry tongue, the parched skin and the burning heat, as well as by the insatiable thirst of the patient.”

Here is the evidence that the good Edinburg physician was far ahead of his time, for it was more than half a century after he evolved and recorded this humane truth, before homœopathy had gained a standing and forbidden the torture of thirst to which all the unfortunate victims of fever were subjected in the older time.

Another quotation, dealing with the matter of fevers, may well be used, and might have been written by an enlightened physician of to day, without loss of reputation. It is as follows:

“In all fevers, a proper attention should be paid to the patient’s longings. These are the calls of nature, and often point out what may be of real use. Patients are not, indeed, to be indulged in everything that the fickle appetite may crave, but it is generally right to let them have a little of what they eagerly desire, though it may not seem to be altogether proper. What the patient longs for, his stomach will generally digest, and such things have, sometimes, a very happy effect.”

Turning from the things that Dr. Buchan foresaw, to these that he did not know, the field is so broad as to almost defy quotation. For example, he deals with toothache as a disease allied to rheumatism, and suggests the following astounding prescription:

"Few applications give more relief in the toothache than blistering plasters. These may be applied between the shoulders, but they have the best effect when behind the ears. They should be made so large as to cover a great part of the lower jaw."

And then, when it comes to small-pox, we find our author, as a matter of course, ignorant of vaccination, and discoursing learnedly of that poor preventative, inoculation. He spells whooping cough with an "h," and gives it the alternative name of "chuu cough." Headaches he deals with as so many distinct diseases, giving each set of symptoms a learned name. For dysentery, he prescribes half a drachm of *Ipecacuana* as a preliminary for other treatment, and, while his common sense evidently revolts at phlebotomy, he is so far a slave to the usage of the time, that he recommends it, with due warning, now and then. He treats of "consumption" with an unusual degree of intelligence, as he recognizes tuberculosis, without knowing what to call it, but he turns aside to discuss "spitting of blood," as he did toothache, as if the symptom were a disease. He deals with many diseases that are now either obsolete or known under different names. The scurvy, for example, has been treated and cured, as far as the land going people of to-day are concerned, and it would frighten one of our patients into hysteria, to tell her that she showed signs of the king's evil.

And right here there is another of the sensible declarations that compel respect for the author. Sandwiched in with the almost pathetically archaic recommendations which appear on so many of the pages, we read: "Those who are troubled with costiveness ought, if possible, to remedy it by diet, as the constant use of medicines for that purpose, is attended with many inconveniences, and often with bad consequences."

After all this digression, I am at last able to do something upon my original theme, for, in dealing with the treatment of syphilis, our author says:

"The only certain remedy hitherto known in Europe, for the cure of this disease is *Mercury*, which may be used in a great variety of forms with nearly the same success. Sometime ago it was reckoned impossible to cure a confirmed lues without salivation. This method is now, however, pretty generally laid aside, and *Mercury* is found to be as efficacious, or rather more

so, in expelling the venereal poison, when administered in such a manner as not to run off by the salivary glands."

In dealing with the preparations of *Mercury* most desirable, the author, who had probably had experience with the traveling agents of the pharmaceutical firms of the day, scoffs at the chemical preparations, and recommends making pills by triturating quicksilver with grease, resin, or mucilage. In dealing with "inflammation of the intestines" the author says: "In desperate cases it is common to give quicksilver. This may be given to the quantity of several ounces or even a pound, but should not exceed that. When there is reason to suspect a mortification of the guts, this medicine ought not to be tried." The awful possibilities of the use of *Mercury*, as it was prescribed at that time, are suggested by a foot note on page 319, which reads:

"When quicksilver is given in too large quantities, it defeats its own intention, as it pulls down the bottom of the stomach by its great weight, which prevents its getting over the Pylorus. In this case it will be necessary to hang up the patient by the heels, in order that the quicksilver may be discharged by the mouth."

It appears to me that, if homœopathy had done nothing else for the world, it would have justified its existence by mitigating the use of *Mercury*, one of the most useful and most dangerous of drugs. In the same chapter on "inflammation of the intestines," from which quotation has already been made, Dr. Buchan says: "It has sometimes happened, after all other means of procuring a stool have been tried to no purpose, that this was brought about by immersing the patient's lower extremities in cold water, or making him walk upon a wet pavement, and dashing his legs and thighs with cold water. It is indeed attended with some danger, but a doubtful remedy is better than none."

It may be remarked, in conclusion, for the interest of our surgical members, that our author says that when this disease proceeds from rupture, if the return of the intestines by pressure of the hands, with fomentations and Clyster should not succeed, a surgical operation *may* give relief.

People's Department.

WHY I BECAME A HOMŒOPATH.

YORK, IND., April 21, 1873.

Dear John:—Yours received before the holidays was not answered at once. Immediately thereafter a sound of preparation was heard in the air, to which note all other sounds were keyed. The seniors girded themselves for the home stretch, and juniors in unconscious imitation fell into line and marched to quicker music. This, and ignorance of your Philadelphia address, have prevented an earlier reply. Now that I am located for practice, I shall write regularly, report interesting cases, etc.

Could you only behold my location, you would ask why I selected such a God-forsaken place. In answer I should reply that recent legislation in Kentucky compels all medical practitioners to possess diplomas. All honor to the dear old state for this step towards higher education, for though some loyal sons be thereby banished for a time, they revere her all the more, and love her none the less. Besides, my brother, Dr. H. L. Nosduh, is in practice here and invites me to share his labors, privations and profits. If one may judge from appearances the latter will not be excessive, for it is the most thriftless, shiftless, idle, improvident clientele that ever consumed, without remuneration, a medical man's time, talents and energy. Their miserable destitution is another reason for my coming, for you know that "misery loves company," and you are in the secret of my financial condition. If these are not good and sufficient reasons, there is yet another. They are sick; some, all the time; all, some times. Where should the physician be if not with the sick, eh?

This is a fruitful field for the exercise of the healing art. If not I shall never find one. The whole country for miles around is a swamp. The little old straggling string of a village (if a dozen shanties, a grist mill, and a blacksmith shop can be called a village) is in the middle of the swamp, and the swampites are the leanest, lankest, "yallerest" specimens of humanity that Dame Fortune ever committed to the care of an ambitious young

doctor. What a paradise in which to practice! What opportunities afforded to prove the power of drugs over disease! What a low, damp, dismal, enervating, malarious, disease-breeding, health-destroying place. Annually in early spring the Muscatitac river overflows all the low-lands, and it is all low. The Muscatitac! The name itself, malodorous; the slow, sluggish, slimy river a constant menace to health; its overflow the Harbinger of Death. Fancy the decaying debris of this sodden land mixed into a pulp with the slime of the Muscatitac, and festering under the hot rays of a summer sun. Already a few warm spring days have begun to generate the poison. I have been here but a short time and am already in practice—busy too! There are four doctors and a half in the miserable place, and all busy. Any one who calls himself a doctor can get practice. I never saw such people. They would employ the devil if he carried a pair of saddle bags. We all carry saddle-bags—we doctors. None of your little, dainty, velvet-lined, homœopathic, morocco cases, but great, big, generously filled, pouching-sided, rough-and-ready, cow leather saddle-bags. By the way, the only generously filled things one will see in this country. We are compelled to carry *medicine*—“shore nuff” medicine—much medicine—strong medicine. Ha! ha! My dear boy, I should like to see you tackle with little pills one of our pernicious intermittents.

By now you have had time to thoroughly investigate the little fad called homœopathy, (it shouldn't take long). Tell me then what medicine and how much you would give to interrupt a paroxysm. Take, for example, a case like one I saw this week. He had had the second chill. They say here that the third is always fatal. I determined, therefore, that if there was help in Israel, “Balm in Gilead,” or virtue in medicine, he should not have the third. To prevent it, I gave him *quinine* in five grain doses every hour, believing that if he got enough, it was bound to arrest the chill. Will you believe that, notwithstanding the fact that he got one hundred and twenty grains in twenty-four hours, the chill came as promptly as if he had taken nothing but cold water, and though my anxiety to prevent the paroxysm took me to him before its return, though upon its approach I wrapped him in hot blankets, immersed him in hot water, and gave him the most powerful stimulants, he died as promptly as if I had knocked him in the head! Perhaps your theory of infinitesimals

will suggest that I did. Where would infinitesimals be in a case like that? What could diluted medicine do when concentrated medicine failed?

The doctors here who have battled with this disease for years say that if *Sulphate of Quinea* fails to "ward off" an attack it is useless to try other remedies, and you and I both know that it is the greatest of antiperiodics—the ne plus ultra, therefore, in periodical diseases. Now, what would a homœopath do or give in such a case? What value or advantage has a small dose over a large one? Suppose, e. g., that you give the hundredth part of a grain; I of the same remedy of equal purity and strength give a grain; do you presume to tell me that your remedy is more efficacious or more powerful than mine? You might just as well tell me that a little horse, because he *is* little, can draw a larger load than a big horse. That logic don't stand to reason, my dear boy, and I am anxious to hear what you or your savants have to say about it.

Now, John, I don't mean to be satirical. The matter of life and death and the means of preserving the one and preventing the other is too serious for irony, and yet I cannot speak or *think* of homœopathy in any spirit of tolerance. Excuse, therefore, my little ebullitions of sarcasm when I mention the subject. If I did not find vent in this way for the pent up wrathful steam within I should explode. Nothing but my respect—my *love* for you—keeps me even within these bounds. When I look around me here at these over-worked, under-paid physicians, and witness their heroic struggles with sickness and death, and their honest efforts to alleviate suffering; when I see them part with their hard earned money to procure expensive drugs which they administer unsparingly, that their poor, ignorant and often ungrateful patients may have the best chance for life and health; when I see them expose themselves to storm and cold; see them toiling through weary days and nights over heavy roads of slush and mire, firm of purpose and conscious only of duty; and then think of and compare with such heroes the dapper homœopath with dandified air and dainty case of pilulettes, my blood rises hotly against him. What right has he to take rank with such men? He can deceive the people with his silly nonsensical twaddle about potentization and dynamization, but what right has he to the title, Doctor of Medicine, or to be classed with men who really do understand and combat disease? If the Lord in

His infinite compassion can have mercy upon such frauds, it is beyond finite judgment to comprehend upon what basis. A black-leg, a burglar, a thief or an ordinary liar are angels of light compared with a sham doctor. He, while hypocritically posing as a benefactor and friend, is robbing the unfortunate—the sick—of their chance for health. What traitor, murderer, fiend, is worse? What *combination* of devils so bad? John, I am not saying this to *you*. I am only thinking it to myself. If your investigations should make you a homœopath I'll unsay it—unthink it. I shall simply say, the whole thing is a mystery which I cannot understand, and I give it up. As for your honesty, integrity, sincerity and truthfulness, I will vouch, no matter where your explorations may lead you. Confidence in your judgment I may lose, but faith in your rectitude *never*.

Please give special attention, full and lucid answers to my questions, and remain to me my friend as I shall to you.

Yours,

H. T. NOSDUH.

THE WILY PLUMBER.—The following story is hardly credible, especially as it is laid out not far from Evanston. It is said that one of the water-pipes was shut off to allow some repairs to be made. Immediately some of the families supplied by that pipe imagined that the house-pipes were stopped up, so they sent for a plumber. As soon as he received the first call the plumber investigated, and learned that the water would be turned into the pipes again in about three hours.

During that three hours he received seven calls and went to seven houses, where he made a great deal of noise hammering on the pipes. At each place he told the family not to trifle with the faucets while he was away.

After the water had been turned into the pipes he revisited the houses, did some more mystifying work, and succeeded inducing water to run from the faucets. Then he collected seven large bills for repairs, and his victims were none the wiser. Such is the story.—*Chicago Record*.

Editorial.

TREATMENT OF CHRONIC DISEASES.

Many of the differences of opinion existing in the practice of medicine would be eliminated were there but one common standard toward which all physicians were striving, viz., the cure of diseased conditions; and because of these differences we find pure palliators who resort to any and every means possible for the temporary relief of suffering, regardless or ignorant of the future consequences, symptomatologists who are constantly working over their *materia medica* that they may learn the key notes or characteristics of the different remedies, satisfied if they may but gain speedy relief from present suffering; and finally those who, like Hahnemann, become dissatisfied with that form of prescribing which is so superficial as to permit frequent return of old symptoms, and seek by careful study to secure *that* totality which will enable them to find a remedy or a series of remedies capable of ridding the system from the control of this ever present parasite.

It took nearly fifty years of faithful, conscientious work on the part of Hahnemann before he was able to demonstrate the truth of those principles which enable the physician to satisfactorily perform the duties he had assumed. We read much about the theories and speculations of the present day with reference to the etiology of disease, and it will be noted that many of these theories emanated not through bedside experience, but from the laboratories of the chemist and the biologist. It is not enough for us to be able to separate the products of life into their primary elements or to put a living product into such an environment that it will be able to reproduce its kind. A far greater responsibility has been assumed by the physician when he attempts to so conserve the law of nature as to prolong life, but it is lamentably true that much of the suffering of humanity is brought about by the ignorance of humanity in general, combined with that willful ignorance of the so-called medical adviser, which closely verges upon the domain of crime.

No one assumes that Hahnemann was perfect or that he had completely mastered the science of curing disease, but the com-

bined research of the past fifty years has failed to produce a work capable of accomplishing such great results as may be found within the coverings of that small, unpretentious *Organon of the Healing Art*, combined with his great master-piece, the *Chronic Diseases*. The two must go hand in hand and the physician who would successfully comprehend the significance of disease manifestations must have such an intimate knowledge of the precepts laid down in the two books as will enable him to recognize the different images presented in their different stages at a glance, and like the skilled anthropologist, be able to trace from effects back to the primary cause and with this totality be capable of selecting remedies that will remove such blemishes as may appear upon the fair form of the noblest work of God.

In the treatment of chronic diseases, Hahnemann says we must attack the greater miasm first and he has given to that greatest miasm the name of Psora, and in the *Chronic Diseases* has given a well defined picture of this condition, both in the latent and active stages. He further says, that the first prescription must be based upon that totality, which includes the present manifestations combined with those preceding it, which show an intimate relation with the same. In another place he says that the cure of the natural disease is brought about by the production of an artificial disease similar in character to that of the disease already disturbing the equilibrium controlling that body; and he taught both by precept and example that only so much medicine should be used as would produce an artificial disease sufficiently intense in character to overwhelm the natural. It logically follows, therefore, that the selection of the remedy and the application of the same depends entirely upon the nature of the disease we seek to eliminate, e. g., if we are trying to allay the suffering incident to headache or any disorder of the stomach or bowels we will seek to rapidly develop an artificial disease of sufficient intensity to overcome this natural manifestation of disease; and before doing this we have the express injunction that all exciting causes must be eliminated before any agent can be employed for the removal of the characteristic disturbance; (which generally is sufficient to allay the disturbance) it would logically follow that such a case, if any symptoms remained, we might be justified in the selection of a remedy having a low development of potentiality, repeating the same at frequent intervals until the desired result, viz., the production of an artificial

disease, or what we commonly term a drug aggravation had been secured, *when the remedy would be suspended until the desired result had been attained*; but no physician would care to advocate such a theory of treatment as would logically follow as the ideal work of a healer of the sick, notwithstanding the fact that *nine prescriptions out of every ten are based upon no higher principle than this*, because it would be a confession of superficial palliation that would add nothing to the power of resistance previously possessed by the trusting patient. On the other hand, if a careful survey of the whole situation, present and past, has been made and the physician has been enabled thereby to determine the character of the disturbing influences and the degree of activity produced, together with the relationship existing between present manifestations and those of the past, he is then enabled to determine within certain limits, the character of the agent that must be employed in accordance with the law of *Similia Similibus Curantur*, for the purpose of starting a disturbance of sufficient degree of intensity to meet the opposing forces upon the same plane. He must be able to determine the advisability of a bold attack or of resorting to that form of diplomacy by means of which the enemy is vanquished without being given an opportunity for showing fight. In the former case the lower potencies (i. e. ranging from the 30th to the cc) may be selected and repeated with sufficient frequency to bring out a characteristic expression of its power; but as a general rule this method of procedure is not satisfactory because in chronic diseases there has been a slow insidious attack made, which has baffled the crude efforts directed against it, that only served to divert it from its natural course and compel it to take on a new expression in a perverted form; it is therefore necessary that an influence be set at work which will comprehensively cover past manifestations of the disease, when it should be allowed to work undisturbed until its force has been expended. It is for this reason that we developed the highest potentiality of our remedies in order that they may be adapted to just such conditions as this.

In chronic diseases, when a remedy has been selected great care should be taken to protect the patient from all disturbing influences and for this reason, if for no other, the physician should use extreme care in the repetition of the remedy selected, because with the introduction of every dose a new impulse has

been given, which in reality starts an independent disturbance and many times becomes the most fruitful source of confusion in the treatment of these cases. It is far better that we allow the force to become expended, leaving the system in a receptive state, even though there seems to be a return of old symptoms, modified in character, or the presence of new symptoms showing the presence of a disturbing influence at work. It is at this point in the treatment of chronic diseases that the greatest difficulty arises, if for any reason the physician has not been thorough in securing a comprehensive history of the case and for that reason does not recognize in the new manifestation of the disease a return of old conditions, which should logically follow the action of the remedy selected, when he is tempted to doubt the power of the remedy already at work, consequently begins to try first one remedy and then another with the hope of finding something that will remove these unpleasant symptoms; and it takes but a short time to undo all the good already accomplished and to leave the system in a worse condition than it was at the beginning of the treatment.

INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

The officers of the association desire to remind its members that the next meeting will be held at Niagara Falls in June. The date of the meeting will be announced later, as well as hotel and railroad rates.

Niagara Falls is accessible to eastern and western members, and here we should not fail to have a full attendance. Let every member feel that he has an obligation to fulfill by being present at Niagara next June; an obligation he owes to Homœopathy, as it came from the discover's hands, pure and clean. Let those who are prevented from attending do their duty by contributing to the different bureaus.

It is especially desirable that *confirmed symptoms* of our *Materia Medica* should be diligently collected. If every member will take the trouble and time necessary to review his records of the past year, and cull from them those signs and characteristics which he or she has corroborated, others will learn much, which they never knew before. Our association has done good work in this direction in the past, and its ambition should be mainly directed to enriching our splendid *Materia Medica*, and

each year labor to increase its usefulness and accessibility. There can be no better way to accomplish this than by concerted effort, and individual observations. In this way alone can we separate the wheat from the chaff. The Chairmen of the Bureaus are as follows:

Homœopathic Philosophy—J. H. Allen, M. D., 517 Broadway, Logansport, Ind.; Materia Medica—Walter M. James, M. D., 1213 Locust Street, Philadelphia, Pa.; Clinical Medicine—Lawrence M. Stanton, M. D., 132 W. 58th Street, New York City; Surgery—Thomas M. Dillingham, M. D., 8 W. 49th Street, New York City; Obstetrics—Edward Rushmore, M. D., 429 Park Avenue, Plainfield, N. J.; Board of Censors—B. L. B. Bayles, M. D., 41 Putnam Avenue, Brooklyn, N. Y.

Fraternally yours,

WM. P. WESSELHÖFT, President.

ERASTUS E. CASE, Secretary.

Boston, February 15th.

OBITUARY.

DR. STEPHEN H. SEWARD.

Dr. Stephen H. Seward, the oldest practicing physician in this city, died February 8, 1897, at the family residence, No. 504 West Onondaga street, in his 87th year. He leaves one child, a daughter, the wife of G. Lewis Merrell, with whom he has made his home for the last thirteen years. A brother and sister also survive him, the former, Oliver Seward, living at Kankakee, Ill., and the latter, Mrs. C. A. Lewis, of Joliet, Ill.

On his father's side Dr. Seward was related to Hon. William H. Seward of Auburn, and on his mother's side the relation was to Gov. William L. Marcy. Dr. Seward was born Sept. 3, 1810, at Decatur, Otsego County. His father was one of the contractors who built the Erie Canal. He received a common school education and then taught school for some five years, and during these years he found time to study medicine and attend the medical department of the then noted Fairfield Seminary, Herkimer County. He graduated and received his diploma in 1837 and commenced practice in Brantford, Canada. From there he removed to Fort Plain, where he married Dollie A. Smith in

1847. Mrs. Seward died at the family residence on Onondaga street in 1888.

After one year's practice at Fort Plain Dr. Seward went for one year to Cayuga, Cayuga County, and in about 1845 removed to Liverpool, where he practiced twenty-one years. Like his early distinguished contemporaries, Drs. Lyman Clary, William Hawley and H. H. Cator, Dr. Seward was an old school physician. Like them, when the new school was winning its first honors Dr. Seward was induced to test its homœopathic principle. Concerning this test he wrote as follows to a homœopathic publication: "I tested homœopathy and after five months I adopted it and never regretted my choice." In 1868-69 he was made president of the Onondaga County Homœopathic Medical Society.

In 1863 Dr. Seward came to Syracuse and entered into partnership with Dr. H. H. Cator. Later he was a partner of Dr. H. V. Miller, with whom he was associated for five years. For twenty years his office was in the Farmer Block at Warren and Madison streets.

Although 87 years old, Dr. Seward continued in active practice up to Thursday last. While visiting patients on that day he caught a severe cold, from the effects of which he did not rally.



AMERICAN SCHOOL-CHILDREN.—Recent returns to the Bureau of Education show that there are 14,165,182 children in the elementary schools of the United States, 402,089 more are pursuing the secondary course of study in public schools, private academies, and preparatory schools, and 147,662 are taking courses of higher education in colleges, technical and professional schools. In other words, one person in five of the entire population of the United States is enrolled in some elementary school.—*Chicago Record.*

Book Reviews.

The Atlantic Monthly for February. Democratic Tendencies, by E. L. Godkin, editor of *The Nation* (N. Y.). The first of a series of notable articles. The differences between ancient democracies and modern, and an explanation of the greatest dangers and gravest problems of the present; plutocracy; the giving of offices as rewards. The Peabody Education Fund, by President D. C. Gilman, Johns Hopkins University. The results of one of the most wisely bestowed benefactions in human history; its benefits to be continued. The Story of an Untold Love. VIII.-X., by Paul Leicester Ford, author of "The Hon. Peter Sterling." A Study of American Liquor Laws, by President C. W. Eliot, of Harvard University. The results of the investigation by the Committee of Fifty of the effects of liquor laws in Maine, Iowa, South Carolina, Massachusetts, and four other states. The Juggler. V., by Charles Egbert Craddock. My Sixty Days in Greece, by Prof. B. L. Gildersleeve, Johns Hopkins University. The visit of the great American Hellenist to Athens; the new and the old Olympic games; the spirit of the antique world. Emerson Sixty Years After. II., by John Jay Chapman. The conditions that produced the group of ante-bellum writers; wherein Emerson was the greatest; his defects. Village Improvement Societies, by Mary Caroline Robbins, author of "The Rescue of an Old Place." The revolution that these organizations are working in the external beauty of villages and towns; typical instances. Cheerful Yesterdays;—The Rearing of a Reformer, by Thomas Wentworth Higginson. Reminiscences of the religious fermenting time in New England. An Example of Monumental Art, by Cecilia Waern. The new decorations in the Boston Public Library. Two Interpreters of National Architecture, by Henry Van Brunt, of Kansas City, Mo. Bulfinch, the architect of the last century, and Charles Wellborn Root, the architect of the World's Fair. Reviews, Comments on New Books, and Contributors' Club.

Review of Reviews. The illustrations of Mr. Charles D. Lanier's article on Rudyard Kipling are especially interesting. Besides the full page portrait reproduced from Collier's painting of 1891, there is a photograph of Mr. Kipling at twenty, when he was doing newspaper work in India and writing his most famous short stories, and views of Mr. Kipling's India and Vermont homes are given, together with a specimen of the author's handwriting. "A Plea for the Protection of Useful Men" from bores and "societies," and all well-meaning people who bother the life out of public men by letters and calls on the pretext of seeking assistance in some worthy undertaking. The editor of the *Review* publishes letters on this subject from the late Gen. Francis A. Walker, written only a few weeks before his death. In one of these letters Gen. Walker wrote, "I am not well, and neither callers nor correspondents have any mercy." The principal topics treated editorially are the Anglo-American arbitration treaty, the Cuban situation, the prospects of the Nicaragua Canal, the recent elections of the United States Senators in the different States,

and the relation of the great corporations to political campaign funds. There is also the customary *resume* of the significant foreign events of the past month. The editorial pages, like the other parts of the magazine, are fully and suitably illustrated. The frontispiece of the February number is a magnificent portrait of King Oscar of Sweden and Norway, who has been selected as umpire under the general arbitration treaty between the United States and Great Britain.

Lippincott's for March. The complete novel is "Dead Selves," by Julia Magruder. It deals with the emotional and spiritual awakening of two highly superior persons who have managed to reach mature years, and go through a good deal of experience, without becoming acquainted with their latent possibilities—in short, their hearts. "Father Sebastian," the hero of a short story by Kate Jordan, was one of the martyr-priests of the Parisian Commune. Owen Hall relates an Australian legend in "The Phantom Kangaroo." "Sue's Weddin'," by Minna C. Hale, is a brief sketch with a sharp point. Helen F. Lovett, in "A Dilemma of the Day," shows how altruism may be overdone. "Farming under Glass," by George Ethelbert Walsh, is a clear and instructive exposition of what has been done—which is very much—for human food by means of hot-houses. John E. Bennett writes of "The Deserts of Southeast California," and Prof. L. Oscar Kuhns of the "Origin of Pennsylvanian Surnames." D. C. Macdonald tells what is to be seen "In the Manuscript-Room of the British Museum." "The Contributor his Own Editor," by Frederic M. Bird, suggests sundry ways in which writers could do their own work, now often neglected, to their own advantage, now often missed. Ellen Duvall discusses "Innocuous Vanity." The poetry of the number, all brief, is by Florence Earle Coates, Carrie Blake Morgan, and Theodosia Pickering.

The Arena for February. The subjects of the number are varied, all are of the deepest interest, several of the most instant importance. Miss Genevieve Thorndike Clark's contribution, "On the Threshold; a Psychic Experience," is a powerful short story, somewhat recalling the manner of Edgar A. Poe. These respectively open and close the number. Between them are twelve valuable papers and two bright poems, "Recompense," by Charles Grant Miller, and a sonnet on "William Morris," by O. E. Olin. "The Effects of Nicotine" are interestingly shown to be bad, with statistics, by Prof. Jay W. Seaver, A. M., M. D., of Yale University. "A Court of Medicine and Surgery" is a symposium on the subject which under the title was opened in the January *Arena*. The writers are Henry O. Marcy, A. M., M. D., LL. D., Hon. Elroy M. Avery, Ph. D., LL. D., Edward M. Grout, Thaddeus B. Wakeman, and Landon Carter Gray, M. D., Professor in the New York Polyclinic; and there is correspondence from T. A. Dunsmoor, M. D., Professor of Surgery and Clinical Surgery at the University of Minnesota, Medical Director and Gynecologist at Asbury Hospital, Minneapolis, etc., etc., James E. Moore, M. D., Professor of Surgery, in the University of Minnesota, and G. G. Eitel, M. D., a prominent Minnesota physician. The somewhat startling proposition was made in the January *Arena* of having a "state physician" and "A Court of Medicine Surgery" in hospitals, clinics, etc. The idea appears to have originated in Minnesota, where especially it is proposed to bring the matter before the legislature this winter. The subject is agitated further in the February *Arena*, in a symposium written by three prominent physicians and two lawyers

followed by correspondence from two medical-college professors and a well-known physician in Minnesota. The discussion is pro and con, and while the criticism and modifications urged are so cogent that it may perhaps truthfully be said that so far the weight of authority seems on the whole to be adverse to the project, still so many valuable suggestions have been struck out that in any case much and permanent good is likely to result from the discussion. The medical men and lawyers in almost every State have taken the subject to their newspapers and journals, and the end is not yet.

The North American Review for February opens with a remarkably interesting article from the pen of the Hon. Hannis Taylor, United States Minister to Spain, on the "Powers of the French President." In "The New Epoch and the Currency," Mr. George S. Morison compares the conditions under which we live, with those under which the Republic was born, and the Right Hon. Lady Dilke describes the present position of "Woman Suffrage in England." A subject ably discussed is that of "Medical Experts and the Homicide" by Dr. Henry Smith Williams, who in this connection offers several specific and practical suggestions. The Hon. John Barrett, United States Minister to Spain, writes upon "The Cuba of the Far East," vividly portraying the manners and customs of the inhabitants of the Philippine Islands, at present in rebellion against Spanish domination. The first part of a most valuable paper concerning "The French Navy" is contributed by M. Georges Clemenceau, the well-known Paris journalist; and in "Will the South be Solid Again?" Mr. Marion L. Dawson discusses a political problem of much interest. "Speculation in Damage Claims" is uniquely treated by E. Parmalee Prentice, and a well-informed writer who, in this instance, prefers to sign himself "A Foreign Naval Officer," attempts to answer the question, "Can the United States Afford to Fight Spain?" W. E. H. Lecky, the distinguished English commoner and historian, writes upon the "Conservatism of the British Democracy," while a timely paper of absorbing practical interest on "South Africa and Its Future," by John Hays Hammond, deals fluently with that important section of the globe. Other topics dealt with are: "Dogs in Town," by George William Winterburn; "The Menace of Pseudo-Patriotism," by Edward Mortimer Chapman, and "Cures Little Thought Of," by Eugene Coleman Savidge.

Repertory of Tongue Symptoms. M. E. Douglass, M. D. The readers of the *ADVOCATE* need no introduction to Dr. Douglass, because his frequent contributions during the past two years has won for him universal favor and confidence. He is one of the most indefatigable workers in the profession, and while most of his work has been for the purpose of making himself familiar with the wonderful scope of our materia medica, at the same time he has so put the results upon paper that it can not only be utilized by himself, but may be given to those who are willing to take at second hand what they ought to get for themselves. The Tongue has been regarded as an important index of constitutional disturbances from the beginning of time and is capable of giving very fine differentiations of internal disturbances to the close observer. Dr. Douglass has carefully compiled these indications from every available source and the profession is showing its appreciation by the demand they are making for the work, which will be sent post-paid by Bœricke & Tafel for \$1.09.

Veterinary Homœopathy. Hurndall, Bœricke & Tafel, publishers. One of the most practicable books given to the profession during the past year was this work upon Veterinary Medicine by the accomplished physician, John Hurndall, member of the Royal College of Veterinary Surgeons, England. By means of this work the profession may be brought into touch with the diseased conditions of the horse, and thereby enabled to intelligently supercede the work of the illiterate horse doctor and at the same time win converts to the cause of homœopathy. The book is carefully written, and while the remedies are seemingly selected from a pathological standpoint, at the same time sufficient indications are given for the purpose required.

Diseases of the Nose and Throat. Bosworth. Wm. Wood & Co. have given a very excellent work upon Diseases of the Nose and Throat. This single volume is practically the same as the recent work contained in two volumes, the condensation being largely accomplished by eliminating all that text for reference only. So far as pathology is concerned and the important etiology of the disease manifestations no one can speak in other terms than that of praise. The language is simple, expressive and the mechanical procedure was clearly illustrated so that the text easily supplements the illustrations! But with a clear knowledge of the nature of disease and clearly defined knowledge of the application of internal medication for the relief of these conditions many of the mechanical procedures would not only be necessary, but positively unindicated. By means of this work the student or practitioner may be made thoroughly familiar with the tissues involved and thereby enabled to judge for himself with reference to the results of his constitutional treatment.

Autoscopy of the Larynx and Trachea. This little work of about seventy pages thoroughly illustrates the technique of the examination of the larynx and trachea without the use of the mirror. By means of this little work and the experience which comes from the application of this instruction the physician is enabled to become thoroughly familiar with these tissues. Its most important field, of course, is in the examination of children. The work is published by the F. A. Davis Company and can be obtained from either the Chicago or Philadelphia House.

Anatomical Atlas of Obstetrical Diagnosis and Treatment Wm. Wood & Co. of New York, has given to the profession another of those admirable little hand atlases and special portions of the body. This constitutes the fourth in number and contains 145 figures in color upon 56 different plates as complete in detail as would be found in a work costing many times the price asked for this. This volume treats of pregnancy and labor from the mechanical standpoint and has clearly pointed out the way by means of which this may be utilized in diagnosis, and of course the different plates offered speak for themselves. It will be borne in mind that this set consists of five hand books covering the subjects of Ophthalmology, Nervous System, Fractures and Treatment and finally Atlas of Gynecology, and that the entire set may be obtained for the small sum of \$15.00. The publishers must have known that their efforts would be appreciated by the profession or they could never have been induced to make so great an outlay. The set is to be commended for its elegance as well as for its simplicity.

Our Monthly Review.

Carbolic Acid in Diabetes Mellitus. Dr. E. M. Hale, in *New Remedies*, predicts that Carbolic Acid will be found useful in some varieties of Brights' Disease and Diabetes. R. M. Ghosh verifies this prediction to a certain degree in the treatment of a case of Asiatic Cholera in which the indications pointed to Carbolic Acid and the same was given in the 6x potency. After three doses he says the patient passed a semi-consistent bilious stool but no urine; after the sixth dose he passed large quantities of rather dark colored urine, and for six hours after this he passed no urine or stool though there was urging for both. As soon as the case commenced improving under this remedy he stopped all medication and two days after the patient incidentally remarked that his diabetes had been much better since his attack of cholera, and an analysis of the urine verified the statement. The question was raised by the doctor whether the improvement be due to the presence of the cholera or the remedy employed and to test this matter no medicine was given the patient for fifteen days, when he complained that his diabetes had increased to a considerable extent and that for four or five days his sleep had been very much disturbed by his having to urinate four or five times at night. An analysis of the urine showed a specific gravity of 1044, and Carbolic acid, 12th potency, prescribed for a week, with no restriction as to diet. Eight months after, during which time no medicine had been administered, urine was again examined, showing a specific gravity of 1015 and no presence of sugar whatever. We would suggest that a thorough test of this remedy be tried in these cases, where indicated, and that the results be published.—(*Homeopathic Recorder for January*).

Cures with Graphites. Dr. H. Goullon. When there is a certain failing, decrepid bodily constitution, with a constant long continued costiveness, which is an almost unailing attendant upon anæmia. There will be frequent indications for Graphites in gastralgia with an anæmic constitution. This additional symptom points clearly to Graphites. *Improvement of the cramps of the stomach from eating, also a clean tongue, though in a former stage of the disease the tongue had been coated a white or a dirty yellow as in dyspepsia or gastricism.* Though the pains from the cramps may be intense, yet they only appear periodical like all rheumatisms so these patients can eat anything. All pains are not aggravated by rubbing or pressing upon the affected parts. Quotation is made from his prize essay: "What does Graphites Promise and Affect in Homeopathic Practice?" Also, "What kind of Cramps of the Stomach are cured by Graphites?" Two clinical cases are given in which both patients could use milk with impunity. First case: Lady had been suffering for some time with cramps in the stomach, frightful, violent pains even extending down into the abdomen. Pains were more violent between breakfast and luncheon. Lately it has always appeared as a quietly, gnawing sensation with soreness which spreads toward both sides and extends even to the back; to this would

add frequent worrying emotional impressions, which further depressed the power of resistance in the nervous system. The ailment had become very stubborn. The second case, was that of an unmarried woman of 40 years, who had been subject for years to a very troublesome cramp of the stomach which had the following peculiarities: Appear periodically after dinner, and if she eats lunch before dinner pains are vehement. The spot of the greatest intensity lies to the left of the middle of the stomach corresponding to the region of the *saccus cœcus*. Peculiar to the case was the absence of all the usual characteristic symptoms of catarrh of the stomach. No vomiting, no gathering of water in the mouth, no distension of the abdomen after meals, no lack of appetite, the tongue is but slightly coated, no irregularity of the stools. There was no irritability either of mind or body, no disturbance in sleep, beer causes aggravation, but warm drinks, especially warm milk, agree with her. Roast meat agrees with her, but not boiled meat and still less potatoes. Twice she had hemorrhage from the uterus; first time, consequence of exertion, the second the hemorrhage occurred four times in one day and on the very day upon which the hemorrhage had occurred the year before. Menses were scanty and accompanied with severe cramps in the abdomen. Within two weeks after taking Graphites patient reported cramps in the abdomen entirely gone and her general health very greatly improved.—(*Homœopathic Recorder*).

Does Alcohol Kill Cancer? Dr. E. H. Bolling asks the above question in a recent number of the *Medical Brief*, and cites the following case: Henry B., an old negro man, consulted me in the fall of 1894 concerning a tumor on the inside of the right thigh. It was about the size of a quart measure, had begun to slough and had an almost unbearable odor. He refused to have me operate and went his way. A few days ago he stopped me again and in the place of the tumor I found a hole in his leg with healthy looking granulations springing up all around the edges with every appearance of a perfect recovery. The treatment employed was as follows: A pint of brandy and six eggs were mixed into a linament and applied to the tumor three or four times a day until the whole lump dropped out without the suspicion of a hemorrhage, although the tumor had been bleeding profusely before he began using the application. There was not a particle of pain and the offensive odor had disappeared in the short time. The doctor is not certain that this was cancer and advises the substitution of pure alcohol in the place of brandy for the treatment of cancerous growths.—(*Homœopathic Recorder*).

Materia Medica Notes. *Gratiola*—Dyspepsia with afflux of blood to the head and somnolence after eating.

Symphytum—Non-union of fractures; the pain is jagging, prickling, as if end of bone sticking into flesh to facilitate the union of fractured bone.

Ledum—Punctured wounds in palms and soles, as from nails, awls, rat-bites, stings of insects, etc. Pain remote from seat of injury; parts cold, subjectively and objectively.

Staphisagria—For incised, clear cut wounds, especially after operation on abdomen.

Actea racemosa—Straining and soreness of muscles of entire body, as in skating, rowing, running, foot ball, etc.

Hypericum—Similar to *Ledum*. Punctured, contused, lacerated wounds;

from needles, splinters, etc., especially under nails, or in soft tissues rich in nerves. Torn or lacerated nerves; pains shoot up limbs in streaks. To prevent lockjaw.

Calendula—When there is much loss of tissue, lacerated wounds, where the repair has to be made by granulation.

Mezereum—Salt rheum that breaks out with the return of cold weather.

Lycopodium—One dose a week for failing memory in old people.

Chelidonium—All complaints lessened by eating.

Monyanthes—When the hunger passes away after eating a little.

Rhus tox.—When the hunger is increased by eating.

Spigelia—Excessive hunger with nausea and vomiting.

Kali mur.—The hunger disappears by eating.

Calcarea carb.—Great hunger in children.

Sabadilla—Excessive hunger for sweet or farinaceous food.

Petroleum—Gastralgia better from eating.

Cina—Urine has a very strong odor, even when first passed, and increases by standing.

Oil of Sassafras will destroy not only lice, but their ova.

Cimicifuga—Muscular soreness, aching or pain from whatever cause.

One part of Camphor to ten parts of Olive Oil used hypodermically is effective in ether collapse. One grain of *Camphor* may be given.

Lycopodium—Pain in the temples at every step.

Magnesia carb.—Restlessness, trembling, with absence of mind.

Mezereum—Small patches on the skin that itch terribly.

Graphites—Moist and scabby patches on the scalp.

Sepia—Generally cures ring-worm without any external application.

Cannabis ind.—Constant backache, no aggravation or amelioration.

Sulphur—Acne, pimples on face. skin harsh and rough.

Two drops of Creosote made from beech wood, given in a little water, is said to be a specific for hiccough arising from drunkenness.—(*Denver Journal of Homœopathy*).

Gelsemium—Paralysis of Motor Nerves. Paralysis of the eyelid (sinking down of the upper eyelid).—Diplopia, paralysis of the muscles of the eyes, both caused by paralysis of the *nervus oculo motorius*.—Paralysis after diphtheria.—Paralysis of the vocal ligaments, paralysis of the *nervus laryngeus infer.*—Difficulty in deglutition, paralysis of the rami pharyngei of the *nervus vagus*.—Headache extending from the neck over the head into the eye, similar to that of *Cimicifuga*, with characteristic mental symptoms; at times megrim.—Diseases of the male and female sexual organs: Impotence, incipient gonorrhœa, rigidity of os uteri during parturition, menstrual troubles.—Professional ailments, professional neuroses, cramps from writing and from playing the violin.—(*Homœopathic Recorder*).

Gelsemium in Puerperal Convulsions. Patient complained of raging headache, fingers were convulsively closed, feet icy cold, head hot, face bloated. In half an hour muscles began to relax, convulsions to diminish, and after an hour the patient regained consciousness with softer pulse and milder symptoms. Headache which had lasted for almost fourteen days had disappeared.—(*Homœopathic Recorder*).

A Treatise on Appendicitis. Dr. Dever, Surgeon of the German Hospital of Philadelphia, has given to the profession a very difficult and at the same time a very systematic study of the etiology and symptomatology and special technique of this popular fad. The illustrations are simply perfect and the case records accompanying the same ought to be of great value and assistance to the profession in determining the necessity for operation. Over one hundred pages are devoted to the history and diagnosis of the trouble and but about fifty pages are given to the technique of the operation; it would, therefore, seem as if this work would be of equal value to the physician and surgeon.

Situation at Ann Arbor. Much has been said for and against the Homeopathic Department of the University of Michigan, but from present indications much may be said for the present situation and more against the idea of the removal of the school to Detroit. It would seem as if the present faculty were trying to bring order out of chaos and the place of the fundamental principles of homœopathy in such lead as to win for this school that respect which a candid consideration of its teachings will always merit. The members of the faculty seem to be earnest, practical men with a capacity for hard work and the recent step taken by the Board of Regents looking to the establishment of the Pharmacological Laboratory for the purpose of preparing remedies in accordance with homœopathic principles and the establishment of provings of the same under reliable conditions is certainly to be commended in the highest manner. It is to be hoped that results may be obtained from this school, which is able to secure instructors who can give their entire time to the development of this science of medicine, that will prove of lasting benefit to the profession at large and be the means in all probability of securing a just recognition of its merits. The school is, or should be, one of the most desirable places for the laying of a broad and liberal foundation upon which may be built that well balanced knowledge of pure homœopathy which wins for its possessors the respect and appreciation of his fellows.

The Hahnemannian Advocate

A MONTHLY HOMŒOPATHIC MAGAZINE.

Vol. XXXVI CHICAGO, MARCH 15, 1897. No. 3

Clinical Verifications.

AN AMALGAM CASE.

W. A. YINGLING, M. D., EMPORIA, KAN.

We base our science of prescribing on the totality of symptoms. Hahnemann and his followers were wise in this, for the simple totality will relieve most cases. Yet it is the experience of most prescribers that the totality of symptoms does not always give permanent relief. The cause of the disease must be considered. Very often the prescriber is at sea, unable to comprehend the case, hence unable to select a remedy suitable to the case, because there is a want of knowledge of the cause of disease. Some simple question or statement of the patient often unravels the knotty skein, lifts the veil, and leads to the curative remedy. The following case is one of these. I give the case fully, so that it may be properly studied, though a part of it does not refer to the amalgam. Jan. 9, 1897, Miss C. made the following statement:

Nine years ago she had the measles; she was quite sick for two weeks, but when she got over them she seemed all right.

For *eight years* she has had pimples on the face, chest and arms, *very thick*, angry looking and sore. They come out in *small blisters*, then form *small ulcers* or sores. Worse when she catches cold, before menses, from meat and rich food, especially pork, grease or fats. Last summer she lived in a blackberry patch and ate many *blackberries*, and during the time she did not have a single pimple on her face or body.

At times *little boils* form on the face.

She craves *lemons*, pickles and vinegar; she thinks vinegar helps to digest meat and uses it freely when using meat.

Her father had the *itch*.

Now she has a bad cold, eyes water and are painful; nose discharges a rather thin fluid. She has been chilly and hot; face red and flushed; head hot.

Face, chest and arms are covered *very thickly* with pimples or small vesicles and tiny sores from them; some spots look like measles.

Two spots below the clavicle feel heavy and cause cough; cough dry.

Some sweat at night.

Fever yesterday. Thirsty.

Throat raw and sore; quite red.

Fauces red and inflamed.

Bowels now costive.

Tongue coated a very thick, dirty white.

Scrofula on the father's side.

*Bell.*²⁰⁰ (B. T.) in water, three doses two hours apart.

P. M. not so well. Chest painful.

Eyes and catarrhal trouble some better.

More like measles.

*Puls.*²⁰⁰ (B. T.) two doses two hours apart.

Jan. 10.

Measles out all over upper part of the body and confluent; face one solid mass, like one large measles; face feels stiff and drawn.

Chest and eyes much better.

But little cough.

Feels generally better.

S. L.

Jan. 12.

Doing well. Measles beginning to fade. Sleepless last night. *Cough troublesome* this morning.

Dros.^{40m} (F.) one dose.

Jan. 18.

Came to office.

Feels *faint* during the day; in a warm room feels faint and heart flutters.

Has spells of *sinking away*, and *heart seems to stop beating*;

knows what is going on about her, but cannot handle her hands nor move; spells last all day. Has had several spells during last couple years. At *first* spell the *heart seemed to stop and then gave a hard beat*: great weakness and pain about the heart.

Empty feeling in the stomach, not better by eating.

Feels better *from active exercise*.

Pains through head and eyes; catarrh, discharge white with occasional scabs from nose; some *greenish plugs* in the past.

Feels worse when hungry and when meals are not regular. Craves pickles and vinegar. Averse to sweets and cake. Acne of face usually profuse; very little since she had the measles, but now coming out on the forehead.

Stomach bloats; clothes feel too tight; heart beats too fast; short of breath.

Feet bloated; worse when on feet; worse in the afternoon.

Feet usually cold, but warm since taking cold baths.

Heart is worse when stomach is worse.

Since the whooping cough her eyes are very troublesome.

Oculist says her optic nerve is distorted and other nerves paralyzed. Can't distinguish capital F. and P. and some other letters.

Menses usually irregular and painful. At first three periods she washed in cold water, menses stopping.

Pains in ovaries and small of back continuous. Flow very *dark red, very offensive*. Pain one week before period in the lower abdomen and back; vulva swollen before; also breasts swollen.

Sep.^{40m} (F.) thrée doses, one each night.

Jan. 25.

Pimples are getting better, especially on the body.

Generally better except the cough; thought the medicine very powerful.

Coughs much during exercise, and going into warm room or into cold air; *cough caused by a pressure on upper part of chest*. Worse *laughing, talking*, singing. Dry, no expectoration. Always catching cold; takes cold so easily.

Had sore throat a couple of nights.

Feels weak.

Heart beats rapidly, and hard on going up stairs.

Has a *cold spot between shoulders*, must sit with warmed pillow to back; the spot feels like a piece of ice; when applying warmth to the spot "it feels like driving a pain through the lungs from the spot."

From hard study after supper the food failed to digest, with greasy eructations.

*Phos.*⁶⁰⁰ (B. T.) one dose.

Jan. 28.

Cough was much better; general relief, but has taken another bad cold from being in a cold room and now has a

Bad cough; none at night, but during the day and evening till bed time. Irritation or tickling in throat-pit and upper part of the lungs. *Cough very dry*. Tightness of chest.

Lungs feel heavy like a weight or pressure, and as if full of something. No rattling.

Muscles of abdomen sore from coughing.

Slight nausea before rising in the morning.

Cough causes gagging at times, and causes headache; *deep, dry cough*.

Slight discharge from nose.

Feels generally worse from coughing.

Swelling of the feet.

Soreness in every muscle, worse in the shin bones.

Cough from taking cold; sensitive to cold.

Though not well marked in a dry cough, nor in a day cough, yet I concluded to give

Hep.^{1m} (B. T.) three doses two hours apart.

Jan. 30.

Cough was nearly well, felt so much better in every way. (Antidotal).

Has taken a *new cold, with a slight cough*.

"Takes cold so very easy." Tonsils are full of holes from sore throat. Food gets into these holes and annoys her. She has had large holes in tonsils filled with cheesy matter which she used to pull out with a needle. This was nearly seven years ago; none now.

Aggravation not marked.

Hep.^{1m} (B. & T.)

Jan. 31.

Has another cold from a very slight exposure.

Fever; head very hot. Cough, especially when talking.

Skin hot.

Bell.^{20m} (F.) two doses every two hours.

Feb. 1.

Much better in every way; about well.

S. L.

Feb. 2.

Set up at night in a rather cool room and studied her lessons till after midnight.

Eyes have sharp pains, shooting across from inside outward.

All muscles around eyes feel sore on movement.

Aching of the eyeballs.

Light very painful; lachrymation.

Teeth all ache badly.

Jaws ache like from a cold, worse after resting awhile and after sleep.

Throat feels sore along sides and under the ears.

Irritable and cross.

Nux Vom.^{cm} (H. S.) three doses two hours till better.

P. M. Eyes are extremely painful and cause her great agony; least light, even through a thick window shade, causes pain to be intensified; keeps eyes covered and squirms about in misery.

Teeth and jaws are better.

It may be eye-strain; *least* effort to use eyes causes excruciating suffering.

Ruta grav.^{40m} (F) three doses, one hour till better.

Feb. 5.

All symptoms were quite a good deal better, but eyes ache very severely by the *least use*, even to look at a person, and a glance at the light—any kind of light—puts her in the *most terrible distress for a long time.*

Beneath eyes very dark spots.

Face covered with quite large pimples which are not distinctly visible at all times.

No menses since January 3.

Cutting pains through eyes, especially when opening and exposing them to the *least light.* Worse candle light,

stove light, after looking at the light, flickering light;
better from *hot water*, but not from heat.

Pains go to the temples.

Eyeballs ache and are sore; worse as above.

Sensation as if eyeballs were cut in half horizontally.

Throbbing in the temples.

Aching in the cheek bones.

Headache from eyes up over head; worse when eyes are
worse.

All the teeth ache.

Parotid glands are very painful, though not swollen.

Aching in the jaws like as if a bad cold had settled in
them; better chewing motion.

No menses this month.

Gums are sore and swollen, worse on right side where
wisdom tooth is.

Itching of eyelids, worse inner canthi.

Has ten amalgam fillings in teeth; these have been in her mouth for over *eight years*. Her troubles have all been present since eight years ago and *since the presence of the amalgam fillings*. At this visit a number of her symptoms called to mind *mercurial poisoning*, when a question brought out the fact of the *amalgam fillings*. I took the time to fully explain this subject to her, stating that many excellent men rejected it, and asked her to carefully watch the effect of the next medicine as it would decide the matter in her case, as it was antidotal to *mercurial poisoning*.

Merc. viv.^{cm} (F. C.) one dose.

Prompt relief in every way. Felt that eyes were better in less than six minutes and in half an hour she went to sleep and slept for about five hours. She was surprised at the change in her eyes on awaking. After several hours there was no pain in eyes and she could look about the room in comfort. Next day she was up and about. No pain from light of day nor of the lamp, but eyes feel weak and she feels that she dare not use them. This one dose of a high potency of *Mercury* has performed a miracle, in her esteem, and she is *fully convinced* that the *amalgam fillings* is the only cause of all her troubles; she decides they must come out. Her eyes remain easy and painless without use.

On the 10th of February she decides to go to the dentist.

Early in the morning she attempted to read a letter and *in making out a single word her eyes pained badly* and continued painful for nearly an hour. This convinced her she must not *use her eyes* till the *amalgams* were removed. She had no more medicine. Two days were spent in changing the *amalgams* for gold fillings. The ordeal was very exhausting to her.

February 13 she came to the office in smiles, and reported: "*Feels ever so much better already and I was able to read and study without my eyes hurting me, and without the usual glasses, the very next afternoon.*" "*Eyes feel so much stronger; I feel stronger all over.*" Her eyes continued to improve, she pursues her studies in comfort and no more trouble with eyes, *though she has had no more medicine since the amalgams were removed.*

This seems like a clear demonstration of the evil effect of amalgam fillings, and also shows that *Merc. vive.* is antidotal.

It must *not* be assumed that *Mercury* is poisonous to all persons. Many can use *amalgam* fillings or *Vulcanite* plates without marked ill effects, possibly with none; but the prescriber must keep in mind *mercurial* poisoning as a possible explanation in these troublesome cases.

RECENT EXPERIENCES WITH ACUTE DISEASE.

ERASTUS E. CASE, M. D., HARTFORD, CONN.

DIPHTHERIA.

A stout, dark-haired woman, of 55 years, has had sore throat for three days. She has blistered the neck with kerosene oil and used other domestic abominations internally.

1897.

Feb. 8.

The soreness began on the left side.

Throat so swollen that inspection is difficult.

Both tonsils covered with a firm, pearly white membrane.

Mucous membrane bright red and puffy, white membrane over the edges of the sharply defined exudation.

Throat very sensitive to touch externally.

Breath fetid.

Tongue thickly coated, white.

Face swollen, bluish red.

Dull aching all over.

So weak that she dislikes to sit up.

Sleep broken, in short naps.

*Lachesis*²⁰⁰ (B. & T.) four powders, one powder every two hours.

Feb. 9.

Membrane and swelling decidedly less; pains gone.

Patient rested fairly well, looks and feels better.

No medicine.

Feb. 10.

Membrane on right tonsil thin and ragged at edges, on left tonsil a thick piece an inch in diameter.

Swelling nearly gone.

No medicine.

Feb. 11.

Throat still red, membrane persists on left tonsil.

Breath continues offensive.

Lachesis^{cm} (F.) one powder.

Feb. 12.

Throat entirely clear and fetor of breath not evident.

From this time the convalescence was rapid so that the patient was sitting up on the 15th of February.

Regarding the diagnosis there can be no doubt, because the microscopist of the Health Board examined the culture taken from her throat by the health officer. They do not trust the word of any physician in Hartford in this disease. They must find the Lœffler bacilli for themselves. Sometime they will learn what is already known to many scientists, that these bacilli may be present in the throat without diphtheria, and on the other hand diphtheria may exist without a trace of the bacilli.

LARYNGEAL DIPHTHERIA.

A boy, two and a half years old, had an attack of diphtheria on January 20th. His mother had been readily cured of the same disease a few days previously by *Mercurius iod. flavus*.^{1m} (B. & T.). The same remedy acted nicely upon him, and so far as could be seen he recovered. But on February 1st the membrane reappeared as before, on the right side first, in isolated spots, like islands. He has had two doses of *Merc. iod. flav.*^{45m} (F.), one on Feb. 1st, the other Feb. 2d.

1897.

Feb. 3.

He began coughing with a ringing, croupy sound last evening.

Membrane upon both tonsils, most on right side, where it first appeared, in detached pieces, ragged, gray.

*Bromium*²⁰⁰ (B. & T.) 3 A. M., a dose every hour.

9 A. M. The hoarseness has increased since 7 A. M. Inasmuch as he has had five doses of the remedy it is best to wait and see how the case progresses.

No medicine.

Feb. 4.

A. M. Patient rested well.

Less membrane and hoarseness.

P. M. In the afternoon the voice grew more husky and two more doses of *Bromium*²⁰⁰ were given without appreciable effect.

Bromium^{cm} (F.) one powder.

Feb. 5.

A. M. Voice perfectly clear.

Membrane less, still most on right side, same character.

P. M. Membrane increasing slightly.

Merc. iod. flav.^{1m} (B. & T.) on powder.

Feb. 6.

Throat clear of membrane, and patient feels well.

Feb. 8.

Sensation of a hair on the tongue, which persists in spite of all attempts to remove it.

Improving in all respects.

*Kali bi.*²⁰⁰ (B. & T.) one powder.

The sensation of a hair departed, and thereafter the recovery was uneventful.

GALL-STONE COLIC.

1897.

Feb. 4.

A sandy-haired woman, aged 50 years, is the patient.

Continuous pain for six hours, nothing relieves.

Bruised sensation from the pain.

Frequent vomiting, at first of thick, green bile, later of a greenish fluid with a sweetish bitter taste.

The weight of clothing over the stomach has been unbearable for many weeks.

*Kreosotum*²⁰⁰ (B. & T.).

The relief from pain was evident soon after a dose of the remedy. It was repeated once only, after the only attack of vomiting which followed the first one.

LARYNGISMUS STRIDULUS.

1896.

Dec. 5.

A female child twelve hours old. Respiration was established with difficulty at its birth, but the cause was not recognized. There have been several periods in which the respiration would be suspended so long that the face would be blue, and life seemingly extinct. By closely observing the babe the nature of the trouble was found to be spasm of the glottis.

Sambucus nigra.^{cm} (F.) one powder.

A few attacks followed, much shorter and less severe in character. None after twelve hours. Since then it has been a healthy child.

HERPES ZOSTER.

1897.

Jan. 7.

A man 60 years old is the patient.

Stools liquid, acrid, dark brown, since 1 A. M.

Colic pain precedes stool.

Aggravated by taking either food or drink.

Thirst for little and often.

Sneezing, with acrid coryza; worse in the open air.

Arsenicum alb.^{cm} (F.) 9 A. M., one powder.

Jan. 28.

Immediate relief and in good condition until yesterday.

The back is extensively covered with Herpes Zoster.

Burning stitches through the parts affected.

Much itching, hard to be endured.

Otherwise he feels well.

Three years ago he was disabled by this disease, under allopathic treatment, for two months. The character of the suffering was a counterpart of the present attack. Since the dose of the indicated remedy was required by the diarrhœic attack three weeks before, it was evident that this was a return of an old symptom, induced by that prescription. Therefore no medicine was given.

Jan. 31. The eruption and pains increased for one day, but

have gradually lessened since then. After midnight, however, there is very little sleep.

Feb. 10. He has entirely recovered, feeling better than at any time since the former attack of shingles.

ARUM TRIPHYLLUM—DIPHThERIA.

S. J. HENDERSON, M. D., BAD AXE, MICH.

My observations from the field of experience with *Arum Tri.* have been somewhat limited.

The indications found for the remedy are among the worst forms of diphtheria—putrid diphtheria. You must not place too much dependence on an examination of the throat or you will be misled. It is with this as it is in all remedies—you will have to see a few cases before you can recognize the picture presented and differentiate from others similar in symptoms.

The inexperienced physician will probably not recognize the sharp, clear-cut outlines of the image only enough to save life.

You will see that *Arum Tri.* vies closely with *Arsenicum* in many of its objective symptoms. Often ushered in with vomiting of thick green slime, fever, redness of cheeks and thirst for drink, a little at a time. The exudation usually begins on the right side, or it is seen on both sides simultaneously. The right tonsil and surrounding tissues puff out and extend over to the left side, completely filling up the pharynx, or the swelling extends from both sides, all being covered with exudation of a dirty white color. In some forms exudation covers the whole buccal cavity and lips which are sore and bleeding. Such cases do not want to take food or drinks on account of the great soreness and rawness of the mouth.

Picking at the nose till it bleeds. Picking at the lips till they bleed.

The glands of the neck are swollen, worse right side.

Right eyelids swollen.

Hemorrhage from left nostril, often profuse. Itching, burning, corroding discharge from both nostrils, excoriating the upper lip and parts over which it flows.

Occlusion of both nostrils, must breathe through the mouth.

Cheeks chapped like after being in a cold wind.

Voice, muffled; dryness, whispering; cannot speak aloud.

Children reach to lower abdomen (urethra) and say "it hurts."

Frequent and ineffectual urging to urinate. Urine scanty, thick, turbid, slimy, once in twelve or twenty-four hours. Delirium, starting from sleep as if smothering, want to get out doors. Jumps up quickly in bed, frightened. Anxiety and restlessness, distress, moaning and exclamations of "O, dear! O, dear! O, dear!" and "I'm so tired!"

But the marked features of the remedy is its great restlessness, *throwing themselves in all sorts of positions; all movements are quick.* Children flop over from side to side, will pull off stockings and throw them with great *quickness.* When they want drink, if the nurse is absent they will jump out of bed and obtain it in an instant. *They will not remain covered. You cannot keep bed covering on them. They will kick it off or roll it off as fast as the nurse puts it on.*

Notwithstanding the swollen condition of the throat, the swallowing of liquids is fairly good. They sometimes eat a few mouthfuls quickly and ravenously.

I give this incomplete picture of *Arum Tri.* so far as my ability has been to grasp its outlines in this disease. The remedy must be given in the higher potencies to obtain success. The lower will not only do harm, they will kill.

GONORRHOEA.

ANNA LOWÉ GEDDES, GREEN RIDGE, N. J.

Oscar G., 29, unmarried. Short, stocky build, but now very emaciated. Contracted gonorrhœa four years ago. Has not been able to work for nearly three years. Has been treated by any number of allopathic doctors and taken quarts of patent medicines. Now can neither sit, stand nor lie down because of a trouble that has developed about the rectum and has been pronounced "a case of piles curable only by an operation." He chose a lesser evil and came to me. An examination disclosed deeply burrowing ulcers around the rectum, discharging a foul, profuse matter.

*Hepar Sulph.*²⁰⁰, one dose.

1895.

Aug. 19.

Scared almost stiff because the gonorrhœal discharge has returned "worse than ever before."

Blanks.

Sept. 30.

Much distress when urinating; burning, stinging and tenesmus.

*Merc. s. c.*²⁰⁰, one dose

Followed blank pellets every two hours until January 11, 1896. Then the patient seemed low spirited and hopeless. If he had been a woman he would have cried, but being a man he swore in a half-hearted sort of way, that suggested *Pulsatilla*, and he got it. One dose followed by a repetition of the same Jan. 24.

1896.

Feb. 18.

Complained of restlessness in his legs and feet; can't keep them still at night.

Wants to know if he can go to work.

*Thuja*²⁰⁰, one dose.

May 31.

Ulcers about healed. Growing stout and "feels like a man."

July 10.

Slight gleet discharge; ulcers healed entirely.

*Merc. s. c.*²⁰⁰, one dose.

Oct. 12.

Been working for two months and feeling as well as he ever did, and up to this date has not lost a day from his work in the paper mill.

Mrs. C——, 46.

Contracted gonorrhœa from her husband.

Weary, tired, sick feeling, followed by high fever, with intense aching in all the joints, and in the calves of the legs.

Eyes burn and ache; labia swollen and painful.

Inguinal glands swollen, hard and painful; discharge of thick, ropy, yellowish mucus, very copious.

Creeping chilliness, with profuse sweat.

*Puls.*²⁰⁰, one dose, blanks.

Nov. 10.

Urination extremely painful, followed by burning and a feeling as though the bladder had not been emptied.

Urine bloody, stringy.

*Merc. s. c.*²⁰⁰, one dose, followed by blanks.

Nov. 14.

All symptoms aggravated.

Almost intolerable pain when urinating; vaginal discharge profuse, slimy, bloody, foul odor.

Swelling of inguinal glands increased.

Continued blanks.

Nov. 19.

No change for the better. Patient wondering "what *can* be the matter."

*Merc. s. c.*²⁰⁰, one dose, was repeated.

Continued to give a dose of *Merc.* about once in three days for about two weeks, when the patient seemed to be rapidly recovering; then she began complaining of an intolerable vaginismus "going clear up to the womb," and "feeling of splinters when I pass my water" and "sticks in those hard spots!" A few doses of *Cannabis sativa* finished the case up very satisfactorily.

Mr. F.——, 59, short, stout, nervous temperament.

Always before employed allopathic physicians.

Found him lying on a couch with foot elevated.

Said he had been troubled with rheumatism for years; sometimes went on crutches for weeks.

This attack brought on by unusual physical exertion or by bathing feet in cold water.

Family history of rheumatism.

*Rhus tox.*²⁰⁰, one dose, blanks every hour.

Sent for in haste in the evening.

Patient restless, pale; thinks he will die; cannot get his breath.

Left foot very painful, stinging, burning pains shooting up into the leg; œdematous swelling, very white, with pink spots over the joints.

*Apis*²⁰⁰, three doses one hour apart, followed by blanks every hour if wakeful.

1896.

April 17.

Slept well all night.

Almost no pain, foot badly swollen and very sensitive to touch.

Blanks every two hours.

April 19.

Come to my office on crutches.

Continue blanks.

A week later patient came into my office on crutches. After looking him over I told him to wear his crutches *over* his shoulders instead of *under* them. He left my office with his crutches on his shoulder, to the great amusement of some of his friends who had seen him come in.

March 1, 1897. Saw this patient to-day, and he says he has had no return of the rheumatism.

HEMORRHOIDS.

Mr. H. F., aged 53, obese. Abuse of spirituous liquors. Chronic condition.

Hemorrhoids bleeding, burning, throbbing with downward pressure >after stool, pain in them *when erections occur*; >bathing, either hot or cold, or by *hard pressure, or sitting on them.*

Pain in perineum during erections.

Bleeding bright red or in thick clots.

Stools soft but difficult to pass on account of inflammatory condition of rectum.

Urine profuse.

Has taken much calomel and rhubarb.

1896.

Sept. 6.

*Igt.*⁶⁰ (B. & T.) three doses.

Oct. 2.

Complete relief.

1897.

Feb. 4.

Slight return.

*Igt.*²⁰⁰ (B. & T.) three doses gave prompt relief.

GASTRALGIA.

Albert S., aged 59. German.

Pressive pain in stomach, *extending from epigastrium to umbilicus*, after each motion of the bowels, pain so intense it causes great weakness and is accompanied by a profuse flow of saliva from the mouth (*Graph*). Pain sometimes goes through to back and then up between

scapulæ, <in afternoon, has had pain nine months is becoming emaciated.

Stools are *blackish*.

Formerly obtained some relief from *Pulsatilla*, then later from *Atrop. s.* but only partial. Dec. 5, 1896, he received *Leptandria*^{3x}, based on the symptoms as italicised above, since which the improvement has been steady and permanent, with a rapid gain of flesh.

DIARRHŒA.

E. R. B., aged 32. Blonde. Muscular, active. Former condition present for two years.

Bloating and heaviness in stomach, with raw feeling internally.

Recurrent diarrhoea every two weeks; stools black with heavy sensation internally; stools excoriating and containing much mucous.

Twitching and contraction of muscles at night.

Frequent necessity to get up at night to pass urine.

1896.

Nov. 5.

*Ars.*³⁰

Gave prompt relief in two weeks, since which he has remained well.

RISTORI'S DUAL NATURE.—I have never met with a more passionate, fiery actress than Ristori, with one possessed to the same degree by the demon of tragedy. Yet when she came to Paris for the first time she was nursing her last child. Well, on the days she was acting she brought her baby with her to the theatre, put it to sleep, and went to give it the breast during the intervals of "Myrrha,"—of "Myrrha," which is simply the most monstrously passionate of all dramatic works. Did the part of nurse detract from the part of the tragic actress? By no means. Did the part of the tragic actress detract from the part of nurse? No more than in the other case. I am, no doubt, quoting an exceptional fact, which may be solely accounted for by the strength of organization possessed by Mme. Ristori; but Malibran also showed us numberless contrasts of feeling altogether unlooked for.—*Ernest Legouve's "Recollections of Sixty Years."*

Institutes of Medicine.

SOCIETY OF HOMŒOPATHICIANS.

THIRD DAY—AFTERNOON SESSION.—3:45 P. M.

A VINDICATION.

FREDERICK O. PEASE, M. D., CHICAGO, ILL.

With an effort to find for myself a reasonable reason for some of the *modus operandi* of our beautiful law of cure, and to account for the evident curative relationship of the high potency, when prescribed for the conditions in the organism plainly traceable or resulting from abuse of the same substance in its material or drug form, I have given much study and thought.

For some years indeed I have noticed that there was a relation more or less pronounced between the unmistakable curative action of a potency and the almost universal presence in the history of the patient, of abuse of the drug or substance which was represented by the potency which so often acted as a "simillimum."

It is remarkable that there is, has been, and will be, so much opposition to the evidence in the facts of experience, facts that are collecting what would seem to be sufficient to direct our minds towards what I fully believe to be a law of similarity, that brings the dynamis represented by the potency of a drug into direct homœopathicity to the constitutional effects of that drug or substance when it has been "abused."

I can refer you to our literature for evidence. Some of this evidence is direct in support of this law, and much more of it you can recognize in many of the reported cures from those who are strict followers of the principles of Hahnemann.

Bœnninghausen, Hering, H. N. Guernsey, Ballard, Swan, our own Biegler, and others, have observed and written that this or that potency in the higher numbers is curative, and have many times clinically verified the fact of curative action and therefore homœopathic to the conditions that the crude drug has caused in their patients.

In my reachings out for more light on this "reasonable reason"

for this evident relationship of the potency to the "artificial" miasm produced by the abuse of the drug, I found several lines of thought which, brought under the light of our philosophy, proved to be fallacies or theories only, others seemed at first plausible, while a few were found to be strengthened by, and helped to increase the light by which as a conscientious homœopath I studied.

Observation and experience would seem to teach us that a disease manifestation can only be removed or cured by the removal of its cause; to inaugurate this removal, we proceed in accordance with the law made practical by Hahnemann, and our experience demonstrates that in so far as we interpret that law, we have reason to believe that nature (or the "vital force," whatever that may mean), is able to so increase "irritability of nerve fibre," or nerve force (or to remove this irritability), which is caused by the noxa or "sick-making force," in such a manner as to enable the "life principle" or "vital force" to regain its power to preside in an orderly way over the activities and functions of the organism, and the virulent cause is made innocuous, or thrown off. The disappearance of symptoms, hence the disease manifestations, is the evidence to us that the cause has ceased to act, therefore is removed.

To bring this eliminative process about, whether we have to deal with a spontaneous or an artificial natural miasm, we have the sure indices given by the phenomena presented by the sick personality, and directed by these and our knowledge, we are led to the selection of the simillimum, or most similar remedy, in accordance to the law; if our selection *is* in harmony with that law, thus in accord with the "totality," we exhibit the dynamis of the chosen remedy, and *under the attraction* of this force, order begins to assert itself, and equilibrium is restored; health returns, because the cause is withdrawn, or at least becomes nil.

This will be the result whether the disturbance was caused by a natural or artificial miasm, because the "law" was applied. In this cure or removal of symptoms the only procedure, as homœopaths, that we are permitted to carry out, is to follow Hahnemann's oft repeated rule, "administer the smallest or least material dose capable of producing the required change leading to cure."

Now, if this curative action follows the exhibition of the 1m or the cm. potencies; if there is an eliminative process made

manifest by the functions or elements of life, by which the disease signs are made to disappear, are we not warranted in believing that the homœopathic law of cure is being exemplified? And, therefore, should our curative potency in the 1m or cm. degree, which we have given according to the law of prescribing, and this "irritability of fibre" is aroused and the symptoms disappear, and this potency is of the dynamis or "spirit-like force" of the drug, or force that has caused the miasm or disease, are we not again warranted in believing that we have used the only dynamis that can by its similitude be the medium by which the vital forces are relieved of the miasm resulting from the abuse or wrong use of that substance?

And is not this deduction in harmony with Hahnemann's closing remarks in Vol. I, *Chronic Diseases*, in regard to Psorin: "I call psorin a *homœopathic* anti-psoric, because if the preparation of psorin did not alter its nature to that of a homœopathic remedy, it never could have any effect upon an organism tainted with the same identical virus. The psoric virus, by undergoing the processes of trituration and shaking, becomes just as much altered in its nature as gold does, the homœopathic preparations of which are not inert substances in the animal economy, but powerfully acting agents."

By the "inductive method of Hahnemann" and from logical deductions, is it not plain to the understanding that, in all diseases the causes of which must have been sick-making forces, poisons that have so disturbed or modified the orderly functions and phenomena of health as to produce the subjective and objective signs of disease action, we must apply the dynamis of those drugs or forces (if we can recognize them), as the only true simillimum, or at least the nearest similar. As to its being *the* simillimum, depends upon our ability to select from the symptoms presented, the remedy potentially related to the miasm. The behavior of the case under this remedy, will show that the selection is or is not a correct one. If the symptoms disappear, in an inverse ratio to their appearance, then we are sure that the cure is being conducted in a true homœopathic manner.

In artificial miasms, where the functional processes of the physical, and even the mental organism is so changed by the activities of the vital forces, when under the sway of a noxa; and these functions are to a degree, made to resemble the pathogene-

sis of some one or more of the drugs that have been abused, are we not warranted in regarding the group of symptoms as having been brought into relationship, by the organism, to the dynamical or curative powers of the drug. If a potency of that drug produces curative results, is that not evidence that the law of "similia" for that case is the only law of therapeutics that could at that time cure that case.

In these cases where we can recognize the strongest miasm as belonging to the pathogenesis of some of the various drugs, single or in combination, that are so universally abused, we are only carrying out the methods of procedure demanded by the law of prescribing, and cure resulting from these potencies must be from the homœopathic action of the dynamis of these drugs. I do know that by so prescribing these potential preparations of these drugs and compounds, that I have seen positive cures result when without thus applying the law I have failed. Why? Because in these sadly drugged cases we cannot find or recognize the "totality" without taking into consideration these drug miasms.

As a part of this sought for reason, and from experience, I also offer this: The therapeutic law of our school very frequently is verified and its application is made broader by this homœopathic relationship of the highly developed dynamis (of a drug or compound) to the manifestations in the human economy of the dynamic action of the crude drug or compound. These manifestations differ in degree and kind, because of the *plus* modifications brought about by or because of the living organism. So many of our practitioners are so wedded to their materialistic ideas of drug action, that they look upon the human organism much as they do the chemical laboratory, forgetting that there is a life principle presiding over this *living organism* and its manifestations, to stand in the way of legitimate chemical combinations or phenomena. We must not forget that the human body with its wonderful manifestations, is an entity by itself, and not a display of reagents with which to exhibit the reactions of chemical affinities or opposites. To those homœopaths who from the back seats of routinism, or from short-sighted complacency, would or do refuse to apply this element of homœopathic treatment of disease, and who so bitterly, though not righteously oppose it, I would quote (from an address given by Carroll Dunham in 1872) a bit of history, viz:

“A proposition was made by the Bureau of Direction, in 1850, at Paris, to deprive Tessiere of St. Margurite Hospital of his position as hospital physician, because he had made known his conversion to Homœopathy. As a protest against the injustice, the wise Chomel offered this proposition, saying, ‘Every physician who is thoroughly qualified to practice, has the right to select his own mode of treatment and to judge what is best for his patients, and may not be interfered with unless his results are notoriously bad or he commit some act of unquestionable malpractice. For,’ said he, ‘it is only by the exercise of this freedom that change and improvements have ever been introduced in practice, and herein lies the only hope of further improvement.’”

Now, why in the name of justice, and in the light of this principle of fairness, asked for by Chomel, a prominent opponent of homœopathy of that time, should Dr. Sawyer or others be assailed or condemned for having investigated and put this law to the test of experience, and that too, in the line of demonstrating the truth of the principles and laws given us by Hahnemann, especially when by this method we successfully remove symptoms and cure diseases that without this practice, have in the past defied the best efforts of otherwise thorough Hahnemannians.

In the treatment of morbid growths alone, clinical results are and have been accomplished by this homœopathic treatment of artificial miasms, no matter if that miasm is caused, it may be by the amalgams in the teeth, or the local application of *Iodine* or *Carbolic acid*, or from the use of the red rubber dental plate. If that miasm shows the constitutional effects of one of these drugs, or poisons, and its symptoms are recognized, that drug in potency becomes homœopathically indicated and will aid the vital force to return to harmonious action; if you have rightly interpreted the signs, of the strongest miasm. In other words, apply Hahnemann's principle as he did when he used and wrote of *Psorinum*.

It is a significant fact that practice brings to our observation results that unmistakably show that, while this potency is removing the symptoms of miasmatic indications of the drug, the chronic and constitutional disease elements melt away also, whether there is cancer, fibroid, or other malignant disease.

The cure or removal of painful and life destroying symptoms, are obstinate facts, and when occurring under this application of the homœopathic law, cavil or aspersion will not remove them,

especially when instigated by those who do not know because they will not put to the test this element of practice, that has not and cannot be equaled by any other less homœopathic procedure.

That we do have most gratifying cures, are facts; what are you going to do about it? I ask why should members of our school decry or persecute those who, from the courage of conviction, born of the tests of experience and knowledge, steadily go forward in this line of investigation, by putting into practice the truths they find, and teach others to go and do likewise.

To quote again from Chomel: "Tessier in practicing homœopathy has only exercised the same freedom of selection which Bouillard, Rauger, Louis and I have enjoyed, and as his results are as good as ours, we may not interfere with him." To parallel this I would say: Bœnninghausen, Guernsey, Swan, Ballard, and especially E. W. Sawyer, and many others who have put to the test this matter, have had "results" not only "as good" but better than by a strict adherence to the published interpretations of Hahnemann's *Organon*.

Is it not wrong, subversive, unprofessional and undignified to throw doubt and dirt, and impediment in the way of those who are bravely fighting for a higher and more comprehensive field for homœopathy?

"Excommunication never exterminated truth," neither has the method of exclusion or of persecution ever succeeded in convincing men of alleged errors and brought them to accept a different faith. Were this so, where would homœopathy have been to-day?

Nay, gentlemen, medical men, you who would be homœopaths, you cannot extinguish this element of our doctrine that is so thoroughly grounded in the principles of our school as to stand as a law. It may be a providence that this matter is being tossed forward and back to-day, and like all truths it is receiving opposition. But is it not a sad evidence of the tendency to fractional differences that this opposition comes from within our ranks? I venture to say that in a few short years, or months perhaps, many of those who have been so ready to be loud and quick in condemnation will be obliged, by the "cloud of witnesses," to accept the truth.

Some one has written, "It is significant that homœopathy gains its adherents by its facts, while the opposition to it is

largely owing to its theories; we can hope to progress only so long as we follow the sound system of induction from indisputable facts that was employed by Hahnemann in his masterly introduction to the *Organon*."

One of the wise remarks of Hahnemann has been a source of great help to me, in breaking down the prejudices that interfered with progress, and especially so during the time that my attention and practice has been so much more practical, in the treatment of artificial miasms. It expresses so much of truth, that must be held squarely before our mental vision, if we would be true Hahnemannians. He says: "The human body is much more prone to undergo derangement from the action of medicines than from that of natural diseases." (Page 108, *Organon*).

And in paragraph 16: "By the operation of injurious influences from without upon the healthy organism, influences which disturb the harmonious play of the functions, the vital principle, as a spiritual dynamis, cannot otherwise be assailed and affected than in a (dynamic) spiritual manner; neither can such morbid disturbances, or in other words, such diseases be removed by the physician, except in like manner, by means of the spiritual (dynamic virtual) countervailing agency of the suitable medicines acting upon the same vital principle." Is it not a logical result from this that our thought, judgment and understanding should be brought in line with this treatment of the artificial miasms? And these miasms, or diseases, Hahnemann always showed to be stronger than the natural. In paragraph 29, he gives us the homœopathic law of cure, while in the foot note to this same paragraph he says: "Two acute diseases equal in kind, merely cancel and annihilate each other homœopathically." Can we not, yes, we must apply this wisdom to the action of the dynamis of the high potency of a medicine, or drug, that by its continued action as a crude drug, in and through the vital powers, has brought the organism and its functions into a state of "equality" to the force represented by the higher dynamization of that drug.

It would be well to read here paragraphs 30, 31, 32, and in 33 he states that it is fully proved by every experiment, that the state of health is far more susceptible of derangement from the effects of medicinal powers than from the influence of morbid principles of contagious diseases," (Study here § 60 and § 61.)

Apply this philosophy to the artificial diseases caused by the continual dosing of drugs.

In paragraph 75 he "regrets to say that when they (the results of unskilled treatment) have attained a considerable height, it would seem as though no remedy could be discovered or devised for their cure;" and in paragraph 79, "An art of healing intended for re-establishing to their normal condition those countless morbid changes of the body, which are often induced by the mischievous acts of allopathy, does not nor cannot exist." Is it possible that he did not in later years discover that there is *a principle* of law that would "re-establish normal conditions" in just this class of patients, or may he not have done so? Such minds as Bœnninghausen, Guernsey, Hering, Ballard and Swan all observed that there was a relation and hinted at it in some of their writings. Swan, you all know, wrote and practiced in the direction of using the dynamis of morbid products, and of the Lacs, which he proved in extenso. And he accomplished a great deal of useful knowledge, and had his share of persecution and abuse, but he will get his reward, for his memory will be held "in remembrance" by many of those who aided in "casting stones."

After grasping the principle that Hahnemann gave in his remarks on Psorinum, we, like Swan, should more clearly look for and expect curative action from a substance potentized, which develops its powers and "changes its nature" to that of a homœopathic remedy.

Swan wrote in 1872, "Dynamization alters the conditions (of the drug), the high potency is the simillimum. High potencies cure symptoms appearing in the provers with or from the tinctures and low potencies; while low potencies do not cure the symptoms developed by the high potency. This is because of the doctrine of discrete degrees, when the higher have their root in the lower, ascending the scale (of development, and in being more and more freed from the grosser material force as they ascend the scale). In a case of abuse of *quinine*, *China sulph.*^{1m} relieved all symptoms. In a case where common *sugar* produced unpleasant symptoms, *Sacch. albs.*^{10m} (Fincke) cured." (Swan, H. M. June, 1872). H. N. Guernsey in 1871 or 1872, in his lectures, and later in his *Key Notes*, advises *Amm. carb.* high for the symptoms in those who had been addicted to the use of *smelling salts*; *Mercury* high for those who had abused *mercury*, *all symptoms agreeing*; and "*Plumbum* for paralysis of the limbs,

in those who have worked in lead." Many have reported cures of the symptoms resulting from poisoning by the poison ivy, by the potency of *Rhus tox.* We know that *Sulphur*, *Opium* and *Aloes*, etc., are great remedies with which to arouse "reactionary powers of the vital force" when well selected remedies do not act; and we also know, how *universally* these drugs are *abused*, and *have been for generations.*

Would these remedies be so *great* if in potency their nature had not been changed to that of a homœopathic "simillimum" and thus into relationship to the miasms caused by their abuse. Dr. Sawyer and myself, and many others, could tell you of many cases cured, of foul ulceration of the buccal cavity, chronic sore throats, morbid growths of cancerous malignancy, from prescribing *Red Vulcanite* high to those who wear the red rubber plate with their store teeth, but we also know that the vermilion in *Red Vulcanite* contains a *sulphuret of mercury*. Burn a piece of red rubber to an ash, and rub this down on a polished brass plate, and *see* the globules of live *mercury* that will develop. As to *amalgam fillings*, what do we not find resulting from this potent source of systemic troubles, and how often do we see them disappear before the potential action of *Amalgam^{em}*.

"Only a part of the world of disease has been so accurately observed that it can be fitted with names. Beyond this lies an unknown world of derangements which as yet defy classification and nomenclature."

How many of these belong to the unknown and unrecognized effects of the world of drugs and drug combinations? The manner in which drugs act, we cannot know, but we can observe their effects on the human organism, and we can from the story told by this delicate and responsive vital principle, trace to the rightful source many of the pathogenetic phenomena, and certainly remove them, by opposing to the low or crude dynamis the higher dynamis of the drug.

I may be wrong, but is there not a fruitful source of evil given us by Von Grauvogel, who was a materialist of pronounced calibre? Pardon me if I take up a little time quoting from his *Text Book*. He says: "There are three principle characters of chronic diseases, or better, bodily constitutions. All chronic diseases are based on a plus or minus of such elements, as form the organism." (Comment—Is this the source or "vis a tergo" of Schussler's method of treatment?)

"In the psoric diseases, the prevented in(di)gestion of ozone, a want of it (ozone?) prevails, thus preponderating formations of carbonitrogenous substances; (forming) the Carbonitrogenous Constitution." In the second prevails increased power of oxygenation—far too great influx of oxygen, the Oxygenoid Constitution. In the third the generation of water is too large, especially in the blood, the Hydrogenoid Constitution." It will be seen from this, that like many others of the materialistic school, he forgets, if indeed he was cognizant of it, that there must be a "causative principle" or force back of or under these "Constitutions," else they could not exist, and being under or "back of" them, is naturally before them, or they could have no character. Taking his statements as true, any change of the chemical equilibrium of the "elements" and from whatever cause, would result in constant and increasing perturbations of the physiological processes going on, demanding for these new and complete anatomical changes of anatomical relationships. But fortunately for the human "vital principle" and the human body and its functions, there is something more than a chemical combination of the elements, and the whole is—a living organism.

When the Great Architect "breathed into his nostrils the breath of lives," He put into that laboratory something more than the elements and chemical reagents. The inherent principle that gives form, color, odor, and characteristics to the combination of plant structure, which has received the name of violet, will not permit that combination to become a cabbage or rose; nor does the hydrogenoid constitution of a frog allow that batrachian to become any other form of amphibious life. It must ever remain a frog, as the violet must ever remain a violet. Changed chemical relationships, equivalents, may perturb the equilibrium of forces in the organism, but the "vital principle" must first have been disturbed, else there could not be disorder in the laboratory that formulates and directs the "ingestion" of ozone, oxygen or hydrogen.

We must ever be on our guard, in seeking for a cause of disease; must remember that there is a principle of life, that when in repose is also the principle of health; and if principles of evil become entangled with it, there will be trouble, and if there is anything in the laws of cure that enables us to aid this "life

principle” to wage a successful warfare against disease and death, we should welcome it.

We might give to our Boëninghausens, Herings and Swans due credit for their achievements, and why wait until they are dead. I verily believe that to Eugene W. Sawyer is due, not the discovery that a few substances in potency were useful in those patients who had “abused” the crude drug, but that we should render him due honor for discovering, or formulating the law, that makes it necessary to oppose a high potency of a drug to the pathogenetic effects of the crude or material dynamis of that identical substance. There are those who do not believe, and who say they have “tried it” and it didn’t work; therefore Sawyer is wrong, the whole thing is folly, and against homœopathy, and would thrust out of professional fellowship any who do claim to have had results, as being dishonest. Even a member of this society does not hesitate to so brand his brother members, who are investigating and proving the matter in a straightforward method, by the “test of experience,” and refuses his fellowship, and yet is a champion of the practice of injecting the virus of erysipelas to cure some other disease!

Hering wrote, many years ago, 1836, *Introduction to Organon*: “It is genuine Hahnemannian spirit to disregard all theories, even those of our own fabrication, when they are in opposition to the results of experience. All theories and hypotheses have no positive weight whatever, only so far as they lead to new experiments, and afford a better survey of the results of those already made.

DISCUSSION.

Dr. Carleton—Allow me to say, that in my judgment it would be like threshing old straw to discuss this paper. The opposition returns hearty thanks for the frank and open adoption of Dr. Dunham’s “Liberty” speech. A good many in this room can recall the circumstances attending its delivery. It was spoken to the American Institute of Homœopathy, just before their fatal plunge, and undoubtedly influenced more men badly, than any other one thing. It is highly appropriate now to emit the “Liberty” shriek.

Dr. Pease—I want to say to Dr. Carleton that in referring to Dr. Dunham’s address I only do so in order to give credit for the source of my historical illustration. I do not endorse his “Liberty” speech at all. I do feel that the position taken by

Chomel, in regard to Tessiere, was a noble one, and that the circumstance was a parallel to the experience now being enjoyed by Dr. Sawyer.

Dr. Close—If it is true that there is no such thing as *Rhus tox.* poisoning, it is also true that there is no such thing as *Arsenical* poisoning, or any other poisoning, and if it is true that *Rhus tox.* high will not cure what is called *Rhus tox.* poisoning, it is also true that *Arsenic* high will not cure the chronic results of *Arsenical* poisoning. That statement, however, brings us into difficulties, in view of the reports we have heard, but it offers a chance for an interesting discussion. It is a question how far any poison is a poison. We all know it depends very largely, if not entirely, upon the susceptibility of a person to a particular poison, and we are justified in saying that the drug which will remove the susceptibility to that poison cures the results of the poison itself, and is an antidote of the poison. Now, if we apply that line of reasoning to the question we are discussing here, it occurs to me we are striking a vital blow at the theory that the high potency of a drug cures the effect of that drug.

Dr. Pease—It seems to me that this question has everything to do with the question we are discussing. I presume you all remember the paper or circumstance which was published in Skinner's *Organon*, or in an early year of the *Homœopathic Physician*. A medical gentleman published a letter received by him from a brother practitioner and friend, telling of his experience with *morphine*, in an effort to commit suicide. He had been long sick, and despairing of recovery, resolved upon ending the struggle via the *morphine* road, and took a very large dose of the drug, but awoke later on to find he was still on earth; he repeated the dose but increased the amount to an enormous size, for *morphine*. This was as ineffectual as the other, and he took the remainder of the *ounce*, but awoke to the determination that his time had not come, and resumed his battle of life, and recovered, to later give his friend a history of his failure. Now to account for this wonderful failure of the drug, we must understand that at that time this doctor's "vital principle" was proof against the "death principle" in the *morphine*, and was able to withstand all or nearly all of the death dealing force of the drug; just as in other persons, there is a condition that can withstand the poisonous effects of *Rhus tox.* I know from experience in my own person with this poison. In 1872 I suffered from the

poison of this plant, was laid up for weeks, my left arm swollen to the size and proportion of a stove pipe, and for years after if I happened in the *neighborhood* even of the plant I was sure to have a siege of suffering. I could not go into woods, or enjoy an outing for fear that I would meet my old enemy. In 1890, in the midst of a siege, I went to our old friend, Dr. Ballard, who gave me, I afterwards learned, *Rhus tox.*^{cm}, and I rapidly recovered, and have been free from that miasm ever since. I can handle, and have reclined in a heavy growth of it within the present month with no sign of trouble.

Dr. Close—The remarks of Dr. Pease remind me of an article upon susceptibility, published some years ago by Dr. Kent, using *Lead* poisoning as an illustration. The point made was that the real condition to be met was not the presence of *Lead* in the system, but a pre-existing susceptibility to *Lead*, which was in itself a diseased condition requiring *Lead* to cure it. The dose of *Lead* inhaled or brought in contact with the patient in some way, however, being too strong, the case was aggravated in a high degree, and the symptoms developed were known as *Lead* poisoning. A cure would be made by giving a sufficiently high potency of *Lead*. The susceptibility was the real disease. Contact with or proximity to crude *Lead* gave too strong a dose and aggravated. A high potency cured by removing the susceptibility, together with the symptoms produced by the crude *Lead*. The patient needed *Lead* at first, but got too much.

Now, it seems to me that throws much light upon the subject we have taken so much time to discuss. If it is true, as Dr. Pease has stated, that a great number of the drugs our patients have taken during our lives have produced no lasting effects, by reason of lack of susceptibility, one difficulty in carrying out the new plan is removed. Otherwise how would it be possible to find what drugs had been taken? Patients forget those things. Often they do not know what they have taken. If it is true that all drugs taken change a case and leave lasting effects, where are we to begin and where end? The mere possibility of such a thing was enough to scare me when I thought of the number of drugs I myself must have taken when a child.

But this new idea simplifies the matter somewhat. The susceptibility of the organism governs the effect of the drugs taken, and so we have to deal only with such drugs as we have been susceptible to. That susceptibility will show, it seems to me, in

the symptoms that the person presents at the time of examination, or they will be found easily when the recollection of the patient is assisted by the physician in the course of the analysis and examination of the case. We must not give a medicine empirically, simply because the patient has sometime taken that drug in crude form. If the patient has taken a drug, and has proven susceptible to its action by developing the symptoms of that drug, we shall find these symptoms in the history of the case. There we are on safe ground. The knowledge that he has used drugs will lead us to inquire more carefully into the circumstances and conditions under which he did so, and of the effects produced.

Dr. Pease—This thought of Dr. Close touches a very vital element, and will lead us to "good things." If we had a record, or provings of all these different substances, drugs and compounds, we would be on the same ground we have always been. We could then study those provings, and prescribe according to the symptoms recorded, just as we do now; but we haven't got those provings, but fortunately, in studying the artificial miasms, and recording the symptoms that are repeatedly verified, we are adding all the time to the record, provings that must be very valuable. According to Hahnemann, the drugs (remedies) we have been using in the past, must have produced an effect in the system, in order for us to recognize the image by which we are able to prescribe, and thus antidote or remove the susceptibility, to the force represented by the potency that cures.

Dr. Davis—I am very much pleased with this paper and the discussion. This question that Dr. Close raises puts me in mind of Hahnemann's prescribing for a case of Dr. A ———. Hahnemann asked him if he lived in a certain locality during a certain period of life, and he said he did, and Hahnemann said that he should take a certain remedy because he probably had that kind of malaria at that time, and it cured the case. Is that Homœopathy? If so, we are now doing no more than Hahneman was doing then. We give *Sulphur*, if other remedies fail, to start up action against psora. If we suspect a certain drug miasm stands in the way, may we not antidote it with a high potency of that drug, and be still doing right as in the first case?

Dr. Close—I want to say that in my remarks I did not intend to impugn the methods of any person present at all, but simply to call attention to the fact, that we must ourselves be in a posi-

tion where we cannot be assailed by the charge of empirical practice.

Dr. Kennedy—I do not feel like condemning Dr. Pease for referring to Dr. Dunham. As has been said, some undoubtedly took advantage of Dr. Dunham's statement that they were to use liberty in practice, but there is a difference between liberty and license. Three or four years ago I held a conversation with one of the leading physicians in my city, who is a staunch defender of liberty in practice, and I told him we were at *liberty* to act only in accordance with *principle*. We are first Hahnemannians, are we not? Then we have liberty accordingly, and I believe we have the right to investigate anything that is brought up in the light of that principle; but not because a man gets up and advocates a certain idea, or because it is asserted that a certain thing is so, or because somebody recommends it. I believe that any who quote Dr. Dunham as authority for their non-homœopathic practice, simply want an excuse; if it had not been found in his statement it would have been found in some other way. It would have come, sooner or later. In the different forms of poisoning, I believe my experience has been like that of Dr. Biegler. In regard to the antidoting of the injurious effects of a drug which has been given, I do not understand that Dr. Sawyer means to say that necessarily are we to give in such a case a potency of that drug. I do not understand that we are to do it necessarily, nor do I understand that it will, every time we give it, result in a cure. But certainly it seems to me that, having examined a case carefully and selected a remedy to cover the symptoms and found it has no effect, by inference and particularly after what I have heard here at this meeting, I know some thing is in the way. Now, one of our worthy members who has had experience along this line will say it may be that this negative result is due to the influence of a drug administered in years gone by. I have prescribed according to the totality of symptoms, and I will consider the drug that seems to be foremost because of its action on the organism, and I will take a potency of that drug and administer it with the wish that it may at least result in clearing away some of the mists in order that later on I may administer the remedy that will act curatively.

Dr. Pease—I would like to correct a few mistaken ideas that possibly may have been received from my paper. In referring to the address of Dr. Dunham, my object was to simply apply

the principle of fairness that was championed by Dr. Chomel, which was quoted by Dr. Dunham. I am willing to withdraw the mention of Dr. Dunham and apply my illustration in a little different way, still using Dr. Chomel's words.

In speaking of Dr. Swan in the paper, I intended to call attention to his provings of the lacs and other substances belonging to the lists of food elements. In relation to the nil results of Dr. Biegler and others, in curing the *Rhus* poisonings with the plant, it may be possible that they did not apply the *simillimum*, because *Rhus tox.* may not have been the form of *Rhus* that was responsible for the symptoms in the cases they failed to cure. There is an important principle of the law, e. g. *Rhus tox.* in potency is not the *simillimum* for the miasm of *Rhus radicans* or *Rhus venenata*; or any other of the *Rhus* family, except *Rhus toxicodendron*. There is an important difference between the poisonous effects of the different members of the family. If all doctors are not able to appreciate this difference, the living organism furnishes a delicate system of reagents, by which the "vital principle" does appreciate and interpret this difference. And thus, it is a mistake to oppose a potency of *Merc. viv.* to the miasm of *Merc. iod. flav.*, or of *Arsenicum alb.* to the miasm of Fowler's solution of *Arsenic* (and *Potassium*.) We all know that the doctrine of miasm is established by the facts of clinical experience and observation, and that the ravages of these miasms are removed by the homœopathic *simillimum*, is also established; to select this curative remedy, we must know how to appreciate this totality. Hahnemann tells us that "Psorinum is the *simillimum* of psora; that it is the homœopathic anti-psoric, etc." Now, and therefore, *Arsenicum alb.*^{cm} is not the *simillimum* or homœopathic "anti-*Arsenic*" for Fowler's solution of *Arsenic* (and *Potassium*), nor is *Merc. viv.*^{cm} or in any other potency, the *simillimum* for the *Proto iodide of Mercury*, any more than *Rhus tox.* in potency is the *simillimum* for *Rhus radicans*. This as surely applies to the antidoting compounds of drugs; you must oppose the potency of the compound.

In regard to Dr. Close's thought concerning the element of susceptibility, we have all seen many demonstrations of this susceptibility to certain drug powers in our patients; we often call it "idiosyncrasy," and in summing up the elements of a case we have to include this one, and in many cases it is the strongest element in the group that aids in selecting the *simillimum*. In

the treatment of an artificial miasm, our patient may present evidences of a particular susceptibility to a certain drug, or from the preponderance of a certain group of symptoms we are led to think of a certain drug, and by a process of induction, we will "diagnose" a susceptibility to that drug. Now, if we find in the history of that patient, that this drug has been used or abused, are we not logical in concluding that, in this susceptibility of the patient, and in the evidences in him of the effects of that drug, that the simillimum must lie (if Hahnemann was right) in the potency of that drug.

As a proof of this, can you not recall cases in which you have selected and given a remedy, *and cured*, when you have been in blissful ignorance, until afterward, that the patient had been a victim of abuse of that same drug? I will report some cases in illustration of this in my clinical paper.

From these experiences we should learn to always remember to consider this susceptibility, for by so doing we will find many times, that the strongest, most peculiar or "extraordinary" symptoms, plus the susceptibility or idiosyncrasy, will lead us to a prompt recognition of the totality, or to the strongest disease, which Hahnemann insists is the one upon which to begin treatment. Some practitioners are fortunately more ready to recognize this "strongest miasm" than others. From observation of Dr. Sawyer's work in the college clinics, and in his private cases, I have heard the under and post graduates object to his teachings, because as they saw it, he prescribed arbitrary the high potencies for the drug miasms which they failed to recognize. As a matter of fact he does not so prescribe, but according to the totality as he recognizes it. You can readily perceive that there is to them an appearance of empiricism, but it is only an appearance. They forget that Dr. Sawyer, from his years of experience and observation, recognizes the susceptibility and the totality, and thus has his reasons for prescribing. Unfortunately for the students, he has not the time to show them plainly the elements of his prescription.

And now in closing this discussion I wish to explain my reasons for presenting this paper. I did not write it hoping to teach the members of this society any thing new; my object was to reach out beyond this meeting and this membership. I hoped to call out discussion and I thank you for the help you have been to me in this object, for the discussion at least is worthy of publication, and thus will reach, and may become helpful to the earnest and honest students, whether in college or in practice.

Ophthalmology, Otology and Laryngology.

EXTENSIVE HEMORRHAGE INTO THE VITREOUS, SUPERVENING UPON AND DIAGNOSED "RET- INAL DETACHMENT"—CURED.

FREDERICK WILLIAM PAYNE, M. D.

Miss P. —, 55 years of age, was a confirmed dyspeptic, and of feeble constitution; very susceptible to colds, so that she must always use special care to avoid exposure to them. She had glasses adjusted five years ago, which she reported to have worn comfortably till two and one-half years ago, when she noticed a blur suddenly appear in the right, lower, visual field, which rapidly extended both its limit and density, covering a period of three or four days, when vision was practically obliterated. She applied to an allopathic oculist, who diagnosed the case as that of "Extensive detachment of the retina, with effusion of serum, without hemorrhage." He prescribed *Iodide of Potassium*, which was continued, she said, in frequent, but varying doses, for a year and a half; during this intervening time, vision gradually improved, though within small limits, and seemed, alternately, better and worse. Soon after beginning the *Iodide of Potassium*, two annoyingly, bright, floating spots became noticeable, and remained constantly before her, while a stationary, large, black object appeared in the lower and central part of the field of vision, which entirely obliterated her visual ability in its corresponding area, while vision otherwise remained much dulled and misty. She had glasses adjusted again, a little more than a year ago, by the same oculist, who now considered the visual ability of the right eye so faulty that a correction was pronounced impracticable, so a plain, colored glass was selected for that eye, while for the left the suitable, convex, correcting lens was applied, with a corresponding color in its substance, as a match, in appearance, to the right glass. About this time, a sudden accession occurred, that completely obscured the whole retinal field, and which so shut out vision, that all traces of the appearance of objects were lost, though she remained conscious of light, as if passing through a dense, red substance. She was treated, for a

time, by the same allopathic oculist, and later by her home attendant, an Homœopathist, after which, through his advice, she applied to me. Her symptoms were then as follows, namely: Sees slightly better *mornings*, *i. e.* is more conscious of a light, visual area *mornings*; at times, thinks she can, imperfectly, distinguish outlines of objects, if occupying a favorable position in a bright, clear *morning* light; she sees large, dark, irregular-shaped lines, crossing the visual field and extending obliquely downward and outward; sometimes she has luminous flashes in its outer segment. Has either dull pain, or sharp shootings, like a knife-thrust, varying, however, in degree of intensity, at different times; the pain is confined to the *right* eye, and extends down the corresponding side of the nose. Had formerly sick headaches, but latterly the suffering has assumed what she calls a neuralgia character.

The obscured, visual area, when it seems less well, as it does at times, has a greenish light before it, as if she were looking through a media of that color. The eye tension is slightly increased (noticeable on palpation) and the eye feels stiff and unwieldy when rotating it, and especially so, when attempting the use of the eyes in accommodation. The right eye is markedly sensitive to the light, particularly so to *sunlight*. Ophthalmoscopic inspection showed simply dense blackness, with no retinal reflex apparent. The constitutional symptoms, referable to the stomach, were *weight two or three hours after having eaten*, and this symptom was always markedly aggravated by taking cold; has a *sinking, gone-feeling at the stomach, more about 11 o'clock a. m.*; *all fruits and acids disagree, causing sour, fluid eructations*; has pressure and fulness in the stomach, accompanying the acid state, with a *feeling as if she had eaten heartily*, when in fact she had not; her appetite is better for supper than for any other meal. She says her stomach symptoms are always made better by potentized *Lactic Acid*, that is given her for that purpose by her homœopathic adviser. At the time of her call upon me, she was disturbed by frequent attacks of vertigo, with a dizzy feeling *within* the head, as if the brain was *mixed and confused*; head feels as if bound across the forehead; these spells of confusion and dizziness are lengthy, lasting sometimes for three or four months at a time, though not for the *whole* period equally intense; following which she would have comparative relief, though never fully so. The dizziness was *ameliorated* by

sitting, and keeping the head quiet, and usually was relieved by lying down, though she was, at times, *aggravated* by this change of position. On *turning* the head, or while *turning* the body, a marked dizziness is induced; she has also a dizziness on *stooping*, though not so marked as from turning. She could move comfortably in a *straight* line, carrying the head steadily to the front, but on the slightest inclination at turning the head or body, the dizziness was *aggravated* by the act of *eating*, and the drinking of *coffee* would always make it worse. The lady was *hopeless*, as to a possibility of recovering vision in her right eye, and said, "If I gain a little, 'twill be only to lose again before getting useful vision, so that I am thoroughly discouraged! from trying; now nearly three years have passed, and I am no better." I answered that you have yet the wonders of homœopathy to try, and that your loss of vision alone is not all there is to fear, but that cerebral apoplexy, with sudden death, or prolonged paralysis, with the hopelessness of such a calamity, might quite as likely result from such a condition, as simple apoplexy of the retina, or hemorrhage into the vitreous body, for either condition is *imminent*, and that her safety, as to life itself, was in the balance. I advised her to avoid, so far as possible, *whatever* she considered likely, in her experience, to induce an aggravation; advised her that her clothing should be worn loosely about the neck; that she should avoid unnecessary stooping; that she should move the head and body only in the most cautious way; that she should avoid changing her position suddenly, so as to cause as little aggravation as possible to the already easily-disturbed and unequalized circulation; should avoid strong physical or sudden efforts. All of this advice was, in fact, desirable, and of a certain degree of importance, but she was *regularly* observing similar precautionary measures, through *necessity*, and my advice therefore was only in *emphasis* to what she had already regularly applied; moreover we, as homœopaths, know full well that the *underlying* and absolutely *indispensable* need, is the prompt application of the SIMILIMUM. The use of adjuvants, as illustrated by my advice, concerning the avoidance of aggravating circumstances and conditions, could not possibly effect a *cure* of an apoplectic tendency, *per se*, any more so than it could set to rights any other pathological change in the organism. The choice of the remedy, selected in accordance with our law of cure, *similia similibus curantur*, is alone to be depended upon in

adjusting and harmoniously regulating these molecular disarrangements that are *permitting* diseased expressions to exist. It is important for us to understand at the outset, *what* condition *constitutes* a state of disease, that we may also recognize its expressions, and thus be enabled to distinguish between *cause* and *effect*; this being understood, and it is made fully plain in the teachings of our immortal Hahnemann, it makes entirely intelligible the reason *why* small doses of the *simillimum* should prove so powerful and wonderful in directing the system from a condition of illness and disorder into one of the ways of health. Let us once fully comprehend that the *expressions* of disease, as represented by *hemorrhages, ulcers, gangrene*, or any other *morbid, disorganizing process* do not constitute the disease itself, but *rather*, in fact, is only the *expression* coming from the molecular disarrangement *within*, that is *permitting* the external manifestation to exist; with this understanding *fixed*, we are fully prepared to reconcile our intelligence with the consciousness, as to *why* the *simillimum*, in the smallest possible dose, is capable of setting to rights and *directing* the way, so that the laws of health are *permitted* to prevail, in place of dissolution or the disorder to health that is threatening. Drugs, as drugs, in material doses, in themselves, never cure disease, rather the restoration is effected by gently setting to rights molecular disarrangements by applying the potentized, kindly *simillimum*, for which the system is calling, in what we term *symptoms*, and health with its orderly conditions results. In our case, the fact of a hemorrhage having occurred was not, in itself, of sufficient intelligibility and importance to *permit* of the *choice* of a remedy, nor could it, of itself, convey a correct interpretation of the foundation and nature of the error, as to allow the *selection* of the remedy to be made; rather, indeed, must one in order to find the *simillimum* review the *whole constitutional history* of the individual case, eliciting with the greatest care, a thorough understanding of the symptoms; this *first* having been accomplished, an *equally* thorough acquaintance of the drug proving in our *Materia Medica*, by careful study, must be made; by these means only, and by thorough methods of close discrimination and comparison can the *simillimum*, that must, of course, correspond to our patient's symptoms, be found, and when thus ascertained and applied its curative influence and power seems almost unlimited; the disorganizing forces thus having been rightly attacked, are directed

into the paths of health, and *order*, consequently, comes out of chaos, and restoration takes the place of disease in a most surprising and satisfactory manner. The late Dr. C. Hering, in Hahnemann's *Organon*, says: "The totality of the symptoms is the sole indication in the choice of the remedy," and "the symptoms of disease can be cured in no other way, by medicine, than in so far as the latter possesses the power likewise of effecting changes in the system." The remedy prescribed in this case was *Sulphur*^{cc}, a dose every fourth night for three successive times, and *Sac. Lac.* in the interim. *Successive* doses of *Sulphur* may have been, and, probably were, unnecessary, but they were made, owing to the fact that the lady lived at a distance, and could not be under my personal observation, until three weeks had passed; moreover, though feeling reasonably sure that the *simillimum* had been chosen, I concluded as a test, to *emphasize* at the beginning, and to *supplement* the curative impetus, by applying dose after dose at comparative short intervals of time, as an introduction to the *Sulphur influence* in the system. Under the proving of *Sulphur* appear the following symptoms, viz: *Opacities in the vitreous humor, resulting from choroidal exudation; old hemorrhages into the vitreous. Stitches, as with a knife, in the right eye. Green appearance in the visual field. Pressing pain in the right side of the nose. Sinking, gone feeling in the stomach about 11 o'clock a. m. Fulness in the stomach and eructations after eating but little. Feels depressed about illness; is out of humor; hopeless. Aggravation from light, especially so from sunlight, and reflected light. Aggravation from acids. Aggravation from drinking coffee. Confusion of the head, with giddiness: head feels bound across the forehead. Dizziness, aggravation by rising, stooping, turning about, and while eating.* At her second visit, three weeks after beginning the use of *Sulphur*, the visual area was noticeably clearer, so that she could see a hand in motion before the eyes, as a light, moving object, while, on ophthalmoscopic inspection, the retinal reflex was discernable through the misty vitreous. She now expressed herself as being more hopeful, as she could *see* an improvement, though the apprehension remained, to a degree, and she feared she *might* fall off again, as she had before. *Sac. Lac.* was given. At her next call, in a fortnight thereafter, the effusion into the posterior chamber had so far absorbed that she could, indistinctly, not only see the outline of objects, but was able to read No. C. C. of

Snelling's test types, at a distance of eight feet, from a position representing the central part of the field of vision; the peripheral areas, however, were still much obscured, and, of course, in consequence, the limit of the visual field was largely curtailed. On measurement of the area of vision with the perimeter, a comparatively clear space was found, occupying an irregular extent of about 30° , of the 180° of the diameter of the arc; on this 30° of comparative clearness, a small disc of red could be seen, as a *red disc*, when made to cross the area of this somewhat clear field; the limits of this space occupied an extent of 10° directly downward, right and left from the center of the visual area, and to an extent of 20° , in a narrow space, directly upward and outward from the central visual axis. Ophthalmoscopic inspection showed unmistakably, though faintly, the appearance of retinal blood vessels which could not be discerned on any previous examination, also noticeably dark bands and black, shaggy masses of blood fibrin, suspended in the posterior chamber, swaying back and forth in the fluid vitreous, as the rotation of the eyeball set it in motion; some of these blood clots occupied a position, as if attached *closely* to the retina, while others seemed more *remotely* connected, and were thus, in consequence, permitted *wider* excursion, as they swayed to and fro in the fluid substance; these fibrinous excretions, although interfering and encroaching upon the visual axis, did not completely cover it, but floated within and across the limits of the clearing field, and thus annoyingly interrupted what would otherwise have proved to be more useful and steady vision. From this time on the sight, however, continued steadily to improve, and after two months of progress she was able to read normally at the distance, $V = \frac{30}{20}$, though the visual area was still markedly curtailed and contracted, owing to the presence of the fibrinous deposits in the vitreous; they were steadily becoming smaller, however, and the clearing field was gradually enlarging. During the night preceding her next visit, she reported an accession of visual dimming, that was noticed in the morning on awakening. On ophthalmoscopic inspection an appearance as of dirty water was seen, that had uniformly infiltrated the vitreous humor, and dulled the visual perception throughout the whole extent of the field. The general health was steadily improving, however, and the digestive ability was much better. I prescribed one dose of *Sulph.*^{cm}. At her next visit, three weeks after this prescription, she showed

on examination that she had not only gained what she had lost, owing to the last effusion, but had improved upon its condition; the retinal reflex was very good; the blood vessels could be clearly seen; masses of shaggy, floating opacities still occupied parts of the posterior chamber, however, though possessing a much smaller area than formerly. Lenses were adjusted for distance, and ordered to be worn constantly. No trouble was found in correcting the refraction error of the right eye, though this was the eye that had been given up by the allopathic oculist as hopelessly blind. Both eyes are equally astigmatic, and the same number of corrective lenses were given for each eye, viz.:

Plus 0.50 = cyl. plus 0.50 ax. 10°.

After ten months' treatment the condition of the eye is nearly normal, though slight evidence of two small, black flocks are still discernable, which slightly disturb the visual acuity. A spherical glass of plus 2.50 for both eyes for reading, was added to that for distance, and with this combination she reads with perfect comfort. Thus again the *simillimum* has performed its allotted wonder, notwithstanding the eye was considered by allopathic authority as beyond the pale of restoration. For more than two years she was subject to repeated retinal hemorrhages, and although the damaging influence of such a process was great, restoration has been, practically, fully accomplished; and, in addition, the lady's health is placed upon a reasonably sound and safe basis, thus showing what is probable in the restoration of health, when the remedy is applied in accordance with the wise and beneficent law of cure, *similia similibus curantur*, given us by the distinguished discoverer of the great truth.

IN A CHRISTIAN LAND.—“What a cannibal you are!” said the seedy humorist at the free-lunch counter.

“Me, sah?” demanded the Georgia colonel. “What do you mean, sah?”

“Eating a cracker, you know,” rejoined the other, making his escape through the side door.—*Chicago Tribune.*

People's Department.

A PHYSICIAN'S LIFE AMONG THE NEGROES.

AUNT ANNA.

A well known character of a certain nameless city of Virginia is "Aunt Anna," as every one calls her. She has, by her many good qualities, endeared herself to all, both white and colored. A few days ago I got her to tell me something of her history. I will give it in her own words as far as I am able to do so:

"I was born in Cumberland county at Half-way Branch, five miles from the county court-house. My mother, brother and myself belonged to the Irvings. We were afterwards sold to Col. Parsons. My brother and myself at that time were just two years old.

"We lived a very happy life until I was thirteen years of age, then my troubles commenced. The man to whom we belonged owned about fifty or seventy-five colored people. Every man that had a fambly was 'lowed to have a cabin and garden 'tached to it, not less than a fourth of an acre; he was 'lowed to raise a hog, chickens and other things found round a home. It would remind you of a little village to look at the slaves' cabins and to see them visitin' each other Saturday and Sunday evenings.

"Our massa was very kind to his servants and 'lowed them to have holerday crops; these were worked at night and on Saturday after our other work was finished.

"My massa had five girls and each one had a maid to tend on her. I was the maid of the oldest one. At eighteen she was married to Col. Bennet. It was the custom in those days when any of the massa's children married to give them so many slaves and some money if they were able. My massa gave my missis three servants; a maid, dining-room servant and a boy to run on arrants. This was the beginning of all my troubles, sure enuff. At first she was kind to me, but as her fambly increased this was changed. She wanted ebery minute of my time and did not want me to have any pleasure. After I had been there three or four years I married. This increased my troubles. I had two children. She seemed to think I could not 'tend to her

children and mine too, so she separated me from my husband, and I dun neber seed him no more.

"She never 'lowed me to go to church or visit any one, but kept me in the house to 'tend her children. It was a miserable life, and might be compared to being shut up in prison. Words are inatterquait to express what I went through, but as it has dun passed, so let it be.

"Soon the threatening clouds of slavery disappeared, and a brighter day began to dawn.

"My two children were a blessing to me; they gave me courage to hope that a better day would dawn.

"While those to whom I belonged were cruel enuff, there were others worse than they were. I knew one man who was so mean to his slaves, that one young man run away and when they found him he was in a holler tree frozen to death; thus *he* was free at last. There was one lady that would lock her slaves up at nite until mornin'. She had one of the slaves to do the whippin', and every time one was to be whipped he had to perform this painful duty against his will; but he had it to do or suffer a severe punishment himself.

"They had one man whom they could not enslave. He staid in the woods all the time; they put a bell on him so they could allus tell where he was. This bell was 'tached to his neck; after this he was called 'Bell Charles.'

"The slaves had to rise at four o'clock in the mornin'; all had to come by the ole mistus' house in a trot, telling her they had gone on to their work. They had one colored man who would shout several years after he was free. He was asked one day why he shouted so much? He said, 'because he was so glad he was free.'

"This slave-holder lived seven or eight miles from us. They all are dead now and gone to their reward.

"While they were so mean to their slaves others were very good to them, as mine was to me at first. Some were very happy. We use to trabel in kerriges befo' they had cars. While I was trabelin' with my mistis and her children we met a negro trader with about twenty or thirty slaves in a drove. They camped on the side of the road to eat a lunch about where we stopped. It was a sad sight to see them. This was the first drove I ever seed and the last one.

"Some of them were grievin' because dey had been torn away

from their husbands and children; some about one thing and some about another. Some of their feet were bleeding from walking so much. They were being driven like a drove of horses or cattle. When they became so tired and lame they could not walk, they were put in a wagon until they were better.

"In those days negro traders were looked on as a very low class of people. I 'member when I was a chile how we chillun uset ter run and hide just like the traders were mad dogs comin'. Very often, when we were trabelin' my mistis would close the kerridge dore and windows to keep us from seein' how cruel they were treated.

"None of my relatives were put upon the block and auctioned off like cattle, but my brother was sold to educate his young massa. He was a carpenter and sold for one thousand dollars privately to a private family. He did not know anything about it until he was sold. I never was sold, but I prayed to be rather than be with my mistis. I don't know my exact age, as the fambly bible was burned when the ole homestead burnt up. We didn't know anything about readin' or writin' and the months until after surrender. I staid with a fambly of Quakers after the war for a long time. They tole me that my mistis had cheated me out of a fortune. I did not think I would live to see the day when we would have such golden opportunities.

"A great many of the famblies that lived round us were very kind to their slaves. They wanted them to look nice and 'lowed them time to sew for themselves.

"When they were hired out each man had to have a blanket, shoes and hat and other clothing. The hiring out was generally done on public days, such as county court days. When those who hired them were cruel to the slaves they would return to their massa; sometimes they would send them back and sometimes they would not.

"They had an oberseer to live on the place who superintended the work of the colored people. They had the privilege of whippin' them; but my massa did not 'low it. He always tried to get the best man he could.

"The slaves all liked him. The oberseer did not have anything to do with the people that were waitin' in the house. They always kept about ten or twelve around the house. Some were spinners, weavers, dining room servants and house girls.

"I have received several letters from my former owners since

freedom asking to be forgiven. I wrote them letters telling them I had forgiven them, but could not forget them. Their children I 'spect very highly. I very often receive letters from them."

ANACARDIUM.

WHY I BECAME A HOMŒOPATH.

PHILADELPHIA, PA., April 25, 1873.

My Dear Tom.—Your very welcome letter came to me in due time and I hasten to congratulate you upon the opportunities you will have for testing the theories you have already made your own. It would seem as though you had selected a sort of "God forsaken" place, but human life is just as precious along the by-ways and hedges as when clothed in purple and fine linen and shielded from every wind by massive walls and gentle, refining influences. It is very kind of your brother to give you these opportunities for practice and I trust you will make the most of them, remembering at all times that you are dealing with the most sacred affairs of this world and that you will be held responsible for every act of carelessness or indifference; that in truth whenever you accept the responsibility of caring for a human life any neglect on your part to make yourself master of the situation becomes a crime in the sight of the Creator. Let every case that comes into your hands be but an opportunity whereby you may best learn how to mitigate suffering and teach by precept and example the value of human life.

The past winter has been one of intense interest to me. I feel that there must have been a Providence guiding my footsteps in this direction and that opportunities have already presented themselves by means of which I shall be permitted to drink as deeply of the principles of homœopathy as nature and previous conditions have developed capabilities. As you already know one of the first steps taken after I became established in my new home was to make inquiries with reference to the best representatives of homœopathy in the city. It would seem from these inquiries that practically there are two schools of homœopathy, one believing the *similia similibus curantur* is a law of cure which is universal in its application; that this law of cure depends upon the principle that forces must work upon the same plan in order that their influence may be felt by co-existing forces. Acting upon this theory they claim that every organ and tissue of the human body is *animated* by the presence of a force or *dynamis*

which keeps all parts of the organism in harmonious action both as regards sensations and functions so that the mind may use this body for the higher purposes of its existence. It is further claimed that this material body without this vital force or *dynamis* is capable of no sensation, function or even self-preservation. As a logical conclusion they insist that *disease* is nothing but a disturbance of this vital force which is purely immaterial in character, and that what we have been led to look upon as *disease* is nothing but the local expression or manifestation of the deranged condition. Since all forces must work upon the same plane it follows that the morbid agent must have been immaterial in character in order that any impression could have been made upon the vital force of the human organism. Don't you see where this would lead us? Any agency or force capable of *curing* must also act upon the same plane and this is their reason for seeking to rid drugs of their material bodies or organism by triturating or diluting with some neutral menstrum—the better to enable them to act upon a plane in harmony with that of the patient who has become sick in some way or other. The other class express a belief in this same law of cure but repudiate the dynamic theory both as to the nature of the disease and the character of the remedies to be employed in the cure of the same. Naturally they keep down to a very material plane of action, looking upon the pathological changes of tissue as the real essence of disease and seeking for a material cause for disease in the conditions surrounding the patient they generally accept the *germ theory* and soon forget their peculiar belief in their frantic efforts to kill the bugs. Of course they draw to themselves the superficial, careless student who is willing some one else may do his thinking and consequently drifts with the tide, accepting or denying everything and knowing practically nothing as the result of his own investigation. It is just this class of men who keep the standard of homœopathy at such a low ebb among thinking men and lead you in your righteous indignation to compare your heroes with “the dapper homœopath with dandified air and dainty case of pills.” If this latter class truly represented homœopathy I would stop my investigations at the very threshold and continue my studies along old established lines; but I am convinced that their practice is not homœopathy and that I must look elsewhere if I would ever know the truth.

As I said in the beginning, I took immediate steps toward

finding a man capable of giving me such directions as would be needed in making the investigations which brought me to this city; and my efforts have not been in vain, for during the past three months I have gotten into thorough touch with one of the most interesting characters it was ever my privilege to meet; a scholar of renown, an indefatigable worker and what is more than all else a devoted follower of that man Hahnemann. This friend (for such he has proven himself to be) has a magnificent library and has shown such interest in my investigations that he has placed the same at my disposal and more than that offered to so direct my studies that I may thoroughly comprehend the real philosophy that makes homœopathy such a tower of strength where it is known. Do not think from the tone of this letter I am a homœopath or that I have accepted any of its principles, because one of the things that he insisted upon was that I thoroughly investigate every proposition in an unbiased manner, accepting nothing until it was proven beyond the shadow of a doubt. So you may send in your questions and we will investigate them together, leaving the result to our individual judgment.

By the way I was guilty of a little breach of confidence last evening and showed the doctor that portion of your letter in which you speak of your pernicious intermittent fevers, and instead of holding your procedure up for ridicule, the old doctor said, "poor boy, he is simply following in the footsteps of his teachers and cannot see that these pernicious intermittent fevers are largely the results of the misdirected efforts of those who have preceded him," and suggested that instead of adding a double burden to the already overpowered constitution by the massive doses of quinine it would have been better if the patient had been given a very small amount of aconite, which would have overcome the intense nervous congestion with the result in all probability that an intelligent study of the symptoms would have revealed characteristic indications for some remedy other than quinine, which would not only have saved the life but possibly would have restored it to a healthy condition. In the course of our conversation the doctor dropped a thought that I have pondered over, but as yet cannot grasp its real meaning. He said that there never was a case of intermittent fever cured by quinine, either in massive doses or even in its potentized form and gave as his reason for this statement that underlying every case of intermittent fever was a deep-seated constitutional miasm

which he called psora, and that quinine simply palliated the more pronounced symptoms, leaving the constitutional disturbance practically undisturbed. That in every case a course of treatment should be selected that would wipe out these susceptibilities, when the patient would be in comparative immunity from these characteristic disturbances. The next time I call at his office it is my intention to ask him some questions touching this psoric disease. I tell you, Tom, it seems as if he is the most interesting man to talk with, and notwithstanding his great knowledge, one of the most unassuming, simple minded men that I have ever met; he simply draws from his rich storehouse of knowledge without any effort and seemingly without any idea that he is giving information of such great value.

I shall look for your letters with great interest and if in your experience anything comes up that is discouraging or if in any way your theories are not realized in practice let us know and we will see if there is any good reason for the failures.

Wishing you an abundance of success, I am as ever, your faithful friend,

JOHN.

POISONING BY FLUTES.—Dr. J. H. Smith, in a paper read at a meeting of the Homœopathic Medical Society of Massachusetts, reports several cases of "flute poisoning." Grenadille, or cocus wood, has for many years been employed in the manufacture of this musical instrument, inasmuch as it gives a brilliant and powerful sound, which mellows and becomes more flexible with the age of the instrument. Dr. Smith says: "There is most trustworthy testimony from Germany, England and America to the fact that cocus wood, and no other material, is found by certain susceptible flutists capable of producing serious irritation of the lip, necessitating the use of a crescent-shaped silver or gold lip-plate, shellacked to the mouth-hole or embochure." The author describes the malady as a lip excessively swollen, extremely red, with large blotches covered by vesicles. Relief is had by the application of nitrate of lead in water, 1 to 2,000.

Society Reports.

AMERICAN INSTITUTE OF HOMŒOPATHY.

WASHINGTON, D. C., Jan. 1, 1897.

My Dear Doctor:—It gives the officers into whose hands you have placed the welfare of the Institute for the ensuing year, great pleasure to send their greetings. It seems fitting that they should at this time, as far as possible, announce the program for the year, especially as the success of the work involved depends largely upon your co-operation.

It is possible by united effort, to make this the banner year of the Institute, whether judged from a scientific, legislative or social standpoint.

The key-notes to the efforts of the administration are—

First—*The cultivation of a greater bond of sympathy between the Institute and the Homœopathic profession of the country.* In order to bring this about, it will be necessary for every member to impress upon every non-member with whom he comes in contact, the fact that the primary object of the organization is the advancement of the cause of Homœopathy; that it is the representative body of the School; and that, inasmuch as they profit by its work or suffer from its mistakes, it is their duty as well as their privilege to be enrolled among its members.

Second—*The promotion of good fellowship and harmony between those already members of the Institute.* This can be attained only by each active and attending member personally seeking to revive the interest of those who, for real or imaginary reasons, have grown indifferent to the duties and privileges of the Institute. It gives us great pleasure to say that a number of the old members who have not attended for some years, have given us their personal assurance that they will attend the meeting at Buffalo. In fact, we have received so many such assurances, that we feel justified in anticipating a love feast on that occasion. The Local Committee of Arrangements can be relied upon to give every opportunity for the cultivation of the good fellowship referred to.

Third—*The scientific discussion, unequalled by any similar or-*

ganization, be secured by a combined effort on the part of the Officers and Bureau Chairmen. You will, in a short time, have laid before you the plan of the work to be followed by each Bureau, and those who desire to take part in the discussion of any particular paper will be given full opportunity for preparation.

Fourth—*That the Standing Committees have ample opportunity to present the result of their labors, in order that the Institute may in the most effective manner give expression to its opinions on all matters relating to the welfare of the School.* We would call your attention especially to the Inter-State Committee, and remind you that all State Societies have the privilege of sending delegates, who will constitute that committee. Any instructions which they receive from such societies will be carefully considered.

The Committee on Transportation is hard at work, and if they can receive assurances that one thousand will attend the meeting, they can secure much better rates. We have set a figure far above this, believing that when you see the opportunities for enjoyment which Buffalo offers, to be set forth in the circular sent out by the Local Committee, you will bring your wife and children. From personal experience, we can speak of the pleasure derived from, and the benefit following, the family associations formed at the previous meetings.

All the officers join in the hope that the New Year will bring to the members of the Institute such blessings upon their professional efforts that prosperity may remove the necessity for any personal sacrifice in attending the coming meeting.

Fraternally yours,

J. B. GREGG CUSTIS, Pres.

E. H. PORTER, M. D., Sec'y.

MATERIA MEDICA CONFERENCE.

The Committee on Materia Medica Conference presents the following program for the meeting to be held in Buffalo, N. Y., Tuesday and Wednesday, June 22 and 23, 1897:

GENERAL TOPIC—METHOD OF PURIFICATION OF OUR MATERIA MEDICA.

First Session—Tuesday, June 22, 1897, at 3 p. m.

“Does critical analysis of drug provings by the Chart Method mean too much elimination?”

J. P. Sutherland, M. D., Boston, Mass., Essayist.

DISPUTANTS.

A. L. Monroe, M. D., Louisville, Ky.; L. C. McElwee, M. D., St. Louis, Mo.; H. C. Allen, M. D., Chicago, Ill.; A. C. Cowperthwaite, M. D., Chicago, Ill.; C. H. Evans, M. D., Chicago, Ill.; J. L. Moffatt, M. D., Brooklyn, N. Y.

Second Session—Tuesday, June 22, 1897, at 8 p. m.

“Is the method of the Baltimore Investigating Club qualified to fulfill its purposes?”

Eldridge C. Price, M. D., Baltimore, M. D., Essayist.

DISPUTANTS.

George Royal, M. D., Des Moines, Ia; Frank Kraft, M. D., Cleveland, O.; Pemberton Dudley, M. D., Philadelphia, Pa.; M. W. Van Denburg, M. D., New York; W. J. Hawkes, M. D., Chicago, Ill.; W. A. Dewey, M. D., Ann Arbor, Mich.

Third Session—Wednesday, June 23, 1897, at 10 a. m.

“Purification by means of comparison with normal standards.”

T. F. Allen, M. D., New York, Essayist.

DISPUTANTS.

Conrad Wesselhøft, M. D., Boston, Mass.; M. Deschere, M. D., New York; J. C. Guernsey, M. D., Philadelphia, Pa.; E. H. Walcott, M. D., Rochester, N. Y.; J. B. G. Custis, M. D., Washington, D. C.; C. F. Menninger, M. D., Topeka, Kan.

The allotment of time fixed by the Institute at its last meeting for the appointed disputants, is ten minutes each.

The remaining time in each session will be open to volunteer speakers who shall be limited to purely extemporaneous remarks.

Each volunteer speaker will be allowed five minutes as in the last conference, and the utmost latitude as to time will be permitted *when the subject is adhered to*, but it will be strictly enforced against desultory and irrelevant remarks.

Those desiring to take part in this Conference, which promises to be of great interest, are urged to communicate at once with the Secretary, stating the topic upon which they desire to speak. This should be done at once. Last year many were shut out by sending in their names too late.

W. A. DEWEY, M. D., Secretary, Ann Arbor, Mich.

Editorial.

MEDICAL ABUSES.

We print elsewhere the leading editorial in the *North American Journal of Homœopathy* for February entitled *The Decay of the Doctor*, because it is filled with truths which must be agitated and so emphatically emphasized that the profession will rise in its might and put down this great abuse of the present system of charity in the great cities.

The selfishness of the man accounts for the entire phenomena and the evil effects cannot be laid at the door of any single class of individuals. It is inherent with the human race and in the process of evolution has not been eliminated from the factors governing the acts of manhood. The poor we have with us always since man is willing to take that which belongs to another provided no one present is strong enough to prevent the theft. He then places a small portion of his ill gotten gains into the hands of some charitably inclined organization, knowing the gift will be heralded by the world as evidence of a noble, generous spirit instead of another effort at stealing what did not belong to him. A charitable (God save the mark) institution is founded and other men and women actuated by the same purpose add to its greatness and thereby lay up treasures on earth. This spirit does not end with the gifts of money, for fully nine-tenths of the profession who lend their time and influences to these so called charities are in reality actuated by no higher motive than the man who took an unjust proportion of the products of another man's services *because he was in his power*, for they fully expect to receive for the service rendered that reputation which will enable them to demand from the few remuneration out of all proportion to the value of the service rendered simply *because it was in his power*, knowing this power was obtained while robbing (in the guise of charity) fellow-members of his own profession.

Nine tenths of the Hospitals and Dispensaries of any large city are owned and run by private corporations for the personal advantage of those connected with them, and in very much the same spirit do we find means provided for the building and

equipping of Medical Colleges. The spirit of charity, pure and simple, is the smallest factor in the case.

Only one side of this momentous question has as yet been touched. We are taught "it is more blessed to give than to receive," and the reason is very apparent, for we all know the feeling of abasement which follows the acceptance of a gift for which no recompense has been made, and how a high minded man or woman will suffer almost the pangs of death rather than make known the fact that they cannot pay for what they need. This wholesale and indiscriminate charity therefore tends to robbing a man of his self-respect—the pauperizing of the race—and through this condition we are apt to find the solution of this great problem. All charities should be controlled by the municipalities in which they may be found, and every one connected with them should receive such compensation as would be ample remuneration for services rendered. The whole matter should be absolutely divorced from politics and governed by evidences of real merit. Vienna has recently taken a step in the right direction and has decreed that in the future the members of the University and Hospital staff shall receive a fixed salary from the government instead of permitting different members to charge fees from students for individual instruction. All students as well as patients receiving instruction or aid from the institution paying in accord with the rules governing the same.

NEWS ITEMS.

IOWA recently passed a new medical practice law which requires a regular medical examination after four years of lectures from all osteopaths, faith-healers, christian scientists, massage operators, and all others professing to heal. Itinerant physicians who practice in more than one town will have to pay an annual license of \$250.

A CIRCULAR LETTER sent out by the Secretary of the College of Physicians and Surgeons of this city announces that that college recently became the *Medical School of the University of Illinois*. We do not know the conditions of consolidation but trust it was not upon the basis proposed one year ago.

DUNHAM MEDICAL COLLEGE has successfully completed its second year of study and sent out eight earnest and enthusiastic disciples of Hahnemann. Notwithstanding the hard times, the list of matriculants was increased from thirty to fifty, with eleven

in the graduating class and three post-graduates. The most significant fact, however, is to be found in the freshman class of twenty-four, which is one of the direct results of increasing the standard of requirements for graduation with a rigid entrance examination, together with an increase in the fees charged for instruction. The Registrar's report shows 1260 lectures delivered; 564 clinics held and over 1500 prescriptions made according to the strict law of similars. In addition to this every junior and senior has been permitted to spend 268 hours in the clinics of the great Cook County Hospital, where they have witnessed hundreds of the major and minor operations common to everyday experience, at the hands of the most skilled surgeons in this entire country. Who shall be able to estimate the advantages gained from instruction in such an institution?

MANY RESPONSES have been made to the specimen cards on *Materia Medica* offered by *Anacardium* in the October issue of the *ADVOCATE*. No answer was correct in every detail as will be seen from the following:

- | | |
|---------------------------|--------------------------|
| 1 <i>Viola Tricolor.</i> | 7 <i>Camphora.</i> |
| 2 <i>Carbo animalis.</i> | 8 <i>Natrum phos.</i> |
| 3 <i>Sulphur.</i> | 9 <i>Oleum jec. as.</i> |
| 4 <i>Polygonum punct.</i> | 10 <i>Hyoscyamus.</i> |
| 5 <i>Polyporus offic.</i> | 11 <i>Origanum vulg.</i> |
| 6 <i>Phytolacca dec.</i> | 12 <i>Graphites.</i> |

DR. DEWITT G. WILCOX, Chairman of the Sub-Committee on New Members of American Institute, and his faithful associates are doing valiant service in securing the largest list of new members ever added in one year. They are wonderfully favored by having one of the most delightful cities in the entire country for the holding of the convention, while the Chairmen of the different bureaux are preparing the most systematic program ever presented. You should be enrolled among her members and make your presence felt by your faithful support of the real principles of Homœopathy.

PERSONALS.

Denver is fast becoming the metropolis of the far west and constantly drawing to her borders physicians from other points, Dr. Edwin J. Clark, of Longmont, Colo., being one of the recent additions.

Dr. E. E. Beckett has removed from Seattle, Wash., to East Kearney, Neb.

Dr. A. H. Bancker, formerly of 406 Lexington Ave., New York City, is now located at 43 Convent Ave., same city.

The word "in" should be inserted on top line of page 44, article "Quick Prescribing," by Dr. Dever.

Dr. B. F. Underwood, editor of the *Homœopathic Journal of Obstetrics*, will open a Convalescent Home for the treatment of neurotic diseases and medical gynecology, near New York, and will retire from general practice. Practitioners desiring to consult the doctor can address him at 102 Fulton Street, New York.

Seattle, Wash., must be suffering a sort of collapse for another one of her physicians, Dr. J. J. Sturgis, has gone from there to Vashon, same state.

THE DECAY OF THE DOCTOR.

A vice sanctioned by the general opinion is merely a vice. The evil terminates in itself. A vice condemned by the general opinion produces a pernicious effect on the whole character; it is constitutional. When the reputation of the offender is lost, he too often flings the remainder of his virtue after it in despair. The increasing perversion of charity, the swelling tide of medical pauperism, the indifference of the public and the disunion of the profession, emphasize the last stages of the decay of the doctor. "Healers," charlatans and quacks abound; they are advertized gratuitously by the daily press with a persistency worthy of better news. Numberless dispensaries daily open their hungry and rapacious maws and return nothing except a vomit of voluminous statistics. Hospitals, selfishly, ignorantly and wilfully mismanaged with their drag-nets woven of denominationalism, greed and vanity, complete the demoralization of the unhappy doctor, who, seeking the bosom of his family, reads with fervor the code of ethics and reflects with bitterness of heart that this most noble and sublime code is at once the shield and breastplate of the redoubtable professors who run the hospital dispensary—clinic across the way.

It has been elsewhere observed that quacks and charlatans get one-half the patients; hospitals and dispensaries the other half, and the plain every day doctor gets the remainder. Let us just glance at the facts. In New York there are to-day twenty six hospitals and 114 dispensaries. To these must be added the eight city hospitals. The total number of patients treated by these institutions in 1895 was in round numbers 800,000. The proportion of these free patients to the whole community is almost forty per cent. Of the dispensaries, nearly one half made no report to the State Board of Charities; the rest claimed to "discriminate" between the worthy and the unworthy. After this it is not surprising to learn that in 1893, more than one-third of the inhabitants of Dublin, Liverpool, London, Edinburg and Bristol were the recipients of gratuitous medical relief. There is no charity here—there may be vanity or pride, which is the ape of charity, or greed, which forgets that virtue when a

matter of expediency or calculation is the virtue of vice, or there may be cowardice and faithlessness on the part of those who have sold all for a mess of pottage—but there is no charity—only viciousness, and from this vicious method sprang, naturally enough, the mutual benefit clubs. In very many places these societies dominate absolutely. In England, medical men receive the munificent fee of forty-five cents per annum, per member. In France, the average medical man receives seven cents for consultation given to members of benefit societies. In the United States, numerous clubs already exist, and the number is rapidly increasing. The physicians of Santa Clara County, California, have been forced to combine against contract-medical work. To slide down a little further is nothing now and the bottom is nearly reached. One organization furnishes doctors and ale; another sells medical services and mangles. Some of the hospitals have thrown off the cloak of virtue which had become a burden and shown themselves as they are. St. Louis possesses two hospitals, each owned by a stock company, and run for the profits in the business. In New York, a great hospital supposed to be consecrated to charity, has widely advertised its "Private Patients' Pavilion," and announces that "those of the most cultivated tastes" may apply and find every care and convenience. If this is not a bid for the wealthy private patient of the decaying doctor, what in the name of rampant humbuggery is it? In one of our hospitals a man with an income of \$30,000 a year received the best that could be given for \$10 a week; the president of one of our largest railroad corporations was discovered to be a regular attendant upon the dispensaries; patients come in carriages; they come in large numbers from out of town; the well-to-do are treated as well as the poor; doctors are ruined and the people and profession cursed—all this is known, stale, flat and unprofitable to the decaying doctor. From the big hospital and big college clinic has spread the evil. They and the men who run them are primarily responsible. For the selfishness and greed of doctors have made them bow down before any orders that may emanate from insolent and over-bearing boards of management, and it is and has been due to the weakness and flabbiness of the medical profession that charity has been betrayed. And yet the doctors are the centre of every charitable institution. Take away the staff and what is left—and yet they are content to be the slaves of their masters—the managers. Can anything be done? Certainly; there *must* something be done. And first we would suggest that we, as a profession, make some effort to interest the lay members of hospitals and dispensaries in the work of reform. The medical profession may inaugurate the movement for better things, but it must be helped along by the laity if it is to succeed. Make the hospitals great schools for the profession—not mere centres of opportunity for selfish doctors and vainglorious laymen. Out-patients should be restricted to those sent by physicians and the clinics should be open to the profession and free discussion. Special wards should be set aside for patients sent by physicians who should have the privilege of attending these patients. Laboratories should be established and investigations carried on in the various fields of science. In this way the hospital would be a boon to the sick and to the profession. As to the dispensaries, let them be held to a strict accountability under the law as the old school medical society proposes to hold them. The homœopathic school in this city, at least, should lose no time in moving in this matter. In the future let doctors consult their sense of decency and self-respect and assert an equal right

in the management of the institutions which they serve and sustain, and boards of managers will not mock, and the plain doctor will not so soon decay.

Those who attend the American Institute of Homœopathy at Buffalo during the coming session will have reason for being very grateful to the chairman of the different sections or bureaus on account of the innovation adopted, in that there will be a limited number of papers in each section, all contributed upon selected topics instead of the usual heterogenous mass of odds and ends characteristic of the past. And the prearranged discussion of these papers must bring out many valuable points which are omitted in extemporaneous work. It is believed that this change is the beginning of a revival and that in the future the proceedings of the American Institute of Homœopathy will possess a real money value to the busy practitioner. This attraction, combined with the many attractions of Buffalo and Niagara Falls, ought to bring to the Institute the largest attendance within its history.

OBITUARY.

DR. SAMUEL HAHNEMANN JACKSON.

We are pained to announce the death of Dr. Samuel Hahnemann Jackson, Jamaica Plain, Mass. His mother, Dr. Mercy Bisby Jackson, was one of the first woman homœopathic physicians in this country and to her enthusiasm for homœopathy her son owed his given name. Dr. Jackson was one of those noble men whose sterling character was known and appreciated by all with whom he came in contact. His loyalty to Hahnemannian homœopathy brought with it a large practice and an enviable reputation. Modest and unassuming, yet possessing that decision which always inspires that confidence so thoroughly appreciated by the public. The doctor was born at Plymouth, Mass., June 22, 1844, a direct descendant of Miles Standish and John Alden, so he took just pride in his pilgrim ancestry. His body was cremated.

DR. J. RALSEY WHITE died at the residence of his daughter, Mrs. Clarence D. Van Zandt, 26 Rutger St., Rochester, N. Y., March 5, 1897, of cerebral hemorrhage, aged 67.

Book Reviews.

The March Atlantic. Holding fast to its literary traditions, the *Atlantic Monthly* for March contains, besides fiction, travel, reviews and reminiscences, five articles on subjects of the greatest public importance and timeliness,—John Fiske's comprehensive discussion of the Arbitration Treaty; Woodrow Wilson's review of Mr. Cleveland's political career, and an estimate of him as President; Prof. Hadley's clear statement of the good and evil of trusts and monopolies; Mr. Francis C. Lowell's article on the causes of the decline of legislative bodies and some remedies; and a true scholar's explanation, by Mr. Irving Babbitt, of Harvard, of the right place and use of the classics,—a defense of literature against the philologists. Mr. Fiske's article sets the treaty in its proper relation to history; and by showing what has gone before and what must follow it, he gives it its logical place as an epoch making incident in the progress of civilization from war and fear of war to the inevitable triumph of industry and commerce, when no people can afford war. Mr. Woodrow Wilson credits Mr. Cleveland with the strongest personality in our political life since Lincoln, as a conclusion forced by a discriminating review of the greater events of his two administrations. Prof. Hadley points out the very complex results, good and bad, of industrial monopoly and great combinations. The important social and economic effects are grouped and traced with great clearness; and the proposed and in the main ineffectual proposed restraints and remedies are reviewed. The decline of our legislative bodies is the most striking fact in our present political life. Mr. Lowell, who has had experience as a useful and observing member of the Massachusetts House of Representatives, makes it plain that the worst evils come less from the badness of individual character than from the bad system whereby we choose our legislators.

Review of Reviews for March. The editor comments in the March number on the Spanish program of reforms in Cuba, the United States Senate's attitude toward the arbitration treaty with England, the immigration bill, the proposed international monetary conference, President-elect McKinley's cabinet selections, the recent Senatorial elections, the New York Trust investigation, the famine situation in India, the affairs of the Greeks in Crete, the foreign policy of Russia, the position of England, France, and the other great powers, and many other matters of current interest. The only complete and accurate account of the life of Lyman J. Gage, Major McKinley's choice for Secretary of the Treasury, has been written by Major Moses P. Handy, who describes the leading traits of Chicago's first citizen in a twelve-page illustrated article. Speaking of the munificent bequest of the Swedish engineer, Alfred Nobel, whose name is known wherever dynamite is used, as the Thor Hammer of Modern Industry, the *Review of Reviews* says: "The interest annually accruing from this magnificent endowment of science, medicine, and peace, say about \$300,000, is to be divided into five portions, to be awarded in prizes, for the most important discoveries in (1) physics, (2) chemistry, (3) physiology or medicine, respectively; (4) for the most distinguished literary contribution in

physiology or medicine; and (5) for achieving the most, or doing the best, to promote the cause of peace. The competition is open to all the world, and the adjudicators will have no easy task. Just imagine the difficulty of deciding who best served the cause of peace in 1896! We should be inclined to back Secretary Olney for that prize. But that is a detail. The important thing is that here we have a millionaire of munificence who has struck out for himself a method of endowment which is neither ecclesiastical nor educational."

The North American Review for March contains a timely and elaborate paper on *The Famine in India* from the pen of Sir Edwin Arnold. The thorough and long familiarity of Sir Edwin with East India affairs and customs render him a high authority upon this important subject, and its various aspects are described in a most graphic and sympathetic style. Carroll D. Wright, United States Commissioner of Labor, thoughtfully discusses the problem of *Prison Labor*. Mr. Wright looks upon the ethical aspect of this question as the most important, it being the one in which the prisoner himself is concerned. No State, he asserts, has any right to expect to make profit, or to permit contractors to do so, out of the labor of prisoners when this profit is at the expense of their reformation. The present agitation concerning trusts gives additional interest to a contribution by V. H. Lockwood, entitled *How to Reform Business Corporations*. Two carefully prepared methods are advocated by Mr. Lockwood to prevent the mismanagement of corporations and to secure the rights of small shareholders, while the entire ground of the duties and liabilities of directors and officers is succinctly gone over. Two notable articles under the caption of *The Railway Problem*, discussing this momentous question from two distinct and vital standpoints. *The Legislative Solution* is treated by the Hon. Lloyd Bryce, the former editor of the *Review*, who clearly emphasizes the claims of the railways against unjust legal restrictions and unfair taxation, while in *A Mercantile View* Mr. James J. Wait practically sets forth the relations existing to-day between the railways and the merchants and shippers. Progressive religious thought has an able exponent in the person of Prof. C. A. Briggs, D. D., who contributes a brilliant paper on *Works of Imagination in the Old Testament*. It is a critical review of the Books of Job, the Song of Songs, Ecclesiastes, Ruth, Jonah and Esther, all of which Dr. Briggs declares "are beautiful forms of literary art-works of the imagination inspired by God to set forth the ethical and religious principles of the Old Testament."

The Hahnemann Hospital College of San Francisco has made a formal tender of that institution to the Board of Regents of the University of California and seems to have met with a very favorable reception by this Board, in that it has appointed a committee consisting of Regents Crocker, Hallidie and Wallace to examine into the status of the college and decide upon terms of affiliation and report back to the Board at its next meeting. This would be a happy solution of the future existence of this institution and we trust that the prayer may be granted, providing the instruction to be given is what it pretends to be, pure homœopathy.

Our Monthly Review.

Coca Wine and its Dangers. An editorial in the *Dominion Medical Monthly*, of Toronto, calls attention to the dangers from the steadily increasing consumption of Coca Wine, and says that in some localities the regulation of the city authorities permit the sale of wine containing one grain of any salt of cocaine to the ounce without a license. And states that the very people who should flee from its influences as they would from a deadly poison are the very ones who are induced by the medical and secular press to take that step, which lays the foundation for a deep-seated habit. Men and women requiring a large expenditure of nerve energy are induced to drink different so-called wines of coca with the belief that it is as innocent a tonic as the drinking of tea or coffee; and this may be true, because there is no more pernicious beverage than the abuse of that seemingly innocent substance, tea or coffee. The three are very similar in character, and very similar in effects produced, only the wine produced from the leaves of the coca constitutes but a small per cent of the coca wines now upon the market, and every particle of increased activity under the influence of this drug is gained at the expense of future prostration and suffering.

Denver Journal of Homœopathy for March. The reading matter of this journal has been made up entirely of the contributions of the women physicians of the United States and some exceedingly valuable articles have been added to the current literature of the day. The first article, "Purificants," by Genevieve Tucker, lays down the following rules for her practice during the last six weeks of pregnancy. She selects one of the following remedies in accordance with the indications, begins with drop doses of the 2x or 3x dilution twice a day for two weeks, three times a day for the next two weeks, four times per day for the fifth week and six times per day for the last week.

Pulsatilla. For blonde women inclined to anæmia. Very young primiparæ. Primiparæ under thirty years of age. Primiparæ who give a history of spasmodic dysmenorrhœa, menses easily suppressed by cold. Multiparæ who have suffered from nausea and other digestive disorders during the early months of gestation. Multiparæ who are weak from anæmia and suffering from the resulting constipation rather than in mothers exhausted by excessive child-bearing (*gels.*). Timid women who dread their sickness. Afraid she will not be brave, and does not like to speak of her pregnancy. She has been able to ride better than walk. The woman inclined to house herself during all the months, though she wants plenty of fresh air in her rooms.

Gelsemium. Primiparæ past thirty. Women exhausted from society demands. Women exhausted by rapid and excessive childbearing; wants the baby if she only knew where the strength for it was to come from. Women enervated by luxury and ennui.

Cimicifuga. Dark hair and eyes, strong women compactly built, develops

and grows large all over, square and boulder like. Old primiparæ. Women who incline to rheumatism, quick and irascible in temper, apprehension from some hallucination, story of neighborhood event. Walks better than she can ride. Thinks she does not show her condition and goes everywhere (opp. *puls.*). Some inclination to laziness; lets things go, while the *Gelsemium* women with her little strength keeps everything up and never stops until everything is finished.

Caulophyllum. Multiparæ with large pendulous abdomen. The mother of a large family. History of severe after pains and many false pains. The young multiparæ who has been ugly and hardly liveable with all through gestation. More irritable and irascible than *cimicifuga*. The laboring woman or the washerwoman who works up to the last moment. Varicose veins from excessive childbearing or badly managed phlebitis of previous confinements.

The indications for the remedies given are clearly defined and of unquestioned value and where these indications have come up during the early months which would have been invaluable to the observing physician as a guide for any one, making the time of labor comparatively painless and removing from that constitution a burden which will grow in intensity until probably at the period of menopause will almost, if not completely, overwhelm.

Positions Held by Women in Homœopathic Medical Colleges. The following is a list of women occupying chairs in the different homœopathic colleges of the United States or acting as assistants to different chairs. It will be interesting to note the recognition shown to women by the different colleges, and it may be well to ask the question, Why things are as they are?

Cleveland University of Medicine and Surgery—Martha A. Canfield, M. D., professor of Medical Diseases of Women and Electro-Therapeutics. (There are twenty-one lady students).

Cleveland Medical College—Eliza J. Merrick, M. D., professor of Pediatrics; Margaret Johnson, assistant in Children's Clinic; Josephine M. Danforth and Jesse Smith, assistants in Eye and Ear Clinic; Anna Johnson and Lucy A. Pierce, assistants in Gynecological Clinic; Dr. Eva Farlow, dispensing physician in Women and Children's Clinic. (Seventeen lady students).

Boston University School of Medicine—(No professorship now held by a woman). Helen L. F. Wright, M. D., lecturer on Gynecology; Sarah Sweet Windsor, M. D., lecturer on Diseases of Children; Eliza B. Cahill, M. D., assistant in Gynecology; Mary S. Hornby, assistant Demonstrator in Anatomy. Hospital Staff—Almena J. B. Flint, M. D., Electro-Therapeutics; Julia M. Lombard and Hattie E. Kinney, House Physician and Surgeon. Dispensary Staff—Ida Dudley Clapp, Medical Department (one of six); Lucy Appleton, M. D., Woman's Department (one of five); Sarah Sweet Windsor, M. D., Children's Department (one of five); Helen S. Child, M. D., Pharmacist, (fifty-three lady students).

Hahnemann Medical College Hospital—(Eighty-seven lady students, and no lady on the faculty). Hospital Staff—Cornelia S. Stettler, M. D., and Katherine B. Clapp, M. D., Clinical assistants in Surgical and Medical Diseases of the Throat and Nose; Alice B. Brown, M. D., (one of five Internes).

National Medical College and Hospital—(Three of thirty three Medical Commissioners are women). Julia Holmes Smith, M. D., Professor of Medical

Diseases of Women; Clara M. Haynes, M. D., Professor of Electro-Therapeutics; Nellie Ayers Sanders, M. D., associate Professor of Bacteriology, and Librarian and Curator of the College Building.

Southwestern Homœopathic Medical College, Louisville, Ky.—Sarah J. Millsop, M. D., Professor of Hygiene and Sanitary Science, (twenty-four of the fifty-one students are ladies); Sarah J. Millsop, M. D., one of thirteen Directors.

Dunham Medical College, Chicago—Prof. Stella E. Jacobi, M. D., Theory and Practice; Prof. Helen M. Parker, M. D., Rhinology and Laryngology. Clinical Professors—Prof. Stella E. Jacobi, M. D., Diseases of Women; Prof. Helen M. Parker, M. D., Eye, Ear, Nose and Throat; Anna S. Doyen, M. D., assistant.

Homœopathic Medical College of Missouri, St. Louis—(No women on Faculty or Clinical Staff—four women students).

Denver Homœopathic Medical College and Hospital—Emma F. A. Drake, M. D., Professor of Obstetrics; Mary M. Hatfield, M. D., lecturer Hygiene and Sanitary Science; Hellene C. Byington, M. D., Gynecological Clinic.

Kansas City Homœopathic Medical College—Emily S. Colt, M. D., Puerperal Diseases and Diseases of Children. Clinical Staff—Dr. Emily S. Colt, Diseases of Children.

New York Medical College for Women—Professors, ten men and nine women; Adjuncts, two women and one man; Faculty Officers, President—man; Dean and Secretary—women.—(*Denver Journal of Homœopathy* for March).

Is He One of the Seven? Dr. Charles Fisher, editor of the *Medical Century*, a most excellent journal, concerning a recent visit to Denver, says that he was deeply grieved to find discord instead of harmony among the Homœopaths, etc. In his fatherly advice he suggests a dose of "Sam Jonesism" for the Mountain City. The doctor goes junketing over the country upon "the unlimited" to gather sweets for his newsy paper, and no doubt he was in Boston two weeks ago while Sam Jones was holding a series of meetings in that city. How are we benighted sinners to know but that he was one of the "three" who made the seven, when, on Tuesday night, with the house densely crowded, Sam said: "If there is a woman present who never lost her temper with her family, nor scolded her husband, will she please stand up," whereupon four women arose. He then made a similar request for the men, when three men arose. Sam was happy. "Well done, my friends," he remarked. "Will you please come forward and occupy this vacant seat in front?" The seven came and were seated. Sam's majestic form swelled with moral suasion, when he said: "Will the audience arise and join me in prayer for these seven liars?"—(M. M. H., in *Denver Journal of Homœopathy*).

Inaccuracies in the Demonstration of High Potencies. No one would disparage or depreciate the high scholarship of Conrad Wesselhœft, M. D., of Boston, but the true scientist is the man who is willing to look upon all sides of the question and refrains from prejudging a question until it has been put to the test. In his criticism (*North American*, February) of Dr. Foster's paper read before the American Institute of Homœopathy at Detroit last June the worthy Doctor has settled the question of high potencies in his own mind and has reached the conclusion that the inherent power or dynamic force of the substance is limited by the actual molecular divisibility of the

matter composing the same and that all useful effect has ceased before the limit of divisibility has been reached, all reported cures to the contrary notwithstanding. This statement gives away the reliability of the whole proposition, but says that the conclusion is false for one or two reasons, either it does not depend upon the divisibility of the molecules or that the established limit of the twenty-fourth decimal or twelfth centesimal division, is not the real limit to which matter may be divided. There are two conditions necessary for establishing the truth of any proposition: First, the proper statement of the same; second, a logical demonstration. It would seem as though the constant application of remedies for the cure of disease, covering a period of fifty years and invariably ranging above the established line of molecular divisibility producing results incomparably greater than those produced by remedies within the range where the molecular element may be demonstrated ought to be enough to establish as a fact that some force has been capable of possessing certain definite, tangible effects and it would naturally be illogical to assume that the increased efficiency of these remedies, when they have passed beyond the domain of matter, and entered into that sphere where the immaterial, invisible force work, that it had simply been liberated from its environments and had just reached a point where its real inherent force was beginning to be felt. In order that the Doctor may properly test this thoroughly he must dispossess his mind of his materialistic idea of the nature of disease, recognizing the difference between disease and its manifestations; between the Creator and the thing created.

Some Obstructions to Medical Progress. (*North American*). This is the subject of the President's address by Moses T. Runnels, M. D., before the members of the Missouri Valley Homœopathic Medical Association, at Omaha last September, and is filled with a recital of many obstructions to medical progress. He says: "The practice of medicine is not regarded by educated people as anything more than a trade and the title of doctor is not necessarily a passport to the best society." And he charges the lack of scholarly attainments to the corresponding low standard established by the medical practitioner of America to the overwhelming desire for money and what it will bring. It will be easy for any close observer to demonstrate the truth of this statement, and many times we find that the popular physician is the man possessed of strong personality, tact and selfishness, instead of medical ability combined with the real desire to help their fellow men. The combination of personality, tact and selfishness may make a man popular and prosperous, but the combination of personality, tact, with a thorough knowledge (which all physicians should be compelled to have) of the law of healing, will make the possessor of the same not only popular and prosperous, but thoroughly loved by his fellows. To-day we have over one hundred thousand practitioners in America, circumstances compelling many of them to accept superficial preliminary training which has been supplemented by the knowledge of great truths through the practical school of every-day experience, provided the physician have that desire for knowledge which will inspire them to the severe and trying discipline of careful study. The presence of many post-graduate schools throughout the country bear evidence of the fact that there are many practitioners who are dissatisfied with their limited attainments and are anxious to avail themselves of opportunities whereby they may be put in touch with this higher plane of medical in-

vestigation. It is a law of nature that the weaker ones must fall by the way-side and that ultimate success comes to those best fitted for the work. In this process of evolution a plane will be established by the medical practitioner of America that will not only be an honor to the profession, but place them where their environments would naturally suggest in the vantage ground of leaders. The legal restrictions of State Boards of Health may accomplish something in this direction, but so long as the profession is so thoroughly steeped with bigotry and its accompanying evil, ignorance, little good can be expected from the dictation of those who are not far raised from the common level. The demand of the public will generally measure the attainments of the physician. Discussions of this question, by arresting attention and thereby compelling thought, may stimulate the profession and may bring the public up to the proper standard, but time will ultimately adjust these differences and bring about the happy millennium.

Enuresis in Children. Dr. W. H. Cooper gives the following causes for incontinence; an incomplete development of the sphincter vesical, malformation and diseases of the genito-urinary apparatus, for example phimosis or a small meatus in males, a clitoris with adherent hood or polypoid excrescences at the neck of the bladder in the female. Expansion of the bladder due to polyuria or diabetes mellitus. Fissure ani, constipation, ascariides, masturbation and constant state of irritation of the parts resulting in a chronic inflammation of the whole prostatic portion and neck of the bladder, insufficient innervation, excessive nervous disturbances, anæmia, etc. A comparison of these causes with the symptoms of latent and active psora gives a comprehensive view of the real cause for enuresis and at the same time indicates the treatment necessary for a cure. Hahnemann insists upon the removal of exciting cause where it be mechanical, but where this exciting cause is due to constitutional tendencies a great mistake is made by the operative procedure, because it will eliminate many of the factors in the case without removing the miasmatic cause of the disturbance. As confirmatory of this theory in the remedies that have been found most efficient for the complete cure of this distressing condition, *sulphur*, *phosphorus*, *phosphoric acid*, *lycopodium*, *arsenicum*, *causticum*, *calcareas*, *iodides*, and *silicea* will be found among Hahnemann's list of antipsorics. And a thorough knowledge of Hahnemann's method for the treatment of chronic diseases will clear up the confusion existing between the antipsoric remedies and those remedies that may be used as countercurrents without interfering with the deep action of the constitutional remedy.—(*North American for February*).

Melancholia with Stupor. Dr. Wm. Morris Butler, in *North American* for February, says that *Veratrum album* has proven, in his experience, the most valuable remedy in combating this formidable disease. Many of his patients, who for weeks had passed their days sitting with head bent and hands resting upon their knees, noticing nothing, with their mental and physical vitality reduced to the lowest ebb, has been restored to their mental activity under the influence of this drug. If Hahnemann had never given to the profession anything but *Veratrum album* he would still have put us under an everlasting debt of gratitude for placing in our hands a means of restoring to

life and usefulness a class of unfortunates apparently hopelessly condemned to a fate worse than death.

Defeat of the Missouri State Board of Health. (*The Eclectic Medical Journal* for March). The Supreme Court of the State of Missouri has issued the following opinion in reference to the ruling of the State Board of Health in the case of Charles E. Johnson. The certificate asked for by Johnson was refused upon the ground that his college had not complied with the rules laid down by the Missouri State Board of Health, and the reason which caused the Supreme Court to issue the peremptory writ is clearly stated: "Good standing, as used in the statutes, simply means good reputation, and must be proven in the same way. But the board undertook to establish a rule of its own by which such good standing should be shown, that is, by requiring all medical colleges to furnish to it a list of their respective matriculates and the basis of their matriculation, and in this went beyond the power conferred upon it by the statutes from which it derives its origin, and by which its duties and authority are defined."

Don'ts, from an Article on Cycling. (By G. H. Somers, M. D., in the *Denver Journal of Homœopathy*),

Don't ride because someone else does, but because it will do you good.

Don't ride for pleasure alone, but for pleasure and profit.

Don't ride to become a professional. It costs too much—a sacrifice of health.

Don't ride with any object that is not subservient to the making of one stronger and better physically.

Don't give up to dyspepsia, to a sedentary and inactive life, to loss of strength and ambition; but learn to ride a wheel.

Don't forget the full bath after each considerable spin.

Don't forget that riding should be moderate and regular, proportioned to the strength of the individual.

Don't try centuries.

Don't cultivate the bicycle hump; it may be considered hygienic but *don't* you believe it. It interferes with the natural spinal curves, impedes circulation and does not allow free and easy chest dilation.

Don't keep your mouth open.

Don't ride if you are suffering from any heart disease, bronchial trouble or any disease of the nose that causes the person to breathe through the mouth.

Don't ride if you are suffering from hernia, epilepsy or are subject to fainting spells.

Don't ride if you have varicose veins, any acute inflammatory trouble, or are convalescing, especially from typhoid fever.

Don't forget that the morning is the best time for riding if time be reserved after for the bath and a half hour's rest before breakfast.

The Hahnemannian Advocate

A MONTHLY HOMŒOPATHIC MAGAZINE.

Vol. XXXVI

CHICAGO, APRIL 15, 1897.

No. 4

Society Reports.

CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

CITIZEN'S CLUB, SYRACUSE, N. Y., Sept. 17, 1896.

The annual meeting of the Central New York Homœopathic Medical Society was called to order at 11:20 a. m., by the vice-president, Dr. A. J. Brewster.

Members present—Drs. Dever, Brewster, Martin, Carr, Follet, Leggett.

Visitor present—Dr. Hoyt.

The minutes of the June meeting were read and accepted.

The *Organon* was read and commented upon by Dr. Isaiah Dever, as follows:

“Other Inquiries Necessary to be Made, Before a Perfect Image can be Formed of a Chronic Disease.”

Mr. President and fellow members of the Central New York Homœopathic Society:

A short time after the meeting in June, 1896, our Secretary wrote that the worthy President of this Society had appointed me to prepare a paper having for its text Sections 207–8–9 of the *Organon*.

Now, like the obedient member that I am, I have attempted to comply with the President's very reasonable request; bearing in mind that work of this kind is a part of the contract, accepted by each member, upon signing the constitution and by-laws of this Society.

In attempting to offer reasons why the homœopathic physician should follow the instructions given in the above-mentioned sections, it becomes important to study the ingenious arrangement of the *Organon*.

This instrument of concentrated wisdom is divided into sections; and to each section is given a subject, or the division of a subject. The very evident plan of the author is so thoroughly carried out, and so strongly indicated, as to fill the students of the *Organon* with wonder. Evidence of this underlying plan is found by reference to any one of the subjects treated in the great work, as we shall find in our examination of the sections about to be considered.

Hahnemann says in Section 207: "The preceding examination being accomplished, it is required that the homœopathic physician inquire what allopathic treatment has been adopted during the chronic disease."

The first clause of this quotation refers to Section 206, in which Hahnemann bids the physician inquire concerning any former sickness from which a chronic miasm might result. This examination should be made because of the undoubted presence of one or more miasms, underlying and exciting all chronic maladies.

Sections 70, 80, and 81 acquaint us with the nature of the chronic miasm; while Section 206—properly the beginning of the subject under consideration—instructs us as to the examination of the case, and the end to which inquiry is to be directed. The importance of so thorough an examination is commensurate only with the importance of the cure.

Homœopathy teaches that the physician should direct his effort against the internal *disease-cause*. This underlying cause of chronic disease must be understood, in order to combat it successfully. Sections 79, 80, and 81 acquaint us with the nature of certain *causes*.

Section 206 reiterates the fact that such causes are present in all chronic disease, and points out the method by which they may be detected. The examination for the detection of disease miasm being complete, Section 207 directs that further examination be made for the detection of a possible drug miasm (poisons, &c).

Section 207 indicates a train of symptoms wholly the result of pernicious medication, which it is the duty of the homœopathic

physician to avoid and to correct. The incurable nature of such medicinal and factitious diseases is best studied in Sections 74, 75, 76, and 204, and also by means of personal experience.

The large number and persistent nature of such difficulties (wholly the result of the blind allopathic slopping of drugs whose pathogenesis is not understood), would seem to lend grave importance to the subject, and to demand more than passing notice. Factitious and medicinal diseases, properly speaking, are not regarded by Hahnemann as chronic diseases. For his evidence upon the subject, turn to the last sentence of Section 76 and read: “The art of healing intended for re-establishing, in their normal condition, those countless morbid changes of the body which are often produced by the mischievous arts of allopathy, does not, and cannot exist.”

Those words of Hahnemann, concerning what are now called pathological changes (“morbid changes”) are true; notwithstanding assertion to the contrary made by quasi-homœopathic philosophers. A course of allopathic medication is no less an obstacle in the way of cure to-day, than it was in the time of Hahnemann. To the truth of this assertion my colleagues can bear ample witness.

Section 208 has for its object an examination into the various conditions of a patient's life, in order to discover any possible *exciting* cause of the chronic difficulty. Hence, the physician is advised to make inquiry as to the age, mode of life, occupation, domestic relations, and all else that can, in any way, interfere with the patient's recovery. The physician is bidden to observe the state of mind and soul; Hahnemann recognizing that if the mind and soul be sick, then is a patient sick indeed and in truth.

Section 209 sets forth a most important principle. It condemns the too frequent employment of half-measures, which leads to careless, indefinite prescription. It points out the only method by which the physician can obtain an approximately true image of the disease. Finally, it shows that only by means of this disease-image, the physician is enabled to select a remedy or a group of remedies analogous to, and curative of maladies of this nature.

In conclusion—if my colleagues will permit me—I will say that, if we, as physicians, would obtain the results of Hahnemann, we must study his methods and the instructions laid down

in his writings; not only as to the examination of the patient, but also as to the manner of applying the remedy.

I. DEVER.

The paper was received with applause and presented for discussion.

Dr. Dever further said that there are still those who teach that a drug disease is curable by a high potency of the drug which produced it. He believed experience to be opposed to such teaching. He asked if *Psorinum* would cure all cases of *Psora*. He said that a sickness to which drug effects have been added, is something more than drug disease; that it is drug disease, plus the action of the vital force. He said that, in the early days of homœopathic teaching, the above-mentioned argument had come up and had been refuted by such men as Lippe, Hering and Guernsey. He recalled the interest that the argument had excited, during his course in the Hahnemann College of Philadelphia, when these men were professors in that institution. He remembered the careful attention given to the argument, and its final refutation.

Dr. Dever then related two cases in which the symptoms of the drug disease were so prominent that, without recognizing them as the effect of a drug, he had prescribed a high potency of the drug causing the mischief, and, therefore, he had failed to cure.

He was called upon to prescribe for a lady of mature years, who was suffering intense abdominal pain, extending through to back, etc. Her symptoms all indicated *Plumbum*, and a potency of the 200 was administered. There was no relief. Astonished at the result, Dr. Dever made inquiry and found that his patient, in order to conceal the ravages of time, had made use of a preparation of lead; and that the symptoms present were those of lead poison. His prescription had but increased the suffering which afterward was promptly cured by *Sul. ac.*

The other case was that of a prominent citizen of Clinton, N. Y., who lived on College Hill. The sick man presented the characteristic symptoms of *Arsenicum*, and the doctor having prescribed a high potency of that remedy, waited two days. The symptoms constantly increased, and, upon the third day, the patient announced that he had discovered the cause of his sickness; that it was *Arsenical* poison. He then stated that his chair had been newly painted green; that he had been sitting in the

chair, over the hot air register, and that he had been poisoned by inhalation. The doctor prescribed *Ferr.* and cured promptly.

Dr. Dever then said that he endorsed the *Organon*, Section 74, wherein Hahnemann showed that factitious diseases, or diseases produced by medicines, so exhaust the vital force that it is unable to throw off their effects; or else they compel it to make organic changes in a part or parts, in order that it may protect the entire organism from destruction. The doctor believed these morbid or pathological changes to be incurable.

Dr. Martin asked whether it would not have been better, in the case mentioned, to use still higher potencies of the drug that had caused the disturbance.

Dr. Dever said no.

Dr. Carr asked Dr. Dever if he had discovered the local poison before prescribing *Plumbum*.

Dr. Dever said that he had discovered the fact only after prescription.

Dr. Follet asked concerning the course to be pursued in cases of compound prescriptions.

Dr. Dever replied that there were those who sanctioned the use of potencies of the various drugs of the compound, as nearly as possible in the order of the symptoms developed. He decidedly disagreed with any such method of procedure.

Dr. Martin had been much interested in the question of drug disease and its cure by a high potency of the drug causing the sickness. He quoted, at some length, an article upon this subject published by Dr. Holcomb, in a late number of the *ADVOCATE*.

Dr. Dever had heard Dr. S—— advance the idea that in mercurialization, *Merc.* high must be given; in the quinine cachexia, *Chin. s.* high must be given. Dr. Dever again pointed out the fact that the individualities and idiosyncrasies of the patient largely control conditions, and prevent pure drug effect.

Dr. Leggett said that a high potency of *Merc.* had, several times, proved efficient in removing the symptoms of a patient under her care, who had been mercurialized; but that the disease caused by *Merc.* had never been cured. She further said that this patient often needed *Merc.*, or one of its antidotes.

Dr. Dever said that he had reached the conclusion, that when a drug had produced pathological changes, those changes could not be removed by so called antidotes. He then related a case

of poisoning by crude doses of *Digitalis*. The *Digitalis* had produced a pathological change in the heart. The patient had shown the peculiar pulse and heart-beat of that drug. The doctor could never change that pulse or heart-beat, but he had made the patient comfortable until he died. The doctor called attention to the fact that many cases reach the point of pathological change before falling into the hands of a homœopathist, and that they are, therefore, beyond cure.

Dr. Follet had seen no good effects from prescribing a high potency of the medicine causing the disease. He related the case of a boy who, each spring and fall, had been the subject of malarial attacks, and who had been treated each time with *quinine*. *Quinine* had suppressed, but, in the potency, had not had the slightest effect. *Arsenic* prescribed upon the symptoms cured. Dr. Follet said that he had suffered, personally, from the effect of *amalgam* fillings, which had caused true mercurial poisoning. The pains were not cured by a high potency of *Merc.* Dr. Biegler prescribed and cured the pain. Dr. Follet then had all *amalgam* fillings removed.

Dr. Hoyt recalled a lecture of Dr. S——, upon compounds and their antidotes, in which the lecturer had recommended that the potencies of each medicine be given in the order taken.

Dr. Dever was reminded of the cure of a cough. A boy, the son of a physician, being afflicted with a cough, and not knowing the remedy, decided to begin at A. in his father's medicine case, and to take a dose of each medicine, until he should find the remedy. *Phos.* was the magic number.

Dr. Hoyt stated that he had seen the noted case of malignant tumor of the tongue, cured by Dr. Sawyer with potentized tobacco smoke. This case had been diagnosed and treated by many prominent Boston physicians.

Dr. Dever could understand how medicinal disease has become a subject of such great interest in the west. The west, in many parts, is an unusually malarial district. The malaria of that region is often found suppressed by massive doses of *quinine*. These cases are often cured by high potencies of *Chin. s.* The doctor believed such cures entirely due to the fact that *Chin. s.* is indicated from the first attack of the disease, which is incurable and, therefore, suppressable by massive doses. He certainly did not believe the cure due to the antidotal action of the

potency upon the *quinine*, but rather to the fact that the disease receives its *simillimum* in dose, as well as in medication.

Dr. Carr recalled the case of a lady who, in early life, had been under real old school treatment, and had received *Calomel* in massive doses. This lady had called him to treat intense pains located in the shin bone. He had prescribed *Nitric acid*, with entire relief.

Dr. Dever believed it possible to relieve *effects*, when no *pathological changes* had taken place.

Dr. Martin related a case in which *Digitalis* crude had produced the symptom in which the patient "sees everything green." The doctor had removed the symptom with *Ipec.*^{3x}.

Dr. Dever, by the following incident, illustrated the ease with which one falls into routine prescriptions: Two weeks previously Dr. Bresee had called him to assist in a surgical operation. After the operation, Dr. Bresee said: "*Staph?*" Dr. Dever acquiesced without a thought. The patient had been *incised*, therefore he was suffering from *incision*. As the patient slowly recovered from the *chloroform* anæsthesia, he showed symptoms of nausea and vomiting. Dr. Dever then began to question the wisdom of the prescription, and to study the symptoms; after which he gave *Ipecac* with instantaneous relief. He said that both Dr. Bresee and himself had frequently wondered at their own prescription of *Staph.*, and that Dr. Bresee had vowed that he would never again make a similar error.

Dr. Carr said that a habit of "thinking twice" was an exceedingly good habit to "fall into."

Dr. Brewster thought that cases of children are much more carefully prescribed for, because the physician must, of necessity, "wait and watch."

Motion was made and carried to adjourn until 2 p. m.

Meeting was again called to order at 2:30 p. m.

Dr. Follet, who had been unable to prepare an essay, related a case of ulcer upon the *tendo-achillis*, cured with *Berb. Vulg.*

The patient, a child, brought by the mother, exhibited an ulcer upon the left heel, in the region of the *tendo-achillis*. The child was perfectly well, and had not a symptom of any kind. The doctor believing that the ulcer had been caused by the friction of the shoe, prescribed a change of shoe, a relief of pressure, and a soothing application.

In four months the patient returned, having followed instruc-

tions without benefit. She still had no symptoms, aside from the local lesion, on which a scab would form, fall, and form again, in somewhat regular succession.

The doctor, not liking to be baffled, devoted several hours to a search for some remedy having a like lesion in that locality. Finally he found in Hering's *Guiding Symptoms* one remedy in which a symptom pointed to such a development, *i. e. Berb. v.* The symptom read: "Lymphatic swelling of the *tendo-achillis* of the left leg, with an ugly red spot." The doctor prescribed six powders of *Berb. v.*^{6x}, one to be taken each night. The ulcer disappeared after the fourth powder.

Dr. Carr had found *Berb. v.* useful in hastening suppuration. He had given it with great success in the 5m potency, in cases in which *crops of small boils were very sore and very slowly developed.*

Dr. Carr then mentioned a case of chorea. The symptom had gradually developed from uneasiness, restlessness, and continual changing of position, to the characteristic jerking of the extremities, making of faces, etc. The case was cured in one week by three doses of *Agar. musc.*³⁰.

Dr. Leggett related a case of chorea, in which the simillimum of the chorea disturbance had seemed to be *Agar.*, and upon which *Agar.* had made no impression. The case, having been previously under constitutional treatment by the doctor, was put upon the constitutional remedy, *Mercurius*. There was prompt response and rapid recovery.

Dr. Dever had cured, with *Tarant.*, several cases in which the *hands* were especially affected. He thought that chorea, like every other disease, should be cured by the constitutional remedy.

Dr. Brewster had used *Tarant.* in carbuncles with great success. He had cured one young man of a carbuncle situated upon the nape, when the swelling was large, red and angry, and the pains were very *severe*, of a *pricking, stinging* character. The doctor had first prescribed *Tarant. cub.*, but without effect. He had then administered *Tarant. hisp.*, with prompt relief.

The doctor had cured a second case, in which the carbuncle was located upon the angle of the lower jaw. The patient was a stout, hearty man, but he had actually walked the floor and cried until 2 a. m., when he called at the doctor's office for relief. He described the same stinging, pricking pains, severe in character. He received two powders of *Tarant. hisp.*, one to be taken at

the office, and one on reaching home. He slept the remainder of the night, free from pain, and recovered quickly.

The doctor related a third and similar case, giving the characteristic symptoms of *Tarant.* in these conditions, as "*severe pricking and stinging.*"

Dr. Old's paper.

OLEUM ANIMALE.

Oleum Animale has existed in the Homœopathic Materia Medica, in a partly proven state, since the time of Nanning, Hartlaub, Schreter and Trinks, who made the first provings. It has been but little used by the homœopathic profession; consequently it is mentioned in but few clinical records.

I have recently made a proving of this substance, which may, perhaps, be turned to our mutual advantage, by a review of the symptoms thereby developed. It should be a rule of the profession, that any remedy having the slightest proving should receive careful consideration. Each peculiar symptom of a partially proven remedy, should be treasured in the store-house of our brain; as at some future time it may become of inestimable value in relieving the sick. I say, "in the store-house of our brain," because the disease picture of a slightly proven remedy is not sufficiently clear-cut to form a distinct image before our mental vision.

A partly proven drug, with its one or two peculiar symptoms, is like a painting over which a veil is thrown, leaving exposed one corner, where a crimson garment is seen. Unless we remove the veil, or fully prove the drug, the covered treasure of art or of nature can only be conjectured. Until this is done, we perceive only the exquisite coloring of the crimson garment, or the peculiarity of symptoms suggesting a special use of the drug.

The mental state produced by Oleum Animale, is that of marked sadness and lowness of spirits. Nothing in life delights the prover, who, if a woman, sits absorbed in morbid fancies, pondering and dreaming; noticing neither persons nor things; giving neither word nor look. If she speak, it is in a low tone, as if she were overcome by some great calamity. The mental attitude causes ill-humor and irritability, and the prover, if questioned, will hardly give a civil answer. She has "the blues" as badly as *Pulsatilla*, but is not such a mild little creature. Sad, absent-minded and gloomy, she is filled with lascivious thoughts and fancies.

The headaches of Oleum Animale are various: throbbing, dull, pressive, knife-like, sticking, drawing, piercing, etc., one type of which is semi-lateral, starting at the base of the brain, and extending to the eye of the corresponding side; <by motion, by exertion, after eating, and >by rubbing.

Here may be mentioned two general modalities of the remedy: most pain symptoms are >by rubbing, *i. e.* those of the head, scalp and eyes; in fact, those of the entire body. Likewise, most symptoms are <after eating, especially after dinner. Even the mental depression is greater at that time. Another general<, that might be noticed here, is the <as to time: it is from 2 to 9 p. m. The 2 p. m. <is especially marked, and coincides with the <after dinner. The pains in the head are also <by stooping, by lying down, or during the menses.

The Oleum Animale headaches may, then, be tearing, sticking or burning, with sadness, irritability, and a marked increase of symptoms after dinner, that are >by rubbing.

The vertigo occurs only in the morning, in bed, or in the open air.

There are itching, burning vesicles upon the scalp, which are >by friction; there is a numb, paralyzed feeling in the left side of the head; tenseness of the muscles of the scalp; and a sensation as if the skin of the scalp had been cut and re-united.

The abnormalities of vision are: mistiness, glistening bodies before the eyes, and a sensation as if a skin were hanging down over the eyes. Here, again, we find an effect from eating: the eyes lachrymate, when the prover eats. There is smarting and burning in the eyes, as from salt, with agglutination of the lids in the morning; spasmodic twitching of the lids, and short-sightedness.

A further and quite general modality is found in the *burning* of various parts of the body: there is *burning* in the eyes, the scalp, the stomach, the abdomen, and during micturition, etc., etc.

Various sounds are heard in the ear: ringing, singing and roaring; tones seem to reach the ear as through a great noise. There is an <from noise, and a sensation of heat, coming from the right ear.

When this sad, silent patient has a cold, there is a watery, exoriating discharge from the nose, with much sneezing that causes a bursting sensation in the chest. While the patient, or prover, is in the house, there is drawing, pressing pain at the

root of the nose, and the nose and head feel stopped; but, when the subject is out in the cool air, there is a drip, drip, drip of water from the nose, that relieves the head.

This remedy produces chilliness, like *Nux v.*, *Cycl.*, and *Kali c.*; but, unlike those remedies, the chilliness attacks the patient in a warm room, and is >in the open air. The catarrhal symptoms, also, are >in the open air.

The expression of countenance found in this sad, silent, moody subject, bears out our expectations, and is borne out in the proving. The expression is that of one given to dwelling too much upon one topic, so much and so long that a gloom has settled upon the face. The face has become pale and earthy in appearance, and, even when it is red, it is cold to the touch.

Cramp-like pains are produced in the face, similar to those found in other parts of the body. The skin of the face feels tense and drawn; a sensation of contraction, such as was noticed among the sensations of the scalp. There is a burning of the skin, followed by desquamation, the sensation >by rubbing. There is twitching of the lips, and a swelling beneath the right lower jaw. A peculiar symptom developed is, "the malar bone feels as if it were pulled forcibly upward."

There is a greasy feeling in the mouth, and an accumulation of large quantities of saliva which, at times, is snow white.

This remedy will be found useful in a toothache that is darting and tearing, >by pressure, and accompanied, also, by a sensation of icy coldness coming from the tips of the teeth.

Oleum animale produces relaxation of the buccal mucus membrane (*Caust.*), so that it is almost impossible for the patient to keep from biting the cheek while eating. Oleum animale also causes soreness, as if the tongue had been burned by hot drinks; as, also, a sensation as of dried white of egg upon the lips. *Alum.*, *Bar. c.*, *Mag. c.*, *Ph. ac.*, and *Sul. ac.* cause a sensation as of dried white of egg upon the face.

The sensations of soreness, rawness, burning (as from red pepper), dryness and constriction, may attack either side of the throat; with this condition, there is a sensation as if cold air penetrated to the throat, although the air be warm. The throat symptoms are >by eating and drinking, and <by empty swallowing, like *Lach.*

Desire for soft-boiled eggs, or for bread only, with an aversion to meat, is peculiar to Oleum animale.

Other peculiarities produced in the stomach are: a sensation as if water were in the stomach, which sensation extends even to the throat; as if the stomach were bruised, sensitive and heavy; as if the food did not digest; as if the stomach were entirely empty, in the early morning; as of pressure >by pressure; as of distension, with gas; as of burning, like fire; as of coldness, like a lump of ice; as of constriction and contraction.

Many of the stomach symptoms are >by eructations; the nausea; the sudden inclination to vomit, with a sensation in which the stomach seems to turn quite over; the gurgling and rumbling; the burning in the stomach, are all >by eructation.

Eructations and passage of flatus are frequent; the eructations taste like urine, (*small like old urine, Agnus. c.*) and burn.

Cutting and sticking pains, at every deep breath, attack the regions of the liver and spleen.

There is much distention and rumbling in the abdomen, from flatus. The pains of the abdomen go from right to left above the navel, and from left to right below the navel. Many of the cutting and colicky pains are >by passing flatus, >by sitting doubled up, and <by food, drink, motion; these pains are frequently followed by liquid stools that>. The sensation of emptiness in the abdomen, occurring in the morning, coincides with that in the stomach.

There is much straining and effort in voiding stool, and some ineffectual urging. The stool may be followed by a burning like fire in the anus, or by a beaten, bruised sensation in the intestines.

The urine is greenish, having a fishy odor, or, it is like muddy water with clay-like sediment. There is great urging to urinate, with passage of but few drops at a time, accompanied by intense burning in the urethra.

Oleum animale produces much swelling and tenderness of the testicles, and many drawing, tearing, excruciating pains of neuralgic character along the spermatic cords. It causes a sensation as if the *testicles were seized and pulled forcibly upward*. It affects the right testicle and spermatic cord, more than the left.

A marked symptom produced by this drug, is early and scant menstruation. *Many* drugs produce too early and profuse, or too late and scant, while *few* produce both early and scant menstruation. The flow is black and is accompanied by colicky

pains, backache, headache, and great languor of the hands and feet.

This remedy should be found useful in chest complaints characterized by sticking or stinging pains, or by sticking as from hot needles, accompanied by rush of blood to the chest, or by oppression and constriction of the chest, with a dry, hacking cough, or by spasmodic constriction of the throat at night. It should also be useful in cases in which asthma has been caused by suppressed foot-sweat. These conditions, together with the general peculiarities of <at 2 p. m., and >in the open air, are indications of the sphere of Oleum animale. This remedy causes a violent oppression of the chest, <by ascending stairs, and >by emission of flatus. It also causes a bubbling sensation as of liquid in the chest.

The pains in the breast are >by rubbing. This symptom when occurring in pale, irritable, gloomy patients, subject to general chilliness, and when accompanied by <at 2 p. m., and after eating, should indicate Oleum animale.

This remedy causes a sprained feeling in the small of the back and cracking of the vertebræ on raising the head, (like *Aloe*, *Nat. c.*, *Nit. ac.*, *Nux v.*, *Stram.*, *Sulph.* and *Thuj.*).

Stretching, drawing, cramp-like, rheumatic pains are found in the extremities. These are >by motion and rubbing. The burning, tearing pains in the finger, as from a felon, are >by walking about. In fact, the provings frequently show restlessness to be a marked symptom: restlessness at night, tossing about in bed; a restlessness that at all times keeps the subject moving or working rapidly.

This remedy should prove useful in intermittent fever, when there is alternation of heat and chill, without perspiration or thirst.

C. L. OLDS, M. D., H. M.

The paper was accepted and ordered to be published, and thanks were extended to Dr. Olds for so interesting and valuable a study. The subject of the paper was then presented for discussion.

Dr. Carr saw in Oleum animale many symptoms resembling *Arsenicum*, many resembling *Pulsatilla*—irritability being added to the latter remedy—and some resemblance to *Silicia*—asthma caused by a suppressed foot-sweat.

Dr. Dever remembered a case of toothache that he had cured

with *Oleum animale*. The patient was extremely irritable and relieved the pain by *pressing the teeth tightly together*.

Dr. Leggett related a case in which she had verified symptoms of *Oleum animale*.

On May 13, 1896, a patient, a woman, aged 56, weighing nearly 300 lbs. (having been under constitutional treatment for some time, with the following conditions: uterine tumor, engorged liver, and considerable cerebral congestion), presented the following symptoms:

She complained of a sensation as of "water rushing back and forth" in the stomach, and fancied that the tumor had increased to the size "it was years ago." She thought that she had had a "bilious attack" on the previous Sunday.

She said that she had been "walking, standing and shopping a great deal" and had "eaten many sweets." She is Dutch and fond of good living.

Study of the repertory under stomach, showed three remedies with the symptoms: "water, as if full of;"—*i. e. Millef.*, *Oleum animale*, and *Phell*. Study of these remedies showed *Oleum animale* as the nearest similar. *Oleum animale*^{1m}, one dose, was given.

A month later, the report showed the patient to be "better in every way." Two months later the report was followed by a second prescription of the same remedy, in the same potency, with equally good results.

The Society then proceeded to miscellaneous business.

A letter was read from Henry C. Allen, regretting the unavoidable circumstances that prevented his presence at the annual meeting of the C. N. Y., and asking for the transactions and papers of that Society, in order to publish the same in the new *Materia Medica Journal*, of which he is an editor.

A motion was made, seconded and carried, that the proposal to publish the transactions and papers of the Society (at present promised to the *Journal of Homœopathics*), should receive further consideration, if the *Journal of Homœopathics* did not materialize.

A letter of resignation from membership of the Society was presented by Dr. C. L. Tobey. A motion was made, seconded and carried to accept the same.

The report of the Secretary and Treasurer was accepted as presented.

An application for membership in the C. N. Y. H. M. S. was

made by Dr. Gordon W. Hoyt, and ordered to be placed before the Board of Censors.

The following physicians were nominated and unanimously elected as officers for the coming year:

Dr. A. J. Brewster, Syracuse, N. Y., President; Dr. Wm. M. Follet, Seneca Falls, N. Y., Vice-President; Dr. S. L. Guild-Leggett, Syracuse, N. Y., (re-elected), Secretary and Treasurer.

Drs. Stow (Chairman), Martin and Dever were elected Censors.

The essayists appointed for the quarterly meeting, in December, 1896, were:

Organon, 210—230, J. A. Biegler.

Clinical subjects, Wm. G. Brownell and Wm. M. Follet.

Medical subjects, Volney A. Hoard.

Motion was made, seconded and carried to adjourn to Rochester, Dec. 17, 1896.

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

HEART-BURIALS.—The body of Louis IX. after his death at Carthage in 1270 is related to have been boiled in wine and water in order to preserve it for transportation, and it was then shipped by Charles of Anjou (I.) to Sicily. Here the flesh and viscera were deposited in the Benedictine abby of Montreale, near Palermo. The heart and the bones remained, by desire of the soldiers, in the camp. Later, his son Philip (le Hardi) having carried them and those of his brother Tristan into Italy, they were brought to Paris in 1271. On March 21 of that year the bones, reduced to ashes, were deposited temporarily in Notre Dame, whence they were presently borne in state to the Benedictine abbey of St.-Denis, and at each spot by the way where the bearers paused, seven in number, Philip subsequently caused a cross to be raised. Charles of Anjou dying at Foggia, 1285 his heart was sent to Angers, while his body was entombed in San Gennaro, at Naples. His viscera remained in Duomo at Foggia. Philip III. (le Hardi) died of pestilence at Perpignan, Oct. 5, 1285. His flesh was buried at Narbonne. His bones were transferred to St.-Denis. His heart was given by Philip IV. (le Bel) to the Dominicans of Paris.—*Notes and Queries*.

Institutes of Medicine.

SOCIETY OF HOMŒOPATHICIANS.

FOURTH DAY—MORNING SESSION.—10:00 A. M.

Friday, June 26.

Dr. Stuart Close was appointed Chairman of the Bureau of Homœopathic Philosophy.

Dr. Olin M. Drake was appointed Chairman of the Bureau of Clinical Medicine.

CLINICAL CASE.

F. S. DAVIS, M. D., QUINCY, MASS.

1896.

Jan. 22.

Called to Mrs. G. E. P., aged 63, of medium height, dark eyes and hair, and of spare build.

Face covered with moth patches, of large size.

Skin of a grey color.

HISTORY:—

Had been in poor health for years.

No desire to eat.

Depressed mentally, had forebodings of evil things coming upon her; *anxious*.

Had for years taken various drugs from her physician (old school).

Had frequent attacks of cramps in toes, feet and legs, and sometimes extending to hands and arms.

Last night was disturbed by dizziness, nausea, vomiting of food and a bitter fluid.

Frequent stools, brown, watery, undigested.

Cramps came in the toes, *drawing them up*, and extending to the hips, and as she grew worse had cramps in the fingers and arms.

Fingers were forcibly extended, very painful, and she could not flex them; they are spread apart.

Cramps are brought on if the limb is moved.

Muscles twitches.

Legs ache in the bone; are cold.

Cramps in heels.

The cramps make her very weak.

Consciousness not impaired.

Surface of body cold.

At times muscles of face would twitch.

No remedies at first given did the least bit of good.

The painful cramps continued, although the diarrhœa and vomiting had ceased when I arrived.

Weakness seemed to increase.

I reported the case by telephone to Dr. R. L. Thurston, of Boston, and *Secale Cornutum* was suggested as strongly indicated. It was given in the 1m potency and *immediate* improvement followed.

The most interesting part of this case came out later when I was told by her son, a homœopathic physician, that his mother had been given large quantities of *Ergot* years before, and that her health had never been good since, and had frequent troubles of this kind but less severe.

Are we justified in concluding that these attacks are a drug disease? Also that the high potency of the same drug is the *simillimum*? It seems to be improving the case as nothing else has done.

DISCUSSION.

Dr. Patch—I would like to ask Dr. Davis what the effect has been on the moth patches with which I think this patient is afflicted.

Dr. Davis—As yet I have seen no improvement in that symptom. It seems that the lesser symptoms have disappeared, and so far as I have been able to diagnose the case, I think they disappear in inverse order. I have not been able to verify that. I cannot say. It is a fact that this is one of the symptoms of *Ergot*. The patches seem to be more of an ashy gray color. I have not seen any improvement of that symptom.

Dr. Close—This case is both interesting and instructive, in view of the discussions we have had during this session upon the effects of a high potency upon a crude drug, and it illustrates, it seems to me, the proper way to get at a case, viz., by studying the symptoms. We may assume that every disease to which flesh is heir is produced by some poison acting upon the life force. It may come from without or be generated within the

organism. It may be a poison with which we are familiar and of which we already have provings. It may be that the symptoms we recognize as calling for *Pulsatilla* in the sick, were really caused by too powerful a dose of *Pulsatilla*, drawn from Nature's vast laboratory of natural high potencies; and that the cure of the case by a different, perhaps higher potency, of human manufacture, is only another illustration of the truth of what Dr. Sawyer has been telling us about the so-called antidotal relation of the high potency to the effects of the crude drug. We believe that everything which exists on the material plane has its spiritual counterpart in the world of causes. Back of matter is force, or spirit. Matter originates in Mind, and is the manifestation of mind. The form it takes depends upon the idea in the mind of the thinker. This is as true of the universe as it is of the house under whose roof we are gathered. The force of which the *Pulsatilla* plant is the material expression is contained in the infinite reservoir of Spirit, and may be active in other modes of manifestation than the material plant. We know it is active in our high potency, where it is associated with matter, in the form of alcohol, sugar, or water only in the smallest degree, and with matter in form quite different from that of the original plant. We know that we may transfer this *Pulsatilla* force in all its integrity and power upon or into various media—even air, from which it is appropriated by the human organism by inhalation. To me this is an immensely suggestive fact. It throws light upon both the cause and the cure of disease.

A simillimum must exist for every group of symptoms. Every group of symptoms must have had a cause. Like causes produce like effects. "Like begets like." It seems clear that a group of symptoms for which *Pulsatilla* is the absolute simillimum could only have been produced by the operation upon the life force of some form of the *Pulsatilla* force itself, at such time and under such condition as the organism was found susceptible to *Pulsatilla*. Our law declares that like cures like. A potency more suitable to the needs of the organism than the one which produced the sickness, whether higher or lower, removes the susceptibility and the symptoms, and the cure is complete.

Thus, the ideas of Dr. Sawyer, so clearly illustrated by the paper of Dr. Davis, are valuable to us, even if we do not accept all that Dr. Sawyer says. Now that our attention has been called anew to the effects of drugs in producing and keeping up disease,

we shall be more careful in our examination of patients, and we are still safely within the limits of the law.

Dr. Sawyer—I agree with the last speaker in most things, but there are some things which we must not forget. Now, I can recollect a great many cases where I have discovered long after they were poisoned by *Ergot* or other drugs, traces of those drugs and I have been able to trace them up and find that they did use these drugs, after having studied the whole family and have found that they have been poisoned by allopathic treatment, and that the same symptoms had been produced in each case. When we read the provings of a drug, to suppose we have all the symptoms of that drug is a dreadful mistake. Under what proving, in what *Materia Medica*, or in what clinical report have you ever heard of *Burdock* curing cancer of the stomach? There is not so much as a suspicion of it, and yet I have seen it done. I have been impressed time and again with so-called provings of the new remedies which leave out the most valuable symptoms of the drug. We do not know much about objective symptoms; our provers have steadily neglected to give us objective symptoms, but if we knew the objective symptoms as well as we know the subjective symptoms, we would find they led up to the provings given. Now, I have encountered case after case where, if I had followed the known provings of drugs, they would have absolutely misled me, but by giving a high potency of drugs shown by the history of the case to have been administered formerly, it has immediately wiped out the whole group of symptoms. I have demonstrated that to my classes time and time again. I alluded to that yesterday.

Dr. Patch—I would like to ask Dr. Sawyer how he discerns at once the strongest natural or artificial miasm in a given case? What weight do you give to the history of the case? Is there any possible method of obtaining this knowledge except by a study of the symptoms present?

Dr. Sawyer—I cannot always do it, but if I had a history of poisoning by *Arsenic*, unless I could find some other drug in the history of the case which had an equally virulent effect, or unless the symptoms pointed clearly and unmistakably to something else, I would give *Arsenicum* high.

Dr. Patch—In cases like those I stated it might be something we know nothing about, as, for instance, a formula consisting of several drugs.

Dr. Sawyer—By consulting that little book giving formulas of nostrums I have often been helped out. That is the best I can do.

Dr. Pease—I would like to say right here that there are many students in the colleges, and many of the profession in Chicago who have talked with me on this subject, and they make this mistake: they believe that Dr. Sawyer and the believers in this system of treatment, arbitrarily prescribe a drug in potency because that drug has been sometime *abused*, or on the statement of the patient that they have taken such and such a drug in the past. Now, from my knowledge of the pathological effects of drugs I can frequently diagnose from observation the strongest drug miasm of the patient who has taken that drug. What I want you to understand is that I do not believe Dr. Sawyer would arbitrarily prescribe a potency of a drug because the patient states he has taken that drug, but from his experience and observation he recognizes in the patient the symptoms. We have removed many of the symptoms caused by *arsenic*, *morphine*, and many other drugs, but we still find that there are a lot of symptoms for which we cannot find the equivalent drug in our *Materia Medica*s, and they are positive symptoms and they give a certain character to the case, and therefore if we find that a patient has abused a drug, of which we know nothing at the time, as it was not in the line of our investigation, to attack the conditions we give a high potency of the drug which is suggested by the history or symptoms, and then it seems to me that the disappearance of the symptoms proves that those symptoms did result from the abuse of that drug, and therefore it seems to me, and in fact I know, that a great many make the mistake of accusing Dr. Sawyer and others of arbitrarily prescribing a high potency, simply because he or they discover that that drug may have been used.

Dr. Close—I do not mean to imply, and I am sure Dr. Sawyer knows I do not believe that he would use drugs in that manner; but there are those who do that, and who are not able to see any deeper than that.

Dr. Pease—But those are the people who get no results, and therefore say this is all a failure.

Dr. Close—Nevertheless, they are the people who bring discredit and ridicule upon the truth. However, I agree heartily with Dr. Pease in the position he has taken. This new applica-

tion, like all other applications of the Homœopathic principle, must be made intelligently and systematically. When the symptoms of a person known to have taken a certain drug are definite and agree with the known symptomatology of that drug, give the high potency, note the result for future reference, and reap the benefit. When the symptoms of a case are obscure, and when a remedy selected and administered in the ordinary way fails to act, we may be quite certain we have overlooked some important factor in the case. If, at that juncture, we learn that some drug or combination of drugs, has been taken in the past, we may give a high potency of that drug or combination of drugs and watch the result.

Symptoms which occur afterward, obscure or partial symptoms which clear up or become definite, or old symptoms the patient has forgotten which are recalled by the strengthening effect of the remedy upon the memory, are all to be observed, classified and recorded as clinical observations for further confirmation. If experience demonstrates the truth of the new discovery, it is of great value to us and to suffering humanity. It will enable us to cure many cases which have been heretofore incurable. It enlarges our knowledge of the action of drugs and it enforces and emphasizes our teaching that drugs are responsible for more suffering than natural sickness. When its truth has been proved to a man by curing him of his otherwise incurable disease, he will be more likely to heed our advice and let drugs alone.

Now I want to call attention to just one point upon which we must guard ourselves. Dr. Pease has two or three times used the expression, "That system of treatment." Now, that gives a false impression to outsiders. When these proceedings of ours come out, about the first thing thrown up against this Society will be the charge that it has endorsed Isopathy and empirical practice. It is well to remember this, and let our expressions be governed by that thought. All we have to do with is Homœopathy, and if Dr. Sawyer's ideas cannot be arranged under Homœopathic principles we do not want them. There is, however, no doubt at present that they can be so arranged. We are not discussing a new "system of treatment," but simply a new application of the Homœopathic principle in a field where we have heretofore had little or no success.

Dr. Drake—I want to ask Dr. Sawyer just one question for my own benefit. Suppose, Dr. Sawyer, that you had a patient

come to you to-day who had been taking a preparation of *Arsenic*. You had taken down the totality of the symptoms, and *Carbo. veg.* was indicated. Would you give a potency of the preparation of *Arsenic* that she had taken or would you give *Carbo. veg.*?

Dr. Sawyer—I would most probably give *Carbo. veg.*

Dr. Drake—Then if *Carbo. veg.* did not cure the case what would you do?

Dr. Sawyer—Well, the way I have done in the past when a drug seemed clearly indicated, was, as a rule, to give that drug. If I failed to clear up my case under that scheme, I should look to see whether *arsenical* or other drug symptoms were there. But I should be very much tempted to give a potency of the drug that had been abused, I know, unless there were clear indications for something else.

Dr. Drake—Under that same reasoning I have given *Medor-rhinum* in cases of gonorrhœa.

Dr. Close—I want to ask one question which perhaps will aid in the discussion. What is the influence of the high potency upon a person who is a habitual user of a certain drug—for instance *Opium* or *Chloral*? What experience, if any, Dr. Sawyer, have you had in treating habitues of the *Opium* or *Chloral* habit with high potencies of the drugs used?

Dr. Sawyer—I have had a good many of these *Morphine* fiends come to me with a morbid growth, and often while they were using it, and yet by giving them a high potency of *Morphine* I have let them down easily, even in cases in which there had been no rest at night for six months.

REPERTORY OF WARTS AND CONDYLOMATA.

OLIN M. DRAKE, M. D., BOSTON, MASS.

WARTS IN GENERAL: Ac. ac., alco., alum., ambra., am. car., anac., anac. o., anan., ant. cr., arg. n., ars., aur., aur. m., aur. m. n., bar. c., bell., benz. ac., berb., borax., bovis., buf., calc. c., calc. p., cale., carb. a., carb. v., caus., chel., chr. ac., cinnb., con., cun., cup., dul., euc., euphm., euphr., fer., fer. ma., fl. ac., hep., iod., K. ar., K. bi., K. ca., K. caus., K. mur.,

lac. c., lach., lyc., mag. c., mag. s., mang., medor., mil., na. c., na. m, na. slfc., nit. ac., nit. d. s., ox. ac., pal., petrol., pho., pho.ac., phyt., pso., ran. b., rhu. t., rut., sabi., sang., sars., sec. c., sel., semp. t., sep., sil., spig., stap., sul., sul. ac., thu., verb., verrucinum.

confinement, following small w.: Calc. c.

girls, upon young: Sep., sul., thu.

horses, upon: Lach., thu.

, about the head and ears; bell-shaped, small at the attachment and one to one-and-a-half inches long: Thu.

imagines w. upon the body: Mez.

internal: Caus.

WARTS, isolated: Calc., c. caus., lyc., na. c.

onanists, upon: Nit. ac., sep., sul., thu.

salt, from abuse of: Na. m., nit. d. s.

Locality: (alphabetically arranged).

Anus, about; Aur., thu.

Arms, upon: Ant. cr., ars., calc. c., caus., dul., fer. ma., lyc., na. c., na. slfc., nit. ac., rhu. t., sep., sil., sul., thu.

, left forearm: Sul.

, bend of elbow: Calc. c.

, wrist (left): Fer. ma.

Back : Na. c.

Body : Caus., medor., thu.

Buttocks . small, scattered, flat, grayish-brown: Con.

Cheek . (left): Calc. c., sep., thu.

Chest : Aur., calc. c., nit. ac.

Chin . See Mouth.

Conjunctiva : Thu.

Cornea, warty in appearance: Sil.

Ears, behind: Calc. c., thu.

, wart-like growths: Calc. c.

Elbows: See Arms.

WARTS, Eyeballs, sensation as though was studded with w.: Euphr.

Eyebrows, upon: Anan., caus., thu.

Eyelids Calc. c., caus., mag. s., nit. ac., sul., thu.

upper: Calc. c., mag. s., nit. ac.

- Eyes, under: Sul.
- Face, upon: Alco., am. m., calc. c., caus., dul., K. bi., K. ca., mag. s, na. m., nit. ac., sep., sul., thu.
- Feet : Cal. c., sul.
, soles: Sep.
- Fingers : Ambra., ars., bar. c., berb., calc. c., carb. a., caus., dul., fer., lac. c., lach., lyc., na. m., na. slfc., nit. ac., ox. ac., pal., petrol., pso., ran. b., rhu. t., sars., sel., sep., sul., thu., verrucinum.
, Index finger: Caus. (right), lyc. (left), thu.
, Little : Caus., lac. c.
, Middle : Berb., lach.
, back of: Lach.
, Ring : Na. slfc.
, back of: Dul., lach.
, side of: Calc. c., sep., thu.
, tips of: Caus., thu.
, joints, around: Sars.
, knuckles, on: Ox. ac., pal., sel.
, close to the nails: Caus.
, rudimentary: Berb.
, thumb: Lach., ran. b., thu.
, left hand: Pso.
- Forearm; See Arms.
- Forehead, upon: Nit. ac.
- Genitals : Cal. c., cinnb., euc., nit. ac., pho. ac., sec. c., thu.
, glans penis: Nit. ac., pho. ac., thu.
, os uteri: Calc. c., nit. ac., sec. c., thu.
, stinging and burning, when urinating: Thu.
, papilloma urethræ: Euc., thu.
, prepuce, frænum and inner surface, bleeding when touched: Cinnb., euc.
- Hands, upon: Ambra., anac., ant. cr., ars., aur. m., bar. c., berb., borax., calc. c., carb. a., caus., chel., dul., fer., fer. ma., K. ar., K. mur., lac. c., lach., lyc., na. c., na. m., na. slfc., nit. ac., nit. d. s., ox. ac., pal., petrol., pho., pho. ac., pso., ran. b., rhu. t., rut., sars., sel., sep., sil., sul., stap., thu., verrucinum.
- WARTS,

- , back of: Ars., dul., fer., na. c., nit. ac., thu.
 Left: Fer. ma.
 Right: Ars.
- WARTS, HANDS UPON; ball of the: Berb.
 ; inside of Ruta.
 ; Knuckles: Ox. ac., pal., sel.
 ; Left: Fer. ma., pso., thu.
 ; Onanists of: Nit. ac., sep., sul., thu.
 ; Palm of: Anac., na. m., rut.
 , wart-like induration in the
 palm, after a long continued pressure on
 the part: Borax.
 ; Right: Ars., caus., na. slfc., thu.
- Head : Caus., sep.
 Iris : Thu.
 Lips : Caus., con., na. m., nit. ac., thu.
 , upper, smart and bleed on washing: Nit.ac.
 , drawing pain in an old w. on
 upper: Con.
- Mouth and Chin; about the: Calc. c., calc. p., cun., K. ca.,
 lyc., medor., pso., sep., thu.
 , thickly studding the mouths of sheep: Calc. c.
- Neck, upon: Ant. cr., calc. c., lyc., nit. ac., sep., syph., thu.
 , right side, filled with blood: Thu.
- Nose : Alco., caus., laur., nit. ac., thu.
 Sternum : Nit. ac.
- WARTS, THIGHS UPON: Medor.
- Thumb : Lach., ran. b., thu.
 Toes : Spig.
 Tongue : Aur. m., aur. m. n., mang., thu.
- Objectively considered.*
- Bleeding: Calc. c., caus., cinnb., fer. ma., lyc., na. c.,
 nit. ac., pho. ac., rhu. t., stap., thu.
- Breaking open: Calc. c. (see suppurating).
- Brittle: Ant. cr.
- Cauliflower like: Nit. ac., ran. b., thu.
 , on outer side of terminal phalaux,
 of right thumb: Ran. b.
- Cleft. See jagged.
- Color, almost the color of the skin: Calc. c.
 dark: Sep., thu.

- red: Ars., bell., calc. c., caus.
 red, size of a bean: Calc. c.
 and angry looking: Ars.
 , circles around with: Caus.
 , streaks with: Bell.
- Crops. See Groups.
 Divided. See jagged.
- WARTS, FLAT:** Ant. cr., berb., dul., lach., rut., sep., verrucinum.
 Fleshy. See Large.
 Groups or Crops, in: Dul., lach., na. m., pso., sep., thu.
 Hard. See Horny.
 Hollow, become: Calc. c.
 Horny or Hard: Ant. cr., borax., calc. c., caus., dul., fl. ac.,
 grap., lach., nit. ac., ran. b., sep., sil., sul.,
 thu.
 , upper surface: Calc. c.
- Incipient or recent: Na. c.
 Indented. See jagged.
- Inflamed: Am. car., ars., bell., bovis., calc. c., caus.,
 dul., hep., lyc., na. c., nit. ac., rhu. t., rut.,
 sep., sil., stap., sul., thu.
 , as if ulceration would set in: Hep.
- Inveterate or old: Calc. c., caus., cun., K. ca., na. m.,
 nit. ac., rhu. t., sars., sul., thu.
 , grow larger: Cun.
- Isolated: Calc. c., caus., lyc., na. c.
- Jagged (cleft, divided or indented): Calc. c., caus., euphr.,
 lyc., nit. ac., pho. ac., rhu. t., sabi., stap., thu.
 , surrounded by a hepatic aureola, with bran-like
 desquamation: Lyc.
- WARTS, LARGE or fleshy:** Caus., dul., K. ca., lyc., na. c., na. m.,
 nit. ac., pho. ac., rhu. t., sabi., sep., sil., thu.,
 verrucinum.
- Malignant: Ars.
- Moisture, exuding: Calc. c., caus., lyc., nit. ac., pho. ac., rhu.
 t., sabi., thu.
 a fetid humor: Nit. ac.
- Old. See Inveterate.
- Pedunculated: Caus., dul., lyc., medor., nit. ac., pho. ac., rhu. t.,
 sep., stap., thu.
 , small, all over the body: Caus.

, with pin heads, like small button mushrooms, on various parts of body and thighs: Medor.

Recent or incipient: Na c.

Rough, upper surface whitish and horny: Calc c.

Round: Calc c.

Rudimentary, on fingers: Berb.

Scrotulous: Aur.

Seedy: Calc c, caus, medor, na m, sep, thu.

Small: Bar c, berb, calc c, caus, cun, dul, fer, fer ma, fl ac, hep, lach, medor, nit ac, pso, rhu t, sars, sep, sul, thu.

WARTS, SMOOTH: Ant cr, dul, pso, rut.

Soft: Alum, ant cr, calc c, cale, nit ac, thu.

, at the base, almost the color of the skin; upper surface hard, rough, whitish and horny: Calc c.

, with thin epidermis, and moist: Nit ac.

to touch, like lipoma and pointed, on neck: Thu.

Solid body, with horny top: Caus, rhu t, sep.

Spongy: Alum. See soft.

Suppurating (see Ulcerating): Ars, bovis, calc c, caus, hep, na c, pho, sil, thu.
then healing: Calc c.

, a previously existing wart, developed a red point, suppurated and disappeared: Bovista.

, sensation as if they would suppurate; in the evening in bed: Petrol.

Sycotic: Alum, aur, cinnb, medor, mil, na slfc, pho ac, sars.

, old, dry; after mercurial treatment for gouty pains: Sars.

Syphilitic: Aur, cinnb, K iod, thu.

Ulcerating. (See Suppurating): Ars, calc c, caus, hep, na c, pho, sil, thu.

Ulcers breaking out around warts: Ant cr, ars, na slfc, pho.
having the shape of warts: Ars.

Ulcers originating in warts: Thu.

turning into warts: Calc c.

Subjective symptoms.

Burning: Am car, ars, lyc, nit ac, petrol, pho, rhu t, sep, sul, thu.

Itching: Calc c, carb a, euphr, hep, K ca, nit ac, pho, pso, sep, sul, thu.

Painful: Ars, am car, ant cr, bar c, bovis, calc c, caus, con, euphr, hep, K ca, lyc, na c, na m, nit ac, petrol, pho, rhu t, sabi, sep, sil, stap, sul, thu.

, ameliorated on the appearance of menses: Thu.

, preventing rest at night: Ars.

, like a boil: Calc c.

, with pains beating. See pulsating.

cutting, Na m.

drawing, in an old w. on upper lip:

Con.

pricking: Ant cr, calc c, lyc, nit ac, petrol, rhu t, sep, sil, sul.

, in the evening in bed: Petrol.

pulsating (beating or throbbing): Ars, calc c, caus, hep, K ca, lyc, nit ac, petrol, sep, sil, sul.

shooting: Ars, bovis.

painful, with pains sticking: Hep, nit ac.

stinging: Am car, ant cr, bar c, calc c, caus, euphr, hep, lyc, nit ac, rhu t, sep, sil, stap, sul, thu.

, as if ulceration would set in: Hep.

tearing: Am car.

throbbing. See pulsating.

extending up the arm to the axilla, from a malignant wart on the hand, rendering the arm useless: Ars.

Soreness of: Ambra, ars, hep, lach, na c, na m, nit ac, petrol, rut, sabi, thu.

Tickling (see itching): Sul, thu.

CONDYLOMATA, in general: Ac ac, alum, anan? ant t, apis, arg n, ars, aur, aur mur, benz ac, calc c, caus, cham, cinnb, con, euphorb, euphr, jac, K iod, K mur, Kre, lach, lyc, mgt aus, medor, merc c, merc d, merc sol, merc v, merc i r, mil, na slfc, nit ac, nux v, pho, pho ac, phyt, pic ac, pso, sabi, sanic, sars, sep, stap, sul, syph, tarent, thu.

children, especially in: Merc c.

mercury; after the abuse of: Aur, lyc, nit ac, stap.
women, particularly in: Merc d, sabi.

Locality: (alphabetically arranged).

Anus, upon or about: Aur, aur m, benz ac, euphr,
jac, lyc, merc c, merc d, mil, nit ac,
sabi, sep, stap, sul, thu.

; a growth, like a condylomata, a quarter of an inch in height and as thick as a pea, painless, itching, opening at the top and suppurating, in the ridge, close to the anus, lasting four weeks and gradually healed: Thu.

Clitoris : Thu.

Eyebrows : Thu.

Eyelids ; either on the external or internal surface: Cinnb, nit ac, thu.

, lower: Nit ac.

Frænum : Cinnb.

, oozing, especially during new moon: Thu.

Genitals : Alum, benz ac, lyc, medor, thu.

, female: Merc d, thu.

Iris : Cinnb, merc sol, thu.

Labium : Sul, thu.

Larynx : Merc c, nit ac, thu.

Mouth , (inner): Pho ac.

Neck : Syph.

Nose : Nit ac.

Penis : Ant t, aur, aur m, cinnb, K iod, K mur, lyc, merc c, nit ac, nux v, pho ac, pso, sabi, sanic, sep, stap, sul, thu.

glans: Ant t, cinnb, K iod, K mur, lyc, nit ac, nux v, pho ac, sanic, stap, sul, thu.

Corona glandis, upon: after chancre: K mur.

, around: Aur.

, upon and behind: Stap.

, surrounding: Sep.

Prepuce upon: Aur, aur m, cinnb, lyc, nux v,
merc c, nit ac, sabi, thu.

edge of, itching and burning: Pso

Perineum : Merc d, thu.

Scrotum : Aur m, thu.

Tongue : Aur m.

Uterus : Lach.

, cervix: Kre, merc sol, nit ac,
tarent, thu.

, os: Calc c, kre, merc sol.

Vagina in: Medor, nit ac, pho, tarent, thu.

Vulva upon: Merc d.

Objectively considered:

Bleeding: Arg n, mgt aus, medor, nit ac, sul, thu.

Broad: Ac ac, euphr, merc d, nit ac, thu.

Bulbous: Alum.

Cauliflower or mulberry like: Stap, thu.

Chancre, complicated with: Arg n, cinnb, K bi,
merc sol, na slfc, nit ac, pho ac, stap, thu.

, after: K iod.

Cock's comb shape: Euphr, stap, sul.

Conical: K mur, merc v, thu.

Discharging. See Moist.

Dry: Ac ac, cinnb, lyc, merc c, merc v, nit ac,
nux v, sars, stap, thu.

Fan-shaped: Cinnb, thu.

Filiform: Stap.

Flat, Ac ac, euphr, nit ac, sars, sul, thu.

Gonorrhœa, complicated with: Cinnb, con, K mur,
lyc, merc c, nit ac, pic ac, pul, sars,
sul, thu.

Moist (discharging): Ac ac, benz ac, calc c, euphr,
grap, hep, K iod, lyc, medor, merc d, na slfc,
nit ac, pso, sanic, stap, sul, thu.

, discharging profuse: Benz ac, medor.

greenish: Na slfc.

offensive: Medor, merc d, nit ac.

, smelling like fish-brine

Sanic.

herring-brine

Calc c, grap,

- hep, thu.
 old cheese :
 Calc c, hep,
 thu.
 yellow fluid: Medor.
Moon, worse with the increase of the: Thu.
Mulberry or cauliflower like: Stap, thu.
Old, long-standing, in cachectic subjects: K iod.
Pedicles, growing on. See pedunculated.
Pedunculated: Lyc, nit ac, sabi, stap.
Pointed. See conical.
Soft and spongy: Alum, na slfc, sul.
Split: Lyc, nit ac, thu.
Strawberry like: Medor.
Suppurating (see Moist): K iod, nit ac, thu.
Tubular: Thu.
Ulcers elevated, which have the appearance as if
 C. would grow out of them: Cinnb.
Wart-shaped: Benz ac, nit ac, nx v, sars, sul, thu.
White: Lyc.
Subjectively.
Burning: Euphr, pho ac, pso, merc d, sabi.
 when touched: Euphr, sabi.
Itching: Cinnb, euphr, phyt, pso, sabi, thu.
 especially when walking: Euphr.
 about the joints: Cinnb.
Painful: Euphr, sabi, thu.
 , even when free from contact: Sabi.
Painless: Lyc.
Pain in bones or bone pains, with: Pho ac.
Sore: Euphr, sabi, thu.
 , when touched: Euphr, thus.
Stinging: Thu.
Stitches in: Euphr.
 , especially when walking: Euphr.

A CURE WITH ARSENICUM.

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This case is not intended to show any remarkable skill in the selection of the remedy but rather to demonstrate that it is possi-

ble to cure chronic troubles of long standing under the most unfavorable conditions, provided we can find the simillimum.

Miss W., aged 38, of medium height, stout, dark hair and eyes; occupation, general housekeeper.

She came for relief from a hiccough which she had had for more than a year, generally coming on after eating and lasting four or five hours, completely exhausting her.

For five weeks she was at the city hospital where they could control the attacks only with *Ether* or *Chloroform*. At the end of that time they told her there was nothing the matter with her but nervousness and dismissed her. The hiccoughs remained the same. Her father died at 75 of a "stomach trouble;" her mother died at 35 also of a "stomach trouble," when Miss W. was a small child, and she was brought up in some home or asylum for children.

I could obtain very little in the way of previous history except that her stomach always troubled her as a child. She had small-pox at 9 years. She used to have sick headaches, and in her 24th, 25th and 26th year she had a typhoid fever each year. From a slight girl she grew stout after the fevers.

This was about all of value that could be elicited but her present condition was as follows:

Head. Pain in forehead, worse from light, and when lying; better sitting up, cold applications and tight bandaging.

Better from vomiting three or four times.

These headaches are not frequent now.

Vertigo on descending.

Eyes. Strabismus of the left eye, consequent after the small-pox at 9 years.

Pain after reading.

Mouth. Sour taste, teeth all out, no false ones.

Appetite. Craves acids, aversion to oysters and clams.

Stomach. Dull pain from pit through to back, sore to touch, worse pressure of clothes. Worse from milk or meat or overwork.

Hiccough for a year after swallowing a chicken bone which she vomited soon after.

The attacks of hiccough came either day or night and would last from two to five hours and could be heard all over the house, and after continuing for some

time would seem more like violent retching than anything else.

- Stools.* Regular now but has been constipated without desire.
- Urine.* At times dark, painful urination, with red sand; was catheterized at the hospital. Does not know why.
- Sexual Organ.* First menses at 15 years. Is now regular or a little late, profuse, dark, offensive, painful. Sharp pain in inguinal regions and in sacrum; worse lying on left side, better lying on back.
- Back.* Dull pain in lumbar region, worse walking, better lying on back.
- Skin.* Umbilicated growth on back of right hand. Chaps. Corns. Easy sweat, sweat of soles.
- Generalities.* Worse in damp weather.

Mind. She was patient, easy-going and not remarkably intelligent, but she had one good quality which better educated people could copy to advantage. She was very faithful to the wishes of her physician.

She had been treated by various old school physicians, had taken numerous drugs, of which she knew nothing except that she had taken *Bromide of Potash, Morphine, Ether and Chloroform*, all without avail or only temporary benefit.

I will not weary you with the details of the study of the case as the results were not particularly satisfactory, but she received in the course of fifteen months several remedies.

She would be better for awhile, then take a place to do house-work, would work too hard and then have a recurrence of the hiccoughs, pain in the stomach, and be so used up that she would have to leave her place to recuperate.

During the treatment she developed an irritable condition of the stomach, with attacks of vomiting of food as soon as eaten, vomiting everything but cold water; craving for sour things, with an increase of the pain in the pit through to the back and the hiccoughs, with relief from vomiting. This was relieved by *Phos.* and she returned to her ordinary attacks of hiccough and pain. Several months later there came a hard swelling to the right of the pit of the stomach, with attacks of severe pain at night from the pit through to the back, with at times vomiting of blood and pus. There was a sharp pain across the epigastrium.

with bloating of the abdomen, suffocative respiration, thirst, craving for acids, burning pain in the stomach as from a sore.

This was all more or less constant but much worse about midnight when she would be wakened by pain and it would increase until relieved by the vomiting of blood and pus. She was also having frequent attacks of hiccough and was doing the work of a family of four.

Arsenicum has not the pain from the pit of the stomach or epigastrium through to the back, but it appeared so well indicated in other respects that I gave her one dose dry of *Arsenicum*^{cm} (F.), March 26, 1896.

She reported May 6th that she had no hiccoughs, no vomiting, no pain, soreness or burning, the swelling to the right of the pit of the stomach was all gone. She said relief came the next day after taking the *Arsenicum* and she had been all right ever since.

June 9th she reported that she was all right and could eat anything without discomfort.

We usually think of *Arsenicum* as better adapted to lean people. She was thin as a girl and until she had the three typhoid fevers, after which she became stout. It will be interesting to note if she loses flesh or not as time goes on, for its accumulation was evidently due to a condition of disease and not of health.

DISCUSSION.

Dr. Close—Mr. Chairman, while I think of it, I want to make a suggestion to the members of this Association, and that is in reporting cases to mention the name of the maker of the potency given. There is a very great difference in the potencies. The cm of Swan and the cm of Fincke, for example, are as different as two things can be, and it is quite important that we should have the maker's name of potencies given in cases reported.

Dr. Pease—In connection with mentioning the maker's name, I want to state here that Mr. H. E. Ballard, brother of our old friend, Dr. E. A. Ballard, is a very fine compounder of potencies of drugs which are universally abused, and from a knowledge of his method, I can safely say that you may depend upon the care with which his potencies will be manufactured, and I think it would be well for you to patronize him when you can.

Dr. Close—Personally, I shall be very glad to purchase Mr. Ballard's potencies of those remedies, but I think we should not forget the services to Homœopathy, along the higher lines, of

Dr. Fincke, and that we owe more to him in the matter of potencies than to any other living man. Moreover, his potencies have stood the test of many years, all being positively reliable. Dr. Fincke has stopped potentizing now, and will not potentize any more, but I don't want this Association to commit itself to any one man. That is the reason I speak as I do.

Dr. Pease—I do not ask that, and I certainly should not question Dr. Fincke's remedies, or his personal work.

HYPERICUM.

A. L. KENNEDY, M. D., BOSTON, MASS.

Of this common herb, St. John's *Wort*, Farrington says it "is to be substituted for *Arnica* when the nerves have been injured along with the other soft parts."

Allen in his *Hand Book of Materia Medica and Therapeutics*, says: "In general, excessive painfulness of the affected parts indicates the drug."

In a few cases in which I have employed the remedy this latter symptom—extreme *painfulness*—rather than any marked soreness has been a prominent feature. I will mention but two or three cases.

Case I.—In February, 1894, I was consulted by Mrs. G. for a lame (or rather a painful) foot. Some three weeks before she had suffered an injury to the foot of the nature of a contusion.

There was some swelling at the time of the accident, but she regarded the whole affair as of little account and thought it would be all right in a few days. Local applications were employed as recommended by one and another; following which the swelling disappeared, but there remained a pain which was very troublesome and showed no signs of disappearing. In the *Guiding Symptoms* we read under *Hypericum*, "Punctured, incised *contused* or lacerated wounds when *pains are extremely* severe and particularly if they are *of long duration*."

The case in hand seemed to answer the description well and accordingly I administered a dose of the 200th potency dry on the tongue and prescribed the same to be taken in water three or four doses a few hours apart. The lady was expecting to leave the city within a day or two so that I did not see her again but learned several weeks after through another patient that she was relieved at once by the remedy and had experienced no return of the trouble.

Case II.—One day last winter the bookkeeper at The Empire in which I have my office, complained of severe pains in a tooth upon which a dentist had been at work. Despite the use of various applications the night previous he had been able to obtain but little rest and was looking forward to another night, anticipating a similar experience. In the *Guiding Symptoms* under the rubric "Teeth and Gums," and under the rubric "Injuries to dental nerves," and under the rubric "Nerves," we find "*Injuries to nerves attended by great pain.*"

The patient wished me if possible to give him something to enable him to sleep. I gave him a powder of the 200th of Hypericum dry on his tongue and a second powder with directions to dissolve in water on reaching home (this was just previous to his leaving the hotel for the night) and take three or four doses one hour apart. He subsequently reported to me that he got relief very soon and was enabled to enjoy a good night's rest.

Case III.—On the evening of January 2d, of this year, I was called to see Mrs. M., who was reported as suffering very much with her head.

Upon reaching the house I found her in bed with her head bandaged and from all appearances suffering intensely. She is a woman of strongly marked nervous development and one whom I had often seen during attacks of physical pain, as also while under extreme mental strain, and yet I had always before found her with seeming perfect control of herself and able to answer questions clearly and calmly.

At this visit, however, she appeared quite unlike herself. As stated above, her head was bound up and she lay in bed with her eyes covered, her hands pressed to her head, moaning with the pain and at intervals of a few minutes would writhe and shudder and shriek from the intensity of her suffering. At first she seemed not to know that I had entered the room and made no response to my greeting and interrogation as to how she came to have such a severe attack. After a few minutes she ejaculated, "Oh, Doctor, I fear we have reached the limit of your skill; it is terrible. What can you do to relieve me?"

Upon questioning I soon gathered sufficient to convince me that she was suffering from the results of operations upon her teeth, she having made several visits to the dentist within the two or three days previous to the time of my call. She told me she had suffered more or less since going to the dentist, but after

her last visit that day she had experienced such an increase in the pain that she could bear it no longer, and hence my summons.

Regarding this as pretty surely a case of injured dental nerves, I assured the patient that she must not be discouraged, that I thought I could help her out, yet with many misgivings for she was on the verge of convulsions. I prepared some Hypericum^{cm} in water and administered one dose. I also prepared in another glass some *sac. lac.* and administered it every five minutes.

In a very few minutes relief came and at the end of fifteen minutes the patient was chatting pleasantly about her experience at the dentist and what he was trying to accomplish in performing some difficult work upon her teeth.

Remaining a little longer I found no return of the severe pain and upon taking my leave directed the attendant to administer a second dose of the medicine (Hypericum) in a certain glass *if needed*; that is, if the severe pain returned.

The patient passed a very good night, there was no return of the severe pain, nor was the dentist again called upon to undo what he had done.

DISCUSSION.

Dr. Drake—This paper of Dr. Kennedy puts me in mind of a case I had some twenty years ago of a patient of mine who, while using an axe, cut his foot quite severely. I was away from home at the time and they called in a physician who put four or five stitches into the cut and expected no difficulty from the wound at all, but in the course of two or three days the foot began to swell, and instead of sending for me they sent for a surgeon who gave him hyperdermic injections, but the *morphine* did not seem to have any effect. At that time they called in two allopathic doctors in consultation, and they concluded that there was a partially severed nerve and after removing the stitches they deepened the wound with a scalpel, but there was no improvement, he gradually grew worse, the foot became deep purple and although lockjaw did not set in, they were expecting it hourly, and he had premonitory symptoms, such as twitchings and jerkings. They began to give him hypnotics, and the only relief they could give that man was to put him under the influence of ether and after that they had another consultation. The circulation was such and there was so much discoloration and swelling that they decided that they must amputate, but they concluded to wait until

the line of demarcation was manifest. This was on a Saturday about ten or twelve days after the accident. Saturday night at twelve o'clock they came for me and I went to see him. I found him in that condition. I did not have anything but a 200th of *Hypericum* with me, but my faith was good, and I gave him a dose dry, and dissolved a dose in water and gave him that and went home to look up the case. When I went back to the house (perhaps I had been gone some twenty minutes) I found the patient had gone to sleep. I left word that if he was not decidedly better when he awoke, to give him a dose every hour until relieved, and I would be in to see him the next morning. When I went in the next morning he turned to me and said, "Doctor, don't blame me, but I have gone back to the old doctor. He has been in here and was very much pleased to hear that I had had a good night." The surgeon was very much pleased and was making up powders of I do not know what, when he saw the glass which contained my medicine and asked, "What is that?" They told him and for about fifteen minutes the air was blue, and he said it was too bad to disturb his remedies in that way just when they were beginning to take effect. I said he had a right to employ whomsoever he pleased and left him. After I left him, the pain came on again just as bad as ever and they had to resort again to ether and they stuck to it for about a week, after which they sent for me again and when I went to see him he said he was satisfied that I could do him more good than the surgeon. "Well," said I, "that is all right, but before I prescribe for you again we must have a little understanding. I am willing to prescribe for you if you are willing to live or die under my treatment, but I am not willing to prescribe for you unless you do, and said good morning" Said he, "Doctor, I can't do that." "Do just as you please," said I, "you had your way last Sunday morning, now I am going to have mine. If you come to the conclusion that you want to try me again, you can call me." Well, he called me that afternoon, and his suffering was terrible. The symptoms were about the same and I gave him *Hypericum*²⁰⁰. Within ten minutes he went to sleep, and slept several hours. He had no further trouble under my treatment, but after he was well and about, there was some œdema of the foot which bothered him for a long time.

I also had another case of a young man who was on the verge of tetanus. He had gone into the barn and after working some

time on the hay-mow, instead of coming down the ladder, slid off the mow on to the floor. Right at the foot of the hay-mow was a piece of plank with a rusty spike sticking up. This plank had been taken up from the horse stall and was saturated with urine, and when he struck the floor he stuck the spike so deeply into his foot that he had to yell for his father to help him get it out. Within three or four hours they sent for me and I found him twitching and jerking as if tetanus would come on with sharp pains shooting up the leg. I gave him *Hypericum*²⁰⁰ in water every hour for several doses and within a short time he came out of it all right.

Dr. Pease—I dislike to take up the time for discussion, but I wish to report a remarkable result following the administration of this remedy, showing the rapid and curative power of the simillimum, and the high potency, when administered in accord with the law of cure.

Briefly the case is this: A young but heavy woman, in passing from a steam launch to the dock, placed her foot between the boat and the timbers of the dock, and sustained a severe crushing of the great toe, the nail being pushed or torn off, and the toe badly "pulped." She suffered great misery, and nightly pains, for three years; the nail did not grow again, and she was incapacitated from walking, most of the time, and could not wear a shoe at all. When the case came into my hands, I finally selected *Hypericum*, and gave a dose of Swan's cm.; improvement began at once, the hypersensitiveness disappeared, the nail soon began to grow, and she did not have one sleepless night after that dose; could wear her shoe with comfort. During the three years the nail bed and matrix was exquisitely sensitive, and she used the old nail as a shield for the toe, until the new nail began to grow, following the *Hypericum*.

A CASE OF MEMBRANOUS DYSMENORRHOEA.

S. B. DICKERMAN, M. D., ABINGTON, MASS.

Mrs. F., living in a city forty miles from my office, a lady of education, an artist of considerable ability, called on me at the solicitation of her sister. She was on her way home from a visit to the Massachusetts General Hospital, where she had been to make arrangements to have her uterus curetted and such other repairs made as might be found necessary. On inquiry as to

what I should do in her case which she described, I replied that I should treat it by internal medication, with a probability of improvement. She returned home to think the matter over and after a fortnight's deliberation, I obtained the following history of her case.

Age 27, dark hair and eyes, slight stature, well nourished; has been deaf and partially dumb since a child, the result of scarlet fever. Menstruation was natural from 13 to 17 years of age. Had good health during this time, with the exception that at the age of 14 a little spot of eczema appeared on her left hand. It was neglected at first, then badly treated, became chronic and affected both hands for several years. At the age of 17 she went to Boston as a compositor and while working nine hours a day, educated herself by studying evenings. Soon she began to lose flesh and strength, menstruation became irregular, nearly ceasing, and at the end of three years was so exhausted that she was obliged to stop work and rest completely for several months. She was able to do but little work for the next two years. At the expiration of that time she married and her health improved for a year, menstruation becoming normal. Soon after, however, she began to have "flowing spells," causing extreme weakness. These were occasioned by any excitement, overwork or bad news. Her general health did not seem to suffer but her legs felt tired and she could walk or stand but little. This condition continued, improving and again getting worse for three or four years, when the menses ceased for seven weeks. A few months after, the same thing occurred, followed, as her physician informed her, by the discharge of a number of "hydatids." She then felt better, menstruated regularly and her strength slowly returned. In the fall of 1895 she took a severe cold at time of menses and for ten weeks they did not appear. During that time she was terribly nervous and so discouraged that it was a great effort to restrain her from suicide. She could not sleep and nearly half of a thick head of hair came out. There was a creeping and crawling sensation of the scalp as if infested by insects; her face was hot and her feet and hands icy cold. When the flow returned in December, these symptoms disappeared, but a large number of pieces of membrane came away from the uterus and have continued at every menstrual period since.

The blood is thick, dark and of bad odor, accompanied with much pain in small of back and over the whole abdomen, espe-

cially in region of right ovary. Constipation is not present except just before menses, especially if delayed. At the same time there is congestive headache of the forehead and vertex, with extreme nervousness. All these bad feelings are immediately relieved by the flow. She feels better in warm and worse in cold weather and is easily chilled.

Her mother was troubled for years with erysipelas and she has occasionally been obliged to use external treatment for this as well as the eczema.

Her previous treatment is best given in her own words:

"I went to a lady physician and after an examination, she said the womb was enlarged and bent on itself, that there was something growing in the womb and it was necessary to dilate that organ, but before doing so, it would be advisable to use local treatment three times a week for several weeks to reduce the inflammation, as medicine would do no good. After a few treatments I became disgusted and consulted another lady physician who informed me that a tumor was the cause of my trouble. This so frightened me that I visited a prominent homœopathic physician in our city, who, after an examination advised me to see a noted specialist of Boston, who said medicine had no effect in such cases and that time spent in trying it was wasted. He added that I must go to the hospital and be treated for some time."

May 16, 1895, I sent her one powder of *Sulphur*²⁰⁰ and *sac. lac.* to take every six hours.

May 23. She reports that menses are delayed, the itching of scalp is worse on first waking in the morning and that her nasal catarrh (a sequela of scarlet fever, which she forgot to mention), is troubling her.

May 28. Menses still delayed. Sharp pain in womb the last few nights, acute stitches shooting up the rectum, causing nausea; pains in small of the back and legs; swelling of feet and ankles.

June 4. Menses re-appeared.

May 29. At this time, at my request, the patient sent me a two ounce bottle nearly full of the membranes which she had passed at this period. The first day there was a dull ache throughout the abdomen with an occasional sharp pain in uterus, the flow consisting of a few drops of reddish water. The second day the pain in the morning was worse than that of the previous day, but disappeared in the afternoon; discharge bright red.

The third day there was no abdominal pain, but "sick" headache, nausea, constipation, swollen abdomen, drowsiness, weariness, and pale discharge. The mucous membrane of the mouth and skin of both hands were covered with transparent blisters, without itching. During the fourth, fifth and sixth days there was a slight flow, some headache and nausea, with profuse perspiration at night. She states that she feels better than last month as no membranes were passed and the morbid and melancholic feelings did not return.

July 12. Constipation better. She has had a severe cold for a week, with an aggravation of catarrhal symptoms. Menses appeared the 4th, attended with all the former disagreeable accompaniments, including the shreds of membrane; she reports her hair is again falling off.

Sulphur^{100,000}, one dose.

No perceptible change was noticed during the next four months, except that the menses lasted but four days, and once appeared on time. Meanwhile the patient's general health was improving, her weight increasing and less pain noticed.

November 12. Owing, as she thought, to the fact that she was always worse in cold weather, the last period was much worse than for some time, all of the old pains in the head, abdomen and legs were increased in severity and she was thoroughly discouraged, although no membranes were discharged.

Sulphur^{100,000}, one dose.

December 23, I received the following note: "I have a bit of news which will gladden your professional heart. I am very much better, not only in general health but in regard to special trouble. All bad symptoms very much less or entirely absent the last time."

No more medicine was given. May 9, 1896, my patient wrote: "I thought you might like to know how I have been since last December. I am happy to say that I am all right. My periods are entirely painless, with no bad feelings before and after and no membranes. There has been no eruption and my old enemy catarrh has left me."

In concluding these brief and imperfect notes, I wish to acknowledge my indebtedness to Dr. Olin M. Drake, of Boston, who proved in this case, as on other occasions, a good friend and wise counsellor.

A vote of thanks was tendered Dr. Dickerman by the Society for his excellent paper.

DISCUSSION.

Dr. Drake—I am very much interested in this case for this reason. I have cured several cases of membranous dysmenorrhœa, and so far as I can recall, I never cured with one remedy alone. Dr. Dickerman and I worked very carefully over the first prescription, and we were quite positive of the simillimum (perhaps it is owing to that that we obtained such good results), and as Dr. Close would say, we were confident in our own minds that we had the simillimum. I think we are very apt to repeat our doses too often, and this case is conclusive evidence of this fact to me, but I do not know that I should have hung to the remedy so long without repeating as my friend, Dr. Dickerman, did, but it proves that he was right.

Dr. Sawyer—I would like to ask Dr. Drake if, in these many cases of dysmenorrhœa, what chronic miasm he found present. I know I could not see any outside of Psora. This is an interesting case for me, and I have been hunting for miasms for so long, and have been trying to differentiate for so long between Psora, Syphilis and Chancroid, that I am very much interested. In every case of Membranous Dysmenorrhœa which has come to me, I have found that Psora and Chancroid have been present.

Dr. Close—I have had one case of Membranous Dysmenorrhœa which I was unable to help until certain symptoms led me to give a dose of *Medorrhinum*, which promptly relieved. This would seem to indicate a sycotic basis, although I could get no positive history.

Dr. Kennedy—I have been very much interested in this paper for two reasons, and one is that I feel we can congratulate the doctor in having saved a case from the hands of would-be operators. These cases are taken hold of by those who cannot see anything except from the standpoint of the knife, but frequently by being treated homœopathically they are cured. I feel as I say that we can congratulate the doctor, and further than this, I want to thank him personally for having given us this paper, and hope we may soon receive him to membership. I suppose the doctor held on to his remedy because he found that it was the one indicated. That is why we should all hold on, Mr. Chairman, and I thank the doctor for strengthening this point.

Dr. Pease—We learn by experience, and I want to call your attention to the importance of *not* being too hasty. In my experience with these cases, I have always endeavored to secure the understanding and confidence of the patient in my method, and have also urged upon them the importance of *adhering* to method, but I find that patients at a distance, in the time elapsing between the letters, in sending me an answer to my letters, with a description of their case and the return of my prescription, the case has *changed* and many times they will write in a great hurry to have me send at once some remedy to relieve them from symptoms from which they are suffering at the time, and I have found that in many of these cases treated by correspondence, the *time* taken up in transit has saved “interference” from a hastily sent remedy, if they have obeyed method, by not taking the new prescription. I want to say in regard to *Sac. Lac.* that it has been the means in many cases of avoiding mistakes, and saving the doctor from blundering by giving a new remedy, in just these times or experiences; often *Sac. Lac.* seems to do as well as a drug, in allaying mental states e. g.

INTERMITTENT FEVER.

FRANK W. PATCH, SOUTH FRAMINGHAM, MASS.

With each succeeding year there comes, in Framingham and the adjacent country, an annual epidemic of malarial disease. Old cases of Intermittent Fever that have been the round of doctors and “cures” again rouse from the dormant state, while new victims work themselves into a terror over the prospect of having for life companion this miasm which their friends declare they can never be rid of.

In order to assist in showing exactly what may be expected of pure Homœopathy in the combat with this form of disease it is my purpose each year to lay before the profession some bits of practical experience and reports of cases which shall make us better able to hold the ground we are always anxious to claim.

In the fall of 1893 it was my privilege to report to the State Society of Massachusetts ten cases, each treated by the single remedy. This list was printed in the *New England Medical Gazette* for May, 1894. It is interesting at the present time, after nearly three years, to glance over that report in order that we may judge something of the truth of the claim that Homœo-

pathy really cures cases of this nature and is not merely another miasm of suppression. Of the ten cases mentioned but one has since returned and this circumstance may, I think, be easily explained. Some of these cases had been treated two or three years before the report was submitted and before the writer had seen any great number of intermittent cases or had come to use the high potencies exclusively. The case which has since returned was given a low potency of *Rhus tox.*, which evidently exerted a suppressing influence similar to that of *Quinine* in crude doses. The return of this case came three years later, calling at this time for *Natrum muriaticum*. It is included in the present list as No. XII. In connection with this case it is interesting to note that the lad's father was severely sick with intermittent fever in 1893, and recovered under the same remedy. One might judge from this that perhaps in the same general locality special causes of the disease may exist in particular sections having possible weight in the selection of the correct remedy. For instance, case 1 of the present list occurred in a man who was at that time living on the border of a certain swamp in a most unsanitary locality. It was the first *Bryonia* case ever met, but early in the present season there occurred, on the border of the same swamp, only a stone's throw distant, three cases in a single family, all responding to *Bryonia*.

Practical experience in the treatment of this disease obtained from the standpoint of pure Homœopathy teaches one much that is not to be found in books, even those written from our own point of view being deficient in many particulars. In no field must one be more careful not to resort to key note methods of prescribing or even to allow the apparent totality of symptoms always to govern his choice. This for the reason that many of the most prominent symptoms are valueless and add no color to the true picture. If one is asked how the simillimum may be found, he can only iterate and reiterate. Study the patient. Watch the process until you are sure of the true genius of the case, its individuality, and you are master of the situation. Without this method of study you will be chagrined at your poor success, often not even guessing the correct remedy by chance after running the whole gaunt of drugs popularly supposed to be of use in this disease.

Do not understand me to say that one need not here, as in all cases, pay the strictest attention to the taking of the case and

recording of *all* the symptoms in writing. My point is simply that we must learn to weigh the results of our investigation and correctly determine which symptoms are worthless and which of value.

Uncomplicated and recent cases usually respond with a fair degree of readiness to our treatment. The temperament of the individual, however, has much to do with the course of the disease. In those of sluggish nature with whom sickness develops slowly, intermittent is often the most tedious illness one can imagine; several weeks may pass before it is possible to see the trouble in its true form or conquer it by the homœopathic simillimum. Yet we can only wait and study and watch for the hints which will surely come to guide us in that selection. We may feel assured meanwhile that the patient can better afford to put up with what often seems to him a great trial rather than submit to the action of crude drugs which will almost certainly fasten the disease upon him for a greater or less number of years, perhaps for life.

Our acuteness in the observation of disease is tested to its utmost in the treatment of intermittent fever, and he who is best trained will reap the largest reward of success.

Old cases of many years abuse and those associated with the various miasms and drug diseases are more difficult to conquer, but even these may usually be overcome in the course of time. Dr. Sawyer's method of dealing with these matters may be of great service as one of another list of cases to be presented at this meeting will show. The majority of our cases of intermittent fever are of what is known as the anticipating, tertian type, yet this seems to count for nothing in the selection of a remedy; it does, however, prove our surest guide in judging of the correctness of the selection, as the first indication of improvement is the cessation of anticipation in the time of the attacks. From this the convalescence progresses gradually and naturally to the end, which may be in one week and may not come for several.

Therefore, in taking the case, it becomes of the utmost importance to ascertain the exact hour of the appearance of the paroxysms each day. We must be very chary of making any change in the remedy after an anticipating case ceases progression, even if no change in the severity of the paroxysms can be detected for several periods.

The type of fever counts for little or nothing in the diagnosis

of the remedy and one may just as well not consider whether the attack be tertian or quotidian; indeed the former often changes to the latter during progress in debilitated subjects. Even the fact of the severity of the initial chill itself will afford little help. The chill may be mild or severe, shivering, shuddering or shaking under the same remedy, the difference being frequently in the development of the case.

The time of the appearance of thirst, also, is of far less importance than the books would have us believe, though it may have some little weight. The matter of thirst in general, or want of it, even though the mouth is parched, is of value and should always be considered. It is not uncommon to see a *Pulsatilla* case exhibit a marked thirst in some stage or rather hear them mention such a symptom, for when closely questioned it is usually found that they actually drink very little and the case as a whole is marked by a comparative want of thirst which is quite astonishing for the degree of fever present.

Any peculiar symptoms are, of course, of great value; for instance, *Rhus* cases are rarely without a dry, persistent cough, beginning before and lasting through the chill, and this symptom is of more value than restlessness which accompanies so many other remedies as well as *Rhus*. Vomiting during the attack is very common and not significant unless it assumes some unusual persistency as in the *Ipecac* cases; here it occurs in all stages with marked nausea while in cases calling for *Nux*, *Pulsatilla*, *Ferrum*, etc., etc., there is usually moderate vomiting during or just after the chill.

The cessation of vomiting is often an indication of improvement; not always, however, as it may be dependent on the proximity of the paroxysms to meals.

Finally, what are the essentials of a correct taking of the case and selection of remedy? As it is always more difficult to build than to destroy, so is this branch of our subject more difficult of demonstration than the former. Whatever assists in making the true picture of the case is essential in successfully combatting intermittent fever. The chief trouble which Homœopaths have met and one of the errors which so often lead us into slipshod methods of prescribing, is that of mistaking these non essential symptoms, which are so prominent, for something of value and thereby neglecting the really true features of the cases which are often more obscure, unless one is watchful, and only discovered

by observing a case for some period of time. After all has been said, we admit it is easier to give *Quinine*, and no one should attempt the method of Hahnemann who is not ready for plenty of work and, at first, much disappointment beside the loss of a few patients who are wedded to short-sighted beasts born of crude drug logic, that is often repented in time. Let no one advance the thought, however, that pure Homœopathy is not amply capable of *curing* intermittent fever in the same manner that it cures other diseases—"speedily," "gently," and "permanently."

Below are appended a list of sixteen cases treated during the summer of 1895, each receiving the single homœopathic remedy in a high potency, without any adjuvant treatment whatever. None of these cases have, of my knowledge, returned up to the present time, although this is proving a most intensely malarial season in our community.

Case I. Tertian; chill beginning in hands which are very cold for some time before the attack, so that he must put on gloves; attack at 8 a. m.; shaking all over, great thirst; dry, hard cough.

Heat with thirst and cough; headache.

Sweat without thirst; headache.

Bryonia^{cm} (F.)

No further chill.

The above case was in a hostler, and contracted while living in most unsanitary surroundings on the border of a swamp. He continued living in the same locality most of the remainder of the summer.

Case II. Chronic condition; a victim of intermittent for some twelve years, during which time he has had different methods of treatment, generally, however, with crude *Quinine* as chief remedy. For past three months has taken twenty grains per day.

At present there is loss of appetite with great nausea, which is worse in the morning; chills are irregular but usually appear in forenoon; aching of bones of legs and back in the afternoon.

Cinch. Sulp.^{cm} (F.), followed after a few days by *Ipec.*^{cm} (F.).

The result was a gradual and progressive return to health. No further chill with the exception of slight occasional shiverings.

Case III. Tertian; attack beginning with aching in joints; desire to lie down and keep warmly covered.

Gradually increasing heat with severe frontal headache; heat rises from below upward, beginning in joints of lower extremities; congestive condition with sensation that lungs were crushed in a vice; great throbbing in throat; intense redness of face; cold feet; thirst in beginning of heat for great quantity of water, cold; drinking causes vomiting. Sweat with decrease of pain and chilliness from uncovering; perspiration of strong odor leaving yellow stain; without thirst.

In previous years attacks had been suppressed with *Quinine* before reaching full development, though she claimed that the drug acted unpleasantly by depressing the action of the heart.

Natrum mur.^{cm} (F.) proved curative.

Case IV. Tertian. First chill at 6 p. m., lasting two hours. Chill beginning in back and legs. Thirst, but fears drinking will aggravate; desire for covering; crawling sensation in back; chattering of teeth and general shaking; goose flesh on legs; vomiting of bile at close of chill; headache, yawning and stretching, ringing in ears. *Heat with* thirst; face and head greatly congested; restless; aching; uncovered; heat ascends; sleepiness at close of heat with sweat on awaking; sweat very light.

Nux v.^{cm} (F.)

Case V. Tertian. Chill in early morning, beginning in legs with sharp, shooting pains; shaking; teeth chatter; thirst for large quantities of cold water; nausea; no heat or sweat till the following day; sleep after chill; fever sores about mouth; great thirst in heat.

Nux v.^{cm} (F.)

Case VI. Tertian: anticipating; shaking: begins in the shoulders; chill lasts about one hour; slight thirst in all stages; headache; soreness of head; sleepiness before paroxysm; heat long with restlessness; sleepiness; during first of heat desire to be covered; chilliness on uncovering or moving; uncovered during sweat; sweat only above waist.

Puls.^{cm} (F.)

Case VII. Tertian: anticipating; chill beginning in back and

descending; shivering only, later shaking; *heat* with thirst for large quantities of water; sleep in heat; heat particularly intense in face; dull headache; weakness; fever sores about lower lip.

Puls. cm (F.)

Case VIII. Tertian; anticipating; chill in forenoon, beginning in back; shaking; aching in legs; chill short; quiet; cough; heat follows with pains in joints, back and abdomen; delirium; sleep; no sweat.

Nux v. cm (F.)

Case IX. Tertian running into Quotidian: anticipating; chill in early morning; shivering and shaking for one and one-half hours; great pain in head and different parts of body before chill; during chill only slight thirst; deafness of left ear; much sighing and groaning. Heat with restlessness and thirst; flushed face; convulsive twitching of muscles, drawing head backward; short naps; light sweating in afternoon, with moderate thirst. In apyrexia—mouth bitter, tongue white; breath foul; restless, distressed sleep after 2 a. m.; fretful dreams.

Ferr. met. cm (F.)

Case X. Tertian; time irregular; chill lasting four hours; violent shaking; begin in back; aching pains in lower part of body; thirst for cold drinks, very great restlessness; fingers numb; worse from uncovering. Heat long and severe, with burning skin, restlessness; pain continues; headache through eyeballs; frequent urination; begins in head and passes downward; must sit up straight in bed, lying causes vertigo; sweat absent except for slight moisture on waking from sleep; damp cold hands.

Ferr. met. cm (F.)

Case XI. Tertian; suppressed for several years with *Quinine*; continuous pain under right scapula; chill in forenoon, begins in stomach and under scapula; two hours; shaking; lips purple; thirst; restlessness; worse when near the fire; cough and expectoration; nausea. Heat with continuous pain, begins in head and descends; quiet; uncovered; fullness in

throat. Sweat very light or absent, simply moisture on face, without thirst.

Rhus tox.^{cm} (F.)

Case XII. Tertian; chill in forenoon; tired aching of lower extremities; great thirst; restlessness; covered; nausea and aching before chill; burning heat with delirium; thirst; sweat light with continuance of thirst.

Nat. mur.^{cm} (F.)

Case XIII. Tertian; chill in morning preceded by weakness and headache; chill for two hours; shaking; thirst for small quantities of cold drinks; quiet; covered; vomiting; cough; nausea. Heat mostly on body with restlessness, headache, backache; thirst. *Sweat* on upper part of body; dry mouth, aching and restlessness.

Ipec.^{cm} (F.)

Case XIV. Tertian; attack preceded aching all over, particularly in lumbar region, and great thirst; chill short, beginning in feet, passing upward; thirst; vomiting. Heat with sleep and half stupid condition; slight sweat on waking.

Nux v.^{cm} (F.)

Case XV. Tertian. Headache on waking; chill in morning for two hours; thirst for cold drinks; restlessness; vomiting, worse after drinking; no heat or sweat; probably not fully developed.

Ipec.^{cm} (F.)

Case XVI. Attacks began without chills but with great heat and throbbing in head; worse afternoon; restlessness; pains passing downward. Later chills developed with shaking though but little real coldness; begins in upper part of body and descends; mouth dry yet no thirst until whole attack is over; aching in legs during chill. Heat chiefly in head, face and hands; fever sores about lips; aggravation afternoons.

Lyc.^{cm} (F.)

DISCUSSION.

Dr. Drake—I wish to thank Dr. Patch personally for his paper, and more particularly for the introduction. In Maine we

had very little malaria, and what little we had was not serious, but since I came to Massachusetts I have had quite a number of cases to treat, and the results have been very far from satisfactory. I worked hard on the cases and came to the same conclusion that Dr. Wells did when he states that he was thirty years learning how to take a case, but what cases I have had I am pleased to state I have brought out all right in the end. I am satisfied, however, that in a great many cases I simply obtained a similar and not the Simillimum, and for that reason I wish to thank Dr. Patch for the light he has thrown on the matter.

Dr. Kennedy—I want to second Dr. Drake's remarks in that I too thank Dr. Patch for what he said in the beginning. I have had very little experience in treating intermittent fever. The doctor has said it sometimes takes several days to get a correct picture of a case. I believe that is true, and I suppose, in dealing with this class of diseases the physician is dealing with one of the most difficult problems with which we meet, and Dr. Patch has given us an illustration of the fact that Homœopathy is equal to Intermittent Fever even.

Dr. Adams—Equal to intermittent fever with the least plus.

Dr. Sawyer—I had about twenty-four years experience in the swamps of the Wabash Valley in the worst malarial locality I have ever known anything about, and it renders this paper particularly interesting to me, not only showing that Dr. Patch is a true Hahnemannian, but that the Simillimum does the work. He speaks about the different phrases which malaria takes in different localities, and I have often heard it said that in cases of this sort you must use *Quinine*, but I know this is not true from much experience. I know not only that homœopathic remedies will cure these cases, but will do it where the malaria is so thick you can taste it, and I am amazed at his ability to get the true image of the cases as he has done. It took me many years, but I did finally succeed in learning how to treat cases of malaria by giving a Simillimum in the proper potency.

That is where I found that when *Quinine*, *Calomel* or Fowler's solution had been used, as was usually done by the "Original School," that although I could usually remove the malarial attack by the homœopathic remedy, my patient was not entirely cured, and I would then follow this with high potencies of those drugs that had been abused, but if I did not do that, they would

not be restored to health. So that I found that in those cases where the apparent selection would not do the work, by giving a high potency of *Quinine* or other drugs that had been abused, it would put them in a condition to be permanently cured by the *Simillimum*.

Dr. Pease—I was very much pleased with Dr. Patch's paper, and with his preliminary and introductory remarks in regard to the different types. I find in Chicago, in my study of cases of intermittent fever that come to me that where I used to ask, "Where did you live when you had this intermittent fever most severely?" and they gave the state as Michigan, Indiana, Missouri, the southern part of Illinois, or somewhere else, I find from continued study and experience, that I have many times been gratified to be able to say to the patient, "Now, you have lived in Michigan or Missouri, or wherever the case might be, because of the type of intermittent fever they had experienced and reported, so I think I may safely formulate a few groups of remedies that correspond in type of action to the types of intermittent fever in different localities; thus I may say in regard to Michigan, the remedies that have most frequently proven curative have been *Nat. mur.*, *Rhus* and *Ch. Sulph.* high; in Indiana, *Nat. mur.*, *Rhus*, *Pyrogen*, *Ch. Sulph.* In Missouri, the type of remedy seems to have changed a little, *Bryonia*, *Eupat. purf.*, *Rhus*, *Nux*, *Nat. cb.*, and the Chicago type I find yields most frequently to *Ars.*, *Rhus*, *Pyrogen*, *Chin. sul.*, *Nux* and *Ferr.* I just simply want to offer this as corroborative testimony, for the members of the Association.

Dr. Thurston—This paper shows that Dr. Patch is a careful student and realizes difficulty of properly "taking a case." The treatment of intermittent fever is a good test of one's knowledge of Homœopathy. The previous remedies should be stated, because they have an influence upon the morbid image, one way or another. The sequence of remedies is a subject of great importance, with which the old masters were pretty well acquainted, and to which we ought to give more attention. How did they know in advance that certain remedies would follow each other in a given case? It has been proved over and over that a patient having malaria can be cured by Homœopathy without change of climate.

Editorial.

TAKING THE CASE.

It is a comparatively simple thing to mechanically fit the symptoms expressed by the patient to a remedy containing symptoms of a similar character, and after the physician has become familiar with a few of the marked characteristics of the drug he can select his remedy with little trouble and in accordance with the work of the usual routine prescriber. If one remedy does not perfectly cover the case he may select two or more remedies somewhat similar in character with the hope that their combined influence will succeed in making an impression. But the physician who attempts the treatment of a chronic case by the employment of remedial agents in such a haphazard, unscientific manner will soon be convinced of one of two things: either that the law of similars is limited in its action to those conditions that can recover without its aid, or that his knowledge of its action is so limited that he cannot successfully apply the same; and in either case he will soon drift off into expedients and empirical prescribing that is not only disappointing but distressing to the careful, painstaking investigator. When one stops to consider the many forms in which disease is made manifest with the many causes contributing to this diversity of expression he will readily comprehend that innumerable factors must enter into the problem before a rule of action can be settled upon that will be capable of so adjusting these differences as to bring order out of the confusion and thereby enable the inherent force of nature to carry on its work with harmony in all its parts. Such a proposition requires *time* for the working out of the various equations. In addition to time it requires that *knowledge* which will enable the physician to understand the significance of each and every expression given, in order that he may carefully lay out the work and determine the general scope of the treatment before the first prescription has been made. Strange as it may seem the general tendency of medical instruction has been away from the truth instead of trying to elaborate the principles laid down, as the result of the slow but methodical work of Hahnemann. His *Organon of the Healing Art* may be called, with great propriety, the Bible of the homœopathic physician, because while almost every section may be taken as a text embodying a principle of such importance that ignorance of the same might thwart the most intelligent physician in his efforts for the healing of the sick, few there be who read it. Let me repeat then, that we already have two important factors in this proposition: first, time and second, an intimate knowledge of the principles laid down in the *Organon*. In addition to this he must have such a knowledge of these many manifestations of disease that he will be able so to arrange them that they may be classified under one of four or five miasms given us in concise form by Hahnemann and in diversified form by the pathologists of the present century. Hahnemann classifies these miasms under the names of Psora, with its scabious eruption; Syphilis, with its hard chancre or bubo; Sycosis, with its condylomatous formations, to which may be added that subtle and malignant

miasm, Chancroid, with its soft, infectious, suppurating ulcer, and those diseases artificially produced by the prolonged abuse of *calomel*, *corrosive sublimate*, *mercurial ointment*, *nitrate of silver*, *iodine* and its ointments, *opium*, *valerian*, *cinchona bark* and its derivatives, *foxglove* or *digitalis*, *prussic acid*, *sulphur* and *sulphuric acid*, purgatives, etc., whereby the vital force is so abnormally deranged as to almost, if not completely, mask the original expressions of that miasm or miasms which lay at the foundation of the original disturbance. Hahnemann says: "The true natural *chronic* diseases are those that arise from chronic miasms which when left to themselves and unchecked by the employment of those remedies that are specific for them, always go on increasing and growing worse, notwithstanding the best mental and corporeal regimen, and torment the patient to the end of his life with ever aggravated sufferings. These are the most numerous and greatest scourges of the human race; for the most robust constitution, the best regulated mode of living and the most vigorous energy of the vital force are insufficient for their eradication." (Section 78). "Hitherto syphilis alone has been to some extent known as such a chronic miasmatic disease, which when uncured ceases only with the termination of life. Sycosis (the condylomatous disease), equally ineradicable by the vital force without proper medicinal treatment, was not recognized as a chronic miasmatic disease of a peculiar character, which it nevertheless undoubtedly is, and physicians imagined they had cured it when they had destroyed the growth upon the skin, but the persisting dyscrasia occasioned by it escaped their observation." (Section 70). "Incalculably greater and more important than the two chronic miasms just named, however, is the chronic miasm of Psora, which, whilst those two reveal their specific internal dyscrasia, the one by the venereal chancre, the other by the cauliflower-like growths, does also, after the completion of the internal infection of the whole organism, announce by a peculiar cutaneous eruption, sometimes consisting only of a few vesicles accompanied by intolerable voluptuous tickling, itching (and a peculiar odor), the monstrous internal chronic miasm—the psora, the only real *fundamental cause* and producer of all the other numerous, I may say innumerable, forms of disease; which, under the names of nervous debility, hysteria, hypochondriasis, mania, melancholia, imbecility, madness, epilepsy and convulsions of all sorts, softening of the bones (*rachitis*), scoliosis and kyphosis, caries, cancer, fungus, hæmatodes, neoplasms, gout, hemorrhoids, jaundice, cyanosis, dropsy, amenorrhœa, hemorrhage from the stomach, nose, lungs, bladder and womb, of asthma and ulceration of the lungs, of impotence and barrenness, of megrim, deafness, cataract, amaurosis, urinary calculus, paralysis, defects of the senses and pains of thousands of kinds, etc., figured in systematic works on pathology as peculiar, independent diseases." (Section 80). After this definition of chronic disease he states that those diseases incurred by exposure to avoidable noxious influences, indulgence in dissipations of any kind which undermine the health, prolonged abstinence of things that are necessary for the support of life, residence in unhealthy localities, especially in marshy districts, living in cellars or confined dwellings, deprived of exercise or open air, over exertion of mind or body or a constant state of worry, etc., will disappear spontaneously under improved mode of living, provided no chronic miasm lurks in the body. He makes an exception, however, to those diseases artificially produced by the prolonged use of violent, heroic medicines in large and increasing doses, stating that it is appar-

ently impossible to discover or hit upon any remedies for their cure, when they have reached any considerable height, *i. e.* when they have produced such organic changes as to more or less effectually cripple the body, internally or externally, when he says that it must be left to the benign influence of the vital force itself, after appropriate aid has been given for the eradication of any chronic miasm existing prior to the administration of these drugs. It would seem from this that drug diseases were placed by Hahnemann in the same catalogue with that brought about by the action of other noxious influences and would therefore give us a common plane upon which we might study the relative importance of these factors that must be considered in the treatment of every chronic disease.

With this much as an introduction, we now come to the study of individual cases. Bearing in mind the many causes which may have contributed to the present condition, it becomes imperative that the physician shall carefully separate these different features, so that he may know with a greater or less degree of precision the relative position occupied by each one. In this investigation we must not allow ourselves to be diverted by the statements of the patient or his friends, because they come to us with preconceived notions respecting the trouble and will frequently meet our inquiries with the statement that the direct cause of the trouble was some exposure, like a storm, or drinking cold water when heated, a fright, a sprain or some other seemingly insignificant cause, that was nothing more nor less than the spark which ignited the dry tinder, from which spread the flame that threatened to consume the entire structure. It is necessary, therefore, at the beginning of the investigation, to determine whether there has been any venereal infection or not. If such infection has taken place at any time in the history of the patient, it is imperative for us to determine which miasm is exerting the greater influence over the organism, so that our treatment may be directed toward eliminating the greater miasm first. The next step for the homœopathic physician is to ascertain what kind of treatment has been employed in the past and a special note should be made of the particular remedies or drugs that have been most frequently employed, the reasons for which they were employed and the effects produced, in order that he may determine the degree of importance to be assigned to this pernicious drugging. Hahnemann makes a statement in this connection which clearly shows his failure to comprehend the power of the high potency of a drug to counteract the effect of the abuse of the same, for in Section 207 he says the physician should ascertain what kinds of allopathic treatment has been used up to that time, in order that he may avoid the employment of medicines that have already been improperly used. In Stratten's edition he says this information is necessary in order that he may conceive in some degree the deviation from the primitive state and if possible partially cure these artificial changes, or, at all events, avoid the remedy already misapplied.

The next step is to determine the mode of life, regimen, occupation, domestic situation, social influence, etc., for the same reason that he seeks to determine the effect produced from drugs and other miasms other than that of the deep and all-prevailing psora.

Having determined the effects produced by these extraneous influences, the attention is now given to the family history. We thus determine the extent of the tendencies transmitted from previous generations. Having determined

this, the physician should endeavor to trace out, according to directions already given, as perfect an image of the disease as may be possible. Beginning with the present condition and going back until it blends with the history already secured through previous inquiries. It is only by following this thorough and painstaking method given us by this great investigator that we can hope to place ourselves in a position whereby we can comprehend the completeness of that law which enabled Hahnemann to work so great a revolution in medicine.

Since the treatment of every chronic case requires so much study it is vitally important that the record made be not only full and complete, but at the same time present the essential factors of the case in such a concise manner as to eliminate every error possible in making up the image that shall reflect the indication for the curative remedy. One of the best methods that I have found for accomplishing this result is to provide the prospective patient with a slip of paper containing the necessary factors to be obtained as outlined in the foregoing, with instructions to make the report as explicit as possible, with reference to every point suggested; also that each new circumstance or statement shall be commenced upon a new line, in order that the physician can readily comprehend the same when he comes to the final analysis. The advantages of this course are many. In the first place, the case is received with an unprejudiced mind, because every statement may be considered a deliberate expression of facts and with this as a foundation, the result of direct interrogation will tend to a clearing up of obscurities. With this record in hand the physician then asks for more precise information with regard to each individual symptom. Beginning with the first statement, he reads over all that has been communicated to him, carefully wording each interrogation so it cannot be answered by a simple affirmative or negative. This suggestion will be found of great practical importance, because of the danger of substituting your own opinions for the actual facts as they may be given by the patient. A typical statement of a clinical fact should contain three factors:—*Where located; What character or condition; How aggravated or ameliorated.* After carefully noting the answers to these several inquiries, the physician should then make a memorandum of what he himself observes in the patient, being especially careful to ascertain whether these conditions existed while in a state of health or as the result of disease. In this connection it will be well to bear in mind that only the symptoms which existed previous to the beginning of any use of drugs or those re-appearing several days or weeks after their discontinuance give the true image of the original form of the disease you are seeking to cure. In this connection you see the significance of the practice employed by those who advocate the antidotal treatment of drug diseases.

You have your record. This has been supplemented by your own careful inquiries and the time has come for you to arrange the same in such a way as will present the most comprehensive totality; and you naturally ask of what shall this totality consist, because upon your answer to this question will hinge the selection of the palliative remedy or one capable of curative action. For the reason that the latest symptoms should disappear first, these symptoms must appear in the final summary and to these should be added those peculiar characteristics which run through the history of the individual in order that you may, to a certain degree, determine the constitutional tendencies before they

were diverted by pernicious drugging or the deliberate violation of the laws of health.

If this summary shall reveal few tendencies of a constitutional nature and a leaning toward certain manifestations which had their origin with the abuse of certain drugs, it becomes imperative that this receive your first consideration, for it evidently offers the greatest obstacle to the restoration of health. On the other hand, if this summary points to some noxious influence in their present environment, this exciting cause must be removed before you can hope to accomplish anything through the agency of dynamic force.

STATE EXAMINING BOARD.

It depends upon the foot that is to wear the shoe whether medical laws requiring examinations are advocated by the profession or not. It is a poor law that does not work both ways, but if these laws are good for one they certainly are good for all. If the purpose for the establishment of the same is for raising the standard of medical efficiency, common sense would dictate that a good thing should begin at home and that we should see that our own house was clean before trying to clean that of our neighbors; that it is just as important that the dear people should be protected from those who have offended the delicate senses of the higher professional excellence in our own midst as to put up the bars against a fresh invoice of the same kind of stock. The editorial comments on this subject in the April *Homœopathist* are so appropriate that we reproduce the same in full.

Dr. S. C. Delap of Kansas City has discovered that the pending medical bill before the Missouri legislature exempts no one from examination before the State board, not even those doctors who are already registered and in possession of the field. In other words, here at last is a proposed law which will work backward. But why shouldn't the doctors within the State at the time of passing the law be equally ready to be examined as those who are anxious to come into the Missouri domain thereafter? If it is true, as is so frequently set forth by the State-examining-board fanatics, that such legislation is asked in order to "raise the standard," and "to protect the dear people," how could that standard be raised or the dear people protected unless the quacks now in Missouri were also weeded out, and no longer permitted to feast off the dear people?

Once upon a time some frogs who had grown over fat and sleek in McKinley times became discontented, and sent several walking delegates to Jupiter imploring that a king be sent to rule over them, bear them morganatic children, and do other royal things. Jupiter happened to be in a pleasant humor that day, and so threw them a log. This did not satisfy the ambitious batrachians; presently they sent another A. D. T. messenger to headquarters and this time were rewarded with a stork, who fell to eating up the frogs as rapidly as was agreeable to his appetite and digestion.

That's right, gentlemen of the medical profession in Missouri! There is no more certain way to destroy an obnoxious measure than by over-doing it. You were not satisfied with the period of ordinary well-doing but you must rush into the political arena and implore legislation to keep the other fellows out. From one measure of this kind others have grown until now the medical legislation will eat you up as surely as the stork did the frogs. How many of the physicians at this day residing and practicing medicine in Missouri could pass the required seventy-five per cent. of the State-medical-examination? Wouldn't that be a huge joke on the frogs? Keep right on, gentlemen, with your restrictive legislation. Pretty soon there will sweep over this great and FREE country such a tide of remonstrance, because of legislative intermeddling with the profession of medicine, that the doors will be thrown wide open as in the old wild-cat banking and wild-cat insurance days in the early 70's.

Lippincott's Magazine for April. The complete novel in the April issue is "Ray's Recruit," by Captain Charles King. It is in this favorite author's well-known manner, he recounts the experiences of a most superior and unusual private. Elsie A. Robinson, in "Joe Riggler's Romance," tells a curious story of a mining camp. Mary B. Goodwin explains the difficulties which certain charming sisters had in "Answering his Letter." Some odd facts about "Animal Cannoneers and Sharpshooters" are given by Dr. James Weir, Jr. Calvin Dill Wilson describes "Oyster planting and Oyster-farming." Fred. Chapman Mathews puts forth "A Plea for our Game." "Goethe in Practical Politics" is defended by F. P. Stearns, who thinks that the poet was a patriot, a liberal-conservative, and a wise statesman. J. Harvey Pence discusses "Politics on the American Stage." Emily P. Weaver gives "A Glimpse of Old Philadelphia," from the book of Peter Kalm, a Swedish botanist, who visited the city about 1749. "The Gentle Art of the Translator" is expounded by Caroline W. Latimer. Alice Morse Earle writes of "Matrimonial Divinations," and Beulah Carey Gronlund of "Two Chinese Funerals." The poetry of the number is by Nora C. Franklin, Carrie Blake Morgan, and Frederick Peterson.

Review of Reviews for April. In the "Progress of the World" department the editor comments on the change of administration at Washington, on the tariff bill, and other measures before the extra session of Congress, and on President McKinley's diplomatic appointments; the Greco-Cretan situation is carefully reviewed, and other recent developments in foreign politics are treated with the thoroughness and impartiality to which the *Review's* readers have grown accustomed. An elaborate study of "The New Administration at Washington," by Albert Shaw, appears in this issue. Dr. Shaw draws an interesting comparison between the American and British administrative systems, pointing out the distinction between "ministry" and "cabinet," in both theory and practice; he also treats quite fully of Mr. McKinley's process of cabinet-building its various difficulties and adjustments, and outlines the noteworthy characteristics of the President's official family as finally selected, both individually and in *ensemble*. The article further defines "the larger executive group at

Washington"—the various assistant secretaryships, and important bureau headships, and so far as possible the reader is informed as to the personnel and status of these important offices for the coming four years. Altogether, Dr. Shaw has made in this article an exceptionally useful contribution to current history.

The April Atlantic contains more than the usual quantity of purely literary matter, which always distinguishes it; and it has several articles also of timeliness and practical interest. The leading article is on "Dominant Forces in the West," by Mr. Frederick J. Turner, of Wisconsin, one of the most competent students of western civilization. He points out the origins of the people and their institutions and methods of thought, showing that the middle West holds the balance between the East and the Far West. Mr. E. L. Godkin, this month, in his studies of Democracy in its practical aspects, shows the serious weakness of our political system caused by our irresponsible nominative methods. The break-down of the machinery for making nominations has defeated everything like really representative government. The gravest danger to our political institutions is found in this failure. Prof. George B. Adams of Yale sums up the "Anglo-Saxon Expansion" of century and the world dominance of the race in an eloquent and comprehensive essay. There are three literary articles of original interest—"Mark Twain as an Interpreter of American Character," by Charles Miner Thompson, who shows that the secret of the humorist-philosopher's great popularity and power lies really in the autobiographic quality of his book; he is himself a typical American. There is an interesting comparison of Mark Twain and Abraham Lincoln. Following Mr. Chapman's recent article on Emerson, Mr. H. D. Sedgwick, Jr., writes a valuation of William Cullen Bryant from the point of view of the present. Of distinct literary value in this month's installment of Col. Higginson's reminiscences on the "Birth of New England Literature." Following his article on Venus, Mr. Percival Lowell, the astronomer, describes his recent revolutionary discoveries about the planet Mercury. A pretty colonial love story is told in the love letters of the widow of Governor Spotsford of Virginia, "The Parson who Won her Hand,"—old letters now for the first time published.

Governor Stephens of Missouri has aroused a hornet's nest by placing the Insane Asylum at Fulton, of that State, under the charge of homœopathy instead of the new one at Nevada. We gather from newspaper source as well as from journals that the reason for this lies in the fact that Fulton receives its contribution largely from St. Louis and that there will be a larger percentage of inmates that have had homœopathic treatment than in the rural district surrounding Nevada. This is the largest asylum in the state and homœopathy will have an opportunity for proving herself worthy of the trust imposed upon her. The personnel of the new board of managers gives assurance that the treatment of the insane from a therapeutic standpoint will be all that can be desired in order that homœopathy shall receive a fair test. Dr. W. L. Reed of St. Louis, Dr. G. A. Dean of Kansas City and Dr. W. H. Westover of St. Joseph constitute the new board, while Dr. J. T. Coombs received the appointment of superintendent. We note the bitterness of the pill administered to those who have shown no consideration or charity for anything outside of their narrow vision. Dr. C. H. Hughes of St. Louis probably ex-

pressed the sentiment of the old school in a recent issue of the *St. Louis Republic*, and if history repeats itself we may hope to have established another record that will open the eyes of the public to the relative merits of the different methods employed for the healing of the sick.

"I make no war on homœopathy. I plead only the rights of the insane. And what I claim I concede. It is the insane man's right in a State hospital to have such medical treatment as he would have chosen for himself when sane and free to choose. Where the institution can have but one medical head, the rights of the majority interested should rule in the selection. The minority interest might be provided for in an annex institution restricted to homœopathic practice for the followers of that faith only. It might even be justifiable for the State to construct and provide a new institution conducted on that theory only, if it be sound policy now to do so after the light of clarifying science has dawned so full and free and with such dissipating force on this quasi-therapeutic delusion of the past, when visions of the fancy and fanciful personal 'provings' rose out of the scientific darkness of the first decade of the century.

"The searchlight of scientific observation and deduction has dispelled the delusion that disease implicates the spiritual nature of man; that drugs contain spiritual essences or dynamic potentialities evolved by trituration and dilution, and not sufficient of the apparent law of *similia* now remains on which to longer justify the maintenance of even the semblance of a sectarian medicine.

"To-day in other States, as in New York, the more enlightened homœopaths have forsaken this dogma as an exclusive tenet of medical practice, dropping their distinctive homœopathic designation, which is more suitable as a business man's trade-mark than as the proper title of a doctor of medicine, and, practicing on the broader precepts of a more liberal practice, simply as physicians, they are admitted to equal fellowship with the regular practitioners. The law of *similia similibus curantur morbi* had some appearance of a truth in therapeutics at the time that Hahnemann published his organum eighty years ago. But the revelations of physiologic science and the provings of biologic experiment, the lens of modern bacteriology and the crucible of bio-chemistry have enabled all but the blind to see the fallacy of the Hahnemannian law and the foolishness of the homœopathic dictum, 'the smaller the dose the greater the effect.' The high potentist is a *rara avis* now, even in the ranks of homœopathy.

"The present asylums were provided for under regular medical auspices. The newer school of scientific medicine, always called the old school, or allopathic school by sectarian physicians, was instrumental in providing them for the mentally afflicted of the State, just as it was the first to strike the shackles from the lunatic, bringing him from his darkened and neglected dungeon into the light of day, and treating him as a mentally maimed and afflicted friend and brother.

"Regular medicine refuses to be dominated by any exclusive dogma, visionary theory or rule of practice as too restrictive, inadequate and unscientific in the light of modern medical progress for a profession whose mission is to rescue and restore by all and every possible means potent to save.

"If the believers in homœopathy or any other theoretical system of sectarian medicine wish a State institution founded for their benefit, the proper way to secure one is to induce the Legislature to vote a new building for that purpose.

The homœopathic asylum at Middleton, N. Y., was built for such purpose by authority of the Legislature of that State as an exclusive homœopathic institution. It was not built as a regular institution, then seized and appropriated to homœopathy with its hundreds of inmates and thousands of tax-payers supporting it, all opposed to the system, yet forced to accept homœopathic ministrations."

Homœopathy, Isopathy and Immunity. About a year ago an extensive review of an article appearing in the *North American* and written by Dr. R. F. Licorish of Barbadoes, appeared in the columns of the *ADVOCATE* and it gives us great pleasure in reviewing an elaborate answer to this ingenious paper from Dr. Pickens of London, which appears in the April issue of the *North American*. He closes his paper with the statement that the science of Homœopathy is as profound and subtle as its art is fine and high, and it is due to the outer world no less than to believers in this most beautiful system of medicine that its exegesis be as scientific and philosophical as possible regardless of all varieties of personal consideration. The point of divergence between these two writers hinges upon the significance of vital force. Dr. Licorish asserts that all vital forces are in reality physical forces, quoting liberally from Huxley, Thompson and Foster; and that all physical forces are the forces which pertain to matter; and again, matter is defined according to modern scientific view as a manifestation of force. And again, the physical state of bodies depends upon the arrangement and motions of the molecules, the other physical and chemical properties depend upon the time and number of atoms in the molecule, upon their arrangement and relative motions. Thus viewed, the physical forces are properties of constituted modes of motion, not of matter, which is of itself so constituted. Matter and motion, therefore, says Spencer in *First Principles*, are differently conditioned manifestations of force. Force standing in certain correlations from the whole content of our idea of matter. According to one set of authorities, matter is made up of atoms, and atoms are indivisible particles of matter; so that matter is, after all, only matter.

The progressive scientist declares, however, that the atoms is not a particle of matter but a centre of force, and the final deduction of scientific materialism is, in effect, that we know nothing of the true nature of matter, motion, force; except that the two former are differently conditioned manifestations of the latter, and that matter is indestructible and motion continuous by virtue of the persistence of force. After conceding the truth of the above proposition the doctor puts this irrepressible question: *What is it that moves matter?* That constitutes the atom with its attractions and repulsions, that combines atoms into molecules and derives from atomic and molecular arrangements and combinations, all the phenomena of motion. The next question which logically follows the preceding is, What is motion? and as yet science is unable to answer. And the doctor answers his own question, by the prediction that science will one day recognize as a truth that the term motion connotes effect quite as truly as it denotes cause; that it is an intermediate term, not one correlative to matter; that *motion is a manifestation of the true correlative of matter, which is mind; that universal matter is moved by universal mind*, of which the lowest manifestation is mineral motion, the next vegetable life, animal sensation coming next higher, while human intelligence is the highest manifestation in the external universe. Mind and matter are the primary universal correlatives and

the absolute reality underlying both is spirit. The vital forces being derived from inorganic forces by the positive action of the inherent spirit are therefore in reality spiritual, not physical forces. It is because of its spirituality that homœopathic therapeutics transcends orthodox medicines and that the method of similia is destined to supercede the practice of *contraria* as certainly as that law of right shall in the fullness of time supercede the rule of might in the human world. We are on the eve of a revolutionary discovery by science that mind is not the product of matter, but is its eternal and infinite correlative; that cosmic motion is the manifestation of cosmic mind, as the vital forces are of the universal life; and that the unity comprehending the complimentaries of universal matter and universal mind is spirit, the absolute substance of the universe. To us matter represents the universal negative energy governed by the universal positive energy or mind. While mind represents the universal positive energy conditioned by the universal negative energy. The negative is exterior and the positive interior in the infinite unity. Spirit is the absolute manifesting concurrently as matter and motion in all their grades.

As regards serum therapeutics and isopathy, little need be said. The former is practically identical with the latter and both are essentially one with scholastic homœopathy. The forces inherent to substances which possess the phenomena of interference may appear to be identical, but regarded as specifically related forces, they will be seen to be similar. Strictly identical forces must be identical in all respects, in which case they become one. If two streams of force from the same kind of substance be merely differentiated as positive and negative, they are no longer identical but necessarily similar. Dr. Licorish thinks that medical interference is perhaps seen when severe pains are immediately relieved by the similar remedy, but not in a definite disease.

At the early stage of disease, it is mainly the motions of sensation which are disordered hence the possibility of almost instantaneous initiation of cure. But in constitutional disease these motions of sensation have been followed by perverted functions which have resulted in perverted structure. Hence, in chronic diseases, the remedial action of a simillimum may be practically instantaneous, although the sensible therapeutic manifestations be long delayed. We know something of the time required to integrate the molecular motions of food into sensation, nerve, muscle, bone, etc., and it is evident that the disintegration of the same substance, or transformation of their motions will require a corresponding time; the time necessary for a cure depending generally upon the degree of perverted function. The central thought of the article under review that disease is a disturbance of the various molecular actions which normally constitute the life of the living body, Dr. Licorish brings into focus his theory of the law of similars as well as the error in the solution of the problem.

Suppose any of the disease-producing agents react on the body, *i. e.* set up by some contact inimical revibrations therein, it must be evident that such inimical wave vibrations once started can only cease when they have completely traversed the system. By this passage through the body symptoms are produced, and the disease vibrations have the power of breaking up or disturbing the normal molecular vibrations, so that new molecular motions are formed. By this process and in this way, ptomaines are formed, and to the production and presence of such ptomaines he attributes the symptoms of the diseases

Concerning both the definition of disease and the theory of disease and its phenomena, the theory is materialistic and consequently must be so modified as to show that in reality disease is a disturbance of the vital force which is made manifest in the various molecular changes within the living body. Consequently these phenomena become effects and not causes and only assume the function of causation when we refuse to concede the difference between cause and effect.

The physician has to deal with *matter and motion* in altogether different categories in his practice. It is possible to *absorb* disordered molecular motion in a sphere of its origin by means of *molecular motion* induced under the homœopathic law. This does not signify dissipation of this molecular motion, but a transformation into atomic motion and possibly escape thence into ultra atomic. Waves are absorbed whose vibrations synchronise with those of the molecule or atom on which they impringe. If then after the passage of the vapor to the liquid state the same wave be absorbed as were absorbed prior to the passage, it is proof that the molecules which have utterly changed their periods cannot be the seat of the absorption, but it is the atoms whose rates of vibration are unchanged by the change of aggregation that a wave motion is transferred. Supposing the waves of any period to impringe upon molecules of any other period, a motion of greater or lesser intensity will be set up amongst the molecules; but for the motion to accumulate as to produce sensible absorption, coincidence of period is necessary. This is in accordance with the theory of immunity and also explains why contagious influences possess different degrees of activity on different organisms; also why the therapeutic action of remedies is in the ratio of their true homœopathicity. When an organism is susceptible to infection it is not in suitable equilibrium, *i. e.* in relation to the infective environment. The elements of disease may be said to be latent, when the force of infection impringes on the negatively sympathetic forces of the organism the former evoke the morbid organic motion and by absorption accumulate energy (hence multiplication of germs) until the organic responsiveness culminates.

There are two classes of drug effects, the absolute and the contingent, the one resulting in almost every subject; for example, the mydriasis of *Belladonna*, the other requiring for its development a special susceptibility of the prover. It is the symptoms of this *contingent* order that most resemble the idiopathic diseases and avail best for the working out of the rule *similia similibus*. These contingent effects have greater clinical value, because they are manifestations of latent tendencies to disease more than the positive forces of the drug. Drug effect force and disease effect force are those brought into *negative* and *positive* relations by means of which atomic absorption of disordered motion is affected and molecular harmony restored. Organic idiosyncrasies are forces in the highest degree responsive to drug forces in their negative relation; it therefore follows that the *absolute* effects of drugs have necessarily a chief value as manifestation of absorption taking place under the lower law of *contraria* while the *contingent* effects will of necessity prove the supreme value in the homœopathic application occurring under the higher law of *similia*.

The Hahnemannian Advocate

A MONTHLY HOMŒOPATHIC MAGAZINE.

Vol. XXXVI

CHICAGO, MAY 15, 1897.

No. 5

Institutes of Medicine.

DRUG PROVINGS.*

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The old way of getting remedies was by chance or from the old ladies. Our grand-mothers and Dr. Try have been in competition since the world began until lately, and now the mercenary chemist is doing his best to keep the laborious old doctor fully occupied in making him money by testing new preparations on the sick and dying. One peculiarity of old Dr. Try is his cosmopolitan traits. He belongs to every nationality, tribe and clan, and in each granny is his co-laborer. The field being so great and broad he makes some happy hits, but mostly of short-lived nostrums, as he scarcely masters one epidemic ere another is ushered in. This changing of base of the sick conditions keeps the old doctor busy *trying* until he finds the epidemic specific for the occasion in hand. The old doctor's office shelves are groaning under the weight of discarded bottles labelled cure-alls, specifics, sure-cures, never-fails, sure-shots, ready-reliefs, etc., accompanied by the names of almost every known and unknown disease. But for the fickleness of disease all these bottles would have been in constant use. For this great store of valuables the good doctor has been assisted by not only the wrinkled old dame, but the great medicine men of all the Indian tribes of America, the jugglers of Asia and the fetish of Africa. The old doctor is no stickler for home, nor yet for civilization; in

*Kansas State Homœopathic Society, 1897.

his dilemma he needs help and must have it from any source, for when he runs short of material on hand he must have his supply replenished. He is not over particular. All that is demanded is that somebody, even though it be but an echo, claims that somebody else has been, or might have been, relieved or cured by the drug or compound. The only exception made is the "visionary" homœopath, him he cannot swallow; that is asking too much of any sane man. That is, if the suggestion comes directly from the homœopath, or in the garb of *similia similibus*, but if some one has the acumen to catch a suggestion on the fly, divest it of the garb of Hahnemann, invest it with the tiara of science and label it "regular," then the good old doctor will welcome it with outstretched arms, and cry eureka. Sometimes these clandestine remedies act contrary to his experience and he is surprised—possibly he may stop to wonder—but as they are labelled "regular" and have been "regularly" fathered by some one who spits upon the emblem of similitude, he does not question, much less reject. The "new discovery" may even be recommended to cure what he knows it will produce, like *Ipecacuhanna* that he has so often administered to cause vomiting and is now said to cure vomiting, yet he shouts eureka and gives all glory to the "regular" who had the acumen to "discover" a new use of an old standby. Of course it is not worth the trouble of a thought that Hahnemann or his followers had announced the fact a century before. These similia fellows are not physicians, no matter how many diplomas they may have, even though one of them may be from his own alma mater to Dr. Try, they are not to be considered, hence it is no disgrace to steal from a homœopath.

But the new school has a new way to get new remedies, and when once secured they remain ever the same reliable agents in the cure of disease. There are no dust covered and useless bottles on the shelf of a true homœopath, for when the virtues of a drug are once known it ever remains a specific for the conditions first named. Nor are there vials labelled specifics, sure-cures, cure-alls, and so forth, but always the simple botanical name appears, and that name suggests a symptomatic totality ever applicable to a similar individual sick totality. Here there is no guess work, no surmising, but real science and scientific procedure. *The glory of Homœopathy is that its remedies never change or become useless.* We add to them and find out more

about them, but they ever remain the same curative and efficient agents. Some of the very first used remedies remain the poly-chrests of to-day, and frequent use during the past hundred years but prove them always reliable to the picture of disease first photographed. This alone demonstrates the scientific source of our remedies and the science in our therapeutics. Like the immutable laws of the universe the curative properties of our drugs ever remain unchanged because they have been ascertained in accordance with those immutable laws of nature. If we had no law, or if we were contrary to law, this would not be, but like our allopathic brethren we would be like corks upon the sea of therapeutics driven and tossed about by every wind and wave in the mutable nomanclature of "scientific" medicine.

It is not the purpose of this brief paper to carefully expound this subject, but merely to suggest some thoughts along the line of drug proving.

It is the firm conviction of this essayist that there is not a real substance in the domain of nature but that may prove to be a curative homœopathic remedy. The simple fact that any substance or element may, though of the simplest kind, produce a sick condition, goes to prove this postulate true. This is not to assert that every substance or element will produce a sick condition in every person, or will cure a sick condition in every person, for this would be contrary to the laws of Homœopathy. The condition of sensitivity or amenability to the action of any given substance or element must always be considered. Every person has this sensitivity subject to the action of certain substances; and on the other hand, every substance has within it the power to produce a sick condition in some person. That which will produce sickness in one person may not produce sickness in another person. Likewise, that which will cure one person may not cure another person. From this it follows that each individual must have, as a curative agent, that substance for which his system has a sensitivity. This is simply what the homœopath calls individualizing a case. Like causes always produce like effects. The identical sick condition will always produce the same symptomatic arrangement. Where symptoms vary there is a variation in the sick condition, or in the sick condition as it manifests itself on the peculiarity of the individual. From the homœopathic standpoint it follows that the symptomatic totality in a sick condition must be met by the

possibilities of drugs expressed in proven remedies. The one individuality of the sick condition having a single totality of symptoms, the condition must be met by the totality of a single remedy, unless remedies are proven in combination and their combined sick producing picture is like that of the patient. A complex drug picture, or where the antagonizing influences of two or more drugs cause a chaotic or mixed picture, will not meet the similitude of a single sick condition as manifest in primary disease. If the disease picture is complex it must be met by a potency of a single or compound remedy expressing the same picture through its pathopœietic effects in a careful proving. To combine remedies, or to alternate, to meet this composit picture without a previous proving is but guess work that is no better than the procedure of old Dr. Try of the allopathic persuasion. Remedies proven in combination, while having some symptoms common to the single remedies, will show symptoms at variance to either. This arises from the subtle influence one has upon the other, or else in the change in the manner of attack upon the vital force, thus producing a new picture.

The picture of the totality of the patient is gotten by properly "taking the case," and rests exclusively upon the ability of the physician or upon the mental condition of the patient to reveal the totality. The picture of the totality of the drug or substance is gained by what is known in homœopathic literature as "drug proving." Hahnemann says in Section 18 of the *Organon*: "Each drug manifests particular effects in the human body; and no one drug will produce effects of exactly the same kind." Also in Section 120: "Medicines should, therefore, be distinguished from each other with scrupulous accuracy, and proved by pure and careful experiments with regard to their powers, and true effects upon the healthy body."

Hahnemann has given minute directions for the proving of drugs, Sections 111 to 145 of the *Organon*, and it is needless to reiterate at this time and place.

While there is a step forward in the ranks of the allopathic school of medicine in the investigation of drug action, there seems to be a step backward in the homœopathic school. Apparently the age of heroic proving of drugs is past. The earlier homœopaths so loved the science of Homœopathy, and were so determined to advance its interests, that drug proving was of frequent occurrence and provers were plenty. To-day it seems

impossible to get more than a fragmentary proving. The tendency is to try the new drug on the sick instead of the well. This tendency is detrimental to the cause of Homœopathy. How long will Homœopathy be superior to Allopathy if we permit its cardinal principles to be undermined, or its fundamental tenets to be ignored? The need of the present is not emasculation of the *Materia Medica* on supposed scientific demands, but a more thorough proving of all our remedies, and especially of the newer ones. The demand of the hour is a band of loyal men and women who are willing to work and endure for the principles of our system and the augmentation of the value and scope of our remedies by systematic proving of drugs, rather than the display of simulated science in the tearing down of a *Materia Medica* that has been verified by the masters of the Art of Homœopathy who have made it glorious and honorable in the view of the world. It is easier to cry Science! Science! and destroy that which is valuable, than it is to show forth a real scientific knowledge in the systematic verification and proving of our armamentarium.

The two excuses most frequently heard for this lack of provers are the lack of time and the want of health. The real causes are indifference, fear of possible injury or suffering and the culpable principles of the sponge.

It is said that Dr. Carver, of St. Augustine, Fla., is living in the oldest house in the United States. It was built in 1562, and was occupied by Spanish monks before St. Augustine was founded. In the house Dr. Carver has surrounded himself with a collection of antiquities connected with the history of Florida and its Spanish rulers that is in itself a veritable museum.

A white tongue (*Med. Age*) indicates febrile disturbance; a brown, moist tongue, indigestion; brown, dry tongue, depression, blood-poisoning, typhoid fever; a red, moist tongue, inflammatory fever; a red, glazed tongue, general fever, loss of digestion; a tremulous, moist and flabby tongue, feebleness, nervousness; a glazed tongue, with blue appearance, tertiary syphilis.

SOME FACTS FROM EXPERIENCE.

FREDERICK O. PEASE, M. D., CHICAGO, ILL.

Case I. Miss S., age 27; medium height, well formed; auburn hair, blue eyes, freckled face and hands; dress-maker. On arrival at her bedside, in answer to an urgent call, I find the patient in bed, looking very white, anxiety, fear, and other evidence of extreme disturbance; from evident weakness or faintness answering questions with difficulty.

I investigate and find there has been a frightful loss of blood from the genitalia. There has been but little pain, until the last two or three hours. Blood comes in gushes from time to time, and a constant flow or passive hemorrhage. She has a distinct sensation of "opening and closing of the womb."

She has been fighting this "visitation" alone, since two o'clock in the morning (it is now one p. m.), trying to avoid *discovery* of the true state of affairs. Her underclothing, chemise, drawers, night gown, and pillow cases are saturated with blood, and with large clots, are rolled up and tucked here and there about the bed, clothes-press, commode, and behind the trunk; when too weak to move about, newspapers received the masses of blood and these rolled up I find tucked under the edge of the mattress, and under the pillow ticks. During the last hour or two, the expulsion of clots has been attended with pains, and the sensation of "opening and shutting of the womb." The clots are large, blackish, and emits a strong odor of blood or iron-like smell. The fluid blood as it flows is bright red; the skin is cold and clammy, she does not want to be covered; pulse quick, weak and rapid. I at once prepare *Secale*^m in water, and administer a dose. In a few minutes she tells me there is a sense of quietness in the womb; gradually the passive flow is diminished, and during the half-hour only a few small clots are passed, and this without the sensation of "opening and closing of the womb." She received the dose of *Secale* at 1:25 p. m., at 2 there is little passive hemorrhage, and she was sleeping. I left strict orders with the house-maid whom I had called, not to repeat No. 1 (*Secale*), unless the pains should return, but to give No. 2 (*placebo*), on waking.

At my evening visit I find she had slept nearly three hours; was feeling very weak, there had been no "gushes" of blood, and only a slight flow of pale, watery blood; no pains, and she en-

joyed the covering and wanted some nourishment. I ordered hot milk, and continued the *placebo*. The following morning I find she had a quiet, restful night; no clots and only an ordinary lochial discharge. Putting her through a "catechism" I learn that during the forty hours preceding this "experience" she had taken nearly four ounces of fluid extract of *Ergot*, procured for her by her lover. She began taking one teaspoonful every four hours; after the first twenty-four hours, there being no "birth," she increased to a tablespoonful every four hours, three and finally two hours; at midnight, though feeling rather strangely, she retired and slept; about two o'clock she waked up to find herself in a "lake of blood," and then alone she wrestled with her "experience."

On the third day she received a dose of *China off.*^{1m} and made a good recovery, though regaining flesh and strength slowly. I have thus far omitted saying, on my visit the second evening, I found in the vagina a three months old "chestnut" with its burr.

As a comment on this case I would like to ask: Was this cure an instance of the action of the true simillimum chosen on the indications according to the law (I did not know at the time of prescribing that she had taken the *Ergot*), and also is it not a proof of the homœopathic relationship of the high potency, to the effects caused by the low or crude dynamis of the drug?

I would also call attention to the symptom—"As if the womb opened and closed." I have before verified this symptom under *Secale*.

Case II. Miss W. A medical student; brunette. Nervobilious temperament; 24 years of age. During the days preceding the final examinations had been studying very hard, and was very anxious about her "percentums" and feared failure in some of the studies. Became sleepless and restless. On the afternoon of the third day of examination, while in the class, she suddenly became hysterical, laughing, crying, a strong desire to talk and do "something foolish;" face flushed, and feeling of fullness and heat, and nearly fell from her seat with faintness. Was assisted from the room and to a couch; the feeling of anxiety and dread of failure continued; also that she would do something foolish, and was fully conscious of her laughter and tears, and realized that it was hysterical.

After two or three hours she was able with assistance to walk to her home, feeling giddy or drunken; when she attempted to

tell her mother of her experience, there came on wild weeping and profuse tears; but even as she wept, she laughed to think how foolish or ridiculous it was to weep. After being helped to bed, she discovered that she was "flowing" or remembered that an hour or two previously she had felt a sudden gush of warm fluid, and the fear that she had urinated, did not add to the comfort of her mind, when at the college, and she could not then investigate because of the presence of students. She now found her clothing and limbs soiled with blood, but no flowing. A restless, hysterical and sleepless night followed. She had refused any medicine from the house physician at the college, or from home friends, being under my treatment. (I had given her a day or two before this a dose of *Lac defloratum*^{cm}). I saw her on the next day twenty-four hours after the attack in the school room. I now learned for the first time of her habit of excessive tea drinking, which in the last two weeks had been carried to a degree of intemperance, working at her studies until late at night, and "keeping up" on strong tea. She was very pale, and also very weak, hollow-eyed, cold, clammy hands and feet, and still close to the hysterical weeping and tearfulness. I gave her a dose of *Thea*^{dmm} (Swan) and waited. In an hour she was wonderfully calmed, and later slept for several hours, to awake in the morning with a good appetite, and with no other symptoms than a languid tiredness, which passed away in a day or two.

As prominent symptoms in this, as I believe, proving of tea, I call attention to the following: "A full consciousness of her foolish hysterical state;" "a sense of giddiness or drunkenness," with "a wavering, stumbling gait;" the "one gush of hot blood during inter-menstrual period." (In this case on the 17th day). The latter may be due to the tea, but I am inclined to lay it to the action of the dose of *Lac def.*, as I have in two other cases seen that symptom follow the exhibition of *Lac def.*

Case III. A boy of four years, tall for his age, plump and well nourished, dark brown hair of heavy wavy growth, blue eyes, thin, clear skin. A marked craving for eggs, would eat them cooked in any form, or raw, but preferred them scrambled. Gratification of this appetite always caused him great distress in stomach and abdomen, restless and sleepless nights, in the morning puffy swelling about the eyes, and of the lids, without color but a peculiar shining of the skin, scanty, strong smell of the urine, costive, light-colored offensive stools.

These symptoms, some or all of them always appeared after eating of eggs, especially the shining puffiness about the eyes. I gave him a dose of Swan's *Ceuf. de Poule*^{dmm} (a potency of the hen's egg, yolk and white, raw), with instructions to give the boy a feed on eggs after the third day.

As a result of this prescription, or at least after this, he could eat eggs without recurrence of the above group of symptoms, and he did not know that he was being treated for the "susceptibility" to egg.

Case IV. An illustration of the fourth great miasm. D. S. Hebrew, age 43, spare figure, rather stooped, called me April 9, 1895. I found him laid up with "sore feet," and they were "beauties." I learned that in his 19th year he "secured" a soft chancre, which was very sore and troublesome. Several kinds of cauteries were used, but without result, until "blue stone" finally burned it off. He never had a hard sore, a few attacks of gonorrhœa, which never troubled him long at a time. Since his 20th year, every spring, about March 1st to May 1st, according to the weather (cold and damp), he had to "knock off of work" to have a siege with his feet. Otherwise he usually had pretty fair health, except rheumatism and toothache, which troubled him winters and autumns.

Present condition—Rather weak and emaciated, skin brownish, dry and harsh; a decided cachectic appearance; offensive breath, foul, brownish coating on tongue, no elevation of temperature above normal; appetite variable, offensively strong odor of his person, urine also and high colored, the room in fact was redolent of this peculiar odor; bowels constipated, which is their chronic condition.

And now the feet; four weeks ago about, they began to itch, worse about the toes, and the usual offensive sweating or moisture stopped; the skin under and between the toes first scaling, then cracks and fissures, itching and smarting, the fissures becoming moist and sore. About the end of the first week had to keep his room because of soreness and pain while walking; the fissures deepen, moisture increases and scaling of epidermis spreads up the dorsum of foot and along outer edge; bleeding or bloody ichor begins, made worse by the bending or action of the foot; all this time the odor becomes more and more rank and able bodied. His usual and unusual applications of salt, soda, soft soap, kerosene, horse liniment (he is a stable-man), frequent

ablutions, and swearing, do no good; the scales (curling upward at the edges), thick, and increasing in area and size; the oozing discharge thick, yellow and gelatinous; the oozing is from under the scales, and from the cracks. About the third week, or during it, a few days before I am called, the suppurative element began, which seems to be of the true skin and from the tissues under it (fascia?) especially around or between the tendons on dorsum. Here and there on tops and sides of toes, especially the great toes, and worse on the left, small clean cut openings in the epidermis appear, from which grayish thick atrociously smelling pus oozes, and if the skin is pressed upon, pus flows more freely, and firmer pressure causes the pus to literally sweat through the skin in dozens of places, running finally in streams, seeking the lowest level. The examination is painful. Now, we have the two conditions, pus from under the skin, and from deeply down, between the tendons, and the oozing pus from *in* the skin where it is resting on the firmer tissues; also the mucilaginous, lymph (?) or discharge from the fissures and the thick (curled edge) scales. These scales are whitish (especially the edges), not scabs. He cannot have feet covered, as the weight of clothing hurts, "as if to break off the toes," and adds to his suffering.

This attack is the worst he has ever had; he is alarmed as to the results—to his feet. I am also. The case seems to call for *Graphites* or its analogues. I think also of *Nitric acid*, *Borax*, *Psorinum*, *Pyrogen*, etc. I decide to give *Graphites*²⁰⁰, a dose every four hours until a change is noticed; if none within twenty-four hours to call me. I carefully clean the feet of all pus possible, dress them in dry plain absorbent.

April 10th. I find no change, except more pus and more holes, no pimples, or discoloration of the skin, as before, just clean holes where pus oozes out. I give *Sulphur*^{cm}, one dose, and *placebo*.

April 12th. No change unless the pus is dirtier and more vile in appearance and odor.

April 13th. Pus more profuse, dirty gray, scales increasing in extent, and amount, pains no better, and the stiff, easily breakable sensation continues. I conclude to try *Chancroid*^{cm} (Swan), and give him four doses in water that evening, and *placebo*.

April 16th. I find him feeling much better, although on the night of the 13th he was troubled with nausea, increase of urine,

which had a stronger odor than usual, and different. The pus is neither gray or yellow, but is more like the discharge from the fissures, in color and consistency, the scales have come off more freely than ever, and he has amused himself by gathering and preserving for my inspection, a handful. The fissures are certainly less deep, less sore, and there is little bleeding; and, he *can move his toes.*

The progress of the case from this on is all that I could desire. I did not repeat the *Chancroid*, or give other medicine for several days, and then *Nitric acid*, *Iodine* and *Psorinum* in the order named finished the case.

From my observation of this and several other cases that could be classed with it, though not having all the elements in it, I am persuaded that we meet with a class of cases that are not *Psora*, or *Sycosis*, or *Syphilis*, and they do not show unless obscurely, the elements of combinations of these miasms, and I am inclined to think the *Chancroid* is a stronger miasm. No doubt that there are drug miasms, as in all cases, but the particular characteristics that suggest a fourth miasm in such cases, seem to me to be, foulness of secretions from mucous membranes, and from the true skin; tendency to destruction of the same, and superficial or subjacent structures, not muscular; obstinacy in their progress under almost any treatment, except careful scientific homœopathy. I do not claim for this case scientific prescribing, although I may be excused if I feel that the cure or disappearance of the symptoms *was* scientific.

I suggest a few remedies that, I believe, in their pathogeneses, we will find many of the elements that are found in this class of cases:

Asafet., *Borax*, *Bovista*, *Carbo. veg.*, *Carbo. an.*, *Caust.*, *Graph.*, *Kreas.*, *Lachesis*, *Muriatic ac.*, *Natrum carb.*, *Nitric ac.*, *Phos.*, *Phos. ac.*, *Psorinum (?)*, *Sepia*, *Sarsap.*, *Secale*, *Staphis.*

Among the drugs used and abused in the treatment of the original chancroid sores, and which afterwards "aids and abets" the chancroid miasm in its destructive work, besides the evils of their own special or combined effects, we will find the following help us recognize their adaptability to these cases, *e. g.*:

Ars., *Acetic ac.*, *Argent. nit.*, *Aurum*, *Borax*, *Carbolic acid*, *Cuprum Sulph.*, *Iodine*, *Merc. corr.*, *Nitric ac.*, *Natrum mur.*, *Plumbum acetate*, and *Zinc sulph.*

I shall hope, at our next meeting, to hear from others of the

Society, in regard to their experience or study in regard to the place that belongs to the "Soft Chancre," and the miasm that "is not Syphilis" but that has an identity of its own, we must all admit.

DISCUSSION.

Dr. Davis—I would like to ask what potency the doctor used, if he has it.

Dr. Pease—I think it was cm. I will give the facts when I finish the paper. Now, this case calls to mind a great many cases not like this except in a few particulars, but in which such remedies as *Sulph.*, *Graph.*, *Borax*, *Carbo. veg.*, *Nit. ac.*, etc., seem to show a relationship to the miasm illustrated, whether the disorder is from natural or artificial channels or not, I do not know. Anyway, it was wonderful the improvement that took place from the moment I gave the remedy, and in a few hours he was able to go to sleep, and his feet were tucked in or covered nicely.

Dr. Kimball—I do not know but that Dr. Pease stated his reasons, but I do not quite understand why he gave the *Chancroid*.

Dr. Pease—Well, I have given all the history of the case I could extract from the patient, and the reason why I gave him *Chancroid* was because I saw it was the *superior* of the *Graphite* and *Sulphur*, in relation to the old *soft sore* which I had given him, and as they had not changed the case, and produced no element of improvement, I was disposed to give a potency of *Chancroid* because it *might* be the "*simillimum*," having in mind Hahnemann's remarks concerning *Psorin*, in "*Chronic Diseases*."

Dr. Thurston—You say you only waited three or four days after giving *Graphites* and *Sulphur*?

Dr. Pease—Yes, for the reason that the disease motion was rapid, and toward a possible loss of the feet, or a much worse condition than formerly. I saw no arrest of the process, or change for the better. The action of a *remedy* should be in relation to the action of the disease force in acute movement. The movement of *curative* action should be in unison, homœopathically inverted, because on the plane of action of disease and its *simillimum*.

Dr. Sawyer—I am amazed and delighted beyond measure at the clear, lucid, sharp-cut descriptions the brethren are able to

give of what they observe and what they do to trace out the mental process by which they arrive at conclusions. In my own cases I find it impossible to do that. I arrive at conclusions sometimes almost instantaneously, but I cannot trace the mental process to save my life, and I cannot even give a reason to myself that is at all satisfactory why I come to such conclusions, but I do it with the conviction that it is right, and the clinical results so frequently verify the correctness of the conclusions that I have not given up the habit. Now, I cannot tell why, in many cases, I think Chancroid is the most malignant of the natural miasms. I cannot trace the reason why I have come to the conclusions that Chancroid and Psora lie back of leprosy, or, in other words, that leprosy is the effect of these combined miasms. Perhaps I am mistaken, but I shall hold to that position until I am shown differently. I have heard it said (I do not know how true it is) that a monkey cannot contract Syphilis, and I am inclined to think that Chancroid can be contracted by the lower races perhaps easier than Syphilis, or is more prevalent among them, and that the nearer any of the races approach to nature the more difficult it is to contract Syphilis, but that they may contract Chancroid; in fact, I know they do contract Chancroid. I have seen animals with Gonorrhœa and Chancroid, and I have also seen them with Cancer, which, to my mind, shows that I am in the right as to the effect of Psora and Syphilis, or Psora and Chancroid, or either. There are a great many theories about this, but I believe that it is generally conceded to be the result of Psora, but is it? Perhaps rather to Chancroid. I would not like to say positively that everything of this kind is the result of the combination of Psora and Chancroid, or of Psora, or of Psora with any other disease, but I am sincerely inclined to believe it at present. Leprosy is rapidly entering the world now; it is rapidly on the increase. I perceive that clearly, and I have no doubt but that before many years we shall see the expressions of it as we now see it among the Chinese. This idea that we have no leprosy is a fatal mistake. It is one of those infernal miasms that is entering the human race now. Whether it is being extended by vaccination or not I cannot tell. Swan told me that a correspondent of his in the West Indies stated to him that leprosy had died out until they forced vaccination, and that this step was followed by a marvelous increase in leprosy

Dr. Close—Dr. Thomas Wilde, the correspondent of Dr. Swan, to whom Dr. Sawyer refers, returned from the West Indies to the United States some years ago, and was my guest for two days. During that time he read me a lengthy paper which he had prepared upon the subject of leprosy. It was his intention to have the paper published, and he was at that time seeking a publisher. It would have made a book. He read the paper to me and in it cited the fact that Dr. Sawyer has just referred to; that leprosy had nearly died out, but that it had reappeared with double virulence since compulsory vaccination has been in force, and that its further progress was along the line of sexual relations. He declared his investigation had shown that the only way it was ever transferred from one individual to another was by sexual intercourse, showing the close relation between leprosy and the venereal miasms. We know the near relation Syphilis, or Great-pox, Small-pox, Cow-pox, and the vaccine disease in the human being sustain to each other. He showed the close relations between leprosy, vaccination and Syphilis, verifying the position of Dr. Crookshank, who demonstrated in his great work, *The History and Pathology of Vaccination*, I think, that the vaccine disease in the animal is identical with Syphilis in the human being. Consequently I am not at all surprised when Dr. Sawyer informs us, as the result of his investigations, that leprosy is increasing, and we may fully expect it to increase until we have such ravages from it as were experienced in ancient days. These miasms, if not identical, are so closely connected as to be analogous, and in this very fact lies the difficulty of dealing with them.

CLINICAL CASES.

J. R. HAYNES, M. D., INDIANAPOLIS, IND.

Case I. Mrs. M——, aged 52 years. About 5 feet 6, brown hair, fair complexion and would weigh about 105 pounds; usual weight 130. Had been complaining for some time—two years or more. What medicines she had taken I could not find out; the friends said but very little of any thing, was all the information that I could get. *Præsentò Personæ.*

In bed, paralysis of the whole right side; mouth filled with old decayed stumps of teeth, gums very much swollen and very red; sharp, shooting, quick pains through the old teeth and head; tongue heavily coated white, with very red and prominent pa-

pillæ at the tip, and so paralyzed that she could not speak or move it; could only make an indistinct guttural noise in the throat, which I could not understand. Mouth very dry, wants water, but two or three teaspoonfuls at a time; had to be very careful in swallowing or she would strangle; no appetite, could take nothing but liquid food, and but very little of that, as it caused great flatulence with pains; had been constipated for a long time; stools, black rough balls which were difficult to pass, somewhat putrid; urine, very scant, not over a tablespoonful at a time, dark reddish brown and strong odor, with smarting when passing; no use of the right hand or leg and but little of the left; feet and legs *cold* and *bloodiess*, pulse variable and small, chilly by the least exposure to the air, yet wanted very little covering over her, as it made her feel very restless; would have sharp cutting pains in the brachial and sciatic nerves which would make her groan out; greatly disturbed by any noise or movement.

Now here was a very pretty muss; we could give no encouragement. Her friends had informed her that it was useless to attempt to do anything, for she could live but a few days at any rate (nice beginning). Looking over this case I concluded the most *unusual* symptom called for *Belladonna*. I gave *Bell.*^{1m}, a few No. 1 pellets in a half glass of water, one teaspoonful every two hours. The next day, Oct. 31, could see but very little improvement, the pains in the old stumps, brachial, and sciatic nerves were further apart and not quite so severe; otherwise could see no improvement. *Sac. Lac.* in water given the same way.

Nov. 1. Had slept a little at times; was not quite so gloomy; could use her tongue a little; nerve pains less; wanted to be helped up to a large easy chair; could use the left arm and leg better and move the fingers on the right hand but could not hold anything in the right hand. *Sac. Lac.* as before.

Nov. 2. Slowly improving; 3rd, 4th, 5th and 6th, slowly improving; could raise her right hand to her head, could talk so that her friends could understand her wants but could not hold anything in her hand. Neighbors said that it was but the calm before the storm and that she would drop off suddenly; ordered neighbors kicked out, and to please to keep their hands off.

Gave *Sac. Lac.* as before, improvement continued slowly, when in about two and a half weeks she was able to be up and oversee

her house. She received no medicine except the first day's *Belladonna*.

About six weeks after she went and had a rubber plate and teeth put in her mouth without removing the old stumps. About the first of May she took a severe cold which caused the old stumps to remind her that they were still at home. She let it run along for several days when she applied for assistance, the gums were swollen; very sore; sharp shooting pains; worse at night; could not sleep; a small powder of *Bell.*^{1m} was sent with directions to put in water and take one teaspoonful every two hours, and as soon as improvement began to stop it. Reported that before the second dose she could see improvement, but the medicine was too precious to throw away, so she kept taking of it, but the pains were all gone in twenty-four hours. I have not heard from her since.

Case 2. Mr. M——, husband of the above, was called on Dec. 23, 1895, to see him. About 55 years old; grizzly hair, which had been brown; rather fleshy, would weigh about 150 pounds, blue eyes with complexion to correspond; rather of a bilious temperament; would move slowly, what you might call a "no get up" sort of a disposition; have known him for a long time and never known him to be sick before. *Stradium præsens*.

Found him with a very large carbuncle on the back of the neck, which had been coming for more than a week. What he had taken I could not find out; wanted to go to the city hospital; his folks and friends objected, so they sent for me, as they all thought that he would die. I asked them why they did not wait until he had been dead for a week or ten days before they sent for me. His case looked to me as very doubtful. The carbuncle extended from the ramus of the lower jaw, around the back of the neck to the one on the other side, and over the back of the neck was fully three and a half inches in width; in the center there were several small fistular openings, discharging a putrid watery pus; the whole of a gangrenous color, and very hard, sore and painful; could lie in no position but on his face, a cold, clammy perspiration on the face and over the body; pulse flickering, tongue coated white, mouth parched and dry, wanted small drinks but often, disgusted at the thought or sight of food. Muscles all over the body sore and painful to the touch, urine very scant and high colored, bad odor to it and passed with some difficulty; very impatient; wanted the room like an oven,

as the air went right through him and made him shiver and feel worse. Now here was a clear case of re-absorption of the broken down poisonous pus, or blood poisoning, and pretty well advanced at that, and it must be counteracted or a few hours would end the scene. He was given *Arsenicum*^{1m} in water, one teaspoonful every two hours.

Dec. 29. No perceptible improvement; says he did not sleep a wink. All pains were worse from 12 to 2 o'clock a. m. Believes that he is going to die and the sooner the better; says he has not hurt the place that he knows of and cannot account for the sore. *Ars.*^{1m} as before.

Dec. 30. Looked some better; the carbuncle was discharging more freely, the putrid smelling and blood poisoning some little better, but still very dark bluish color; was propped up in an easy chair and got a little sleep; not so restless, beginning to think of something to eat. *Sac. Lac.*

Jan. 2, '96. Still sloughing of the sore, not so putrid, but very dark color on the edges beyond the slough; appetite improving; sleeps better; feels better in the hot room. *Sac. Lac.* as before.

Jan. 6. Sore open all around the edges, but hard in the center; discharging freely some putrescence, yet feels better; no symptoms of any granulations; gets restless, must walk about the room; getting cross, wants to be waited on; appetite very good, wants beefsteak which was allowed; has to lie on his face or be propped up in the chair; bowels very regular, urine looks clear and very good color. Both of us getting impatient, want to hurry the thing up as fast as possible. *Kali Chlor.*^{1m} in water, one teaspoonful every two hours for one day, then *Sac. Lac.*

Jan. 8. The whole indurated portion sloughed away. The edges looked dark, the skin, scalp, superficial fascia and unhealthy hard muscular tissue gone "where the good niggers go;" feels much better in every way, appetite good, sleeps well, new granulations appearing all over the bottom of a quite healthy looking sore. *Sac. Lac.*

Jan. 12. Everything going on nicely, sore healing very fast, wants to go out of doors. *Sac. Lac.*

Jan. 16. Still healing very fast, no complaints. *Sac. Lac.* for a week.

Jan. 23. Able to come to the office; still doing nicely; sore

at the widest place about three-fourths of an inch and four inches long. *Sac. Lac.* for a week.

Jan. 31. Doing well, sore not over one-fourth of an inch in the widest place and three inches long. One single dose of *Kali Chlo.* and *Sac. Lac.* for a week.

Feb. 7. Doing well. A streak of redish scab about one-sixteenth of an inch wide and three inches long, soreness all gone. *Sac. Lac.* for a week.

I did not see him again for two weeks; the sore was all healed, but a red scar run across the whole length of where the sore had been; said his little girl had dressed it and picked the scab off before he was aware of it; no soreness or pain in it whatever. Single dose of *Kali Chlo.*

I did not see him again for over two months, when the scar had entirely disappeared and the hair had grown out all over where the old sore had been on the back of the head and neck, on all parts where it had originally grown, and upon examination you could not tell that there had ever been a sore there; said he felt as well as he ever did in his life. No external applications were used except a piece of old muslin put on it dry and changed twice a day, the sore wiped off as clean as possible with the raw edge of small pieces of the same; no water was allowed on the sore whatever. The remedies did the whole work and did it well.

DISCUSSION.

Dr. Pease—There is one point I would like to speak of if it is in order, in regard to the treatment of ulcerating surfaces and pus-producing conditions. I have found from experience, and I want to know if it is not the experience of the members that, in these cases of foul ulcers, abscesses or ulcerating tumors, any ulcerating surface, it does not make any difference whether there is a discharge that is profuse, and acrid and scanty, or a changed *secretion*, and that they have found that it is always best to refrain from any dressing except the plain absorbent cotton. I have found best results from keeping the conditions clean as possible, and dry aseptically rather than antiseptic, using as little water even as possible, sopping and wiping away the products rather than washing and soaking.

Dr. Kennedy—I was about to speak of that point. I have had but little experience in treating ulcerating surfaces, but I

think that in some cases there is too free application of water by washing and douching.

Dr. Sawyer—I regard Dr. Haynes as one of the very greatest prescribers who is living, and the report of these cases is very interesting, but there is one thing about the reported cases that is not to me satisfactory, and it is a fault that I find in most cases reported by our best men, or by very many of them, and that is the lack of any history of former drugging, external, internal or infernal. Now, we know that *Belladonna* is used a great deal as a plaster, and it would be very much more satisfactory to me to know whether that old lady to whom he gave that *Belladonna* had it administered externally or internally, or in both ways; it would then be very interesting indeed.

Dr. Davis—Dr. Pease has asked the experience in regard to dressing ulcerated surfaces. I used to apply water, but of late years I have even discontinued that, but it is almost necessary to bind the patient and nurse to prevent them doing something. In those cases where only cotton has been applied, I think I have had the best results.

A CASE OF DIPHTHERITIC CROUP—CURED.

EDMUND CARLETON, M. D., NEW YORK, N. Y.

The first objector is the diagnostician, of course. He assumes a hostile attitude, as soon as the title is read. He thinks the diagnosis wrong. Let me say to him, that the trouble first became visible in the throat, in the form of plainly localized patches. As the disease advanced, its objective signs spread upwards and downwards. The case was reported to the Health Board. Their representative inspected it and took a "culture." The next day official notice came that it was a case of diphtheria. In due time there was a second visit from the same authority, followed by an official certificate of recovery. Objector No. 1 may retire.

But the word croup offends another, who has the pathology of diphtheria in one hand and that of croup in the other, ready to smite me between them. But though the pathologists differentiate between albuminous and fibrinous exudates, and label diseases accordingly, yet they disagree among themselves, concerning some cases of croup. I simply assert that this case of diphtheria took on all the terrible action of membranous croup.

Any physician hearing the metallic cough and respiration, with inability to speak above a whisper, and observing with the dyspnœa, cyanosis and labored action of the chest walls, without having opportunity to complete his examination of nose, throat, pulse, urine, etc., would suspect membranous croup in its most terrible form. All the horrors of diphtheria were present also. It has been customary to call such cases diphtheritic croup; and the practice has the merit of clinical convenience. Let the pathologists offer a better name, if they must quarrel with the one chosen.

One more critic demands notice. He says that the patient recovered, but was not cured with infinitesimals. Tut! tut! man. You and your set have always declared that nobody ever recovers from this disease. Be consistent, now, and admit that you are beaten. This audience knows the worth of Hahnemannian prescribing, regardless of the disease. The most desperate cases have yielded to the simillimum.

The patient was a daughter of Mrs. W., one year old. You know the signs of diphtheritic croup. They need not be detailed here. The symptoms which determined my prescription were these: Constant pyalism; throat dry; great thirst for cold water. Aggravation at night; amelioration in the morning and when at rest. Of course the remedy was *Mercurius*.

The preparation employed was Jenichen's two hundredth potency; this was dissolved in water, and a teaspoonful given every two hours, until improvement was apparent. This required fifteen days. Then the doses were gradually separated, farther and still farther apart, for six days and more, when complete recovery was established. No medicine was given after that; and the child has enjoyed perfect health ever since.

During the fifteen days of active medication, described, of course there was a considerable period when the patient was getting steadily worse. But as the ruling symptoms continued the same, the medicine was not changed. It is my hope that members will discuss the subject of changing remedies, suggested by this case. It would have been easy to argue, that as the patient was getting worse, the potency might be raised with advantage. Perhaps it might have been. But my favorable opinion of the two hundredth potency of *Mercury* for quick repetition in acute cases, was sustained by the result in this case, as it had been in numerous other cases. Having that faith and experi-

ence, it would have been bad policy to change the potency, as bad as to change the drug itself, had it been only fairly similar instead of the *simillimum*. That danger seems to have been overlooked by too many good prescribers. Experience has taught me, that in acute, desperate cases, the chances of recovery are greater, in sticking to a remedy which has been given, providing it be fairly close in its similarity to the malady, than in changing to another, more accurate selection. Bayard's admonition is good:—"Beware how you change the direction of the remedy." Craving your indulgence for a minute, let me suggest that almost any paper read before our Society will present features more advantageous for discussion than does the mode of administration of the remedy, however important that may be. This hint is respectfully offered, in recollection of a number of valuable papers read before assemblages of Hahnemannians, which failed to receive adequate reception, for the reason that the first interlocutor started the questions of dose and repetition; and in the discussion that followed, all else was lost sight of. However, here is my answer to that inevitable first question—"Doctor, why did you repeat?" I repeated for the same reason that led Hahnemann to prescribe drop doses of *Tincture of Camphor* every few minutes, in cases of Asiatic Cholera. It was evident that each dose was soon to be used up. Repetition had to be practiced or the patient be lost.

DISCUSSION.

Dr. Thurston—I am at a loss to understand what relation exists between the doctor's treatment and the patient's recovery. The views expressed concerning the administration of remedies and "changing the direction" of a remedy constitute a new and peculiar interpretation of homœopathic philosophy.

Dr. Kennedy—I do not know that I have anything to add. I think Dr. Thurston has covered the ground pretty well. I was struck by the faith of the doctor which was demonstrated while the case was growing worse. I recognize the fact that the physician oftentimes in the presence of his case will be led to do that which he feels justified in doing, and which would bear him out in it, but which, on reporting the case, does not appear to others. The doctor has given us certain symptoms, and it seems to us as he reads the symptoms, that the remedy which he gave was the correct one, but the only point which struck me, as I said before, was the courage he showed in waiting for more than two weeks

while the patient was growing worse, as these cases have usually been decided in a very few days, either one way or the other. I think if I had a case of diphtheric croup and selected a remedy and in forty-eight hours should find no improvement, but, on the contrary, a going down, I should not have the courage to wait any longer, but should get to work again at the case and see if I could not find a remedy more appropriate. That is one point. Now, one cannot always know what may be the best thing to do in these dangerous cases, but I must say that when I have reached a point where improvement has set in, has begun, I stop the remedy and wait, watching carefully, and it has been my experience that unless the patient is subjected to exposure to the air or some other adverse influence, improvement will go on.

Dr. Sawyer—In one conversation I had with Dr. Lippe—and we all know what a marvelous prescriber he was—I asked him, in a case of chronic disease, how long he would wait on a remedy to show whether it was a correct selection or not. He said: “In the first place, I am sure of my remedy, and I do not give it until I feel sure, and then I wait thirty days and sometimes sixty days for the remedy to begin the cure.” Then I asked him about acute diseases. “Forty-eight hours. Having selected my remedy I always wait forty-eight hours, and then if the case does not show any improvement, I make another selection.” I have only to say that in my own experience I have never dared to wait more than twenty-four hours in an acute case for a remedy to act. If the remedy did not show improvement in twenty-four hours, I then felt certain I had selected a wrong remedy. It seems to me that, in this case, the doctor must have observed something more than he has given us, or there is something that he has forgotten to give us in connection with the selection of that one remedy when there were thirty others that covered the same ground. Perhaps the symptoms corresponded with the remedy and he unconsciously recognized it. I do not see how in the world the doctor waited fifteen days on one remedy in such a case.

Dr. Adams—I have just been wondering whether this selection the doctor has introduced (this running down) might not have been caused by the rebound rather than by the disease.

Dr. Patch—Was not there some improvement before fifteen days, doctor?

Dr. Carleton—Oh, yes.

Dr. Patch—I thought so. I always look for improvement within thirty-six hours. I am afraid if I did not see it by that time I should be tempted to change.

Dr. Kimball—I would like to know how long the patient continued to grow worse.

Dr. Carleton—Three or four days.

Dr. Kimball—Then we have a history of the patient steadily becoming worse for three or four days and then not improving sufficiently for eleven or twelve days more to warrant stopping the remedy or even increasing the intervals between the doses, and all this time *Mercurius*²⁰⁰ was being given every two hours.

If it had been a similar remedy even, it should have checked the disease or have had some effect before the fourth day, so that I cannot see that the remedy had much to do with it.

The idea that we should not change a remedy for one more similar because the patient is dangerously ill, is to me an absurdity, for the more ill the patient the more necessary to give the simillimum if possible.

However, we can congratulate the doctor upon the recovery of his patient and the parents upon the remarkable vitality of their child.

Dr. Close—It seems to me that this is an illustration of the point we were discussing yesterday, and to some extent to-day. That is, the influence of a remedy which is less similar than the simillimum. It seems to me that it is decidedly a mistake to call *Mercury* the simillimum in this case. The case recovered, it is true, but slowly and with great difficulty. *Mercury* was not the simillimum. It stood much lower in the scale of similars than the simillimum, but it was a similar and changed the virulence of that case until it was finally overpowered by the vital force. I think the case would have died without the aid afforded by *Mercury*, but if the simillimum had been found the cure would have been performed in a much shorter time. The rapidity of action of a remedy is in proportion to its degree of similitude to the state of the perturbed life-force.

Dr. Pease—I thought at first in this discussion I would report my experience in two cases of laryngeal croup as an aid in the illustration of our treatment of that disease, and it seems to me now that I must say this. That we are losing sight, in this discussion, of certain elements in this case that Dr. Carleton has reported of which we know nothing. There is an inherent history

of that case that we are not cognizant of, but that Dr. Carleton was. We unhesitatingly prescribe from our mental knowledge and observation of a case, we are not cognizant of the specific symptoms of this case. We must not forget that we did not see that case and that Dr. Carleton did, and that Dr. Carleton saw symptoms which he has not mentioned in his report of the case. Dr. P. P. Wells, that old veteran, gave us a great deal of good advice, and I want to recall to your minds especially to his description of what he called a central group of symptoms which are only of value in diagnosing the disease, while the peripheral group of symptoms are of great value, and is the group in which we recognize the individuality of the patient, and also from which we select our symptoms upon which to prescribe the simillimum, and therefore I would like to repeat that from this peripheral group of symptoms, so to speak, Dr. Carleton in all probability selected symptoms which helped him to choose *Mercury* for that case. In regard to the length of time for the action of repeated doses I will not say anything, but I would like to take up just a little time and refer to two cases of laryngeal croup. They were Hebrew children, and the first case in the family was only five years old. It had been ailing some hours before a physician was called, but from the moment he saw the case he recognized a serious condition and sent for me. In a few hours time, under our best selected remedies, the case seemed to gradually grow worse. The family, by education, were allopathic, and in consequence of the demands of the parents we allowed them to call in an allopath to perform intubation. This was done, but the operator pronounced the case one of diphtheria, and made a strong plea for *Anti-toxine*, and the parents decided also to have this used. The usual dose was administered, after the intubation, which had already given great relief to the respiration. Within two hours symptoms of acute sepsis appeared, and also a peculiar form of spasms supervened; several remedies were given, and finally under *Pyrogen*^{cm} the symptoms and spasms subsided, and under *Bromine*³⁰⁰ and 1m, repeated with benefit, the case made a slow recovery. Within a few days of that time the elder brother, 7 years old, began to develop symptoms of croup and as the result of the use of *Anti-toxine* in the other case had thoroughly frightened the parents, they placed this case under our charge, and under the selected remedies that case recovered. The parents had insisted, after

the child had been sick I think about thirty-six or forty hours, upon intubation and I will say this, that intubation gave us more time and enabled us to do better work on this second case. The length of time that both patients were sick, when the second case began to convalesce, was thirteen days. The first case was progressing slowly, a distressing hoarseness continuing right along during the time of his convalescence, and the second case was taken sick and passed into convalescence, and upon the second day of the second case, he was very much further advanced in convalescence, to all appearance, than the first case, which received the designated treatment, and who all this time was troubled with a hoarseness that did not entirely disappear until the 7-year-old boy had fully recovered.

Dr. Carleton—First let me thank you for calling attention to a palpable error in the text. The danger is not that the "direction of the remedy" shall be changed; but is rather the "direction of the disease," of course; and that by the administration of a remedy which *at first* would have been more appropriate than the one that was given.

This leads me to remark, that some of you have wrongly inferred—for the text does not warrant it—that in my mind there was a consciousness of not having selected the best remedy, and a dread of substituting the best. Read again and you will see your mistake. Perhaps the words used in that connection were surplusage in a meeting of learned men like this; and yet—that is not quite certain. When they were written I had in mind an important lesson taught years ago by a veteran prescriber—a master of the art. It was desirable that the lesson should go on record.

Brother Thurston, in starting the discussion, was sure that no connection existed between the medicine given and the cure—he would rather call it recovery. His lead has been followed by others. He said that thirty-one remedies had the symptoms related by me. I am naturally very modest; but there are times when one must have the courage of his convictions; and this is once, even though it involves contradiction of my friends. The truth is, that *Mercury* was the closest remedy to this case in the materia medica. Of course there were other symptoms in this case besides those mentioned. They were not *determining*, however. But those mentioned were CHARACTERISTIC AND DETERMINING. Study the thirty-one remedies—aye, the whole materia

medica—and show me, if you can, any remedy besides *Mercury* that has PROFUSE SALIVATION AND DRY THROAT AND GREAT THIRST FOR COLD WATER. You cannot; I challenge you to do it. My patient had those symptoms, and so did the remedy which he received.

Some of the comment upon this case, which has been given here, is surprising. I had always believed that such cases were not very common, generally had a fatal termination, even under the most skillful management, and that the report of a case cured by a close, Homœopathic prescription—a single remedy—would receive a hearty welcome from this Society. Terrible as is laryngeal croup, which some of you have discussed, it is much worse when based upon diphtheria. You miss that point; and make it appear that diphtheritic croup is quickly and easily cured by you. At least that is the way it seems to me. You may not, but I do, have some regard for the natural course and duration of certain acute diseases. Diphtheritic croup (commonly fatal), malignant scarlet fever, typhoid pneumonia and typhoid fever, for instance, commonly run well understood courses, each stage subject to amelioration and shortening by means of the similar remedy, and the patient for a time getting steadily worse. To me it would seem to be great folly to lay aside the well selected remedy under such circumstances, and to give another which, of course, could not be so nearly similar. The masters of our art do not make those changes.

Perhaps you can not become reconciled to the repeated doses. But let the mantle of your charity be broad, when you think of the fact that it was not only my own experience that led me to repeat in a very acute case. It was also the example of certain old fellows, who have somehow obtained influence among Homœopaths. Hahnemann gave drop doses of *Spirits of Camphor*, every few minutes, in cholera cases. Bœnninghausen prescribed *Petroleum*²⁰⁰ for Wells, after more than one talented physician had failed to cure his diarrhœa. It was a successful prescription. Improvement was noticed soon. But Bœnninghausen directed his patient to make a solution of the drug in a bottle, and add high wine enough to preserve the solution indefinitely, and to repeat the doses for a number of days—I believe one week or longer. Bayard, in consultation with Constantine Lippe, gave drop doses of *Lac caninum*³⁰, every two hours, for nearly a month to my son, and thoroughly cured as bad a case

of diphtheria as I ever saw. Did he stop medicine as soon as improvement was noticed? He did not. He began to taper off when the patient was out of danger, and stopped medicine when the patient was nearly well. Let me stand or fall with them.

CLINICAL VERIFICATIONS.

J. A. BIEGLER, M. D., ROCHESTER, N. Y.

Sulphur, two doses, relieved burning, pricking pains in right thigh.

Patient—woman 68 years old.

When six years old she broke the right thigh bone. During the last fourteen years she has suffered from the following symptoms:

Burning, pricking like needles in lower part of thigh.

Worse in rainy weather, and lying on painful side.

Soreness of parts when touched.

Swelling of cervical glands.

Easy perspiration.

Her father died of consumption.

This is a case of long standing with a short story.

What must be done to relieve her?

Shall I do as I did when I graduated to practice so-called scientific medicine, to paint her like a skillful painter with *Iodine* and administer *Quinine, Arsenic, Morphine* and *Salts*? No! She has had an abundance of that treatment without relief; or should I resort to the new fad and resort to hypodermic medication? This had also been tried, and why should I do this when the other fool can do it, especially the mimicker called the sham Homœopath? No! Hahnemann's declaration is impressed on my mind. He says: "Well, since there must be a certain means of cure, as sure as there is a God, the wisest and best of Beings, I will quit the barren field of ontological illustration; I will no longer listen to arbitrary opinions, with whatever art they may be reduced to system; I will no longer bow to celebrated names. But I will seek close around me where must be the means of which no one has dreamed, because it is too simple and does not appear learned enough, because it is not encircled with crowns for the masters in the art of building hypotheses and scholastic abstractions. I must observe the manner in which medicines act upon the human body when it is in repose and in health.

The changes which they then occasion, are not in vain, and must certainly mean something; otherwise, why do they take place at all? Perhaps this is the only language in which they can express to the observer the end of their existence."

A study of the proving of the remedy led me to select *Sulphur* as the most similar.

She received *Sulphur*^{mm}, January 4, 1894, and when there was a slight return of the disease on August 17, 1894, she received one dose of *Sulphur*^{cm}. This patient was speedily cured by this simple power and without the "adjuvants" or other tricks of self-constituted scientists and of their mimickers, the dancing jack pseudo Homœopaths.

CASE II.

Sulphuric acid^{cm}, one dose.

Nervous aphonia (laryngo paralysis) following a severe acute throat affection, probably diphtheria.

History—woman about 48 years of age.

Rather corpulent, or fat, with languor and loss of muscular strength, from deep-seated dyscrasia, and subject to purpura, hæmorrhagica. Hot flashes, climacteric age. For a period of eight months after the attack she could not utter a loud and distinct word, during which a number of carefully selected remedies failed to give the slightest relief.

Symptoms: Voice, hoarse croaking, larynx painful to touch. Nearly complete aphonia. Speech almost unintelligible.

One dose of this remedy gave almost immediate relief and the trouble was totally relieved within one week. During the period of hoarseness she could occasionally command the highest pitch of tone, whereas her voice was alto when in health. Since recovery this is all changed; she now has a soprano voice and cannot sing alto.

CASE III.

Sulphur^{cm}, followed by *Nitric acid*^{cm}, cured a case of warts of the face.

History: Man 44 years of age. Occupation, tailor. General health excellent. No history of Sycosis. He believed he was infected in a barber shop. Had been treated locally for several months.

Symptoms: A profuse crop of long horny warts on cheeks and chin. Worse on right side. Warts were long and thin like spurs or claws of birds.

Some improvement occurred under one dose of *Sulphur* and a rapid and complete disappearance followed the single dose of *Nitric acid*, given a month after the *Sulphur*. This man had been treated locally with *Nitric acid*.

CASE IV.

Baryta iod.^{1m}, repeated doses cured a case of syphilitic keratitis.

History: Child about 6 years of age.

For a year prior to the administration of this remedy she had been treated, without success, by an oculist who professes to be a Homœopathist.

Symptoms: The child is mentally good-natured and happy. General health good.

Corneæ densely opaque, white.

Notwithstanding this there was considerable photophobia. Enlargement of the glands of right side of neck and right inguinal region.

The cornea of both eyes commenced to clear up after the first dose and became perfectly clear within three months, without the addition of other remedies. The child is now suffering from phagedenic sloughing of an inguinal gland and very much reduced in flesh and strength.

CASE V.

Asterias Rubens^{5m} changed a cicatrix to a healthy condition which had assumed a keloid formation after removal of a cancer of right breast.

History: A scirrhous tumor formed in right breast upon which a purple red spot formed which developed into an abscess and which soon discharged at least a pint of bloody water. This was followed by a daily discharge of straw-colored fluid which was occasionally bloody. The axillary glands became enlarged, indurated and knotted.

During the time—one year—of the development of the tumor her general health was excellent, better than for several years. A few weeks after the operation, however, she began to show a cachectic appearance. Up to the time of the operation she had been constantly under homœopathic treatment. The patient is 40 years of age and she had not menstruated in the past five years. Aside from the amputation of the breast the operation extended into the axilla from which the diseased glands were re-

moved. Two months after the operation the following symptoms and condition appeared:

Mentally, aside from the usual anxiety and despair attending such a case, she became restless and disposed to make great exertions mentally and physically, especially in walking when she has walked five miles without effort or apparent fatigue. She wanted to be out of doors all the time. Depression of spirits generally in the afternoon. Appetite very poor and bowels obstinately constipated, great palor of face and a marked cachectic appearance.

The cicatrix which extends into the axilla became more red than usual, of a bright scarlet color. The skin and tissue underneath became hard, also, the whole line of cicatrix. Even the points of suture became elevated, enlarged and hard. In fact, the skin along the line of the cicatrix presented the outlines of a star fish.

Three doses of *Asterias* were given five days apart, after which the mental excitability disappeared, the bowels became perfectly natural in their action, the cicatrix restored to a healthy condition and the complexion so healthy as to be remarked by her acquaintances.

CASE VI.

Imagination cured a case of aphthous ulceration of mouth and tongue.

A lady, usually healthy and strong, somewhat stout and fleshy, became much emaciated and weakened by this disease while nursing an infant five months old.

She had the best efforts of an old school physician without relief.

Symptoms: Aphthæ in mouth and on tongue and inner cheeks.

Surface of tongue eroded in patches.

Mucous follicles of tongue inflamed, forming what appeared to be blisters.

Profuse salivation.

This patient living in a distant city I selected *Borax*^{cm} and gave one dose on the symptoms brought me by her husband.

The baby had a case of *Eczema Capitis*.

In one month the mother recovered sufficient strength to travel and call on me with her baby. She had improved at once after taking the remedy and the child's head and face was perfectly

free from eruption. Skin of affected parts on the child's head and face appeared somewhat red. The mother was in a happy mood over her recovery as well as of the quick relief to her child. She mentioned a visit from her doctor at a time when he expected her to be dead or nearly so and of his surprised and delighted expression. He was much astonished at the result of his last prescription but when informed of the change in practice he exclaimed it was all imagination. The answer to this should have been to run out her tongue at him. The baby's face was cured by force of its imagination, but at the same time the baby received one dose of *Graphites*. On examining the lady I found the following remaining symptoms:

Sensitiveness of tongue and mouth to even mild food.

Considerable salivation of a bad odor.

Swelling of submaxillary glands.

There being good ground for regarding this condition as a mercurial affection, she received *Nitric acid*^{em} with the result of being so well that she does not require further attendance.

A FAITH CURE.

CASE VII.

History: A lady forty years of age. After a mild form of typhoid fever, and from imprudence, was attacked with acute inflammation of the liver. As she resided in a village where she could only choose between the service of a reasonable old school physician and a mongrel, she chose the former by my advice.

On the fourth day of the attack I was requested to take charge of the case. The physician remained to confer with me and expressed himself as thankful for my coming and willing to be relieved. She had suffered severe pain day and night in the region of the liver, which prevented any sleep. The hypodermic injections of *Atropine* and *Morphine* had no effect. We agreed on diagnosis, with the expectation of an abscess. The suffering of the patient and politeness forbade the waste of time in conferring on practice.

Symptoms: Spasmodic pain in liver. Pain came on suddenly and ended in same manner.

The paroxysms lasted half an hour and often longer.

The interval was of a few minutes.

Could not bear the slightest touch of the finger.

Must lie on the back and unable to move.

Pulse full and bounding.

Temperature, 104 degrees.

I could get no further symptoms as the pain was so severe and continuous that she could not express anything else. Gave *Belladonna*^{cm} at 8 p. m., to be repeated if necessary. I slept all night and the patient slept two hours after midnight, which was the first sleep in three nights. At midnight temperature 102 and at 4 a. m. 100 degrees. In the morning she was much relieved of pain. Intervals were longer and pain less severe. No additional symptoms, except craving for lemonade and a slight jaundice of skin. Continued *Belladonna*, to be given when necessary, and continued my care of the case by correspondence.

During the following week she received only two or three doses of *Belladonna*, and at the end of this time one dose of *Mercurius sol.*^{cm} for the following symptoms:

Excitable, lively; everything must be done quickly.

Rapid talking, pressure in forehead like a band around head.

Tongue thick, flabby.

Craving for cold water.

Milk disagrees.

Occasional stitches in region of liver, but she is more free to move.

Skin and eyes light yellow.

Worse during sweat, which at times is profuse.

On examining the patient four weeks after the first prescription, she was out of bed and ready to be out of doors. The lower edge of the liver was plainly felt to be hardened. On indications she received *Nux v.*^{3m}.

In another month she came to my office, when she received *Lycopodium*^{cm} on the symptoms then presented. She feels now perfectly well.

The object of writing this paper is not for your benefit, as any careful prescriber will do invariably as well. But when so many well-meaning homœopathic physicians are misled by the examples and the teachings they have received in their training by preceptors and their college, to the administration of palliatives, with the belief that homœopathic remedies cannot quickly relieve acute suffering, I deem it well for that reason to give this case. The doctor who witnessed the subsequent treatment declared the speedy relief and recovery to be due to faith, and

remarked to her husband that if his patients could have the same faith in him that his fortune would be assured.

Adjourned to 9:30 a. m.

REPORTS OF DELEGATES.

Dr. Pease, Delegate from Dunham Medical College, Chicago, Ill.:

As I am Secretary of the Board of Directors, and also of the faculty of this college, I am in a position to say, from the first inception of Dunham, July, 1895, the whole policy has been strictly Hahnemannian. Mr. E. D. Seaton, one of the four Directors, who had resigned from the Hering college because of departure of that college from its original principles, called a meeting of the fourteen or fifteen members, who had also separated from that college, and made to them a proposition to furnish ground and money with which to build a college building, provided they would create a faculty that would be in strict accord with the principles of Hahnemann, and whose teaching would be by carefully laid By-laws, held to the line of pure Homœopathy. The charge was accepted. Mr. Seaton at once began the building, the faculty was completed, the members being chosen on their merits as homœopaths; a few—those who were not thoroughly wedded to purity of principle—were placed in chairs where therapeutics were not a part of their teaching. Our building was ready for us in November, and we moved into it from temporary quarters, and have just finished our first year's work, hard work but well done. We graduated from a class of six, four worthy M. D.'s; two of the six did not come up to the standard of excellence in scholarship and examinations.

In this beginning of the second year, I can assure you that the Directors and Faculty of Dunham are thoroughly in earnest, and will carry out the policy of the Charter and Constitution, thus deserving the co-operation and support of the homœopathic profession everywhere, and I ask the endorsement by this Association of Dunham Medical College.

It was moved and carried that the committee upon the amendment to the constitution report at the next meeting.

ELECTION OF OFFICERS.

Dr. R. L. Thurston was elected a member of the Executive Committee for five years.

Dr. S. A. Kimball was elected Secretary.

Dr. F. S. Davis was elected Treasurer.

Adjourned *sine die* at 2:30 p. m.

TWO CASES OF CHOLOLITHIASIS.

C. F. ELLIS, EUREKA SPRINGS, ARK.

If there is any acute suffering that pulls harder on the sympathetic nature of the conscientious homœopathic physician for temporary relief than "Gall stone" colic, it has not been my fortune to meet it. *Morphia*, either hypodermically or by the mouth will so quickly transfer the patient from torture to comfort, that it requires all the moral and Hahnemannian philosophy one can absorb to hold in check our desires to palliate.

That such palliation is more lucrative and secures for us a quick but short-lived fame, in the eyes of patients and friends, the writer can attest. But, that such treatment has ever served to more than soothe pain, mask the symptoms so important for the true physician to recognize; and makes more difficult the cure of the case in hand, has been the result of my experience.

That cases of "Gall stone" are largely amenable to the quick action of the simillimum, and that such treatment offers the best chance for ultimate cure in medical cases, many cured cases will testify. The two following cases are given—No. 1, because of its long standing, and No. 2, because of the monster stone passed and because many able physicians and surgeons who saw the case in Chicago, declared an operation the only hope of cure.

Case I. Was called to Mrs. W.——, Dec. 14, 1892. As I entered the house her groans greeted me from the bedroom. I found a woman of 45 years, whose fat had all vanished under twenty-seven years of suffering. Never a month went by without a spell of liver pains, mild or severe. She had tried a score of doctors, all of whom palliated with *Opium* or *Morphine* in some form. Many doctors had suspected, but none ever found "Gall stones."

She had watched and waited for them (Gall stones) in vain. Declared there was no use trying for them any more. Her last doctor before me was giving her *Laudanum* to ease the pain and

a mixture of something else for her stomach and liver. The following are the symptoms taken down at the bedside:

Marked nausea and retching.

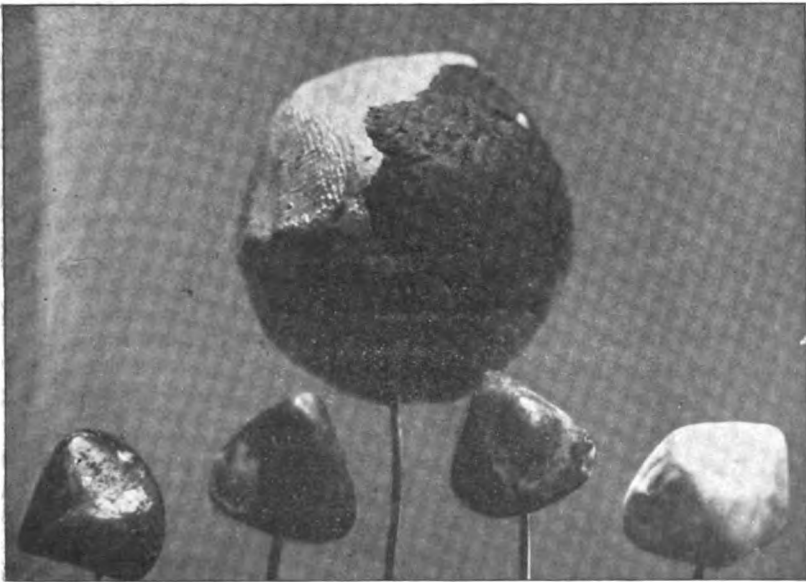
Occasional green, watery vomiting.

Painful lump comes in stomach, knots up and cramps and after a few minutes goes away.

Bowels constipated, white, hard, round balls.

With spells, don't want to be touched.

Pains in liver and pit of stomach.



Pains used to come very sudden, last a few minutes and pass off as suddenly.

Pains come more gradually now, and get so bad bowels wind and draw up mostly in right side. Sometimes they press downward out mostly upward.

The pain comes in paroxysms, getting worse and worse till some form of *Opium* is taken to relieve.

Mouth, bitter and dry. Tongue, white.

With pains, feels as though she wanted to belch or hiccough.

Most comfortable position during spell is on the back.

Standing aggravates the pain.

Navel drawn in.

Hot cloths relieve pains.

Pains in liver, aggravated by touch.

With spells, gets out of patience. Cries and weeps.

During spells, urine very dark.

Cold feet and hands.

Dreams uneasy, unpleasant.

Skin and eyes yellow.

Spells come usually from 9 a. m. to 12.

To antidote the *Morphine*, I prescribed *Chamomilla*^{1m} in water every half hour, till nausea and vomiting ceased; then gave *Sac. Lac.* The *Cham.*^{1m} gave quick relief and she received *Sac. Lac.* for seven days, during which time I thoroughly studied the case.

After giving the *Chamomilla* there was a general improvement, and the following new symptoms developed:

Stools, greenish brown.

Cold feeling in stomach.

At first after eating, stomach feels unduly full.

I now found twelve symptoms upon which to base a prescription for her malady. According to Bœnninghausen's *Repertory*, I summed up the case as follows:

Dec. 21, 1892. *Bryonia* had 6 symptoms with a value of 20.

Ignatia had 5 symptoms with a value of 17.

Nux v. had 8 symptoms with a value of 20.

Pulsatilla had 5 symptoms with a value of 18.

Sepia had 8 symptoms with a value of 22.

Sulphur had 5 symptoms with a value of 17.

China had 9 symptoms with a value of 30.

So, on Dec. 21, 1892, my patient received one dose of *China*^{1m}. Dec. 25th, four days later, the husband brought me three large "Gall stones," which were passed Dec. 24th with very little pain; not enough to call for medicine.

Dec. 31. Constipation.

Occasional urging, but no result.

Full feeling in stomach and abdomen.

For these symptoms I prescribed *Nux v.*^{1m}, one dose, but am satisfied it was a mistake.

Jan. 6, 1893. About 6 p. m. bowels began to roll and rumble and feel full.

The rolling begins in abdomen and extends upward.

When pain rolls up into stomach, it seems to press backward against spine.

For these symptoms, *China*^{1m}. One dose gave relief and she went to sleep. Did not wake till 3 a. m.

Jan. 8. Bowels moved for first time since above spell and she passed the fourth and largest "Gall stone" thus far.

Feb. 16. No more spells thus far.

Skin clear.

Gaining flesh.

Bowels regular.

With the stools, there passed considerable fine sandy material which, on investigation, proves to be broken down "Gall stones." This continued for several weeks.

Jan. 1, 1896. Heard from patient, and no return whatever up to this date.

Lessons learned from this case:—

1. The quick antidotal action of *Cham.* in certain *Opium* symptoms.

2. The prompt action of high potencies.

3. The peculiar action of the remedy on the "Gall stones" themselves as evidenced by the passing of sand for weeks after the last dose of *China*, Jan. 6th.

Case II. Mrs. F——, a large woman of 50, black eyes and dark hair; quite stout, called me one beautiful Sabbath day in April, 1894, at 12 m.

She was suffering terrible distress in pit of stomach and right side. The history of this case, learned next day, was as follows:

For six years she had been having these spells at irregular intervals. Her home was in Chicago and several eminent Old School physicians and surgeons had treated the case, all of whom said she had "Gall stones," the only relief from which would be to undergo a surgical operation. This she did not feel like trying, so she came to Eureka Springs with a daughter who was ill, hoping to get relief herself, which she did. The symptoms were those of "Gall stone" colic. The symptoms peculiar to her were as follows:

Severe pain in pit of stomach and liver region going to back.

Pain comes in spells quickly.

During pain, face gets quite flushed.

Has to sit up during the pain.

Pain aggravated on lying down.

Terrible ache in back, above small of back.

She says the pain in back throbs and pulsates.

She has been used to hypodermics to relieve her distress and implored me to give her one. I told her I would do so if I could not relieve her with curative means. Gave *Belladonna*^{1m} dry on the tongue, and waited. In ten minutes I saw no change; mixed a powder of *Bell.*^{1m} in a half glass of water and gave a teaspoonful every fifteen minutes. After the second dose, I was obliged to leave to visit another patient, and left orders to report at my house at 2 p. m. The messenger came promptly, saying patient was no better, and requested me to bring hypodermic and relieve her. On reaching the house patient admitted she was some better, but feared the pains would get worse and demanded an injection of *Morphine*. I wet up my syringe and gave her a good, large hypodermic of pure water and continued the *Belladonna*. Gradually, but slowly, the pains subsided and by 4 p. m. she could lie down and rest. She had a good night. Monday morning she passed an enormous round "Gall stone," the largest I ever saw, and I believe the largest ever voided through a gall duct.

I sent the stone to Dr. Charles Fisher of the *Medical Century*, who had it examined and reported it a "sure enough Gall stone."

A picture of all these stones accompanies this article and the four small ones are in the possession of Dr. A. L. Fisher. One can form an opinion of the monster passed by Mrs. F——, by comparing the small stones with the picture. The patient never had another spell and for two years to my knowledge, she remained in perfect health.

Lessons learned from case II:

1. The wonderful relaxing effect of *Belladonna*, allowing the morbid mass to pass to the intestines, which it had been trying to do for six years.
2. That a hyperdermic of pure water satisfied the patient, and of course did not interrupt the action of the remedy.
3. The amazing dilatation or stretching of which the bile duct was capable.
4. The superiority of the simillimum over palliative methods.

Comment and Criticism.

DE SOTO, Mo., Feb. 25, 1897.

Editor of the Hahnemannian Advocate:

In your September editorial on the subject of "Drug Antidoting" you speak of curing the results of drugging by the administration of the same or the similar drug or combination but in a potentized form.

Precision demands that of the words same and similar, one of them be omitted, as there is a "whole heaven" of difference between "same" and "similar."

I shall accept as being in accord with the cures published the promise that the same drug (*ipsum sen idem*) is the curative agent. Homœopathy, in its application to the cure of disease, teaches us that the factor to be considered is the sick person, with the entirety of his symptoms, and never the arbitrary names which we give to the different groups of symptoms.

In this new method of curing drug diseases, we take no consideration of the symptoms, beyond what would lead us to surmise what drug has been abused and forthwith apply the high potency of this drug; this seems a great deal like prescribing on an assumption.

But the appeal to experience! The test consists of the application of the theory, and experiment has demonstrated the proposition to be true. Let us examine some of the cases.

*Chin. S.*³⁰⁰ cures a case of chills where *Quinine* has been administered without avail; instead of conceding that it is a case of chills cured by a potency when the crude drug had failed, it is alleged to be a case of *Quinine* poisoning. By some species of legerdemain the chills have been juggled out of sight; what happened to them? what eliminated the chill?

I have seen cases of malnutrition and of chills where *Nat. m.* has cured the ailments, and the strong craving and eating of large quantities of salt was one of the "Guiding Symptoms" in the "days of my innocence." These were deemed to be cases wherein the dynamization theory of Hahnemann was demonstrated to be true, but to parallel the other cases, they were only instances of salt poisoning cured by the high potency. Verily this is a recondite subject!

What is to become of our provings? Take, for instance, the so-called "Vienna Provings" of *Thuja*. *Thuja* was proven and many symptoms developed. Later *Thuja*³⁰ was proven and many new symptoms in conjunction with the older ones appeared. According to the regular nova *Thuja* should have conserved the condition of the prover instead of making him drug sick and giving forth drug symptoms.

The new rule and the old provings need adjustment. To every rule an exception, and I conclude that *Rhus tox.*^m will cure *Rhus tox.* poisoning. *Fragaria*³⁰ will cure the fine red itching eruption and other unpleasant feelings manifested in some sensitive subjects after eating strawberries, etc. All of this happens occasionally. Why? In Hahnemann's *Organon*, paragraph 117, he devotes some space to Idyosyncrasy, which will explain it all. These sensitive mortals stand apart from the common herd and are in reality, in most cases, sick and in need of the article that affects them so severely, and when it is administered in a sufficiently high power cures this state which the crude article serves but to aggravate.

Let me refer you to Hahnemann's lesser writings and see what he says on the subject. In a foot note to the "*Nota Bene for my Reviewers*," pp. 659-60, Dudgeon's edition, he says: * * * * "Do they not understand enough Greek to know that (alone and in combination) ——— means common, identical, the same, * * * * but that ——— only means similar, resembling the object, but never reaching it in regard to nature and kind, never becoming identical with it?" "The homœopathic doctrine never pretended to cure a disease by the *same*, the *identical* power by which the disease was produced. This has been impressed upon the unreasonable opponents often enough, but, as it seems, in vain. No, it only cures the mode most consonant to nature, by means of a power never exactly corresponding to, never the *same* as the cause of the disease, but by means of a medicine that possesses the peculiar power of being able to produce a similar morbid state ()"

Such was Hahnemann's opinion. Though we have learned much since his time, I do not think we have learned ought that will tend to change the law of the similar, and this new method of treating drug disease seems so much at variance with similia, "so contrary to experience," so repugnant to reason, that I protest against it. Truly,

W. M. KEANEY.

People's Department.

WHY I BECAME A HOMŒOPATH.

YORK, IND., July 1, 1873.

Dear John:—Your last received. Thanks for the encouragement you give me in my hard field. I know that human life is precious everywhere. I do not under estimate its value. But this very appreciation of its worth makes my duty doubly hard. I am conscientious in its discharge but I do not get the results I so fondly anticipated. Spite of all that I can do, my patients die. So do those of other doctors, but that does not reconcile me to the loss of mine. When I have lost a case I feel like a criminal. I feel not exactly like a murderer might, perhaps, but as though I had been an accessory—a “particeps criminis,” as the lawyer says, for you must know that we have a lawyer even here. Of what use he can be, or what service render, I cannot see. What cause for litigation these people can have, is more than I can understand. But they do fancy themselves aggrieved and get into quarrels about boundary lines of farms and other nonsense. If I had a million dollars I wouldn't give ten cents an acre for all the sodden rotten land in the Muscatack Valley. If I owned any of it I should consider him my benefactor who would by law or force of arms dispossess and drive me off it. I can see no use for law here. There will certainly be no thieves to apprehend, for there is nothing to steal. No one has energy enough to commit murder, and for my part if I was doomed to live here twenty years, or die now, I should consider the man my best friend who would cut short my career at once. Indeed I should! I would hire him to do it, and pay him with the only thing and all I possess—my knowledge of medicine, theoretical and practical. Believe me, I could not inflict upon him a worse punishment. Death by hanging is a happy dream in comparison.

No, this country has no use for the law, nor have I been able to observe any benefit derived from her twin sister, medicine. With the doctor's assistance or without it, the people die all the same. A few families observing how inefficacious medicine has

proven, stubbornly refuse to call a physician in any case of illness. They fare as well as their neighbors, their mortality is no greater, and when they do get well their convalescence has been no more tedious. I am almost disgusted with medicine and everything connected with it. Do you wonder at it? Listen! I lose a case—and I've lost a dozen—an average of four a month—I mope around wishing I was a dog, a mad dog, a sheep-killer, or any sort of disreputable cur that somebody would shoot! I fall in company with another doctor and tell him in lugubrious tones that I have lost another case. "Well," he replies, "what would you have? Do you expect every patient to recover? People were born to die. If they didn't thin out 'purty' fast they'd soon be too thick for this Valley to hold 'em. If disease and the doctors didn't kill 'em they'd starve to death. This section can only support so many. It's about as full as it will hold. None born here ever move until they go to the bone yard; they don't know enough to go anywhere else and haven't the energy if they did." With such consolatory observations he consoles me, until I conclude that I am no worse than my neighbors. But confound it, John, at the rate I am going I fear the time is not far distant when I shall be just as bad. That's what scares me! I should hail with joy Homœopathy or anything that could make any impression upon these infernal fevers. I never imagined that any disease could take such liberties with humanity nor cover such a range as this fever does. It ranges from the coldness of death to the heat of Hades, alternates in this way two or three times, and ends up with the last final chill of death itself.

I am glad to hear that the lines have fallen in pleasant places for you. Delighted to learn that you enjoy your investigations. I am too much discomfited to complain at you, or criticise your position just now, but I want to remind you that your work is all theoretical. Not being in actual practice you have no opportunity to see the result of your theory. Great Cæsar, man! come here and put it to the proof. If it will arrest one of these congestive chills, as evidence of contrition, I will prostrate myself, cover my head with dust and ashes, wear sack-cloth, repent of the hard things I have said of Homœopathy, and worship at her shrine forever. Your letter, however, admits that your house is divided. You will recall the woe pronounced upon a divided house. I had supposed that Homœopaths had so little to

quarrel over that they were a unit. I am surprised, therefore, at your statement that "practically there are two schools of Homœopathy." I had also supposed that the only point in Homœopathy was the small dose. I must confess that your suggestion about dynamic force, vital force, the plane which disease occupies, and the consequently necessary plane to be occupied by remedies is a new idea, and suggests to me that after all perhaps you may have something to think about, visionary and impractical as it must be. Please explain what you mean by dynamic force in medicine. Never mind a breach of etiquette in showing my letters to your wise man. I have no objection whatever. Also explain what I am to understand by vital force. Do you mean the soul or spirit? If so do you mean that the soul or spirit gets sick? And if the soul or spirit *does* get sick do you propose to cure it, and reach it, or in any way affect it by drugs, however ethereal you may make them by "trituration or dilution with a neutral menstrum?" I have heard of a sin-sick soul, and a remedy—the grace of God; but it never occurred to me that any one would attempt to cure a sick soul with drugs.

Suppose I mash my finger; I suffer, but I have not hurt my soul, have I? unless I say "Godam-ighty!" as Hedden used to do upon such occasions. Does any contusion, laceration or wound, however severe, hurt the soul? It may render the body an unfit habitation for the soul's occupancy, but can the soul in any such way be injured? Suppose a man's body be saturated with this malarial poison, is his soul or spirit jaundiced, chilled or fevered? His body may be so racked and burned or shocked that the spirit has to seek other quarters, as I have often seen, but, as I understand it, the soul does not suffer.

It may be that I am obtuse, but I fail to find, or at least to comprehend your answer to my question concerning dose. I asked, or if I did not, I ask now,—How can any remedy in an inappreciable or highly attenuated dose accomplish anything? The nearest that I can get to an answer, is your assertion that, not the body but the vital force, or dynamic, equivalent as I suppose to the soul or spirit or mind, is diseased and that to reach this diseased dynamis, vital force, soul spirit or mind, "drugs must be gotten rid of their material organisms by trituration, dilution," etc. Is this intended to be a reason for the infinitesimal dose?

Now for the Psora theory. Please do not forget to investigate

and inform me about the psora business. That is Greek to me. What is it? How happens it to inflict only these unfortunate dwellers in this vale of tears? Twenty miles from here after crossing a low range of mountains or high hills called the Knobs, one comes into a section of country altogether different from this, where the people have fair complexions, red cheeks and plump forms, instead of the saffron skins, yellow roses and gaunt figures so characteristic of the citizens of this accursed Valley. Do you propose to tell me that the people down here are all afflicted with psora, whatever it may be, a constitutional taint, inherited dyscrasia, or as Mose says, "ever what" it is, and the people up there are entirely free from it?

If you think so, come and see for yourself and change your mind. If your friend, that embodiment of wisdom to whom you refer, thinks so, it will be in your search for truth, worth a journey from Philadelphia to this sad land, in order to confute his false theory. No, sir! In this low country the overflowing river, decaying vegetation and subsequent summer heat furnish the factors which generate the poison. The people who live here inhale it with every breath of air, imbibe it in every draught of water, and sicken and die as a result. Beyond the Knobs no one has malaria. Give us something better than the psora theory as an explanation of this disease, but give us also all you can learn about the psora theory. It may fit somewhere else.

Please do not neglect this, but explain fully, elaborately answer my other questions, and greatly oblige your somewhat discouraged friend,

T. H. NOSDUH.

Editorial.

THREE GREAT MISTAKES IN THE TREATMENT OF CHRONIC DISEASES.

“When we have to do with an art whose end is the saving of human life, any neglect to make ourselves thorough masters of it becomes a crime.”—(Hahnemann).

All mankind have a desire for some knowledge of that art, which tends toward the saving of human life. Many put this desire into operation and so direct their investigations as to acquire, to a certain degree, knowledge of this art. But no man has the right to assume the responsibilities of the physician until he has made himself a thorough master of the science. Human life is of too much value to be subjected to the uncertainties of experimental investigation, or to become the unconscious victim of the presumptuous ignorance of a superficial or imperfectly developed student of medicine. No man can plead justification of his ignorance upon the grounds that medicine is still an undeveloped science and that all knowledge pertaining to it is still in the experimental state. Neither can they plead justification for the experimental knowledge obtained through malpractice upon the sick, for abundance of opportunities are given to the careful investigator for obtaining that knowledge which will enable him, not only to prolong life, but to abstain from shortening life through the employment of injurious methods. No man can plead ignorance as an excuse or justification for the violation of any of the laws of this land. And if the violation of the one through ignorance becomes a crime, the violation through ignorance of the laws of nature governing life should make the participant therein doubly liable before the law. And when a man proclaims a knowledge of the laws governing health and disease by assuming the title of physician, he should be made to feel the responsibilities of his position by being held to strict account for each and every act in his professional life.

If the general proposition holds true when dealing with principles which have not the force of the established law, how much more serious does the offense become when he neglect to make

ourselves masters of what is conceded to be a well established principle, or law.

The man or woman who assumes the distinguished title of Homœopathic Physician voluntarily assumes a responsibility incomparably greater than that of the physician who pretends to be governed by nothing but the uncertain law of empiricism, for he holds, or should hold, that there is a law of cure, universal in its application; And he should be so thoroughly grounded in the principles embodied in the expression of *similia similibus curantur morbi* as to make the result of his practice so surpass the work of his associates as to compel them to recognize the truth of the principle and adopt the same in sheer self defence. but what are the facts which confront each and every one of us, with reference not only to the responsibility of the physician, but also with reference to the lack of appreciation for the high office he has assumed?

Homœopathy is founded upon a law of universal application and *similia similibus curantur morbi* expresses a rule of action capable of restoring the disturbed vital force to its normal state in the shortest, safest and most certain way known to man. Its principles are plain, simple and practical and still ignorance of its scope of action has led to so many mistakes that a majority of the physicians who are to-day enrolled in the banner of *similia* are skeptical regarding its merits and show their ignorance of the law and their lack of faith with reference to its efficiency, by the employment of expedients, which we do not even pretend to stand on any higher dictum than that of a pharmaceutical chemist. There is no other way for meeting this charge or overcoming the effects which this ignorance of principles has brought to our doors than to begin at the very foundation and carefully work up to the point where there can be a just comprehension of the principles embodied in this law of cure.

To-day we are assuming that those who may read this article have a more or less intimate knowledge of the fundamental principles underlying this law, but whose experience with the application of the same may not have been sufficient to enable them to appreciate the significance of some of its finer points.

In presenting the "Three Great Mistakes" made by the majority of homœopathic physicians, I offer nothing new, hoping only that it will be the means of so arresting your attention and directing your thoughts along a line that will bring out free dis-

cussion and ultimately result in that careful investigation which will enable you to determine the truth or falsity of the statements made.

The first mistake is to consider any dose too small. This lies at the very foundation of the art and comes from a misconception of the nature of disease and consequently of the means to be employed for the cure of the same. You will concede that the dose can be too large for every observer has seen the pernicious effects of excessive medication, and to-day, as in the days of Hahnemann we are forced to recognize as a distinct class of diseases those produced by the abuse of drugs. Disease is not an entity, but a disturbed condition of a dynamic force and medicine should not be employed for the direct purpose of removing the effects of disease, but for the purpose of bringing the disturbed vital force back to its normal equilibrium, when it is capable of so performing its various functions that the excessive demands made by certain tissues of the body at the expense of other tissues no longer exists and only a proper amount of nutrition is appropriated for the proper performance of the functions of the different tissues of the body, thereby supplying the impoverished tissues with sufficient nutriment and restoring by absorption, as well as cutting off excessive supply of hypertrophied tissues, in accordance with the law of supply and demand.

The dose cannot be too small for when clearly indicated there will still remain a further demand for its use after its force has been expended upon the vital force of the organism, which indications are thoroughly met by the repetition of the dose of the same remedy. if however the same remedy has been improperly selected its power for doing harm is reduced by this precaution to a minimum degree, and the work of the future remains uncomplicated.

You will observe that it is not within the province of this paper to dictate the size of the dose, its potential power or the frequency of its repetition, but simply to urge the importance of erring in the right direction and to state as a matter of fact that he who errs in this direction is so well satisfied that he becomes an enthusiastic supporter of the principles that in the past received but indifferent endorsement.

The second great mistake is the selection of the wrong remedy. Hahnemann tells us that the selection of the remedy depends upon the "*totality of symptoms,*" and that it rests with the physi-

cian to so study his cases by repeated inquiries if necessary, that a complete image of the disturbance be secured. He gives explicit instruction with reference to every step taken in this inquiry, stating in substance that these interrogations shall first look to the existence of some venereal infection because of the deep-seated character of any manifestations following an infection of this character. Also because of the fact that no person can recover from these effects unaided by the art of man.

The next inquiry shall be in reference to the character of any previous illness and the drugs which have been employed for the removal of the same, together with the effects produced by this treatment. This inquiry is placed second in order because of the relative importance attached to the effects of pernicious drugging. The vital force is able to withstand the attacks from some drugs and becomes hopelessly involved from the effects of others, constituting a class of diseases which were pronounced by Hahnemann to be incurable, but which recent investigators have declared to be as amenable to treatment as any form of disease.

The third inquiry shall be directed to the past and present environment, with the effects produced by exposure to noxious influences, dissipation, deprivation, over-exertion of mind or body, mental agitation, worry, etc.

The fourth inquiry shall be made with reference to the character of the present disturbance. In other words, the manifestations of disease for which the patient seeks relief, regardless of all that has gone before or tended to render this organism susceptible to the present exciting causes. It will be conceded by every one that a prescription based upon any one of these factors will result in the selection of the wrong remedy, and still nine-tenths of the prescriptions made by homœopathic physicians to-day have less in the support of their selection than would follow a remedy based upon a thorough investigation of any of these factors.

Is it not true that the majority of our practitioners are willing to risk a prescription based upon one or two characteristics obtained from a brief and superficial report of present conditions regardless of everything that may have preceded it in the same case? And is it not equally true that these same practitioners becoming discouraged by their failures are led thereby to renounce the only safe guide they can possibly have, following in

its stead that *Ignis Fatuus* which leads them into every bog known to empiricism? The law is plain and simple; and no man can fail who is willing to give the time necessary for the proper application of its principles. What if the remedy selected is somewhat similar to the symptoms narrated? What if it succeeds in making the patient feel better? Cannot you see that practically nothing of a permanent nature has been gained and that this process of temporary palliation is only tending to distort the general image of the disturbed conditions, until the case becomes so complicated that no remedy can be found that will prove even a *similar* to the symptoms presented, and it soon passes out of your hands into the hands of the surgeon or specialist, who proceeds to mutilate and destroy, because the golden opportunity has been fritted away through the criminal carelessness of the physician who had the case in charge?

The excuse so often offered in justification of this unhomœopathic selection of the remedy—"too little time"—is not worthy of consideration. Human life is of too great value to be placed in the balance with that disgraceful love for ease which is at the bottom of all superficial prescribing. Far better would it be for the physician to limit his practice to his own capabilities, and if necessary bring to his assistance such clerical aid as will enable him to secure a proper record without the expenditure of the time necessary for the making of same.

The third and most serious mistake of all is too frequent change of remedy. This mistake cannot be too strongly emphasized and too much care cannot be exercised by the physician in the treatment of all chronic diseases on this particular point. You may concede the truth of all that has gone before. You may be willing to give the smallest possible dose. In the making of your records you may exercise every precaution suggested by Hahnemann, and yet not only fail to cure, but permanently and effectually distort the image of the case by not allowing each remedy to complete its action before the selection of another. The question may arise, how are we to know when to change the remedy or repeat the dose? If there is anything clearly expressed in the *Organon* it is this: That remedies must be used whose sphere of action corresponds most perfectly with the general scope of disease manifestations; that where there be frequent disturbing influences, none of them become so deeply seated as to result in a chronic disease. That the simple fact

that we have a chronic disease to deal with shows that the influence employed for the correction of the same must be allowed to work undisturbed for a considerable length of time. It will therefore follow that remedies possessing a superficial character cannot be depended upon for the removal of disease manifestations which are deep-seated or chronic in character. In the treatment of these chronic diseases we must not be diverted from our main line of action by the incidental or accidental appearance of superficial or transient symptoms, no matter how severe in character, unless they threaten the life of the patient. We have carefully studied our case and the prescription has been made. This prescription should be continued as long as any improvement is manifest, though its action may cover weeks and even months of time. In watching the action of this remedy, it will be well to carefully note the times or periods of aggravation, otherwise you will be misled by the return of one of these typical aggravations and be led to switch off on to another remedy and thereby spoil your case. It is only when old symptoms which had been eliminated from the record or which had diminished from the action of the remedy again put in their appearance, that we are to watch for indications upon which a new prescription may be based. Hahnemann tells us to wait two, three, four days or even a week before repeating the remedy or selecting a new one; because the disturbance or temporary influence which may have been brought to bear upon the case will allow the seeming aggravation to disappear and the remedy which has already done service continue uninterrupted in its course. The introduction of a second anti-psoric before the action of the first remedy shall have ceased may work a failure, as the result of the mistreatment. The physician will be compelled to antidote the effect of the last remedy given, and after allowing the case to return to its equilibrium, the prescription must then be made upon the new totality, independent of all that has gone before.

The following may be taken as a fundamental rule: Each dose causes a new and independent artificial disease, therefore let the remedy properly selected act until it is positively certain that no further progress can be gained. Now there are three or four exceptions to this rule that must be considered.

Exception 1. When peculiar symptoms cease to diminish, without any disturbance of mind and without the appearance of new troublesome symptoms, *i. e.* when the remedy is still indi-

cated, it may be repeated in a different potency, generally lower in character.

Exception 2. The indicated remedy may be counteracted by some grave error in diet or living, when the same remedy in the same potency may be repeated.

Exception 3. When patients are vigorous and not too sensitive, medicine may be dissolved in water and one portion taken to-day, another to-morrow and a third the next day, stirring the medicine each time to change the potency.

Exception 4. With the exception of *sulphur*, *hepar sulphur* and *sepia*, few anti-psorics bear repetition.—(Hahnemann).

A thought suggests itself in this connection that in the treatment of chronic and therefore tedious ailments we are liable to be deceived by the action of a constitutional remedy when its administration results in great or sudden improvement. As a general rule you will find such improvement temporary in character, a strong proof of the fact that the remedy acted only in a palliative manner, for not many days will elapse before we shall have a return of the original condition for which the prescription had been made, and we will then be brought face to face with an important question, whether it is best to repeat the remedy, which has given such great relief or carefully go over the case and find the true simillimum. As a general thing you will secure more satisfactory results by stopping the action of the remedy with its proper antidote or where this cannot be done select a new remedy more perfectly approximating the image presented by the case. Bear in mind that every remedy employed for the cure, *i. e.* the removal of the chronic miasm must be made upon the entire totality presenting itself at the time the prescription is made.

While not exactly in line with the subject, it may not come amiss for us to consider some of the disorders, temporary in character, that may more or less seriously interfere with the action of our deep anti-miasmatic remedies, *e. g.* a patient under constitutional treatment is suffering from indigestion brought about by overloading the stomach, eating improper food or is seriously disturbed as the result of fright, anger, serious exposure, accidents, etc.; and it becomes important for us to know just how to remove these temporary effects without seriously interfering with the constitutional treatment.

The following indications will, as a general rule, be sufficient

to overcome these disorders without interfering with the deeper action of your constitutional remedy.

Overloading the stomach—fasting.

Eating of fat meat, pork, pastry, ice cream; fasting with *Pulsatilla*.

Taking cold in stomach by eating fruit. *Arsenicum*.

Disorders brought about by excessive indulgence in spirituous liquors. *Nux vomica*.

Gastric fever, with chilliness, etc. *Bryonia*.

Fright, when medicine can be given at once, especially when fright causes timidity. *Opium*.

Where aid is delayed, or when the fright is combined with vexation or anger. *Aconite*.

Where fright is the result of bad news. *Ignatia*.

When circumstances arise resulting in a state of vexation, combined with anger, violence, heat, irritation, etc. *Chamomilla*.

Where these conditions produce chilliness, coldness of the body, etc. *Bryonia*.

When this mental state of vexation leads to intense indignation or deep internal mortification. *Colocynthis*.

When it is accompanied by the inclination to vehemently throw away whatever may be held in the hand. *Staphisagria*.

When during the course of treatment the patient passes through an unsuccessful love affair, with that quiet secret grief, the constitutional remedy cannot act unless this condition be met by the use of *Ignatia*.

When all these life forces gives evidence that jealousy is the most disturbing influence, *Hyoscyamus* may be administered with benefit.

A severe congestion in the head from exposure; (next to keeping in the house or bed). *Nux vomica*.

Where this cold is followed with diarrhœa, *Dulcamaria* may be used.

Where it is followed by extreme sensitiveness with inclination to weep. *Coffea*.

When followed by fever and heat, if called in time. *Aconite*.

When followed by suffocative feeling. *Ipecac*.

If the cold becomes ripe, with a thick, bland coryza, loss of smell and taste. *Pulsatilla*.

Bad effects from lifting, sometimes. *Arnica*.

Generally. *Rhus toxicodendron*.

Contusion and wounds by blunt instruments. *Arnica*.

Burning of the skin, when brought about by dry heat. The uninterrupted employment of dry heat with the administration of *Arsenicum*.

That brought about by scalding or the use of moist heat. The uninterrupted application for hours of alcohol, heated by means of very hot water.

Weakness from loss of blood or fluids. *China*.

Homesickness, with redness of cheeks, etc. *Capsicum*.

Disturbances due to causes outside the body like epidemics may completely interrupt the treatment for a greater or less length of time, in which case it becomes necessary for the physician to make a careful study of each and every case, with the purpose of finding the *genus epidemicus* of the prevailing disturbance. And generally this careful study will be rewarded by the selection of one or two remedies which will produce such wonderful results as to win fame and fortune for the possessor.

Every case of intermittent fever has for its foundation Psora. Consequently if your anti-psoric has succeeded in unmasking a low latent tendency to intermittent fever without a fresh exposure to the epidemic it must not be interfered with no matter how serious the attack may seem, but if the environment be such that the patient have a fresh exposure and as the result of that is made sick, a dose of *sulphur* or *hepar sulphur* is necessary for the beginning of the treatment. Many of these epidemic attacks often need anti-psoric assistance to complete the cure and *sulphur* may generally be selected as the remedy indicated for that purpose.

Epidemic disturbances, *e. g.* a patient saturated with the miasm abounding in a marshy district leaves that environment and seeks a home particularly free from this influence is still suffering from the effects of past exposure, because of the presence of psora in its modified form and can only hope for a cure through the influence exerted by anti-psoric remedies.

THE RESTRICTION OF STATE BOARD'S OF HEALTH.

The Faculty of the Hahnemann Medical College of Philadelphia is taking up the fight of the Colleges against the attempt to usurp the control and management of their affairs and has sent a letter to the Secretary of the Medical Registration and

Examination of the State of Ohio very similar to that sent to the State Board of Missouri a year ago. The medical journals should uphold the College in its effort to maintain control over its own affairs, because they seem perfectly willing to comply with all reasonable requirements. The following preamble and resolutions speak for themselves:

PHILADELPHIA, April 8, 1897.

Frank Winders, M. D., Secretary State Board of Medical Registration and Examination of Ohio.

DEAR SIR:—At a meeting of the faculty of Hahnemann Medical College of Philadelphia, held April 3, 1897, the following Preamble and Resolutions were adopted:

WHEREAS, The State Board of Medical Registration and Examination of Ohio has notified this College that "On and after July 1, 1897, no medical college shall be considered as a medical college in good standing, as determined by this Board, unless the Secretary, Dean, Registrar, Chancellor, or other officers who may be the custodian of records of said college, shall submit evidence satisfactory to this Board, that graduates of said college who are applicants for certificates have complied with the entrance requirements laid down by the American Association of Medical Colleges," and also that, "Any institution shall not be considered in good standing for any year in which said college failed to live up to the rules laid down in its own announcement, and before its standing is established may, at the discretion of this Board, be required to furnish satisfactory evidence that it has complied with such rules;" therefore

Resolved, That the Officers of this Faculty are hereby instructed to inform the said State Board of Medical Registration and Examination of Ohio as follows: First, that the aforesaid "American Association of Medical Colleges" is a private organization, destitute of legal authority and void of legal responsibility; that it does not represent the medical profession as a whole, but only a single sect or denomination thereof, and moreover, a sect with which this college is not in affiliation; that this college had no voice or participation in making the entrance requirements of said Association; and that for these reasons, this college will refuse to be controlled or guided by said "entrance requirements." Second, that because of numerous attempts of State Licensing Boards to usurp the control and management of the educational and administrative affairs of this College, this Faculty has been compelled to notify certain of said boards that we deny and repudiate their right and authority to interfere in any way with its work. and that we, its Faculty, will retain in our sole and exclusive control, the direction and administration of all measures pertaining to its general and educational management.

Resolved, That the Officers of the Faculty are instructed to furnish information, as heretofore, respecting the regulation, course, methods, facilities and graduates of this College, whenever properly requested to do so by the legal authorities of any state or by other persons having legitimate use for such information. But said officers are instructed to refuse all such information or reports when the request or demand therefor is accompanied or associated with an expressed or implied threat of a penalty for non-compliance; nor shall any report or information be given to any State Licensing Board when such infor-

mation is to constitute the purchase price of the "standing" of the College before said Board.

Resolved, That copies of this Preamble and Resolutions be transmitted to the State Board of Medical Registration and Examination of Ohio, and to the medical journals.

PEMBERTON DUDLEY, M. D., Dean.

CHARLES MOHR, M. D., Registrar.

WHAT SHALL BE EXCLUDED FROM THE HOMŒOPATHIC MATERIA MEDICA?

At the meeting of the American Materia Medica Association twenty-six inquiries were sent to the following members of the homœopathic profession and their opinions very fairly represent the opinions of the professions at large: A. W. Woodward, J. Heber Smith, W. J. Hawkes, Conrad Wesselhœft, W. E. Leonard, E. M. Howard, W. B. Hinsdale, Malcolm Leal, Millie J. Chapman, E. P. Triem, Wm. Bœricke, John L. Moffatt, O. B. Moss, Alfred Wanstall, A. R. Wright, Eldridge C. Price, J. B. Gregg Custis, H. C. Allen, Elias C. Price, Wm. H. Burt, Henry Chandlee and Charles Mohr.

1. *Shall experiments with drugs on animals other than man be admitted?*

No 11. Yes, with modifications, 11.

2. *Shall symptoms from drugs mixed with those of diseases be admitted?*

No 13. Yes, with modifications, 9.

3. *Should symptoms occurring after an antidote has been administered be admitted?*

No 13. Yes, with modifications, 10.

4. *Should symptoms from doubtful compound or from sources that leave the question of the purity of the drug in doubt be admitted?*

No 18. Yes, with modifications, 4.

5. *Should symptoms from too high potencies be admitted?*

No 13. Yes, modified, 8.

a. *What are too high potencies?*

Above 6x 3. Above 12x 9. Above 30th 1. Above 200th 2. Too high potencies impossible 8.

b. *Is there any rule or set of general rules that will distinguish a proving made with a high potency and proving made by a low potency, other things being equal?*

No 22.

6. *Should symptoms from toxic dose be admitted?*

No 22.

a. *Can a dose be large enough to render the symptoms of no use in applying a drug?*

No 13. Yes 5. No answer 4.

7. *Should symptoms be admitted where there is strong suspicion that the prover lied?*

No 18. Yes, if corroborated, 4.

a. *What are the proofs of lying that may be found in pathogenesis?*

Lack of corroboration, utter incongruity. Too many symptoms wholly removed from any physiological connection. Proneness to extravagant statements. An honest reproving.

8. *Should a symptom be admitted when the prover is self deceived?*

No 17. Yes 3.

a. *How shall this point be determined in the collection of symptoms now in use?*

Reproving.

9. *Should imperfect narratives be admitted?*

No 4. Yes 5. Yes, so far as verified, 10.

a. *What degree of imperfection should be excluded?*

No degree of imperfection so long as what there is of it bears the probability of truth and the possibility of use.

10. *When should the general statement of authors be admitted?*

No 6. On confirmation. If based upon clinical experience or extended study. Only as hints, as a direct investigation, when explaining or qualifying symptoms. With the signature attacked. Good for those who have time to study all indications.

11. *Are very rare symptoms to be admitted, such as occur only once in a great number of provers or toxic cases?*

No 3. Yes 5. Yes in small type. As of possible use in some difficult cases. Classify as such. Should be put aside for further verification. With such remarks as distinguish them as peculiar symptoms. They depend upon peculiar susceptibility of prover and should be so stated.

12. *Are idiosyncratic symptoms consistent with the effects of the drug to be admitted?*

No 6. Yes 14.

a. *What is the value of such symptoms?*

The highest 8. Misleading, confusing, of doubtful value, 6.

b. *Are idiosyncratic characteristics of the individual to be admitted?*

No 9. Yes 9.

c. *What is the value of such symptoms?*

Utmost 8. Little or of no value 9.

13. *Should symptoms be admitted that are very unlike the action of the drug as manifested in other provers?*

No 2. Yes 7. Yes, if verified in some other prover, 10.

14. *Should too common symptoms be recorded, such as are present in a large number of very dissimilar drugs?*

No 5. Yes 15.

a. *What is the significance or value of such symptoms?*

Slight. Lowest. Show the entire field of action of the drug. Help make up totality of symptoms. Should be excluded from books for practical use. Of little practical value. Assists in making up a drug picture.

15. *Should symptoms occurring immediately after taking the drug be admitted?*

No 2. Provers must be exceedingly sensitive if they be admitted. Yes 9. If caused directly by it. If corroborated by latter symptoms. If preliminary health record shows that it did not exist before the test.

a. *What is their value?*

Dependent upon dosage. Frequency of occurrence. Clinical test. Comparison. Depends upon reliability of prover.

16. *Should too remote symptoms be admitted?*

No 9. No, when we know that the duration of drug action is exceeded. None are too remote. Yes 10.

a. *What are too remote symptoms?*

After one week. Those occurring from a high potency. Those occurring days after all symptoms seem to have disappeared. Such as probably arise from other influences than that of the drug. After sixteen days. When they appear in a single experimenter after the symptoms of other experimenters have ceased to appear.

b. *What is the value of a very remote symptom?*

Doubtful 21.

17. *Should clinical symptoms be admitted to full standing in the standard Materia Medica?*

No 8. No, without some special marking. No, but recorded and preserved for future discussion. Not among pathological symptoms. No, be set apart under the head of clinical symptoms. Yes 2. Yes, if corroborated. If origin is indicated.

a. *What value should be assigned to them?*

High in proportion to frequency of verification. Many of great value for example *Lilium tigrinum*, *Secale*, etc. Secondary value. Very valuable. Used gradually of great value. Valuable for comparison and verifications. Are valuable but should be recorded in a separate collection. Our work on practice and general therapeutics should contain all such general information.

b. *When should they be excluded?*

When they cannot be verified. In chronic invalids.

18. *Should symptoms be admitted on testimony of one prover or one toxic case?*

No 7. No, if a verification can possibly be made! If a true symptom it could be reproduced in other provers. They should be put aside for further corroboration. No, unless so marked. Yes 4. Yes, if trustworthy. Yes, in such Encyclopedias as Allen's.

a. *Would the exclusion of such symptoms from the Materia Medica have any effect; if so, would it be good or bad?*

Good, because it would lessen our working material.

19. *What is best proof of the value of any symptom?*

Corroboration. Pathological agreement of many tests. Its clinical usage. That it works "in practice." Repeated appearance in reliable provings. *Organon*, Sec. 153.

20. *What do you consider the ear-marks of a reliable symptom?*

Distinctness of character. Clear cut. Sharply defined. Frequency of occurrence in different provers. Fidelity to nature. Congruence with general sphere of action. General harmony of schema of the drug.

21. *Is it better to reject many real symptoms than to admit one false one?*

It is better to admit one false one than to reject many real ones, because the false ones will be proven in time. Real symptoms should never be rejected, bad ones always.

22. *What is the best measure of value of a symptom as to its genuineness?*

Confirmation. Pathological agreement. When well defined in location, character or condition and its modalities. Its capability of reproduction in similar conditions. A variation of all symptoms before they should be expected. *Organon*, Sec. 153.

23. *What is the best method of presenting symptoms so that they shall not be misleading?*

Narrative 7. Anatomical 11.

24. *Is the original association of symptoms of any value in prescribing?*

Yes, of utmost value.

GENERAL NEWS ITEMS.

Dr. Mary R. Mulliner has removed from 156 W. Newton St., Boston, to 138 Marlboro St., same city.

Dr. R. E. Wilson, recent graduate of the Homœopathic College of Missouri, is located at 2748 St. Vincent Avenue, St. Louis.

Dr. C. W. Baird of the same class is associated with Dr. Grant Freeborn, at his private sanitarium in Beatrice, Neb.

Dr. W. A. Bonniwell, class of '95, Hering, has moved from Indianapolis to Green Ridge, Mo.

Dr. Rasmussen has moved from 143 N. Clark St., Chicago, to 278 North Avenue, same city.

Dr. B. A. Cottlow, Professor of Skin Diseases in the Dunham College, is now located at 4701 Cottage Grove Ave., Chicago.

A. L. Hummel Advertising Agency changed with the first of May from 108 Fulton St., New York, to 100 Williams St., same city.

Dr. E. Z. Bacon, Professor of Anatomy in Dunham College, is now located at 314 Garfield Bld., Chicago.

Dr. Geo. L. Hughes has removed from 5958 Wentworth Ave., to 520 63rd St., Chicago.

Dr. F. H. Lutze has moved from 271 S. 5th St., Brooklyn, to 212 Keap St., same city.

Helen Arial Holcombe, born to Dr. A. W. Holcombe and wife of Kokomo, Ind., May 10th.

Dr. Hubert Straten, Professor in Dunham Medical College, has removed from 545 La Salle Ave., Chicago, to 421 Cleveland Ave., same city.

Dr. J. D. Robertson, graduate of Dunham Medical College '97, has located at 4720 Calumet Ave., Chicago.

Dr. J. H. Bowers, of Waseca, Minn., has removed to Owatonna, same state.

Society Reports.

Society of Homœopathicians.—The next annual meeting will be held at The New Mathewson, Narragansett Pier, R. I., June 22–25. The meeting of last year was an exceedingly profitable one as the readers of the *ADVOCATE* can bear witness and the coming session promises to be fully as good, if not better, as papers of unusual interest have been prepared in both the bureau of Homœopathic Philosophy and Clinical Medicine. It will be noted that this Society deals with nothing but the theory of the Healing Art and the practical application of the same. In other words, it is strictly speaking a Homœopathic Society. Dr. Stuart Close, 641 Willoughby Ave., Brooklyn, N. Y., whose paper on the “Law of Cure” created such general interest, is Chairman of the Bureau of Homœopathic Philosophy. Dr. Olin M. Drake, 70 Huntington Ave., Boston, Mass., whose “Repertory of Warts and Condylomata” which recently appeared in the *ADVOCATE*, is Chairman of the Bureau of Clinical Medicine.

International Hahnemannian Association.—This Society will do this year what it promised to do last year. That is, practically meet with the American Institute of Homœopathy at its coming session in Buffalo and go from there to its own meeting at Niagara Falls, beginning June 29th. They will be located at the International Hotel and continue through the week. By special concession the hotel rates have been reduced to \$3.00 per day and it is hoped that the members of the American Institute who are earnest in their desire for knowledge upon this subject will so arrange their plans as to attend this meeting at Niagara Falls. For they will find, and we can assure them of one of the most profitable meetings they have ever attended.

Materia Medica Conference.—It is a happy combination of circumstances which sandwiched the meeting of the American Institute of Homœopathy between the meeting of the Materia Medica Conference on the 22d and the International Hahnemannian Association on the 29th. Because those who are most interested in the Conference will be the ones who will

appreciate the work at Niagara Falls on the 29th and consequently will be compelled to stay through the sessions of the American Institute and be led thereby to add their voices to the discussion of the valuable papers that will be presented, and we may hope to see the homœopathic standard more thoroughly established in the Institute as the result of this combination.

The Homœopathic Medical Society of the State of Colorado held its annual meeting in the banquet room of the Brown Palace Hotel in this city on Tuesday and Wednesday, the 25th and 26th of May. The officers were A. J. Clark, of Loveland, Colo., President; E. H. King, Denver, 1st Vice President; Genevieve Tucker, Pueblo, 2d Vice President; J. P. Willard, Secretary; Emma F. A. Drake, Treasurer. The Bureaux were as follows: Ophthalmology, Otology and Laryngology, David A. Strickler, Chairman. Dr. C. W. Enos read a paper on "Clinical Cases," followed by Dr. S. S. Kehr, who gave a paper on the "Differential Diagnosis of Acute Inflammations of the Eye." Dr. Strickler completed the bureau by presenting "The Eye in General Diseases." As is usual the papers while interesting and containing many practical points for the general practitioner were so thoroughly special that one must needs have an opportunity to take them up and study them slowly and carefully to gain what is most important in them.

The Bureau of Materia Medica with Dr. W. Carey Allen as chairman presented two papers, one by Dr. C. W. Enos on *Baryta Carbonica*, which was very instructive. Dr. J. P. Willard followed in his usual clear style and gave an "up to date" review of *Stannum*. The Bureau of Obstetrics was cared for by Dr. E. J. Clark of this city, three papers being presented. Dr. Drake prepared "Some Unusual Cases," Dr. Tucker read a paper on "Lactation" and the chairman gave some original ideas of "Electricity in Obstetrics."

Gynecology with Dr. Freyermuth as chairman presented an unusually interesting series of papers, there being six announced, but unfortunately three of the promised papers did not materialize. Dr. Harris, Brown and Freyermuth, however, presented three good papers respectively, "Uterine Displacements, their cause and treatment," "Conservative Gynecology" and "Electricity in the Treatment of Diseases of Women."

Pediatrics with Dr. Tennant, Sr., as chairman had two paper,

"Measles," by Dr. E. H. King, and "Child Life" by Dr. Lillian Pollock. Dr. C. N. Hart as chairman of the Bureau of Surgery announced six papers on fractures but failed to produce but two. The papers were well selected, covering as they did the most frequent cases. They comprised fractures of the Forearm, Humerus, Tibia and Fibula, Skull, Femur, and Fractures Extraordinary by the chairman. The latter was read, together with fractures of the Skull by Dr. J. Wylie Anderson.

A good attendance to all the meetings was noticed and about fourteen or more new names were added to the membership list. The fraternal feeling which existed throughout the entire meeting was pronounced and may in part be due to the unusual number of good looking lady practitioners, some of whom have recently graduated from our Denver College of Homœopathy.

Tuesday evening session was devoted entirely to the President's address and a running talk by the guest of the Society, Prof. A. K. Crawford, on Homœopathy. The audience was largely composed of the laity, friends of Homœopathy who thoroughly enjoyed Dr. Crawford's clear and simple explanation of the doctrine and its results. The daily press of this city in particular enjoyed his address and many favorable comments were made by it on the following day. Dr. Clark in his address closed with four suggestions to the Society, which are well worth emphasizing. 1st, for efficient service rendered the Society by the Secretary the past two years that he be re-elected to the office. 2d, that the Transactions of the meeting be printed. 3rd, hold fast to the old style of Homœopathy as first propounded by S. Hahnemann, and last but not least, the Society should give its united support to those individuals and organizations of this city, the Hospital, College, and *Denver Journal*, who are so nobly carrying on the work of progress in Homœopathy in the West. Drs. Burnham, Irving, and Howe were appointed a committee on this address.

The election of officers for the ensuing year resulted in Dr. E. H. King for President, who by the way is a senior member of the Institute, Dr. J. Wylie Anderson, 1st Vice President, Dr. Genevieve Tucker, 2d Vice President, Dr. J. P. Willard, Secretary, Dr. Emma F. A. Drake. Censors, Dr. Warren D. Howe, Chairman, Drs. W. Carey Allen, C. E. Tennant, J. H. Morrow, J. C. Irvine, W. A. Burr. The delegates to the Institute are Drs. D. A. Strickler, W. C. Allen and J. Wylie Anderson. Denver was selected as the place of meeting in 1898.

Our Monthly Review.

Uncertainties of Vaccination. Jenner says "that I am convinced that the great impediment to vaccination is herpes." Another place he writes, "that I have detected a case of smallpox after smallpox inoculation when the cause of failure was evidently an herpetic affection of the scalp." In another place he says, "A single herpetic vesicle is capable of deranging the action of the vaccine pustule, subdue it and everything goes on correctly. Here we see where one disease bearing only a slight resemblance to another interferes with its full development." Hahnemann has pointed out the immunity from lesser disease in the presence of the greater; has also shown that the virulence of smallpox depends upon the presence of psora in the system, that a constitution freed from the depressing affects of psora will give almost perfect immunity from all contagious diseases. It is far better practice, therefore, to take from the system that which already acts as a depressant than to add to it another disease somewhat similiar in character with the expectation that this second addition will give immunity from a third, which is extremely problematic in character.

Alumina. Lady, blonde, delicate constitution, predisposed to phthisis. Seeks relief from chronic constipation of several years standing, for which she has taken almost everything in the line of laxatives and cathartics. Great inactivity of the lower bowel. No desire until a large accumulation in the rectum. Cured.—(*Pacific Coast Journal of Homœopathy* for March).

Diet of Puerperal Women. The author carried out a series of experiments by putting patients on different diets during their puerperium, and noting the effects upon their metabolism. The kind of diet employed were milk, eggs, meat, low mixed diet, and full mixed diet. The urine was not changed in quantity by the different diets, but the specific gravity was slightly increased by the exclusive use of meat and eggs. Involution of the uterus was hastened by the eggs, meat and full mixed diets, while the child lost less in weight on the milk, egg and full diets. Quantity of milk was greatest on the egg and full diet. Percentage of fat was larger on a meat diet. Mothers lost less in weight on the full diet. From these results the author concludes that a full mixed diet is preferable in all cases of normal puerperium. After the third day the patient may take the same amount and kind of food that any other woman takes.—(*Homœopathic Journal of Obstetrics*).

Nux Moschata in Prolapsus Uteri. Mrs. G., aged 30, suffering for many years from prolapsus uteri, aggravated by slightest exertion. Aggravated by standing or walking. Backache below the waist with a dragging pain from the shoulders downward. Pain worse just before each menstruation but no pain during menstruation. She has no bearing down sensations. Menstruation irregular, sometimes seven days too soon, and sometimes fourteen days too late. Occasionally profuse, troublesome leucorrhœa for a week pre-

ceding menstruation. Suffers from palpitation which is aggravated by exertion or on going to bed. No dyspeptic symptoms, no globus or faintness, but sometimes numbness of fingers. Cured.—(*Homœopathic Journal of Obstetrics* for May).

The Situation in Illinois. Ten years ago Illinois occupied the vantage ground over all other states, with reference to health legislation. It had a State Board of Health, earnest and aggressive, with full scope for carrying out the purpose of the law, administering to the health and comfort of the people of Illinois. Not satisfied with this condition members of the dominant school introduced and attempted to put through a law giving the appointing power unlimited authority in the selection of the members of the board. A compromise was made with the legislative committee of the State Society that the representation on the proposed board should forever be four allopaths, three homœopaths and two eclectics, and as the result of this action a new bill was introduced establishing a Medical Council and three State Boards of Medical Examiners. A section of the new bill reads as follows: "Within sixty days after this Act shall be in force there shall be and continue to be three separate Boards of Medical Examiners for the State of Illinois, one representing what is commonly known as the Allopathic and regular school of medicine, and to consist exclusively of practitioners of said school; one representing what is commonly known as the Homœopathic School of Medicine and consisting exclusively of practitioners of said school of medicine; and one representing what is commonly known as the Eclectic School of Medicine and consisting exclusively of practitioners of said school of medicine." If this bill could be amended by the addition of another section requiring every practitioner in the State of Illinois to appear before a Medical Council consisting of physicians of recognized ability, non-residents of the State of Illinois, there would be some justice in advocating the passage of this bill.

Calcarea Iod. in Rachitis. Child aged three years old never attempted to walk, was unable to stand or raise himself. Lively and cheerful, good appetite. In two weeks improvement, making attempts to get up. One month, tooth cut. Fortnight later voluntary attempts to stand or walk was made. Four months after taking treatment fontanels were closed and child could stand. Five months after child was well, vigorous and strong.—(*Homœopathic Journal of Obstetrics*).

Lead Poisoning and Habitual Abortion. Woman 37 years of age, pregnant eighteen times and had aborted between the fourth and seventh months of the last sixteen pregnancies. Husband, house painter, suffered from lead colic followed by paralytic symptoms, has been obliged to give up his work for months at a time, but compelled to resume in order to earn his bread. Health seemed to improve during the first months of pregnancy, but suddenly nervous rigor would occur at night, with sensation of fear, by the morning the breasts were found flacid, within a week the dead fœtus was expelled.—(*Homœopathic Journal of Obstetrics*).

Sabina in Uterine Disease. Dr. Cowperthwaite. Sabina produces congestion and inflammation, resulting in characteristic uterine hemorrhage. Indicated in hemorrhage after abortion or confinement where the blood is dark

and clotted and in hemorrhagia where the blood is red and profuse. Os wide open and a condition of atony present. Important characteristic is pain extending from the back through to the genitals and sometimes down the thighs. Said to be especially useful in gouty subjects.—(*Homœopathic Journal of Obstetrics*).

Rhus Tox. in Measles. Dr. L. C. McElwee in *St. Louis Journal of Homœopathy* says that the symptoms that led him to select this remedy was the peculiar tawny or mahogany color of the eruption, accompanied by the peculiar red cracked tongue and itching. Some of these cases have been accompanied by rheumatic pains, which were always worse at night, relieved by motion or heat.

Aesculus Hip. in Ovarian Disease. Pains start in right ovary and runs through hip to back, with throbbing behind symphysis pubis. Leucorrhœa dark yellow and thick sticky acid, and worse after menstruation. Constant backache, dry, uncomfortable feeling in rectum, as though filled with small sticks.—(*Homœopathic Journal of Obstetrics*).

Carbo. An. in Leucorrhœa. Linen stained yellow after exposure to air and after getting dry. The discharge is thin, watery, offensive and very acid, biting, burning; in scrofulous subjects who are prone to homesickness (when abroad) or excessive merriment in paroxysms.—(*St. Louis Journal of Homœopathy*).

Phosphorus in Mammary Abscess. Phlegmonous inflammation; breast swollen, red in spots or streaks; hard knots in different places. Fistulous openings, with burning, stinging and watery, offensive discharge.—(*Homœopathic Journal of Obstetrics*).

Natrum Mur. in Infantile Constipation. Often of great service where the stool is so large as to cause fissures and are so sensitive that the child holds back the contents of the rectum.—(*Homœopathic Journal of Obstetrics*).

A Case of Nux Moschata Poisoning. The following symptoms were elicited from a woman who had given birth to a child and had grated and eaten a whole nutmeg to stop the flow: Has to think two or three times before can express what is wished. Stupor and insensibility at times for half an hour or more, then wide awake. Pupils dilated; blue rings around eyes. Tongue dry. Speech thick. Mouth and throat dry. *Sensation as if the soft palate was rolling or curling upon itself from the tip to the base. Throat very dry.* dryness extends clear down to stomach; fullness of stomach causing dyspnœa; numb, dead sensation through back and lower extremities. Palpitation, cold hands and feet, very faint at times. Little thirst, though mouth and throat are so intensely dry.—(Dr. W. L. Smith, in *Denver Journal of Homœopathy*).

The Hahnemannian Advocate

A MONTHLY HOMŒOPATHIC MAGAZINE.

Vol. XXXVI

CHICAGO, JUNE 15, 1897.

No. 6

Institutes of Medicine.

THE POWER THAT HEALS.*

W. E. LEDYARD, M. D., OAKLAND, CAL.

Mr. President, Ladies and Gentlemen: As the days of this wonderful nineteenth century are rapidly drawing to a close; as this is the age of progress and advancement in all the arts and sciences; as all things along the line of the *sensual plane* are rapidly hastening on to perfection; as horse-power gives way to steam, and steam to electricity, in the production of an ever-increasing rapidity of the means of locomotion, until it seems as if time and space would be annihilated; as that at present almost unknown quantity which we call the "X Rays" bids fair to enable man with the "natural eye" to behold the interior of the densest material substances; so this is also the age of "hypnotism;" the age when man is becoming more and more conscious of a "*sixth or psychic sense*;" of a sense which imparts clairvoyance, clairaudience, telepathy, etc., and enables him to hold communion with those in the spirit world.

All this, though it opens up to man great and glorious possibilities, is but "as a drop in the bucket" when compared to what is in store for him through the opening up of *the seventh or God-sense*, when he realizes, in all its fullness, his *divinity* as a son of God. Then will "Isis" be "unveiled" indeed; then will man "know as he is known;" then will be fulfilled the saying that "nothing is hid that shall not be revealed."

*A paper prepared to be read at the annual meeting of the California State Homœopathic Medical Society.

In view of these stupendous facts, we have jotted down a few suggestive thoughts concerning "The Power that Heals."

Man was created to dwell on this mundane sphere, during what we shall call the sixth cycle of creation, in response to the *desire* of the Divine mind, finding expression in the all-potent words: "Let us make man in our image, after our likeness." Man materialized from the impalpable ether of pure Spirit, only after due preparation for a being made in God's image and likeness.

He then first came on the scene as "an uncrowned *King*," having "*dominion* over the fish of the sea, and over the fowl of the air, and over the cattle, and over all the earth" (*i. e.* over every earthly condition).

"And God blessed them" (*i. e.* made them happy), and God said: "Be fruitful and multiply and replenish the earth, and *subdue it*, and *have dominion* over the fish of the sea, and over the fowl of the air, and over every living thing that moveth upon the earth."

Presumably, he was king over his own body (the earthly or sensual part of himself). In fact, he had perfect self-control. As Paul says: "I keep my body under and bring it into subjection." Or, to put it in a more simple way, man never had any other thought but that he was God-like and kingly "in all his walk and conversation."

At that time he knew nothing of sin, sorrow, want, old age, pain, sickness, or death. Never having been sick, he had had no need of healing. Let us call your attention to the fact that, in the first chapter of Genesis we read:

"So God *created* man." Evidently, man was then in God's thought, in God's mind. Just as we read in Genesis II, verses 4 and 5: "These are the generations of the heavens and of the earth, when they were created, in the day that the Lord God made the earth and the heavens, and every plant of the field, *before it was in the earth*, and every herb of the field, *before it grew*." In the seventh verse of the same chapter, we read: "And the Lord God *formed* man," etc. Clearly, the inference is, that the word *created* in the first chapter, referred to *man before he was formed*, just as in the case of the plant and the herb—the former was "*made before it was in the earth*," and the latter "*before it grew*."

These expressions surely lead us to the true inference that

the thought or mind of God is the first cause, the original and only source of things immaterial and material.

Now we are ready to return to the point where we left man "monarch of all he surveyed," *created* very God invisible, by virtue of Spirit, and *formed* very man, when projected into visibility in the flesh. Accordingly, we find that "God *is* and man *exists*, from *ex* out of, and *sistere* to stand forth—man stands forth out of God," conspicuously so in our great exemplar Jesus Christ, the perfect man.

As man by nature believes in the material or visible, so by *grace he has faith* in the immaterial or invisible. To teach man that "God is Spirit, and that they that worship Him must worship in Spirit and in truth," was and has always been the great difficulty in the plan of salvation; and here we take *salvation* in its broadest sense to refer to the *saving of the complete man, body, soul and spirit*. Anything short of this is not complete salvation.

In no other way is it possible to teach the truth on the sensual plane but *by analogy*, therefore Christ made extensive use of object lessons from Nature; gradually leading man from Nature to Nature's God; gradually weaning him from "things of time and sense," to things eternal and spiritual, for "the things that are seen are temporal, and the things that are not seen" (all the mighty forces which manifest God) "are eternal." This Christ did "that God Himself might be all and in all." As when, during the erection of some costly building, a *scaffolding* serves its purpose and is removed; even so, in man's life on the mortal or sensual plane, *when the scaffolding of materiality*, "the fleshly tabernacle," has fulfilled its purpose—the demonstrating of identity and the unfolding of the spiritual man—as the temple of the living God; and when the Christ enthroned emphasizes the glad truth that sets mankind free from every form of bondage—then shall man once more "regain the blissful seat," realizing his divine sonship and claiming that "all things are his, that he is Christ's, and that Christ is God's." Then and then only will he take back his kingship, resume his God-like nature, and "with open face, beholding as in a glass the glory of the Lord, he will be changed into the same image from glory to glory, even as by the Spirit of the Lord."

Christ taught in parables (earthly stories with a spiritual meaning), referring to "the lilies" of the field, "the fowls of the air," etc., etc., to elucidate the Truth.

He "capped the climax" when he exclaimed: "*I am the Truth.*" Elsewhere he says: "Ye shall know the truth, and the truth shall make you free."

Ah, yes, my friends, *the Truth alone makes us free.* Not knowing the Truth, we are in the most abject bondage; bondage to what we eat and drink, so that we suffer when we eat or drink certain kinds of food; bondage to the clothes we wear—they must be of a certain weight, a certain thickness and a certain texture, or we "take cold;" bondage to every wind that blows, so that we become victims of neuralgia, rheumatism, etc., etc.; bondage to what others think of us, exemplifying the saying that "the fear of man begetteth a snare;" bondage to self, in yielding to "the lusts of the flesh;" and bondage to sin, sorrow, want, old age, pain, sickness and death.

How "good and acceptable and perfect" is "the will of God!" Paul says we are "to prove" by the "transforming" power of new thoughts. So Christ the Truth offers to every man, woman and child a complete deliverance from "all the ills that flesh is heir to" under the law.

But now being under *grace*, "we are free from the law;" free as the bird that flies in the broad expanse of heaven's blue; yes, free as the very air itself. Being free, no personality hampers or shackles us, or handicaps us in any hypnotic way; no weakness or sickness or pain deprives us of comfort; no ignorance or short-coming keeps us down.

We exult in jubilant life; we are exuberant with the glow of health, ever "renewing our youth like the eagle;" we rejoice in strength; we want for nothing for "all things are ours richly to enjoy;" we are wise, for "the Truth teaches us all things and brings all things to our remembrance;" and we are ever safe, for "underneath are the everlasting arms." And thus God becomes our life, our health, our strength, our wisdom, our supply, our joy and our safety; in fact, everything we find in Him.

Even now "He saves us; He rejoices over us with joy; He rests in our love; He rejoices over us with singing."

How shall man know the Truth, and come into the above blissful realization of what rightly belongs to him as the son of God? Surely *by knowing Christ*, for He is the Truth. *How* shall he know Christ? By taking heed to his words, by believing on Him, *i. e.* by faith. He is to take Christ as his example, "letting this mind be in him which was in Christ Jesus."

Christ said: "I am the way (the way to live), the truth and the life." He also said: "Whosoever believeth on me, these works that I do shall he do also, and greater things than these shall he do."

Again: "These signs shall follow them that believe." Then He mentions "opening the eyes of the blind, unstopping the deaf ears, causing the lame to walk, healing the sick and raising the dead."

Again Christ says: "Be ye perfect for I am perfect." We cannot conceive that Christ who is Himself the Truth could tell us to do something impossible. Rather let us recognize "our high calling of God" through the Christ within us, and "let us go on unto perfection."

How does salvation come? The word is: "By grace are ye saved through faith, and that not of yourselves, it is the gift of God; not of works, lest any man should boast."

Again we read: "This is the work of God that ye believe," etc.

Yet again: "Work out your own salvation with fear and trembling (*i. e.* with a sense of dependence upon God), "for it is God that worketh in you, to will and to do of His own good pleasure."

But to return. Seeing that man was, in the first place, God-like and kingly, *how* did he fall from his high estate? Let the poet Milton give answer: "Of man's first *disobedience* and the fruit of that forbidden tree, whose mortal taste brought *death and all our woe*, sing heavenly muse," etc. *Disobedience*, then, was the cause. In the words of "holy writ," *disobedience* and *unbelief* are used interchangeably, *i. e.* where we find the one in the context, we find the other in the margin, and vice versa. Hence it would appear that *unbelief* or *want of faith*, or *disobedience* is the sole cause of "death and all our woe," as the poet puts it. *Disobedience* is *sin*, and death naturally includes pain and sickness, with the concomitants, grief and sorrow. We know that sin, persistently indulged in, brings premature old age, and oftentimes even death. That sin is evil we are also aware.

Job says: "*Acquaint thyself with God* and be at peace."

We cannot close this article without a few words, which must at present suffice as a definition of the great source and end of our faith—God.

God constitutes all the great underlying principles of all things, so we state in general terms that God is life, power,

health, wisdom, supply and safety. He is the representative of truth, honesty, justice and purity; of love, goodness, virtue and praise. (Phil. iv., 8).

"God is love," and as "perfect love casteth out fear," therefore, as instruments showing forth divine love, we have no fear, worry or anxiety.

We further read: "As in Adam" (who lived on the mortal or sensual plane, and who disobeyed or was unfaithful) "all die," "even so, in Christ" (who at his baptism became fully conscious on the spiritual plane) "shall all be made alive."

The Christ-life, then, is the one and only remedy or salvation for man.

As the greater includes the lesser, so He is also the remedy or salvation for Death, and also for grief and sorrow, ignorance, poverty, old age, pain and sickness.

Thus the Christ, the true man, the Ego, the spiritual man, being enthroned, man recognizes that he is the son of God and joint heir with Christ. In virtue of this exalted relationship, he claims his long-lost inheritance, and again becomes God-like and kingly.

But, having for many centuries abdicated his throne, and having so long remained unconscious of his God-like character, it is now difficult to retrace his steps, for *his understanding is darkened by thinking so long on the mortal or sensual plane.*

Instead of seeing only good, as when his "eye was single and his whole body full of light," now he sees both *good and evil*, he sees double, *i. e.* he has good *and evil* thoughts. He has become painfully aware that his body is subject to evil environments, and *thinks* it in order to suffer the consequences of sin and sorrow, and to be a prey to poverty, old age, pain, sickness and death.

The effects of sin he endeavors to wipe out by a life of morality; grief and sorrow he seeks to drown in "the flowing bowl," or in the dizzy whirl of pleasure; pains he allays by opiates or other stupefying drugs; while sickness, poverty, old age and death are taken as a matter of course.

In sickness, he "pins his faith" to those physicians who prescribe drugs in the crudest form, viz: *Quinine, Iron, Morphine, Phenacetine, "et hoc genus omne,"* because they "take hold." In fact, he is a materialist of the "first water," and thinks he must use "means."

"As a man thinketh in his heart so is he." He gets well and

attributes what he calls his *cure* to the strong medicine he took.

Another, who has learned that medicine applied according to "the law of similars" cures, *believes* in Homœopathy. He also recovers, and it is "unto him according to his faith."

A third *believes* in the physician, and he also makes what he thinks is a good recovery.

Still another, who has risen completely out of the material rut, *believes* in "divine healing." [Is not all healing divine?] He, through the so-called "orthodox" method of prayer, asks the Creator to heal him. He too returns to what he considers health, and attributes his recovery directly to God.

Yet another claims God as his health, at the same time denying that he is sick, and says he *believes that he is well because of right thoughts, i. e.* he believes in God as *Mind*.

Now, *what* is the healing power in each one of these cases? The first *believes* in *Quinine*, etc., etc. The second *believes* in the highly potentized medicine. The third *believes* in the physician. The fourth *believes* in the efficacy of prayer to God. While the fifth *believes* that God is *Mind*, and that therefore *Mind* is the only healing power.

It is evident then that *faith* is an important factor in each of the above cases. And yet, it cannot be truly said that faith is the power that heals. Faith, however, is the hand that takes the power. Is not the power—whether it be healing or what not—GOD, first, last and all the time? Is not *Power* one of the attributes of God?

How often do we hear, as the reason given for not adopting a certain method of treatment the assertion, "I *don't believe* in it," which we must admit is another way of saying, "I *have no faith* in it." And yet, the very person who expresses himself thus, is the first to disclaim against anything that seems to him to smack of what he is pleased to call "faith cure" or "mind cure." And so, by intuition, he is unconsciously speaking the word in accordance with the Truth, which alone makes free.

Physicians have frequently tested this, and have given *bread pills* or some other *placebo*, and cures have taken place. Were these cures "*post hoc*" or "*propter hoc*," or were they mere coincidences?

Again, a patient will say to a physician in whom he has *confidence*, "Doctor, you always help me." In this case, *what* helps? Is it *faith* in the physician? Or, take the familiar instance of

warts. How frequently we hear of their being "charmed" away, of their disappearance after the person affected with them had done something in strict accordance with some peculiar instructions. That this has happened we do not doubt; that *there is a reason for it* is self-evident.

What that reason is, has been wisely left for man to discover, in order that "working out his own salvation" along every line and avenue of knowledge, he may become more and more conscious of the wonderful and encouraging fact that he is a spiritual being, and that "his body is the temple of the Holy Ghost;" realizing that "it is God that worketh in him to will and to do of His own good pleasure."

And now the time is rapidly approaching for man to awake his *seventh or God-sense* and to claim what is his since the foundation of the world. "Behold, *now* is the acceptable time, behold, *now* is the day of salvation!"

EXPERIENCE WITH HIGH POTENCIES.

A. G. DOWNER, M. D., PRINCETON, ILL.

I am surprised beyond measure, when upon diligent inquiry among homœopathic physicians, to find how few of them use any of the higher potencies, and strangest of all is, they say they have no faith in them, and upon asking why, find out they have never used them. When we think of such men as Lillienthal, Lippe, Allen, Biegler, and a host of others, who have spent their lives in intelligent study, and have proven beyond any shadow of doubt, that there *is* power, potency and cure in any potency of any drug where the correct simillimum is found, unless it may possibly be obstructed by some drug which has a more profound impression, or stands in the way of the action of the selected drug.

Here we come to what I call the most wonderful discovery of the nineteenth century, medically speaking, and that is the antidotal, drug antidoting or clearing up a case in order to establish a natural retrograde metamorphosis back to health. I am well aware that a good many strongly doubt the idea of antidoting a mercurial poisoning of years standing, or antidoting the effect of reckless drugging by *quinine* and *iod. of potash*. But have you tried to do this unblocking system of drugs? I know that my answer will be "no." All I can say is try it. Watch carefully

and record what you have learned. Just take one chronic case, and take it in every phase and especially get at the drugs that they have had prescribed for them, or have taken of their own accord, or upon the recommendation of some kind neighbor or friend, and you will find *mercury, quinine, iron, etc., etc.* Read the provings of these drugs and see if you cannot find many symptoms of many of the more prominent ones, which have a profound impress upon the system, and you cannot help but see that there is truth in my statement. There cannot be any doubt in the mind of any intelligent physician, if there is any truth in the law that Hahnemann taught and of the dynamic action of drugs, that in disease the 30x or 200x must have its effect as well as the low potencies and will not cause any aggravation.

You can clearly see that the two ideas run along side by side, namely, the use of high potencies and the antidotal relation as well. To illustrate my point I will state a case.

I was called in October, 1896, to see the wife of a clergyman. I found my patient confined to her bed and suffering from a bad case of chronic metritis, with all the concomitant symptoms. She had a miscarriage earlier in the year and had been very poorly attended; consequently a very poor recovery, and by overwork later, had been obliged to take to her bed. An allopathic physician had been called in; one of those smart men we have in country towns (?), who are all *morphine*, operations and instruments, and he upon examination proceeded to curette her uterus, which nearly finished her, and had almost persuaded them to have one of those fashionable operations performed, which lands the patient in the cemetery. In this truly pitiable condition I found this woman. I carefully took the case and placed her upon *Aloes*^{30x}. Kept her in bed, enjoined absolute quiet, no one to see her but nurse, family and physician. That grand remedy *Aloes* began its work, and a watery discharge resulted with rapidly decreasing tenderness and weight.

In taking the case, I had found that she had taken medicine galore, both strong, often and persistent. I found a host of mercurial symptoms, and *Mercurius viv.*^{1m} was given. She had after it three or four bad sick days, and then came out of it brighter and better. *Aloes* continued, progress steady, and every day showed gain. In about a month we came to a halt and in view of the old time drugging with *quinine*, I gave her *Quinine sulph.*^{1m}. And you, who doubt about such a dose as the 1000th

potency doing anything—you who are doubters—should have seen my patient. She was nearly frantic for four days and she said all her old *quinine* symptoms had returned; but in about four days the aggravation passed, and again she came out brighter and better. *Aloes*^{30x} continued and soon she was about the house, growing stronger and better every day. A dose of *Psorinum*^{1m} worked wonders, and in about a week afterward her husband came in and asked me if I wanted to give his wife any more medicine. "Why?" said I. He replied, "My wife is well." Is not this manner of treatment much better than an operation, which may be called brilliant, but in the great majority of cases works great harm to the patient?

I well know that all the best work that I have ever done with medicine has been done with the higher potencies.

Dr. Burnett of London, in his cure for consumption, publishes a long series of cases benefitted with *Baccillinum* or *Tuberculinum*, and I have myself verified his statements in a good many cases.

But the trouble has to be taken in time. One patient to whom I gave the remedy was deathly sick for one day by a dose of the 30x, and later also, by the 200x, and still later in a less degree by the 1000x, but it cured him, with all honor to Dr. Burnett. After *Baccillinum* I consider *Lycopodium*^{200x} the great remedy to follow and maintain a ground gain.

I remember years ago of Dr. Hussy, now of Buffalo, New York, telling me of a cure of consumption with *Lycopodium*^{200x}, and I could hardly believe what he told me. I am glad that Chicago has a DUNHAM COLLEGE where pure Homœopathy is taught and the high potency medication is carried out. I sincerely wish more of our physicians would try the higher potencies and write and publish their failures and successes. Try it and you will find your successes will discount your failures. It does take nerve to step out and give a single dose of the indicated remedy (with placebo, of course), and await results, especially if you have been in the habit of giving one, two or three remedies, as many often do; but you will be surprised and delighted at the result.

Psorinum is a grand remedy, deep and long acting and greatly neglected. *Pyrogen* is another that has a great future before it. The great trouble is that the teaching is so superficially done in college and the proper stress is not brought to bear upon the

student to impress him with the important idea of the miasms, Psora, Sycosis, Syphilis and Chancroid. Drug perversions and suppressions and the true significance of unblocking the way to a cure by removing these hindrances which exist in almost every case you take. And to-day the drugging is worse than at any time in the history of medicine. Our allopathic colleagues are at their wits end to keep up, and when their favorites, *Mercury*, *Quinine* and *Morphine* fail, they resort to the most abominable mixtures to gain the desired results which are a shame and disgrace to this age and finally comes the knife. I have been very much interested in watching a case of cancer in our city progress under the treatment of Dr. Sawyer, of Chicago. The trouble started by an over zealous allopath drying up suddenly an old sore on the leg (or suppressing it). Nature rebelled and sent out an eczema of an intolerable character. Again this was driven in by ointments and washes. Again nature rebelled and a cancer broke out on the forehead and washes, ointments and electric needles failed to dislodge it. A trip to Chicago and an operation only removed the trouble to the cheek, worse than at any time before.

It has been my good fortune to watch the antidotal unblocking system to miasms and drugs carried out with a healthy retrograde metamorphosis towards health and a cancer changed to a healing ulcer.

The world moves on but too many are becoming I fear doubters, mongrels, losing sight of the grand law of similars. It means much to be a homœopathic physician. It means study, observation, patience, but the reward will come. No lazy men have any sympathy with homœopathy and soon enough they degenerate to where they belong.

During my residence in Princeton, Ill., two homœopaths have lost only three cases of diphtheria, and our allopathic friends over one hundred. Their Antitoxin is a failure, while our remedies as indicated high enough, have done their work faithfully. My object in this paper is to interest many low potency men into using the higher potencies, knowing full well their success will be better and more satisfactory. I am as yet a beginner, but shall take no backward step, but go on broadening out as I advance in a grand experience.

Clinical Verifications.

MENINGITIS.

M. E. DOUGLASS, M. D., DANVILLE, VA.

CASE I.

About two months since I was called to see a colored boy six years old. The family belong to the thrifty class of our colored population, and live in the negro settlement of Almagro, just outside of Danville, in a neat, four room cottage.

Everything denoted thrift, and an appearance of neatness was visible about the house. The room in which the child lay sick had a bright-colored straw matting upon the floor. In one corner stood an organ; in another corner was the bed, covered with a clean white counterpane. A small table with a lamp and a bible upon it, a rocking-chair and three cane-bottomed chairs comprised the remaining furniture. A small wood-fire was burning in the open fireplace. On the mantel stood a small, Gothic clock; five small landscape pictures hung upon the kalsomined walls.

The child had meningitis, and presented the following picture: Face very red and imparted a burning sensation to the hand; eyes shining, with dilated pupils; carotids throbbing; body and thighs hot, feet and lower legs cool; very drowsy, sleeping with eye-lids partly open, but at the least unusual noise he would start up in affright, look about as if terrified, and endeavor to get out of bed; tongue coated white, with little red dots showing through the white coating. At times when starting up frightened his eyes would twitch convulsively and roll about in their orbits, the muscles of the face would twitch for a few moments, after which he would fall into a drowsy slumber, only to waken again at any unusual sound. Axillary temperature, 104.6; pulse 140, small and wiry. Constipation for three days. During rational intervals complained that his head hurt him. Kidneys acting fairly well. On the day before he was taken ill he had been playing, bareheaded, in the hot sun.

Several negro women were grouped about the bed, whispering in an excited and animated manner, expecting every moment

that he would have a convulsion, and die during the spasm. The door stood wide open, and the curtains of the two windows were rolled to the top, letting in a glare of light full in his face. Everything possible was seemingly being done to prevent a favorable termination.

I quietly sent the women out of the room with the mother, except one who seemed to be more composed than the others, closed and locked the outside door, pulled down the curtains of the windows, wrung a cloth in cold water and put it upon his forehead, placed a bottle of hot water at his feet, and putting a few globules of *Belladonna*³⁰ in half a goblet of water, gave him one teaspoonful of this mixture hourly until he had taken three doses, then ordered the remedy at intervals of two hours.

It is hardly necessary to relate the history from day to day, as there was steady improvement from the first day. No remedy other than *Belladonna* was used. On the eighth day I discontinued the medicine. On the ninth day, about 4 o'clock in the afternoon, he was attacked with pains in the bowels, accompanied by eructations of gas; the left foot was not as warm as the right one, yet it was not cold; the attack lasted about three hours. The next morning a reddish sediment was deposited at the bottom of the night-glass. I gave him one dose of *Lycopodium*^{200x}. The next day he was free from all complaints except weakness, and anxious to get up and play. His appetite was fairly good. No further trouble was experienced and he made a perfect recovery.

CASE II.

January 24, 1896, I received a telegram from an allopathic physician of Ringgold, a small village five miles from Danville, requesting me to meet him in consultation at 4 o'clock that evening. Upon arriving at the place designated, I found the doctor and his patient, a lad of four, who had been sick nearly a week with what the doctor at first supposed to be an attack of acute indigestion, and treated him accordingly. The child was very precocious and was the idol of his parents. The first symptom noticed was vomiting of his food, soon after eating, for a couple of days. Fever then supervened, followed by delirium at night.

The principal remedies used were *calomel*, *lactopeptine*, *quinine* and chalk mixture with bismuth for the diarrhœa. In spite of this treatment the case grew steadily worse.

During the night preceding the day that I was summoned violent delirium occurred; at 12, noon, convulsions came on. When I saw the boy he was in a soporous condition, but every few minutes he would utter a heart-rending shriek, so pitiful that his mother could not endure it, and she had gone to a distant part of the house, where she lay prone upon a bed in an agony of fear, momentarily expecting to hear of his death. The child's head was bent backward and constantly rolling from side to side; any liquid put into his mouth was not swallowed, although the mouth was not dry. There was profuse sweating of the head, so that the pillow was wet to a considerable distance around; bowels loose; urine suppressed; temperature 105.2; pulse 137.

The physician in charge told me he thought it was a case of malarial fever, and had done all he could for it. Before sending for me he had told the parents there was no possible hope, yet to satisfy them he had consented to a consultation with me. I diagnosed the case as meningitis, and told the friends of the little fellow that I thought there was but little hope, but that I would do all that I could. As the former physician had exhausted his resources he was willing that I should try any remedies I chose, and resigned the case to my care, fully believing that by doing so he would shift the responsibility of the child's death upon me. Indeed, he was so certain that this would be the result he told the neighbors the child would live twenty-four hours; that little pills could not save *that* case.

I was at a loss to determine just which were the drug symptoms and which were the disease symptoms, but selected *Apis mellifica* as the closest simillimum, and put a small powder of the sixth trituration upon the tongue, repeating the dose every half hour until the severity of the symptoms began to abate, then gradually increased the intervals between the doses.

As soon as the little fellow could swallow, I dissolved a ten grain powder in half a goblet of water, and gave one teaspoonful of the solution for a dose. About 10 o'clock p. m. there was a copious emission of urine, and by midnight the family could see an improvement. In three days the fever had abated entirely, and he looked at us in a natural manner, but could not speak. In truth he had to learn to talk and to walk after his recovery, seemingly having completely forgotten how to do either. The *Apis* removed all the symptoms except the excessive sweating

about the head. As the feet and legs felt cold and sticky, and wrapping them up in warm flannels did not relieve this condition, I changed the prescription to *Calcarea carb.*^{200x}, a powder night and morning. This gradually produced the desired result.

It was nearly six months before he could talk as well as he could before he was taken ill, and nearly a year before he could walk without tottering, or run without falling.

CASE III.

I remember one case, the notes of which I have mislaid, in which *Opium* seemed well indicated, but it was of no benefit, the patient dying. I have used *Opium* in potencies, high and low, and could get no response from its use. This drug has disappointed me very frequently. Probably I do not know how to prescribe it.

CASE IV.

A few years ago I treated a lady in the last stages of consumption. She died leaving a sickly son about six months of age. The grandmother of the child thought a change would benefit it, and took it to South Carolina. While there the child was taken with diarrhœa, and brain symptoms soon manifested themselves. The physician in charge pronounced the case as hopeless. The grandmother proposed bringing the child home to Danville, but the doctor opposed it, saying she would have a dead child in her arms before she reached Danville. But when a woman will, she will, and the babe was brought here, arriving at midnight. At one o'clock I was with it.

I had a well-developed case of meningitis to treat, and as the symptoms called for *Belladonna*, I began its use, giving a dose of the 30x every fifteen minutes until six o'clock the same morning; as there was slight improvement, I left word to give the remedy hourly. No other means were used, and on the fourth day the temperature was normal, and the baby retained its food. During the height of the fever the bowels were only moderately loose; but after the fever subsided, from some cause or other, probably improper feeding, they started out afresh. Several remedies were faithfully administered, to no purpose.

Taking into consideration the history, the fact that its mother died of pulmonary tuberculosis, and also the fact that the father contracted gonorrhœa about eighteen months before the birth of the child, I gave *Thuja*^{200x}. There was not a single symptom

in the stools mentioned under the pathogenesis of the drug, and it was prescribed soely upon the family history. The result proved the correctness of the selection, as there was decided improvement after the first dose: this improvement lasted three days, when I administered the second and last dose. The child made a good recovery, and is alive and enjoying fairly good health. Since his sickness, whenever he has a spell of sickness, *Belladonna* seems indicated, and a few doses always acts promptly curative.

CASE V.

About six weeks ago I had a case nearly identical with Case I. *Belladonna* acted just as promptly as in the first case.

CASE VI.

I will close by relating a case that has always puzzled me. One night I was called to see a sick child living in the poorer portion of our city. When I entered the house, the father, mother and six children, the oldest of whom was scarcely twelve, and the youngest an infant at the breast, were all occupying the same room. There were but two rooms to the house, the one where the entire family of eight persons slept, and another room used as kitchen and dining-room.

I was requested to examine a little girl three years of age: She had light hair, blue eyes, rather small for her years. Her face was flushed and hot, as was also her body; hands and feet cold; much throbbing of the carotids. While I was examining her she awoke with a frightened look; eyes wild and staring; pupils widely dilated. Vomiting on every attempt to sit up in bed. She seemed very drowsy, yet was unable to sleep more than a few minutes at a time; very restless; bowels constipated; temperature 102.2; pulse 130. I gave *Belladonna*, but the case grew steadily worse, and died four days after I first saw her. Why *Belladonna* had no effect upon the case, I have never been able to understand. I still think, after a careful review of the case, that *Belladonna* was indicated.

After an unsuccessful use of a drug, I always think that perhaps had I used some other remedy, the result might have been different.

This family were entire strangers to me, and I had no knowledge of their previous history. I think it probable there was some syctic or psoric influences at work that *Belladonna* was

not able to overcome. A few doses of *Sulphur* or *Thuja*, or some other constitutional remedy, might have brought about a different result.

INTERMITTENT FEVER.

CARL FAIRBANKS, M. D., BARKVILLE, MICH.

Mr. C. P., Scotch descent, age 23 years; 5 feet, 8 inches; well proportioned. Sandy hair, blue eyes, red face; blue lines under eyes, which, coupled with compression of lips and a staring expression, cause him to look scared. Occupation, shingle sawyer; a good workman. Always been well. For the last three years has worked in all parts of the country, from Louisiana to California, and from Washington to Michigan, spending his wages for whiskey and tramping when changing locations.

Spent early spring of '96 in Louisiana, where he obtained a large load of malaria. In June, '96, arrived in Illinois, where he was taken with the fever.

A physician gave him *Quinine*. In a few days he landed in Minneapolis, where he had severe chills, keeping him in bed for a week. More *Quinine*.

Since then he has had tertian intermittent fever constantly and only able to work by bracing up on *Quinine*. Is very weak and has seminal emissions, anorexia and abnormal appetite for whiskey, tobacco, pepper, etc.

On Jan. 10, 1897, came to me to buy some *Quinine*, and I told him I could cure him.

On March 13th, returned and wanted to be cured. Ordered him to stop *Quinine* and to consume as little whiskey and tobacco as possible, and gave *Quinine*^{25x} to antidote the drug, one dose a day for three days. Told him to return in ten days and I would give him something to help him more.

His trouble came on every other day at 12 o'clock; itching on hands and wrists; scratching made itching feel better, and then all over body, followed by an herpetic eruption. Compelled to go to bed. No sweating. This made him feel badly and he had anorexia, headache and vomiting. About 1 p. m. would have chill and about 3 p. m. severe fever, lasting until sundown. During this time he would vomit every half hour, which made him feel worse. Could eat no supper and felt weak and sickly all the next day.

On March 25th, returned and said medicine made him feel

stronger but did not know whether he could stand it without *Quinine* any longer. Badly constipated. *Quinine*^{25x} did not help it. Gave him *Natrum mur.*^{30x}, one dose every two hours until the one drachm bottle was emptied.

Has had only two chills since; one the second day, coming on about 3 p. m. and lasting until 5 p. m. All symptoms less severe and was hungry at supper time. Second chill on the fourth day and was only a little one. Has had no sign of a chill since then and feels strong. Has a good appetite for food, and is losing his appetite for stimulants. Staring look to eyes is almost gone and has had no emissions since, which is twelve days. He was badly constipated, and for that I gave him two teaspoonfuls of the best olive oil every day. Bowels regular now.

CASES FROM NOTE BOOK.

W. W. GLEASON, M. D., ATTLEBORO, MASS.

Euphrasia. Mr. C. M. called at my office complaining of pain in stomach and profuse, irritating overflowing of tears. He received one powder of *Euphrasia*^{cm}, which entirely removed the trouble, both of eyes and stomach, in two weeks.

Euphrasia. Mrs. C. called me to prescribe for excessive overflow of tears—both eyes. She had journeyed to a neighboring city for several months three times a week to have this trouble treated by a specialist, who had probed the tear passages at every visit. Her trouble constantly increased. When I saw her she also had excessive flow of saliva. The overflowing tears were scalding and irritating.

Dec. 13th, she received *Euphrasia*^{30m}, one dose. Improvement set in and continued until Feb. 5, 1897, when she received one dose of *Sul.*^{cc} for an attack of constipation. After this trouble was conquered the eye trouble set in worse again. She received for this, Feb. 24, 1897, one powder of *Euphrasia*^{cm} and improvement set in, continuing until May 26th, when she received one powder of *Euphrasia*^{mm} that cleared up all remaining trouble.

Sulphur. Mrs. N. called with severe itching, scaling eczema of palms of hands. Had had eczema when a girl, which was suppressed by ointments. She received one powder of *Sul.*^{cm}, which cured entirely in two months.

Kreosotum. Mrs. L. called with following symptoms:

Aching all through forehead; worse after menses.

Palpitation of heart many times daily, causing dyspnoea.

Worse from excitement and after menses; pain shooting from heart to nape of neck.

Aching in middle of back constant.

Fainting spells.

Cold hands in days—none nights—felt as if cold air fanned them.

Spells of pain at heart without palpitation.

Appetite poor.

Aching in both sides of abdomen, near hips.

Monthly flow black, offensive, clotted.

Urine dark brown.

Excessive offensive leucorrhœa, very dark yellow, worse after menses.

Pain in legs worse before menses.

Numbness of legs, worse before menses.

Cold feet days, none nights.

Heart beat slow, hard, heavy.

During palpitation, numb all over and cold.

Dry cough morning and evening; none nights.

Nausea days, none nights.

Singing noises in ears, with dizziness, while sitting or standing, not while recumbent.

She received one powder of *Kreosote*^{cm}. She improved until April 10th, when symptoms exacerbated. She received one more powder of *Kreosote*^{cm}, which cleared up the entire case.

Arnica. E. N., a boy ten years of age, was brought in by his father. This lad had attempted to jump over a post and had struck on top of the post, injuring his testicles. The left testicle was excessively swollen, as large as a hen's egg, and seemed like a mass of jelly. The right testicle was also swollen, but felt intact. He received one powder of *Arnica*^{cc}. Ten days after I saw him again and scrotum and both testicles were normal.

Surgery.

SPINA BIFIDA.*

JAMES G. GILCHRIST, A. M., M. D., IOWA CITY, IA.

It is not necessary, to this audience, to describe spina bifida; all know what is meant by the term and condition of the parts concerned. There are some anatomical considerations, however, that need brief mention before taking up the question of treatment. In a large number of cases, possibly a majority, the sac is a simple meningocele, with no abnormality in the cord, or association with the spinal nerves. In other cases, I have thought, the sac cases adventitious, not composed of spinal membranes. In a large number of cases, however, there are various abnormalities in the cord and nerves. In some the cord is spread out over the interior of the sac; in others some of the nerves are adherent to the interior surface. In fact there are many abnormalities, some of them so very extensive that life is short, and no treatment is possible. It is of the first importance, in every case, to determine the relation of the cord and spinal nerves to the sac before attempting any treatment. From a consideration of these anatomical facts, I am confident there are but two legitimate methods of treatment—remedies—to promote post-natal developments, and a formal operation. Ligature, pressure, and injection methods, even aspiration, are unsurgical, blind and dangerous. If all cases were a simple sac, without cord or nerve abnormality, either or all of these methods might be proper, and would give certain curative results. But inasmuch as nothing but actual inspection of the interior can determine these essential facts, no one who has proper surgical instincts, can for a moment listen to such suggestions. I am aware that some of our text-books give place to such faulty methods of treatment, but later study and experience by those who have had much practical experience, have had the effect to discredit all such procedures.

Post-natal development is of frequent occurrence. I have seen three cases in which the tumor disappeared entirely before

*Read before the Hahnemann Medical Association of Iowa, at Council Bluffs, Ia., May 12, 1897.

the third year, *Calc. phos.*³⁰ being given in each case. It seems that the remedy should be credited with the result, the usual history of such cases being quite different. Burnett, in various publications, refers to cases of congenital anomalies, always, of course, cases of arrested development, in which a cure has resulted from the use of the indicated remedy. Indeed he gives many cases where the abnormality was repeated in a number of children in the same family, where treatment of the mother, during gestation, has corrected the fault, so that later offspring were fully developed, and free from blemish. To be effectual, treatment must commence at a very early period, within a day or two after birth, and I have thought better results are obtained if some mild pressure is employed, as an elastic bandage, or a simple flannel bandage, with a compress of cotton. After a month it is doubtful if treatment will be of any avail, unless a disposition to spontaneous cure is present, when remedies may hasten it.

At a later period other means must be employed, and the sooner they are instituted the better. I have operated, in all, on six cases, with one death. No hard and fast rules can be laid down as to the incision; it depends on the condition of the skin. In some cases the skin is unbroken, when an elliptical incision is to be made, removing enough of the integument to allow the edges to pull together easily, with little tension. In others the skin is defective, and some plastic operation is needed to cover in the deficiency. Whatever method of incision is employed, the treatment of the sac is practically the same. It must be isolated entirely, down to the osseous opening, without rupture if possible. When entirely free, open on one side, with care to avoid possible damage to nerves that may be spread out on the interior. The incision must be *cautiously* enlarged, until it is possible to invert the sac, or at least *see* every portion of its interior. It is a good practice, before opening the sac, as soon as it is isolated to place a ligature around its neck, loosely tied, or compress the neck with padded forceps, or the fingers of an assistant; in some cases of large cysts, the loss of the cerebro-spinal fluid produces serious symptoms. If nerves are found running along, or attached to the inner surface, they must be carefully detached and placed within the spinal canal. When the sac is freed entirely, no nerves attached to it, and all structures that belong in the canal replaced therein, if the neck of the sac is narrow, it

may be tied, the sac cut off, and the external wound closed. If the neck is large, I have had good results in cutting the sac away and suturing, with fine cat gut, the edges of the membrane together, using the Lembert suture, either alone or combined with some other suture. Light elastic support must be given the part, and *Calc. phos.* to hasten the bony development. The results in the six cases I have treated in this manner have been most excellent, with the exception of the one fatal case. In this case I think some important nerve must have been injured, as there was difficulty, coming on at once, in the pelvis, chiefly the bladder and rectum.

FROM THE JAWS OF SURGERY.

S. E. CHAPMAN, M. D., NAPA, CALIFORNIA.

The above is a title that will give offense to some of the readers of this journal, and yet I believe I am entitled to substitute "Surgery" for "Death", for they were certainly synonyms in the case which I am about to relate. Last November I was called to see a lady that the allopaths of this city had insisted must be operated upon immediately for a large tumor in the left ovarian region, undoubtedly a cystic growth of the left ovary. She was fifty years of age, mother of six children, the youngest being a young lady of eighteen. Had been an invalid for ten years, suffering from chronic bronchitis and pleurisy. Came to California three years ago for change of climate, and had improved so far as pulmonary condition was concerned. But two years since began to experience sharp, stinging pains in pelvis, and ere long discovered enlargement of left ovary. This was at what she believed to be the close of the climateric, as there had been no menstrual show for nearly a year. Examination of the left ovarian region revealed the presence of a tumor nearly as large as a new born baby's head. This appeared to be irregular, and solid as nearly as I could determine. The abdomen was very much enlarged with what I easily diagnosed to be an accumulation of fluid, whether ascitic or cystic I do not know. I did not make a very extended physical examination, because of the precarious state of the patient. The symptoms for which I prescribed were as follows:

Extreme prostration and emaciation.

Pulse small, thready, 103 per minute.

Great thirst, drinking often but little at a time.

Heat and burning in stomach and in left ovary; sensitiveness to pressure over the stomach. Pains in stomach <after eating or drinking.

Temperature 104 to 105, this hyper-exia having continued during the past two weeks.

Very restless and fearful.

Worse from midnight until morning.

How many physicians could have the nerve to propose an operation upon this poor creature is beyond my comprehension. Yet that was the *dernier resort* offered the family, and they had sense enough to see for themselves that the knife meant nothing more nor less than death, and refused to submit to it. The surgeon (?) in charge of the case when informed that his services would be no longer required, and that I was to be called in to take it, very sarcastically asked him (the husband) to permit him to be present at the post mortem. This event he cheerfully assured him would occur within two or three days.

But to return to the case. I do not doubt that every reader of this article has already prescribed *Arsenicum album* for my patient. That was the remedy, and I gave it in the 200th potency, a dose every two hours. The symptoms were so exceedingly unpromising that I gave a guarded prognosis. And yet the indications were so plainly *Arsenicum alb.* that I could not resist tying my faith once more to that sovereign remedy that has snaked so many poor wretches from the "swellings of Jordan." But with all my faith in the law and the potentiated drug, I was not at all prepared for the wonderful demonstration of power that I was to witness in this instance. Within forty-eight hours the temperature had reduced to nearly normal, and she was enjoying hours of restful sleep, The remedy was discontinued at this juncture, and *S. L.* substituted. A few doses of *China*^{cc} were indicated a few days later. Within two weeks there was so much improvement that she sat up in an easy chair an hour or two daily. At the end of this time there was a slight return of symptoms, and a dose of the same remedy, *Arsenic*, was administered in the cm. potency. Immediate and lasting improvement followed this dose. All painful and disagreeable sensations gradually disappeared from the pelvic and ovarian region, and her general health and strength improved rapidly from day to day.

As to medication she received but two or three doses more than what has been already stated, and that was *Sulphur*^{cm}. Of this remedy she was given two or three doses—I do not remember which—and at this writing there is not a vestige of the disease left. The tumor has vanished, the vast accumulation of fluid within the peritoneum, cystic sac, or whatever it may have been, has completely disappeared through the action of the absorbents. There was never at any time undue discharge from the bowels or bladder, so that the most skeptical person must give the remedies credit for this wonderful cure, or take his seat with scornful, and be worthy of respect of neither the Almighty nor any honest man or woman.

And there the matter stands. She is at present doing the most of her own house work, and I pronounce her perfectly cured of this tumor. I confess that I was never clear as to the diagnosis in this case. My predecessors pronounced it of cancerous nature, and I am sure that many of the symptoms pointed that way. If this was the case, so much the less was the knife indicated—*and well they knew it!*

Now that I have recorded the history of this remarkable recovery under the powerful, benign and mysterious influence of the highly potentiated drug, I feel shaky as to the felicity of the title of this article. Surgery has its legitimate place or sphere in medicine, and to have submitted this woman to the contemplated abdominal section would have been surgery just about as much as alternation and compounding of drugs is homœopathy. Such cursed work is surgery like the Irishman kept tavern, and that was like—well, you are sure to get there and know all about it, gentle reader, if you go about doing such work as a pretended follower of Hahnemann. I therefore apologize for my title, and freely consent to the substitution of “Death” for “Surgery” in the same.

A CURE OF SENILE GANGRENE WITH SECALE CORNUTUM.

JOHN B. VIVION, M. D., GALESBURG, ILL.

I am now 86 years old, have had good health through life, weight average 150 pounds. Sometime in the summer of 1895, the skin on the dorsum of both hands, covering entirely the metacarpals, became purple and the least scratch or bruise would raise a black spot from the size of a quarter to twice the size of

dollar, which would gradually fade away to a purple color. I gave no attention to it nor thought of anything serious until Oct. 17, 1895. At this time there was at the edge of the purple region a thickened itching humor on each hand. I then concluded I had a genuine case of senile gangrene on both hands and it simulated so completely the provings of *Secale cor.* that I commenced treatment with that remedy.

Oct. 17, 1895, took three drops of *Secale cor.*^{dm} (Swan) on sugar, which responded so well it confirmed my diagnosis and treatment, as every subsequent dose did, and I am now fully satisfied that I was right in both treatment and diagnosis.

Following are the dates of repeating doses:

Oct. 26 and 31.

Nov. 9 and 21. Dec. 31.

1896. Jan. 9; Feb. 1 and 27; March 3, 4, 5, 13, 27, 28; July 29; Oct. 1; Nov. 26.

From the last dose my hands continued to improve until now, March 25, 1897, I consider my hands well and have been for about three months, and I think they are radically cured.

I was governed in repeating by the rule that when the improvement ceased then I repeated. It will be seen that in March, 1896, after an attack of influenza in February, I had to repeat oftener than any other month to get the improvement needed.

I was delighted with Dr. Haynes' paper entitled "Where am I?" published in the December number of the *ADVOCATE*. I endorse every word of it and hope to find more of the same truths in our journals till the craze of killing microbes at the useless expense of millions of dollars all over the world will be stopped. In my judgment it does no good in preventing infectious, contagious or epidemic and endemic diseases, or any other disease. The microbe is the result and not the cause of the disease, but when mixed with the pabulum in which they live and hypodermically injected, it poisons as any ptomaines will. Better let the little scavengers alone and treat the disease scientifically as Hahnemann teaches.

I will close this article by cordially advocating the claims of the *HAHNEMANNIAN ADVOCATE* in preference to any journal that comes under my notice, and they are many of different schools of medicine.

HERNIA.

SCOTT PARSONS, JR., M. D., ST. LOUIS, MO.

In answer to your request of the 25th inst., I herewith send the following:

My operation consists in exposing the inguinal canal by an entirely new incision; curving, with its convexity towards the umbilicus, from a point midway between the anterior surface iliac spine and the internal ring, down the linea semilunaris to the external and internal oblique muscles. The sac is dissected out, puckered and placed within the internal ring and the margins of the ring approximated. The lower portion of the transversalis aponeurosis, along the ring, is incised similar to the external structures, the conjoined tendon being completely severed, and is slid down until it covers the internal ring and canal. This aponeurosis, together with the internal and external oblique, is stitched to the transversalis fascia around the margins of the internal ring and to the floor of the canal as far down as the external ring, with deep mattress sutures. The conjoined tendon restored, the cord placed sub-cutaneous and the internal, external oblique and skin united at the original incision.

I guarantee by this method a barricade of strength absolutely impossible to obtain by the present operations. By utilizing these strong aponeuroses, in the manner described, the internal ring is completely sealed; the pillars are strengthened and supported, which is *sine qua non*; and the inguinal canal obliterated. The new incision leaves the hernial tract devoid of scar tissue.

—Chicago has seventeen medical schools. No wonder it is called the "Windy City."

—Dr. Seibert of N. Y. advocates the filtering of milk through cotton. He finds that oily globules pass through the cotton, while about three-quarters of the germs do not. The conclusion is that filtration is as good as sterilization, while the objections to sterilization of milk are thus removed.

—Street Cleaning Commissioner Waring attributes to the clean streets of the East Side, the complaints of the druggists there that their business is dull. Every paved street is cleaned now at least once a day, 260 miles are cleaned twice a day, and because filth is not allowed to remain there is no danger to health.

Society Reports.

CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

ROCHESTER CLUB, ROCHESTER, N. Y., Dec. 17, 1896.

The quarterly meeting of the Central New York Homœopathic Medical Society was called to order at 12:30 p. m., Dr. Grant in the chair.

Members present—Drs. Brownell, Carr, Clapp, Grant, Graham, Hussey, Ross, Leggett.

The minutes of the September meeting were accepted as read.

The absence of the President, Dr. A. J. Brewster, was reported as due to indisposition.

Dr. Carr moved that the Secretary extend the sympathy of the Society to Dr. Brewster, and express its regret at his absence. Motion was seconded and carried.

There was no report from the Censors.

A motion to adjourn for luncheon, was seconded and carried.

The meeting was again called to order by Dr. Grant, at 2:30 p. m.

Dr. Grant, in the absence of the essayist, appointed Dr. Hussey to read the *Organon*, Sections 210–230, and presented the subject for discussion.

Dr. Carr said that this portion of the *Organon*, which referred to mental diseases, their symptoms and treatment, was more neglected than any other part of the philosophy. He regretted that its teachings were not more earnestly studied, and its precepts more strictly followed. He thought that the section referring to the coercion of and argument with patients mentally unbalanced, was admirable in teaching, and most beneficial in result, when applied. He said that in the early stages of acute diseases, mistakes in the management of patients were often made by both physicians and attendants, and he thought that many members of our own Society could profit by the lesson of that section.

Dr. Hussey agreed with Dr. Carr, and said that he had been

frequently impressed with the effect produced upon the diseased mind by argument or coercion.

Dr. Carr had often noted that the indicated remedy of an acute mental disturbance, like that of an acute physical disturbance, needed to be followed by the deeper anti-miasmatic remedy, in order to prevent recurrence of the conditions, and to complete the cure.

Dr. Hussey stated that formerly, during the treatment of chronic disease with the indicated and long-acting remedy, he had thought it necessary to avoid an interruption of its action, by prescription for acute conditions, such as colds, etc., and so had given placebo. He said that further experience had taught him that the indicated remedy given low in these conditions did not antagonize, or interrupt the chronic. He said that he had reached this conclusion by observing the action of medicines upon the users of drugs.

Dr. Brownell took exception. He said that a dose of *Opium*, or a narcotic dose of *Alcohol*, would interrupt the action of the indicated remedy. He drew attention to the fact that it was only upon the habitual users of narcotics, that the drugs did not interfere with the action of the indicated remedy, and in cases when the sickness was not caused by the drug in habitual use.

Dr. Hussey thought that Gallavardin, in his "*Homœopathic Treatment of Alcoholism*," made a good point. Gallavardin said that the treatment of disease without the consideration of mental and psychic conditions, was but a species of veterinary practice.

Dr. Grant, in illustration of Sections 221-222—(the cure of mental, or partial disease sometimes followed by a train of physical symptoms)—related the following case:

Four or five years previously, while he was temporarily caring for Dr. Biegler's patients, there came one morning to Dr. B.'s office, a young woman from out of town. She was, physically, perfectly well, but complained of a peculiar mental symptom, suicidal in tendency. The thought, or desire "to get into a boat and float away," haunted her so constantly, that she feared that she would sometime be impelled to do so. Dr. Grant found the symptom almost identically expressed under *Drosera*, and gave her one dose of that remedy.

A few days preceding Dec. 17, 1896, Dr. Grant again saw the patient, and under similar circumstances; he was again attending the patients of Dr. Biegler. Dr. Grant learned from this patient

the following interesting facts concerning her peculiar mental experience:

Having lost her father when she was a little child, she had known nothing of the manner of his death. Her peculiar experience led her to speak of the matter to an uncle, who asked if she knew the cause of her father's death. She replied in the negative, and her uncle told her that her father had done exactly the thing which her symptom described—"taken a boat and floated away" into the lake. He had been neither seen or heard from since!

The patient, after receiving *Drosera*, had experienced no return of the mental symptom, but had suffered a train of physical ills, the latest of which was ovarian.

Dr. Brownell had noted in patients poisoned by tobacco, a desire to throw themselves into the water. He mentioned a case coming under his own observation in which the patient felt so strong a temptation to leap into the stream, that he had to rush away from its banks.

Dr. Leggett asked the experience of the fraternity in the treatment of cerebro-spinal neurasthenia, caused by grief, rage, mortification, etc. She asked if it had been found that the leading indications for treatment were physical or mental. Dr. Leggett discussed and illustrated the subject as follows:

In Sections 225-226, Hahnemann describes "mental disease," so caused, as being amenable in its earlier stages to moral remedies only, and shows how some cases may be reached by exhortation, friendly advice, etc. Experience teaches that there are cases in which the cause is moral, the aggravation is moral, and the results are the disturbance of the equilibrium, mental, moral and physical. Now, what are the leading indications for treatment?

As illustrating the kind of sickness under consideration, Dr. Leggett reported the following case of cerebro-spinal neurasthenia which had been, for more than three years, under her care. It was a woman of strong characteristics; honest, just, and affectionate.

The cause of sickness was obscure, and became but slowly apparent to the doctor. It proceeded from the love of the patient for two persons whose selfishness and injustice were revealed to her. The conditions persisted. The sentiments of the patient remained unchanged. A feebler affection would have

died, and the physical nature would have re-asserted itself. But in this case, although the ideal was shattered, the strong love survived, and adjusted itself to the sad reality.

For months at a time the patient's prostration was so great, that with difficulty she struggled from her bed to a sofa, and thence to the table.

Her irritability was so great that she could not bear the slightest contradiction or opposition. She suffered from reverberations of sounds through the head, intolerable pains in the cervico-dorsal spine, cephalalgia, metrorrhagia, twitching in the extremities, and many other most painful sensations.

She grew stout, gained in appetite and looks; but each recurrence of moral obliquity in her loved ones prostrated her with such severe pain that, upon one or two occasions, meningial complications were feared.

The leading mental symptoms, as indicative of the *simillimum*, were far from satisfactory in result. Then, the prescriber acted upon the theory that there are sicknesses, even of the kind above described, in which the mental are not the leading characteristics for prescription. She used, thereafter, the physical symptoms as indicators of the remedy, and with such success that the patient now bids fair to recovery.

Dr. Leggett then reported a similar experience in every case of neurasthenia due to moral causes, that had come under her notice.

In senile dementia the remedies indicated by mental symptoms, wrought wonders.

A case in point occurred at "The Old Ladies' Home," Syracuse. An aged woman there developed a symptom medically most interesting, but which caused great annoyance to the matron and the inmates of the institution. She insisted first that her pillows, and finally that her bed and room were infected by an entirely new species of vermin, that she herself had discovered. She said that the vermin were so small as not to be visible to the naked eye; but that they were so powerful as to waken her from sound sleep by the snapping noise made under her head. They became angry if she moved, and emitted a foul odor that caused her mouth to burn, and her throat became dry; besides, they prevented her from sleep the rest of the night.

The notion that she was insane went abroad, and an expert was called to diagnose her condition. No renovation or change

of pillows had helped the patient. Of course, the "expert" decided that she was not insane.

Dr. Leggett having before prescribed for constipation and similar troubles, undertook to relieve the annoyance, but she had very little hope of success.

Under the symptom: "delusions of hearing"—"by noise", were found: *Bell.*, *Calc.*, *Canth.*, *Carb. v.*, *Cham.*, *Colch.*, *Con.*, *Mag. m.*

Under *Calc.* was found: "clattering about the bed:" "illusions of fancy, on going to sleep"; "the same disagreeable idea always arouses the sick"; "sounds as if from sparks of an electrical machine"; "offensive odor before the nose".

One dose of *Calc*^m (F) in Jan. 1895, was followed, for several months, by relief of the troublesome symptoms. The patient on being questioned about the vermin, said that "they had gone for a time, but that they would return". Thinking this statement to be true, the doctor advised her to enjoy their absence while she could. Since then, three doses of *Calc.*, at different times, have effectually scattered "the vermin", for considerable periods.

In a case of melancholia, the patient was given to "pulling out her hair", until she was as bald as a new born babe. She was "restless", "unable to sit down", "continually walking about". When her daughter attempted to play the piano, she *would* "dance". This peculiarity causing great annoyance to the daughter, the piano playing had to be given up.

"Pulling the hair" was found to be attributed to *Bell.*, and to *Tarant*; but *Tarant* only had the "constant, restless walking about", and the "dancing at the sound of music".

The first administration of *Tarant. hisp.*^{cm}, was followed for nearly two years, by remission of symptoms. The hair was restored to a pretty crop of gray, the patient was able to read the papers, and to sew with her daughter, if the work were made ready for her. She could not go on by herself. Still she was comparatively comfortable.

In a case of senile dementia now under treatment, there has been difficulty in finding a remedy to control the symptom: "loquacity at night".

At one time, when the patient said and did "silly things" and seemed to know that she was silly, and to take pleasure in the fact, *Mercurius* controled and made her quiet for a long interval.

Of late, an interval of rest has been obtained by *Stramonium*. Before this prescription, the patient would call her sisters, talk to friends long dead, want the nurse to bring her this or that, and talk, talk, talk all night.

Dr. Clapp mentioned cases in which the symptom of "increased loquacity", especially "at night", had been met and controlled by *Lachesis*.^{cm} (F)

Case has since been perfectly controlled by one dose of *Lachesis*.^{cm}. Feb. 12, '97.—Ed.

Dr. Hussey found the symptom of "loquacity toward night and in the night" to be a leading indication for *Lachesis*. In a case of diphtheritic croup, several years since, the doctor was called to a child who seemed to be dying. The prognosis was unfavorable, but *Lach.*²⁰⁰ cured promptly.

Dr. Brownell offered the record of a very interesting case:

GONORRHOEA CURED WITHOUT LOCAL TREATMENT.

Mr. L—— was for many years under the care of the late Dr. Schmitt.

When 17 years of age he had a bad cough which caused his family much alarm. He was then a tall lad, quite stoop-shouldered. The very first entry is as follows:

March 11, 1886. Seventeen years old; very tall and stooped over; caught cold by sitting in shirt sleeves; rawness of post-nares, especially when inhaling air *in a room where there are many people*; elongation of uvula. *Arg. nit.*^{cm}, one dose.

The cough for several years was treated by various remedies. These were, *Sulphur*, *Thuja*, *Aconite*, *Tarantula*, *Bryonia*, *Nuxvomica*, *Rhus tox.*, *Sepia* and *Nitric acid*.

The last entries before the contraction of gonorrhœa are worthy of note.

March 19, 1890. Discharge more from nose; cold, damp weather caused a catarrh all over lungs and throat; the latter recovered by themselves; the coryza persisted. *Nit. ac.*^{cm}, one dose.

June 3, 1890. Cough only on going to bed and on rising. *Nit. ac.*^{cm}, one dose.

June 11, 1890. Cough mostly gone; some catarrhal discharge from nose. Patient has now developed a prickly rash on the back of hands, white, blister like, but dry; he has, now and then, had warts on hands. *S. L.*

June 25, 1890. No cough; eruptions on hands very bad; itches occasionally; nose discharge is very little. *S. L.*

July 5, 1890. The eruption is disappearing; also, wart on left hand; some slight discharge from post-nares. *S. L.*

July 23, 1890. Exposed a week ago; smarting at the end of the urethra, when patient begins and ends act of urination; Frenum looks red and swollen; yellow, creamy discharge. *Cannabis sat.*^{cm} one dose.

July, 25, 1890. Worse; wretched; pain after urination; worse; discharge worse; chills and heat alternate; legs tired; swelling in right groin. *Merc. sol.*^{cm}, one dose.

July, 27, 1890. Patient feels better; discharge perhaps less; swelling in right groin much better; pain after urinating continues. especially mornings. *S. L.*

July 29, 1890. Pain after urinating is of a more cutting character, and may last three minutes; passed some blood when urinating; discharge is bloody; although lighter in color; pain in groin better; although accompanied by dragging down sensation, when patient stands. *Merc. sol.*^{cm} one dose.

July 31, 1890. Pain when urinating, and after, much better; some blood after micturition; discharge less copious; no pain in groin; slight pain at base of penis. *S. L.*

Aug. 3, 1890. Constipated; no pain at base of penis, but some tenderness when pressing it; discharge less, seldom, yellowish; phinosis less. *S. L.*

Aug. 6, 1890. Patient's bowels do not move enough, which makes him nervous; yesterday at 9:30 p. m. he had chill, followed by high fever; this a. m. patient is exhausted; stiffness from back down legs; got wet yesterday morning; dreams of hard work. *Rhus tox.*^{cm}, one dose.

Aug. 8, 1890. The same night patient had a light fever which was not interfered with; he grew better; to-night, a pain above ankle, <beginning to move; tongue coated at the border; discharge diminishing; no urethral pain. *Gels.* in water, two hours.

Aug. 11, 1890. Fever and pain nearly gone, but gonorrhœa again; thick yellow discharge with pain, at end of penis, when beginning to urinate. *Merc. sol.*^{mm}, one dose.

Aug. 14, 1890. No pain yesterday p. m.; to-day, it has returned and continues right through micturition; discharge yellow, watery; erections last night. *Nit. ac.*^{cm}, one dose.

Aug. 18, 1890. Last night, severe, heavy, acute headache, when ascending through temples; discharge less; pain less; some erections, not painful. *S. L.*

Sept. 1, 1890. Feels well in general; still slight, watery discharge; 3 to 5 a. m. painful erections, which subside soon after awakening; tongue coated. *Nit. ac.^{mm}*, one dose.

Sept. 11, 1890. Troubled with nightly, long-lasting erections; otherwise feeling well. *Camph.^{zc}*, eight powders, one to be taken each morning on rising.

Oct. 2, 1890. Some yellow discharge; no erections; no trouble in nose, but nasal twang to voice. *Sulph.^{cm}*, one dose.

Oct. 8, 1890. Discharge changes, sometimes yellow, again not; burning pain at end of urethra during micturition. *Alumina^{cm}*, one dose.

Oct. 17, 1890. Considerably $>$; discharge very little, light yellow; some burning. *S. L.*

Nov. 1, 1890. For some days, discharge nearly gone; then increases; there is still some pain at end of urethra during micturition, and the discharge is bright yellow. *Alumina^{cm}*, one dose.

Nov. 6, 1890. About the same; discharge greenish yellow; two hard spots on *glans penis*. *Thuja^{cm}*, one dose.

Nov. 14, 1890. Patient better; discharge is now more watery, opaque in the morning; bowels regular; spots of swelling on *glans penis* going down; pricking pain at the end, at close of micturition. *Placebos*.

Nov. 21, 1890. Discharge disappearing, very thin; swellings nearly gone; still some pain at end of penis, at close of micturition, and sometimes during act itself. *Thuja^{cm}*, one dose.

Dec. 10, 1890. Very slight pain during micturition; discharge very scanty now. *Thuja^{cm}*, one dose.

Dec. 23, 1890. Cough this a. m. with stitches through left chest when breathing; discharge more at night, scanty daytimes; mornings, greenish yellow; an unpleasant, full feeling through left lung. *Merc. sol.^{cm}*, one dose.

Jan. 7, 1891. Discharge changes, looks now opaque; cold better; had an $<$ after last medicine, but now all symptoms nearly gone. *S. L.*

March 31, 1891. Raw feeling in chest after cough, which is not frequent; appetite not so good as usual; bowels regular. *Sil.^{cm}*, one dose.

April 5, 1891. No raw feeling in chest; the trouble went from chest to head very suddenly; appetite very good next day. *S. L.*

April 21, 1891. Pain in left upper leg and pain in groin; worries a great deal; on account of spots on penis, thinks he has syphilis. *S. L.*

April 27, 1891. Cough>; does not worry so much; itching in penis troubles him. *S. L.*

May 4, 1891. Itching in penis; small white blisters which disappear without medicine; pimples on hands and wrists, which itch and smart; slight uneasiness in groin has returned; chancres behind foreskin more abundant. *Sil.^{cm}*, one dose.

May 14, 1891. Spots on penis come and go; no itching; pimples on hands and wrist less; no pain in groin; is better every way. *S. L.*

May 31, 1891. None of the old symptoms; some post-paryngeal catarrh; phlegm dropping into throat; wheezing in chest on wakening, which disappears later; no weather warm enough to please patient. *Sil.^{cm}*, one dose.

June 22, 1891. Catarrh at back of nose, which gives speech a nasal twang; phlegm from throat, whitish, opaque, worse mornings; no wheezing. *L. L.*

July 25, 1895. Wakens mornings with bad taste in mouth; no desire to eat much breakfast. *Sulph.^{cm}*, one dose.

Aug. 6, 1891. Bad taste mornings; no medicine.

Jan. 4, 1892. Yellow coating at base of tongue; bad taste mornings, which passes away during day; no medicine.

Jan. 18, 1892. Since this p. m., aching in upper shanks; <sitting, >walking; no other symptoms. *Rhus tox.^{cm}*, one dose.

Feb. 22, 1892. Loose cough; raises phlegm, streaked with blood, and starting from low down under sternum; some pain in throat; cough out of doors. *Sulph.^{cm}*, one dose.

March 26, 1892. Redness of eyelids, <of the left; photophobia; especially from snow reflection; some lachrymation; tongue coated, especially at base. *Sulph.^{cm}*, one dose.

April 23, 1892. Bad taste, especially at night, which seems to come from nose to throat; tongue heavily coated; constipation. *Sulph.^{cm}*, one dose.

June 16, 1892. Sore throat, occasionally relieved by swallowing; throat looks purplish. *Sulph.^{cm}*; one dose.

July 30, 1892. Bowels irregular; tongue coated at base and center; borders red. *Nux vom.*^{cm}, one dose.

Until the death of Dr. S — Mr. L. continued to present himself, occasionally, with symptoms similar to those above mentioned. I first saw him on May 12, 1894, when I made the following entries regarding his case: Cough from irritation at mid-sternal region; he says that it is not a tickling, but that he is forced to cough; Sputa is tough, stringy, viscid; tongue is very thickly coated with yellow, particularly at base; edges are red; bad taste in mouth; bowels are irregular; quite a number of pimples on buttocks, sore and inclined to suppurate. I prescribed *Kali-bich.* principally on account of location of cough, character of sputa, yellow coated tongue, and because patient had never taken this remedy. He did not report again until Oct. 5.

After taking the *Kali-bich.* he had no more cough; he said that his tongue had cleared; his appetite had improved and his stools had become regular. Just then, he had taken cold, and felt irritation at the old mid-sternal point; tongue yellowish brown at base; *Kali-bich*^{cm}. one dose.

He continued to come with about the same symptoms. He repeatedly improved under the remedy, and repeatedly caught cold, when the old symptoms would recur.

Feb. 11, 1895, I gave him *Hepar. sulph.*¹⁰⁰⁰, one dose, which seemed to cause pimples to appear more profusely about the buttocks; the pimples each containing a drop of pus. There was much itching on undressing, and especially after a bath; *Mezerium* then relieved very much, and the patient continued to be better, as long as he took the remedy. On discontinuing the medicine, symptoms would immediately reappear. Whether patient took *sulph.* or *mez.* (as either was indicated), he immediately improved, but he did not remain well. He always had the yellow coating on base of tongue. This might be better at times, but it was always there to some extent. In the fall of 1895, many flat warts or warty excrescences appeared on the backs of the hands. *Thuja*^{cm} was given, and the patient soon improved so much that he used these words: "I never remember feeling so well in my life." "Then, he would catch cold", all the symptoms would reappear, and so it went, until Feb. 1896. He then received *merc. proto iodide*^{cm}. one dose; since which time he has remained perfectly well. I see him occasionally, and his tongue is clean, there are no pimples on his body, he has no cough, his

skin is clear, and to all appearances, he is a perfectly healthy man.

It is proper to conclude that gonorrhœa can be cured by Homœopathy, without the use of injections. Was this case not complicated with either *psora* or inherited *sycosis*? I would that all our patients affected with chronic and almost incurable diseases, might show the perseverance of this man.

Dr. Brownell pointed to the fact that the chronic symptoms reappeared, after the cure of the acute disease, or gonorrhœa.

Dr. Hussy drew attention to the perspicacity of Hahnemann, which had enabled him to discover the connection between warts and sycosis. Dr. Hussy also related an experience of Dr. . . . surgeon in the -- Hospital, who had told the speaker that while operating upon cancerous growths, he often pricked his hands, and that, at the point pricked, a wart invariably developed.

Dr. Ross stated that in many cases of rheumatism, in which *Rhus tox.* seemed to be indicated and yet failed to cure, *Medorrhinum* effectually removed the difficulty.

The appointment of essayists for the next meeting was referred to the chair. The following essayists were appointed by the President:

Organon, 231-244, Dr. R. C. Grant.

Clinical illustrations of *Organon*, 231-244, Drs. Isaiah Dever and A. J. Brewster.

Clinical subjects, Drs. C. H. Bresee and G. W. Hoyt.

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

Comment and Criticism.

ANTIDOTAL TREATMENT.

OAKLAND, CAL., May 6, 1897.

I have been greatly interested in the discussions that have appeared from time to time in the *ADVOCATE* in regard to the treatment of the so-called medicinal diseases.

It is claimed by Swan, Sawyer, Pease and others, that the process of potentization changes a drug in some way, so that it becomes the true simillimum with which to cure the drug miasm, as it is called, that has been produced by the same drug. This is evidently given as an explanatory apology, if I may be allowed the expression, for giving *Psorium* for Psora, *Syphilitinum* for Syphilis, and *Mercurius* where Amalgam or Red Vulcanite has been used.

Their statement, however, is an assumption, not an explanation. In making this statement, these eminent authorities have taken hold of the wrong side of the question.

The potentization of a drug does not, in my judgment, change its *nature* in the slightest particular; it merely changes its form.

What does the trituration or succussion of a drug do? It merely divides and subdivides its particles until its molecules and atoms are set free, and nothing more. As an example, if we take an inert substance, like *metallic mercury*, and vaporize it by heat, we do not change its nature, but we set its molecules and atoms free, and by so doing we have developed no new property; we have merely changed its form so that it can be assimilated, and when assimilated into the organism it demonstrates its poisonous properties.

Potentization does the same thing with every drug in the *Materia Medica*, but with the majority of drugs their molecules are more easily separated than those of *mercury*.

The other side of the equation gives the true explanation of this interesting problem. Let us look for a moment at the biological processes of an organism.

Take a plant, for example: It spreads its rootlets into the moistened earth, and with its spongioles absorbs from the soil

the various substances which are necessary for its growth. In that plant there is a force that compels the salts, etc., which the spongioles have absorbed from the earth, to assume a new form that is called vegetable bioplasm. Now, in the animal organism a similar process takes place. For example, we eat corn, and in the process of digestion and assimilation it is transformed by the vital force into healthy bioplasm, or living matter. Now, when a drug is taken into the system, the vital force does with it as it does with food—it compels it to assume the form of bioplasm; but, being a poison, the organism, instead of being nourished, is made sick, and we then have what has been termed a drug miasm, and, like any other disturbing factor, it manifests its presence by symptoms. These symptoms may indicate, as a remedy, the drug that has been the disturbing factor, but this is not always true. As an illustration, take *Rhus tox.*, which, when taken into the system, manifests itself by symptoms that frequently require a high potency of *Rhus* for its cure; but this is by no means universally true. In some cases *Croton tig.* is indicated; while in others the remedy may be *Bryonia*, *Ledum* or *Sulphur*.

So with *Mercury*. Instead of a high potency of *Mercury*, the symptoms may indicate *Nitric acid* or *Aurum metallicum*.

When syphilis is taken into the system, and the attempt is made by the vital force to change it into healthy bioplasm, or living matter, the primal cells, where all activities commence, are made sick, and the first external sign is the chancre. The pus from this chancre is a product of the disease—a nosode, and, like the product of any other contagious disease, will produce its kind. Now, the potentization of this nosode does not necessarily make it a remedy for the cure of Syphilis, although it has proved curative in some cases. But, as every physician knows, the remedy of all remedies for the cure of Syphilis is *Mercury*. Nosodes, like other remedies, will cure *only* when the symptoms indicate their use.

It has been claimed that a high potency antidotes a low potency of the same drug. From a scientific standpoint, this is an absurdity. If the drug remained in the system as a drug, its effects might be counteracted by its chemical antidote; but, as we have already seen, it is present only in the form of sick bioplasm, and is cured, like an illness from any other cause, by the indicated remedy. It is quite evident, therefore, that there is no

such thing as antidoting a miasmatic disease, no matter whether it be a malarial or drug miasm.

To prescribe a high potency, for the cure of symptoms caused by a remedy that has been taken into the system, is said by some to be *Isopathy*. But, it seems to me that the scientific facts, herein presented, forever dispose of that cry; and, for the same reasons, the claim of Drs. Sawyer, Pease, and others, that it is a newly discovered law, is also disposed of. These facts, like demonstrations that have been made over and over again, prove that all cures are made in accordance with that same old law, discovered by Samuel Hahnemann one hundred years ago: The law of "*Similia Similibus Curanter*."

Fraternally, etc.,

J. M. SELFRIDGE, M. D.

GIVE THEM THEIR PROPER PLACE.

SAN FRANCISCO, CAL., June 6th, 1897.

Our monthly medical journals are full of oft-repeated articles on cures, verifications and what-not, appertaining to the polychrests, while many of the ancient, but equally valuable remedies are entirely ignored. Hale deserves great credit for resuscitating many of them, yet others still remain forgotten. For instance, *Amber*, which is far more important than *Ambra grisea* to the *Materia Medica*, as it often takes the place of *Carbo veg*, *Terebinth* and *Petroleum*, and especially when either of these may be indicated, but do not act. *Salamandra* is of the same degree, where *Lachesis*, *Crotalus* and other reptilian poisons are indicated, but not operative. With *Salamandra* I cured a very stubborn case of epileptiform fainting-spells, coupled with vertigo and paralytic symptoms in both lower extremities, which fright, *looking upward* (*Lach*) or *downward* (*Salamandra key-notes*) would greatly aggravate. *Lapis alba* has been beneficially used in uterine cancer, etc., vide *British Journal of Homœopathy*, 1877.

All of which should be called to the attention of medical practitioners, with a view of bringing the action of the above and many other medicines, once more to the surface. The fact that we have plenty of tried remedies, is no excuse for ignoring historic ones, for the very reason that while their trial symptoms correspond to the case, they sometimes fail to act and then these others will often achieve success.

Origanum holds the same relation to *Anacardium*, in masturbation, (so hard to cure) while *Badiaga* has cured goitre, where *Spongia* and a host of others, failed. One might go on thus indefinitely.

Cannot we have more light on these sadly neglected remedies?

I was greatly pleased lately in reading a very interesting article from the pen of the celebrated Dr. Gallivardin, of Lyons, on the treatment of sexual diseases, as noted in the *Alle Homo Zeitung*, of April, 1896, and I solicit your aid, in your journal, in getting it before the English-reading practitioners.

Cannot you correspond with Dr. Gallivardin's English translator, Dr. John H. Clark, of London, England, in order to give us new light on that very interesting and greatly neglected subject, and is handled in such a masterly manner by this able physician?

Fraternally yours,

D. ALBERT HILLER.

MALARIA AS A MEDICINE.

FT. WAYNE, IND., April, 1897.

Some years ago I made a careful study of Malaria, making many experiments with it, and found it to be of great value as a medicine. A partial proving was made of it, and it was shown that it would not only produce malarial fevers, but also typhoid and rheumatism. I used it quite extensively for all forms of fevers, and disturbances of the liver, spleen and kidneys. A paper was prepared and presented to the Indiana Institute of Homœopathy, showing results obtained by my experience with it. That paper was copied into several journals, and caused many to apply to me for Malaria. My stock was soon exhausted and to supply other, Boericke & Tafel, of Philadelphia, was induced to prepare a fresh supply. This they have done according to my directions, and they have sent me a nice preparation. I have used it quite extensively, and am surprised at results obtained from it, as it does more than was expected from it. If the cure seems to be due to the weather, from a former fever, or from rheumatism, I venture to give it (in the first, second or third dilution) and beneficial results are soon seen from it. Later, cases will be reported, but until then, would advise doctors to try it, and they will be disposed to question *why* such an element of evil, an un-tutored savage like malaria, has not been

tamed before, and made to serve as an ally, and used as a means of restoration to health.

One thing should be remembered, in giving Malaria as a medicine, the patient should not be allowed to use coffee, as it is a direct antidote.

G. W. BOWEN, M. D.

HIGH POTENCY ANTIDOTING AGAIN.

COLORADO SPRINGS, COL., May 19, 1897.

In the December (1896) number of the HAHNEMANNIAN ADVOCATE, Dr. Downer of Princeton, Ill. speaks of the honor of the discovery of the power of high potencies to antidote the effects of the same drug in massive doses. I can not say as to *priority* in that discovery, or in the promulgation of that principle, but Dr Kent in his lecture on *Plumbum* in the Homœopathic Medical College of Missouri in the winter of 1885-6, made the principle very plain, and advocated very strongly such antidoting as practically successful. Not only in his lecture on *Plumbum*, but in other lectures Dr. Kent taught the same thing. I should be surprised if any of his pupils were ignorant of that principle.

C. S. DURAND, M. D.

REMEDIES IN RETENTION OF RETINAL IMAGES.

NEW YORK, April 24, 1896.

Dr. Payne's article in the January ADVOCATE on *Lac. Can.* and other remedies in retention of retinal images is most useful.

In addition to the remedies mentioned by Dr. Payne I find in my notes on *Belladonna* under eyes, "Abnormal persistency of color sensation,—if she looks at anything red or blue the next object she looks at appears to be the same color." I am ignorant of the source of this note, but believe it reliable.

Another remedy having retinal images retained and not in Dr. Payne's list is *Jaborandi*. This is given in the *Repertory of Hering's Guiding Symptoms*.

If you think it worth while to print this in the ADVOCATE, making more complete the list of remedies having the above symptoms, I shall be glad to have you do so.

Very truly yours,

LAWRENCE M. STANTON, M. D.

Miscellany.

INDIANA'S NEW MEDICAL LAW.

This state now has one of the best systems of medical regulations to be found upon the statutes of any state and the profession are to be congratulated upon the consistent provisions made during the epoch of meddlesome interference so prevalent in other sections boasting of greater enlightenment.

It is not necessary for us to present the law in detail but simply to give the substance of that portion of greatest interest to the medical practitioner.

In substance, the new law provides that no physician shall practice in the State of Indiana without first obtaining a license. It further provides that this license may be obtained by the presentation of a diploma with the usual affidavits, accompanied by further affidavits from freeholders resident in the same county in which the applicant resides, vouching for the authenticity of said diploma. A fee of \$6.00 must accompany the application.

All physicians residing in the state when this law goes into effect shall, within ninety days thereafter, obtain a certificate that they are entitled to practice medicine in that state, by presenting the license possessed by them at the time of the passage of this law, together with the sum of \$1.00. The Board shall then issue a certificate which when presented to the County Clerk of the proper county shall entitle the holder to the desired license. A provision is here made that the applicant shall have the privilege of being examined provided his diploma is from a college not recognized as maintaining a high standard of medical education as defined and fixed by the records of this Board. At this point appears the first weak feature of the law. If said applicant fails in his first examination he shall be permitted to take another examination within twelve months from the time of the first examination. It does not state that he cannot take the next examination within a month from the time of the first examination, which will hardly permit of any increase in the real practical knowledge of said applicant, and simply gives a loop-hole through which an unscrupulous man may secure the coveted

license without possessing the necessary attainments. He is compelled to pay the State Board of Registration and Examiners the sum of \$25.00, \$15.00 of which shall be returned to him in his failure to pass said examination, provided, however, that payment of said sum of \$25.00 shall entitle him to re-examination at subsequent examinations. If dissatisfied with the result the applicant is given another opportunity by applying to the Circuit or Superior Court of the county in which he resides, requiring said Board to show cause why said applicant shall not practice in the State of Indiana. The usual presentation is made for the registration of license after it has been obtained.

Section 4 provides that the Board shall be composed of five members who shall be selected from the four schools or systems of medicine; that no school or system shall have a majority representation; also that not more than three members of any political party shall be appointed; that no professor or teacher in any medical college shall be eligible to an appointment; that each of the four schools of medicine having the largest numerical representation in the state shall have one representative on said Board. This provision contains the greatest element of strength and justice in the whole medical act and should be incorporated in the laws of every state requiring medical supervision.

Section 5 provides that the State Board shall establish a schedule of the minimum requirements which must be complied with by every applicant for license to practice in that state. It also provides that a schedule of the minimum requirements and rules for the regulation of medical colleges shall be put in circular form and mailed to all medical colleges *within the State* and shall be furnished to any person upon application; it shall also have power to make and establish all rules and regulations for reciprocal recognition of certificates issued by other states and to prevent unjust and arbitrary exclusions from other states of graduates of this state that have fulfilled its requirements.

Section 9 provides that any person who may practice medicine, surgery or obstetrics without having a license duly issued as hereinbefore provided, shall be deemed guilty of a misdemeanor and shall be fined not less than \$25.00 and no more than \$200.00

IS THE GERM THEORY A FAD?

Sir—Your editorial in last Saturday's issue, "The doctor, the patient, and the Bacteriologist," was pertinent, and as any phy-

sician or family is liable to become a victim to pseudo-science as propagated by Health Boards and bacteriologists connected therewith, every body should be interested in the statements there made.

Having recently treated a case of diphtheria and reported its recovery to the Health Board, I received a communication to the effect that before a house could be disinfected, in which a case of diphtheria had been, a culture must be ready for the bacteriologist, and if I did not care to make it they would send the District Physician to do it. To which I replied in part that "I had already notified the family and the Board of Health that the case had recovered and I did not propose to stultify by now returning to find out by experiment if what I did find out by the clinical facts is correct. I decide when a patient has diphtheria by the clinical symptoms, and I decide when that case has recovered by a subsidence of those symptoms and not by gazing through a microscope. In thirty per cent. of all cases of diphtheria the Klebs Loeffler bacillus is absent; it may be present for five weeks after a patient has recovered, and it has been found in the throats of healthy people by even Loeffler himself. It is a wise person who can say of a number of conditions existing together which is the cause of the other. The *ipse dixit* of the bacteriologist as to the cause of diphtheria in our present light is worthless.

Oertel, author of an article on diphtheria in *Ziensen's Cyclo-pedia*, years ago said micrococci caused diphtheria, and that was accepted. He admits now that the theory that the disease is caused by a bacterium is not proved. Dr. J. Lewis Smith recently concluded an article thus: 'In the light of recent investigations the Klebs-Loeffler bacillus has no more significance as a cause of diphtheria than the micrococcus of Oertel.'

We do know that the disease is slightly infectious and highly contagious. Therefore the function of the Board of Health should be to restrict the opportunity for the spread of the disease by quarantine. But to require a physician to base his diagnosis and prognosis on the finding of a bacteriologist rather than on the clinical facts is encroaching upon individual rights to an extent that ought not to be tolerated by an enlightened profession of free men."

This is, in part, my letter sent a week ago. The boy is well of diphtheria, has been out. The room has been fumigated. His brother has been refused admittance to school, now two weeks,

and his father has been informed that the Board of Health will keep up the card for six months unless I make a culture. Where is the sense or justice? Is the Board of Health consistent, and does it exist for the best interests of the community or to maintain foreign fads and "a little brief authority," being most ignorant of what it's most assured?

The germ theory of disease is not sustained by fact or reason. We know only phenomena. We can appreciate conditions. About ultimate causes we know nothing. When the cause of life is known then the cause of disease or perverted life may be. Were it possible for germs, or microscopic life, to attack and vanquish the highly organized, where would be "the survival of the fittest?" That germs exist with disease is a fact, but the disease is first. All forms of life, whether of the highest or lowest, must be and are preceded by conditions on which they depend. The disease is a condition. The germs are scavengers and feed upon the deranged secretions and diseased tissues. They belong to the Protistae described by Haeckel and can not sustain life by feeding on vitalized tissues, but only in decay and devitalized tissues. Dr. Hausemann, Virchow's assistant, says: "Loeffler's bacillus is found in other throat troubles and may be absent in diphtheria."

Furst emphatically states that "the presence of the specific bacillus is not certain proof that the case is one of diphtheria, nor is its absence proof that it is not one of diphtheria." Were germs the cause of disease, considering their ubiquity and rapid multiplication, how could any of us be well, and being sick, how could we ever get well? Why is the earth not depopulated?

A cholera germ was discovered some years ago by Koch; then Dr. Pettenkofer, of Munich, and Dr. Emmerich, of Berlin, experts in cholera, swallowed a cubic centimetre of "culture broth" containing these germs without experiencing any characteristic cholera symptoms. Koch is a bacteriologist and never would have been heard of but for an empiric profession and a gullible public. These same cholera germs are now found swarming in the mouth, throat and bowels of healthy people. These are their natural habitations and they no more cause the disease than fishes cause the water in which they live or tapeworms cause the secretions of the bowels in which they live.

If there is any fad or absurdity that has not yet been believed

and worked for all it is worth, it is only necessary to wait a while and it will be.

A few mercenary physicians have accepted the fad of the germ theory promulgated by bacteriologists and, seized with the delusion, Boards of Health have been instrumental in having certain laws passed and certain emolumental offices created, among them that of the bacteriologist, with power to look through a microscope and pass judgment upon a case he never saw, and that judgment based upon a theory, and his *ipse dixit* is accepted in preference to that of the physician who has watched the case at the bedside for days. Is there any self-respecting physician who does not resent this?

Another fad struck us a few years ago and by the dictum of the Board of Health \$5,000 of the people's money was spent on a plant to secure horse serum for the practice of a theory which has no foundation but dogmatic assertion, and which experience has condemned in the hands of its friends. This is paternalism and is not American.

There should be some restriction somewhere, or we are likely to have all the fads and monarchical methods of Europe fastened upon us. We shall have to throw the Jonahs overboard.

Blackstone says, in his Commentaries, "No human laws are of any validity if contrary to the laws of nature." All laws must derive "their just powers from the consent of the governed" and "the right to alter or abolish" obnoxious, useless and oppressive laws lies in the people all the time. It is high time the spirit breathed by Patrick Henry is aroused that we may have liberty before death, and that Health Boards may not, like slander, follow us into the grave.—(Dr. G. W. Harman, in Newark, N. J., *Evening News*).

People's Department.

WHY I BECAME A HOMŒOPATH.

PHILADELPHIA, July 4, 1873.

My Dear Tom:—It has been raining so hard to day that the streets have been practically deserted and all possibility for any amusement or excitement this evening is practically abandoned, so I will devote the evening to the consideration of your case. I do not know as I can give you an impression of the feelings caused by your letter which was received yesterday morning, for I can hardly believe my own senses. You have made astonishing statements that confirms me in the course I have taken of thoroughly investigating Homœopathy, before accepting the dictates of any system of medicine.

You are a graduate in medicine and for three months have been putting your theories to a practical application; during this time you say you have had twelve deaths and from your habits of close observation, combined with more than ordinary ability and a conscientious realization of the responsibility of human life, I am not surprised that you feel humiliated and crushed at the results of your attempts to heal the sick. But this statement is not so significant to me as the further statement that all the physicians with whom you come in contact seem to look upon these results in a matter of fact sort of way as if that was the thing to be expected, and you say that these men are men of experience and fair representatives of your system, which both of us but one year ago believed to be the only scientific system of medicine in existence. But this is not all, you make the further statement that people living in this unhealthy environment year after year have become so skeptical of medicine as it is there practiced, that they refuse to call a physician in any case of illness and that their mortality is no greater and their convalescence even less tedious. What am I to think of such statements as these? What would the world think of them if it becomes generally known? There certainly must be something wrong or skilled men would be able to successfully combat.

all forms of disease and inspire by their success the confidence of those dependent upon them.

The past three months have been very profitable months for me. I have been permitted to continue my investigations and by hard, earnest work have won a small place in the affections of Dr. H. and he extends to me the cordial greeting of a friend. I have carefully studied under his directions the *Organon of the Healing Art* and am now working on *Hahnemann's Materia Medica*, in conjunction with his work on *Chronic Diseases*, and hope to be able to enter the senior class in the Homœopathic college in this city next fall. I have had comparatively little opportunity for studying disease in anything but a theoretical sense, because of the limited amount of time at my disposal, for the good doctor to whom I am so greatly indebted devotes more time to his books than to the actual practice of medicine. He has been, and is now, one of the most indefatigable workers in the homœopathic profession; has traveled seemingly all over the world and collected during his extensive practice a large amount of clinical material that he is now arranging with the intention of ultimately having the whole matter printed. It will be a very great undertaking and I do not know what the result will be, but my knowledge of pharmacy and chemistry will enable me to render him some assistance in return for all he is doing for me, and if I enter college this fall it will be as his student.

Now, with reference to the difficulties that you have to contend with, I wish I knew enough about homœopathy to come to your rescue, but it would seem presumptuous for a man who never attended a lecture in a homœopathic college to attempt to suggest a line of treatment to be followed in a class of cases where seventy-five per cent. die without even having seen such a disease in my life. I can only suggest a few points that must be taken by every one in the treatment of all kinds of disease. In the first place, as I understand homœopathy, it is not the purpose of medicine to forcibly stop the chill, control the fever, ease the pain or anything of that kind, but to select a remedy that will so act upon the disturbed vital force as to bring it back to its normal working condition when it has enough inherent power to control the different functions of the body in such a way as to prevent these distressed symptoms; and for the time being the disease has ceased, and does not reappear until conditions arise capable of again disturbing its equilibrium. Now, as I un-

derstand it, the remedy that is capable of doing this work is also capable of making a person sick in a manner similar to that of the sickness sought to be cured. Do not understand me in saying that every symptom in the case must be covered by the remedy selected, but that the essential symptoms must be covered by the essentials in the remedy used. If you are able to give me the essential or characteristic symptoms of your different cases, I will see what can be done in the treatment of the same, without having seen the cases. In making your records pay more attention to the peculiar symptoms than you do to the symptoms of chill, heat, sweat, thirst, etc. For example, state the time in which the different symptoms appear, the place, with the conditions that make the same better or worse, and by so doing you can give a very fair report in a few words. Some author that I have read says *Ipecac* is one of the most important remedies for beginning the treatment of intermittent fever, especially if the patient has taken much strong medicine, especially *Quinine*. Dr. Hering suggests that it might be well for the physician to give a high potency of *Quinine* in these cases, but be that as it may, the special indications you will have there for *Ipecac* or *Quinine* will be the fact that the fever commences with an internal chill, which gets worse in spite of the application of heat and is attended with weight or oppression in the chest, a feeling of nausea or dreadful weakness, etc.

Next to *Ipecac* and very frequently following it is *Nux vomica*, where the case has been in the hands of old school physicians. The arms and legs feel as if paralyzed, with a mixture of chills and fever, one being felt externally while the other is felt internally, with a dread of being uncovered, attended with nausea and vertigo.

Great prostration, nausea, pain in the stomach, spasms in the chest, with oppressed breathing, pains in the whole body, bitter taste in the mouth, headache. If these symptoms occur wholly before or at the same time with the chill, *Arsenicum* will help the case.

If the chill, fever and thirst are worse in the afternoon and evening and the patient has a good deal of trouble with the stomach, bitter taste in the mouth, vomiting a good deal of mucus and bile; has a good deal of chilliness between the paroxysms and very little thirst at the same time, *Pulsatilla* will be of benefit.

China or *Cinchona* should be given when the patient complains of almost everything before the chill comes on; he may be very hungry or have no appetite at all, may have headache, weakness of the chest, palpitation of the heart, look jaundiced, sleep bad at night and wakes up in the morning feeling sick all over; this will be followed in a short time with chills and fever which is really aggravated by the heat in the room; after the fever there is extreme weakness very similar to that of *Ipecac.*

Natrum muriaticum or common salt in its potentized form comes in where the chills lasts a long time and there is a violent headache, which is made worse by the heat, sometimes being so bad as to make the patient unconscious and obscuring the sight.

You have asked me what I mean by the dynamic force, vital force, etc. It would be difficult for me to elaborate the meaning of vital force and its relation to disease within the limits of one letter and I can give no better answer than to refer you to Hahnmann's *Organon*, Stratten's edition, Sections 9, 10 and 11; by the way, as you have no copy of the *Organon* and could not get one in that section of the country if you wanted it, will copy these Sections for you to read and study.

During health, the system is animated by a spiritual, self-moved, vital power, which preserves it in harmonious order.

9. In the healthy condition of man, the immaterial vital principle, which animates the material body, exercises an absolute sway, and maintains all the parts in the most admirable order and harmony, both of sensation and action, so that our indwelling rational spirit may freely employ these living healthy organs for superior purpose of our existence.

Without this vital, dynamic power, the organism is dead.

10. The material organism, deprived of its vital principle, is incapable of sensation, action, or self-preservation; it is the immaterial vital principle only, animating the former in its healthy and morbid condition, that imparts to it all sensation, and enables it to perform its functions.

In disease, the vital power only is primarily disturbed, and only expresses its sufferings (internal changes) by abnormal alterations in the sensations and actions of the system.

11. In disease, this spontaneous and immaterial vital principle, pervading the physical organism, is primarily deranged by the dynamic influence of a morbid agent, which is inimical to life. Only the vital principle, thus disturbed, can give to the

organism its abnormal sensation, and incline it to the irregular action which we call disease; for, as an invisible principle, and only cognizable through its operations in the organism, its morbid disturbances can be perceived solely by means of the expression of disease in the sensations and actions of that side of the organism exposed to the senses of the physician and bystanders; in other words, by the *morbid symptoms*, and can be indicated in no other manner.

You have answered your own questions with reference to the dose. You seem at a loss to understand the term dose and the necessity for ridding drugs of their material substance by trituration, etc. You would not expect to use a crowbar, a pick or sledge-hammer in repairing the fine mechanism of a watch, but must necessarily employ tools adapted for that particular work. This illustration explains the necessity for reducing the material substance of drugs to that point of minute subdivision, when the molecules or atoms are freed from their environments and therefore brought under that immaterial relation with that of material force or dynamis, which controls the functions of the body. This degree of dynamization must be made to correspond with the dynamic or spiritual character of the life to be treated. When a person is sick he is more sensitive to external influences than in health, but the medical profession at large seem to hold the opposite impression and will force upon a sick person drugs that would kill a strong, healthy man. What nature needs when in such a sensitive condition is something that will gently restore to a normal condition instead of being driven by force.

Now with reference to the psora theory, this is beyond my comprehension at present and will refer to the doctor for information, which will be given you in my next letter.

I have a premonition that there is a spirit of deep unrest that is filling your very being and that you will never be satisfied until you have thoroughly investigated the principles of homœopathy and I would be more than delighted to have you cum with me in this beautiful city during the coming winter. What is to prevent the realization of this fancy? Think of it and write me accordingly.

Very sincerely yours,

JOHN.

Editorial.

APPENDICITIS.

Appendicitis is regarded, not only by the medical mind, but by the laity, as a disease of such frightful mortality as to strike terror into the hearts of the very strongest, and the most important question is not how to operate so as to prevent death, but how to determine the probabilities of an attack before the seizure takes place and the amount of risk liable to be incurred as the result of the same. Careful observation in a large number of cases has suggested a predisposition or susceptibility that would seem to limit its virulence to those constitutions in which we have chronic constipation accompanied by portal obstruction, followed by enteritis, hepatitis, gastritis or peritonitis. In other words, we have a psoric constitution to deal with. This tendency to the extremes of sluggishness and intense activity is not limited to the abdominal region, but will be shown in some individuals in inflammations of various internal organs, brought about by certain atmospheric changes, improper diet, overwork, mechanical injury, excitement, worry, etc., etc. The action of these influences bring about no serious disturbance in a perfectly healthy individual, but is always to be carefully studied in this susceptible constitution. When such an individual comes under the care of the observing physician, his constitutional treatment (which will be anti-psoric in character) will bring about such changes as will remove the peculiar susceptibility and thereby give almost complete immunity from these otherwise dangerous disturbances. The patient presenting symptoms leading one to suspect the presence of appendicitis should be carefully interrogated with reference to his constitutional characteristics, in order that the true totality may be obtained, independent of that which calls for immediate attention. By so doing the physician will not only be able to make a proper diagnosis, but can make that prognosis that will enable him to determine whether the case has already passed beyond the domain of medicine, or is liable to do so in time for a safe operation, or, possibly do what is of more value, be able to select remedies that will not only arrest the inflammation, but prevent the recurrence of future attacks.

CHILD STUDY.

However much or little the medical profession may have felt itself justified in separation of interests from the public school problems of this country, one now has arisen which is of vital importance and of particular significance to our profession of medicine.

It is some five or six years ago that G. Stanley Hall, of Clark University, instigated the Child Study Movement, which is now so fully abroad in our land. Dr. Hall is first of all a student of psychology, and upon this basis he began his study into the conduct of the child, its laws and motives.

From his *studies*—collected from the evidence of thousands of children—he proceeds to make pedagogical deductions which every teacher now knows are invaluable in the treatment and understanding of a child's life intellectually and morally.

The Child Study work was taken up by other leading pedagogical men, each carrying out special lines of investigation, till now the names of men like Earl Barnes, of Stanford University, whose reputation is now national along his special lines of genetic work; Dr. Van Lien, of Illinois State Normal, whose work has been psychological; and Dr. Krohn, of Illinois State University, whose work has been more closely allied to the physician's interests, have taken rank side by side with that of the leader and originator in the movement in our country—Dr. G. Stanley Hall.

As the outgrowth of Dr. Krohn's work, medical inspectors have been placed in some cities, and testing of the eyes, ears and nose has become as compulsory nearly as vaccination.

In the State of Illinois alone, Dr. Krohn has examined thousands of children and through his indefatigable labor alone hundreds of children have been rescued from the mental stupor accompanying adenoid growths, the nervous reactions from eye strain, measles and scarlet fever, sequellæ, etc., etc.

In the city of Utica (N. Y.) recently all children were examined by a competent oculist, and thirty-five per cent. were found suffering from eye strain.

In the slums of Chicago Dr. Krohn himself found sixty per cent. of the boys with adenoid growths more or less developed.

No one can appreciate better than the medical profession what such work under the "National Child Study Association" is doing for the health, intellect and morality of the children of our country. Let us as physicians help on this movement, and save the children by urging legislative action along the line of establishing careful medical examiners in every city and town and hamlet. The saving of one child from embryonic, degenerate, criminal or idiotic tendencies through careful supervision of the state is better than the erection of hospital and jail for that child when those tendencies are matured.

Society Reports.

American Institute of Homœopathy. The coming meeting of the American Institute at Buffalo has been canvassed in the most thoroughly systematic manner of any meeting in the history of the Institute; and the present indications point to the largest and most interesting meeting ever held. There is but one drawback, the financial situation, to interfere with the perfect work of the plans of the local committee on arrangements. Be that as it may, those who are permitted to enjoy the coming sessions will be more than repaid for time and money invested. Special arrangements have been made for the physicians of the west, north and northwest to congregate in Chicago on the morning of June 22d, where they will have their choice of taking the Grand Trunk system through Michigan and Canada, stopping over in Niagara Falls for a few hours on the Nickel Plate, running direct to Buffalo. The Nickel Plate has a superior train service and a fare and a third for the round trip has been authorized for this session. Trains leave Chicago daily at 10:30 a. m., 3:05 and 10:15 p. m. Full particulars with reference to differentiated rate will be given at the city ticket office, 111 Adams street. A party of prominent physicians will leave in a special vestibuled train on the Grand Trunk at 3 p. m., and in order to secure places in this train it will be necessary to make prompt application to the city ticket agent, 103 South Clark St., or Dr. A. C. Cowperthwaite, 717 Marshall Field Bldg, Chicago.

Homœopathic Society of Illinois. The forty-second annual meeting was the most successful meeting in its history, both in point of numbers and interest manifested throughout all its session. Dr. J. B. Dunham, of Winona, proved an excellent presiding officer and the efficient services of the late Dr. Dunn was manifest throughout all sessions. Points of special importance was the work of the Bureau of Medical Literature in providing for extending the Reference Library in the Newberry Library. Medical Legislation was thoroughly discussed and all action deferred for two years. A note of thanks was sent Gov. Tanner for his action in placing the new Insane Asylum at Rock

Island and the Asylum for the Feeble Minded at Lincoln under the control of Homœopathy. These acts simply mark the trend of public sentiment and if pure Homœopathy is employed in the treatment of these unfortunates the results will be so superior to anything which has been shown in other Eleemosynary institutions under State control as to compel an equal distribution in the future.

A charming feature of the meeting was the microscopic soiree on Wednesday evening. About 125 microscopes represented by members of all schools and the State Microscopic Society made one of the largest displays of the kind ever held in Chicago and attracted to them a delighted audience. The credit of this undertaking belongs to Dr. Emmet Smith.

Society voted to meet in Rock Island next year in order that the new insane asylum might be inspected by the profession.

Homœopathic Medical Society of the State of Oregon. An interesting program was presented by this society at its twenty-first annual meeting in Portland, June 8 and 9. This city has become the "Homœopathic Centre" of the Northwest and aided by the recognition given them through municipal and private institutions, are drawing to themselves the recognition which goes with good work.

Southern Homœopathy Society. The date has not been definitely determined at present writing but there can be no question but what the attractions of the Exposition with the low railroad rates to Nashville, Tenn., will serve to make the coming session the most profitable one in its history. Present indications point to the latter part of September as the most desirable time for the meeting.

Gleanings from the California State Society. A peculiar feature of the medical laws for the State of California is the fact that a license cannot be granted to any practitioner of medicine who does not hold a diploma from a legally incorporated medical institution; it matters not how thoroughly qualified he may be as a physician or surgeon.

The question of affiliation of the Hahnemann Hospital College of San Francisco with the University of California is meeting with just the opposition and agitation that will compel the regents of the State University to admit them to fellowship only upon the grounds of a pure homœopathic institution. It is to

be hoped that there be no concessions made by the advocates of homœopathy, pure and simple. Far better that that and every other homœopathic college be compelled to close their doors than to admit of any further prostitution of this noble cause.

There will be no reason why the work of the California Society is not up to the highest mark for the coming year, because every officer is not only a firm believer in the law of similars, but a staunch defender of the same, and we shall look for excellent service from the following officers: President, Geo. H. Martin, San Francisco; First Vice President, M. B. Campbell, San Bernardino; Second Vice President, Carolin L. Guild, San Francisco; Secretary, Eleanor F. Martin, San Francisco.

In the discussion of the paper from Dr. Tisdale on the Hahnemann Hospital College, Dr. Selfridge sounded the key note when he said that homœopathy will only be raised as it rallies to pure homœopathy and the teachings of Hahnemann. Crude *mercury* and tablets composed of three or more different remedies prescribed by homœopathic physicians will be a curse to homœopathy rather than a blessing, whether it be done in an ordinary college or in an institution sheltered by the administration of a university. We must be assured that physicians sent out from this school will practice pure Hahnemannian homœopathy, before we can give it our support. Dr. Martin emphasizes the same by saying, "What Dr. Selfridge says is perfectly true, and if I thought that the affiliated college would not be better than the Hahnemann Hospital of San Francisco has been and is at present, I would have nothing to do with it. If we get affiliation it will be the best thing that has ever happened to us in this state. It will then be an honor for a man to be a member of the college faculty, but we must be careful that every teacher teaches and practices pure homœopathy." On this question the president appointed Drs. Kellogg, Arndt and Selfridge to act as the committee of three.

Dr. H. L. Stambach read a paper entitled "The Key Notes of *Arsenic*, *Bryonia*, *Lachesis*, *Rhus Toxicodendron*, *Baptisia*, *Phosphorus*, *Belladonna*, *Mercurius*, *Hydrastis* and *Sanguinaria*." In the discussion of this paper, the Doctor said, "Dr. Guernsey, the author of 'Key Notes Describing,' never prescribes for key notes alone. A key note was only used as a suggestion for further investigation."

In the Bureau of Clinical Medicine, Dr. Carolin L. Guild reported a number of clinical cases under the title or "How do you account for it?" which brought out the following discussion: Dr. Selfridge says "Dr. Guild's paper needs no criticism. She has always in every potency used the single remedy. We know exactly what we are doing when we do this, and we make progress." The cases reminded Dr. Martin of a "case of diphtheria which was rapidly growing worse when Dr. Selfridge was called in. After a careful study of the case, he agreed that the remedy already selected was the one indicated, but recommended that it be given in the 200th potency instead of the 6th. Two hours after the 200th had been given, the child, which was in an almost moribund condition, began to improve and in a few days was entirely out of danger." Dr. Stambach says: "It seems unfortunate that we crowd the remedy and do not give it a chance. We change it too often. We should wait on the single dose if there is any improvement. When I was a student, Dr. Guernsey had a case of croup. He said 'Bromine, a dose every few hours should be given.' We were all frightened, but the child got better. Dr. Guernsey started with his case of tinctures, but he learned by hard work that the single remedy in the higher potencies did better work, and we should all learn from such experiences." Dr. Selfridge reported a case in Fabiola Hospital, where the membrane was in the larynx with the barking cough, etc., of membranous croup. *Kali bichromicum* was indicated. I was in the habit of giving it in the third dilution in water. I called consultation, as the patient was getting worse. They recommended *Iodide of Arsenic*. Gave it late in the afternoon. At midnight found no improvement but signs of dissolution. We did not expect the child to recover, so, as an experiment, gave *Kali bichromicum*²⁰⁰. The child was better next morning and progressed steadily until complete recovery. Dr. Selfridge began practice as an allopath but says "I have more confidence now in the higher potencies than I ever had in the lower."

The following resolution expresses the sentiments of the State Society upon the question of lodge physicians:

WHEREAS, We are aware of the abuse to which the custom of lodge physicians is carried, and we do hereby recommend the following resolution to be passed by this Society.

Resolved, That any member of the California State Homœopathic Medical Society who gives his or her services to any lodge

or association after December 31, 1897, for less than the standard fee for general medical practice, shall be expelled from the Society, upon presentation of the facts.

The St. Louis Homœopathic Medical Society met June 5, 1897. President, C. J. Luyties, M. D., presiding. Essayist, Dr. Willis Young. Title, "On the Propriety of Operating during a first attack of Appendicitis." The essayist took the affirmative and urged that consideration of the patient's life and health demanded operation as soon as a positive diagnosis was reached. This was ordinarily easily done. He affirmed also that only rarely was appendicitis due to the presence of a foreign body—called attention to the histological construction of the appendix—its very abundant supply of adenoid tissue and free lymphatic communication with other parts of the intestine and advanced the original theory that inflammation of the organ was frequently in a pathological sense, an *adenitis*, due to infection from other parts of the gut. In support of his statements he related several cases and exhibited several badly diseased specimens which he had removed during the first attack. Dr. T. Griswold Comstock agreed with the essayist. Drs. W. B. Morgan and D. M. Gibson took a more conservative view. Dr. Young also reported another homœopathic victory,—Dr. B. F. Saylor, a recent graduate of the Homœopathic Medical College of Missouri, having passed the competitive examination entitling him to a position as Interne to the St. Louis City Hospital, the first and only homœopath who ever took the examination.

Our Monthly Review.

Lachesis.—*Worse after sleep.* Heaviness of head on waking. Bursting, throbbing, undulating pain in forehead, worse after sleep and on stooping. Tearing and throbbing about the roots of the teeth, worse after sleep and cold and warm drinks. Great sadness and anxiety, worse in morning on awakening. Headache over the eyes and in the occiput, every morning on rising. Erysipelas of the face with burning and itching, worse after siesta. Constriction of throat; feels as if tired; worse from the least external pressure; suffocative spells, worse during or on awakening from sleep. Diphtheritic patches in the throat, spreading from left to right; fetid breath; worse after sleep; great debility, feeble pulse; clammy sweat; headache and faintness. Itching at the anus; worse after sleep. Impending croup (during diphtheria), awakens suffocating; grasps the throat; fears he is dying. Croup, when the patient is worse after sleep; or seemingly sleeps into the croupy spell. Rheumatic swelling of the index finger and wrist; worse after sleep. Sciatica, worse after sleep.

Bœnninghausen gives the following remedies having *aggravation after sleep*: *Arnica, Causticum, Cocculus, Euphrasia, Kali bichr., Lachesis, Nux vomica, Selenium* and *Sulphur*.

Arnica is worse after a long sleep, or on awakening.

Causticum in pertussis and chorea is worse on awakening from sleep.

Cocculus; sleep aggravates all symptoms, especially the head.

Euphrasia is usually worse after sleep.

Kali bichr.: In the morning on awakening pain in forehead and vertex; later extends to back of head. Wheezing, panting on awakening; then cough which forces patient to sit up, bent forward.

Nux vomica. Morning sleep aggravates all complaints.

Selenium. Worse after a siesta on hot days. Pain worse after sleep.

Sulphur. Aggravation after long protracted sleep; diarrhoea and fever, worse after sleep.—(*Medical Arena*).

The Eradication of Mongrelism.—C. F. Menninger, M. D., in the *American Homœopathist*, gives a stirring article under the above title. He says:

The practice of medicine, by homœopathic physicians, that does not accord with the teachings of Hahnemann, as set forth in the *Organon*, *Chronic Diseases*, and his *Lesser Writings*, or with the practice of such of his ablest disciples as Hering and Dunham, deserves to be branded as mongrelism. This kind of practice manifests itself in many ways, but chiefly in the prescription, the manner of arriving at it and its composition. Could these be rectified so as to accord with the teachings of Hahnemann, Hering and Dunham, there would be little left needing alternation, and this can be reached only by education. The evils combating the principles of true homœopathy are summed up as the prescription, the diagnosis and polypharmacy. Under the former we would include prescribing based upon the diagnosis of the disease, as well as that made upon a pathological basis. No greater mistake is made by the homœopathic physician than attempting to imitate the allopaths. Far too many homœopathic physicians examine a patient with a view to arriving at a diagnosis, and resting there, prescribe. Nothing but ignominious failure will be the harvest. Blinded by theoretical images of diseased tissues, the pathological prescriber reaps the same results. Remedies selected for individual symptoms are selected without regard to their influence upon the other symptoms in the case, and as each symptom thus has its own therapeutic measure, a wondrous structure of polypharmacy is reared, where the drugs are combined, not with regard to their pathogenetic effects, but with reference to their chemical reaction on each other.

Mongrelism here reaches its highest and most prevalent type of development. It has developed into a frightful epidemic by reason of the astonishingly careless and inadequate instruction in our colleges and the shocking cupidity and carelessness of our pharmacists.

Nothing has done more to injure the prospects of homœopathy than polypharmacy, and nothing will more effectually kill homœopathy. By polypharmacy we mean any mixture of remedial agents in the treatment of disease, and consequently alternation or rotation, whether of the same or different potencies, as well as that monstrosity, the compound tablet. How is it that in the

face of such explicit directions from the founder of homœopathy, so many have become infected with this blighting innovation? The fault is not all with the pharmacists, yet they have and are exerting a most baneful influence that will work harm to all concerned. They have prepared combinations of homœopathic remedies in almost countless numbers, and have had the temerity to ask physicians to use them. They have the audacity to send traveling salesmen to all parts of the country, who urge physicians to use them, regardless of all proper indications. There has been an unexpressed feeling that this evil would soon be corrected through the silent protest and lack of patronage of the better class of homœopathic physicians. It was a false hope and some decided steps should be taken by the profession at large, by the colleges and the teachers. We maintain that the chief cause for this advance of mongrelism is *ignorance* of how to do better than prescribe the compound tablet. Homœopathy appeals only to the minds of the educated. The ignorant know nothing of it and will have none of it. The homœopathic physician has been taught everything else, but he has not been taught the Philosophy of Homœopathy and the Art of Applying It. Only in the past few years has there been the opportunity for a student in the colleges to learn it. It is time our medical colleges took up this work and the profession must demand that they put forth every effort to thoroughly ground the student in all things appertaining to homœopathy. We will never have such homœopaths as Dunham, Hering, Bœnninghausen, Lippe and Jahr until the *Organon, Chronic Diseases* and *Lesser Writings* of Samuel Hahnemann are studied as among the principal subjects of our medical colleges. The student cannot become too proficient in this knowledge. Nor would I limit the study to Hahnemann's writings alone, but include the classic work of Dunham, Hering, Lippe, Hemple, Raue, Goullon, and a host of others. When a student has had four years course as above outlined, in addition to all the other branches of medicine and surgery as now taught in our colleges, no enemy of homœopathy can do him harm. He will be impregnable against any assault. Our society must demand of the inter-collegiate committee that they require this of all our colleges. These and all other methods must be taken to relieve us of this mongrelism that is taking our life blood.

Proving of Sulphonal.—Twenty-five grains of Sulphonal

were given and the following day the urine was scanty, brownish-red in color, but free from albumen. Four days later the gait was unsteady and five days after this there was weakness of the limbs and anæsthesia of the legs down to the ankles. Knee-jerks, previously normal, were now difficult to obtain. Weakness increased, the knee-jerks disappeared, incontinence of urine and fæces occurred, and two days later the patient died suddenly. Since the single dose of Sulphonal the urine had continued brownish-red with no albumen, but a few altered red-blood corpuscles.

Nux Moschata.—Dr. W. L. Smith reports the following symptoms observed in a woman who had grated and eaten a whole nutmeg to check an excessive lochia. Has to think three or four times before she can say what she wants to, stupor and insensibility at times, for half an hour or more, then wide awake. Pupils dilated; blue rings around the eyes. Tongue dry; speech thick; mouth and throat dry. Sensation as if the soft palate were rolling or curling up on itself from the tip to the base (quite an unique symptom to me). Throat very dry; dryness extends clear down to stomach, causing dyspnœa; numb, dead sensation through back and lower extremities. Palpitation, cold hands, cold feet. Very faint at times; little thirst, though mouth and throat are intensely dry. Flow stopped.—(*American Homœopathist*).

Intolerance of Clothing.—*Lachesis*. Throat and neck sensitive to slightest touch or external pressure; everything about the throat distresses, even the weight of the bed covers. If in the evening on lying down anything touches throat or larynx, it seems as though it would suffocate, and pain is much aggravated. Can endure nothing tight on throat; nausea at times caused thereby; cannot bear any pressure about hypochondria. Can bear no pressure on abdomen; the surface nerves are sensitive. Is obliged to wear clothes, especially about the stomach, very loose; they cause uneasiness; even in bed, obliged to loosen and pull up night dress to avoid pressure; dare not lay arm across abdomen on account of pressure. Sensitive lower abdomen; can scarcely allow her clothes to touch her. Uterine region will bear no contact. Uterus does not bear contact and has to be relieved of all pressure; frequently lifts clothes; they cause uneasiness; no tenderness.

Argentum nitricum. Complains from pressure of clothing; headache is better from bandaging.

Calcarea carb. Cannot bear tight clothing, particularly about hypochondria; better from loosening garments.

Causticum. Sensation as if clothing were too tight over chest. Cannot bear touch of clothing over chest.

Lycopodium. Epigastric region extremely sensitive to touch and tight clothing. Abdomen sensitive to pressure; cannot bear weight of clothes. Especially noticeable after a meal.

Nux vomica. Region of liver is worse from pressure; must loosen clothing. Cannot bear tight clothing over abdomen. Most noticeable after a meal.

Sarsaparilla. Loosens clothing from neck in order to get breath; but this is without avail. Shortness of breath; must loosen neck-tie and vest.

Spongia. Cannot endure tight clothing about body; particularly epigastric region and abdomen.

Stannum. Great dyspnoea with anxiety, in evening, compelling one to loosen clothing.—(*Medical Arena*).

A Conium Case.—(A kind of insanity or dementia). Sadar Molla, aged 35 years, was brought to me with the following symptoms: An earthy and bloodless countenance; sadness; anxiety; disposition to feel vexed; when in good health was very busy and active, but now completely without disposition to work; dread of men when they approach him, and yet dread of being alone; the neighborhood and conversation of those who pass him is very offensive to him; superstitious in thought; want of memory; excessive difficulty in recollecting things; cannot find words to express what he feels; indifference, violent ptyalism; frequent hawking up of mucus; complete loss of appetite; thirst; gulping up of sour substance from the stomach after a meal; frequent and empty eructations without any taste; frequent tenesmus without stool; frequent micturition at night; palpitation of heart; rumbling and grumbling in the abdomen; great liability to catch cold; itching on different parts of the body. Phlegmatic and melancholy temperament; and as to the fluidification of the animal matter and moral symptoms, conium maculatum came forward to kill the hydra headed monster (psora), developing some of its latent secondary symptoms. And we prescribed it in the 30th potency, in powdered form, every fourth day a dose. After two doses of the medicine the patient was taken with violent fever, and they discontinued its use. But he was completely and permanently cured of the disease from which he had suffered a couple of years. After six months he was a healthy man.—(Nilambar Heui, in *Homœopathic Review*).

The Hahnemannian Advocate

A MONTHLY HOMŒOPATHIC MAGAZINE.

Vol. XXXVI

CHICAGO, JULY 15, 1897.

No. 7

Materia Medica.

THE SYMPTOMATOLOGY AND MATERIA MEDICA OF TYPHOID FEVER.*

C. F. MENNINGER, M. D., TOPEKA, KAS.

Before we can attain to the highest degree of excellence in the treatment of typhoid fever it becomes necessary to understand the elementary principles involved in making a prescription under the law or similars. Those referred to in this paper may appear to some so simple and so elementary as to scarcely warrant the consumption of valuable time. Yet it is because of the utter neglect of just these seeming simple principles that we are able to accomplish but little better results than do our friends—the enemy. And until the elementary principles are apprehended and assimilated in their entirety, the presentation of the various remedies and their symptoms so usually applicable to the disease of typhoid in the human family would be of little value. Indeed, it is a truism, which needs no argument from me, that any and all remedies of our materia medica can and may be applicable to the cure of the disease. True there are those which seem pathogenetically applicable to this disorder, yet to study these to the neglect of all the others in our *armamentarium* would be falling short of the highest goal of the law of similars. Therefore, I hold that the reiteration of some of the essential elements that enter into the making of a Homœopathic prescription which lie at the very foundation of success for our school of

*American Institute of Homœopathy, Buffalo, 1897.

medicine, is not only opportune to the subject under consideration, but imperative.

The investigation of comparative vital statistics of typhoid fever have led the writer to treat this subject in a manner different from what would be expected. He deems it eminently pertinent to look into the cause why the mortality per cent. of Homœopathy is so little less than the Allopathic, and in so doing to direct some thoughts in the way of a remedy for this condition. How can we be more successful in combatting typhoid fever? What is the cause that makes Homœopathic treatment but little better than Allopathic? Is the law of similars applicable to the cure of typhoid fever? These questions are eminently pertinent and worthy of the best thought that the followers of Hahnemann can bestow. One hundred years ago there was a demand for better therapeutic methods and results. We believe that Homœopathy, the science of therapeutics, has supplied that demand. Yet the apparent want of success as observed in comparative vital statistics must be accounted for, and a change must be made. Homœopathy *is capable to-day* of satisfying this demand in better therapeutic results.

Taking it for granted that the law of similars is applicable to the cure of typhoid fever, we believe that the reason why Homœopathic results are so little better than Allopathic is entirely due to failure to truly exhaust the Homœopathic healing art before resorting to any other mode of treatment. Our *Materia Medica* is not quite as barren as some try to make us believe. The complaint of insufficiency of our provings and the seeming failure of the indicated remedy to cure can only be interpreted by *failure in taking the case, failure in thorough knowledge of our Materia Medica and failure of proper application of the chosen remedy*. The demands of the Homœopathic law of cure are so exacting that many fall short and find it too difficult to comply with its requirements. They follow it only in a perfunctory manner. The results induce them to lose confidence in the law of similars and to seek in other modes and manners of treatment the satisfaction which the *apparent* adherence to the Homœopathic principle refused to yield them.

A review of the cardinal principles of the study of the symptoms of the patient and how to apply the *Materia Medica* in this disease is, it seems, therefore wholly proper and timely. A better comprehension of the one and a more thorough knowl-

edge of the other, we believe, will bring about the desired result.

To bring the matter to an issue, I will define my position with reference to the relationship of pathology, diagnosis and therapeutics of this disorder. I believe that a lack of thorough knowledge of each of these subjects will seriously handicap the prescriber. In every case of sickness, every diseased condition, the physician is called upon to treat, there are two important and necessary, yet entirely distinct, kinds of symptoms with which he has to deal, the *diagnostic*, and the *individual* or *therapeutic*. The former, by means of which we classify and name diseases as we name the streets in a city, and for similar purposes, the Homœopathic physician, in common with all other schools of medicine, employs in diagnosis. These symptoms are as indispensable to him and to his professional standing as they are to all medical men; but they are not the symptoms on which he should or can select the *simillimum*. Since the days of Hahnemann—even in the last decade—the wonderful advances which have been made in analysis, chemical, microscopical, physiological, electrical, have revolutionized diagnosis and surgery; in fact, almost placed them among the exact sciences, and no one can appreciate their value more than the Homœopathic physician.

But the therapeutic symptoms, those which belong to the patient and serve to individualize each case of sickness, are particularly the property of the Homœopath, for his is the only school of medicine that pretends to treat the patient. He does not, and should not, use the diagnostic symptoms for therapeutic purposes. He should not, like members of other schools of medicine, treat his diagnosis, for the totality of symptoms as defined by Hahnemann is never found in this class. The modern advances in physical examinations, chemical and microscopical analyses, even the wonders of the Cathode ray, do not in the least change the factors in the therapeutic problem of Hahnemann. The individuality of a sick patient or the individuality of a remedy is the same to day as it was in the days of Hahnemann, and being governed by natural law, will remain the same forever. The proposition of Hahnemann that the totality of the symptoms is the sole guide for the selection of the remedy will remain axiomatic as long as natural law governs the physical world.

Dunham in his essay on Pathognomonic Symptoms very admirably concludes as follows:

1. The point of view from which the pathologist and diagnostician regard a case of disease, and that from which the therapist or prescriber regards it, are radically different. And inasmuch as therapeutics, as a science, has hardly received any systematic cultivation, while great and successful attention has been paid to pathology and diagnosis, it has happened that the manner in which disease has been studied, discussed and described by medical authors—contemplating it rather as a natural phenomenon to be studied and classified, than as a condition of the individual patient, for which an individual specific is to be found—has been unfavorable to the purposes of the prescriber, obscuring, rather than elucidating those points which are to be his chief guides, and exalting into a position of prominence features which are to him only of subordinate value.

2. The arrangement of *Materia Medica* on the basis of pathologico—anatomical schema, as is desired by some would-be, first, impossible, second, useless, third, sure to mislead.

3. It is probable that while to the diagnostician, the pathological anatomy of a case is the fact of prime value; to the prescriber the diathesis, general and special, is that to which he is chiefly to look for his indications.

It is my firm conviction, arrived at after much worry and vexation in practice trying to prescribe for typhoid fever, that had I apprehended these truths and applied them faithfully my quota that I contributed to swell the mortality per cent. would have been appreciably less. And I have the boldness to say that this applied to the large majority of the practitioners of our school.

Further in presenting this paper on the study of symptoms of the patient to the best advantage, it was my intention to dwell at some length upon the necessity of proceeding in an orderly or systematic manner in taking the case, and also upon the necessity of making a faithful record of the symptoms.

Time forbids any further expansion upon these points except this assertion that no physician can be considered scientific who fails in these particulars; nor does he do justice to himself, or fulfill his whole duty to his patient and the school of medicine he represents if he fails in these points. With them he is *master*; without them he is the slave.

Attention is called to but one point further. While we are told that "no symptom is to be passed over as unimportant," and that in taking the case it is our object to observe everything that is a deviation from the healthy condition, yet it is not a mere enumeration of the symptoms that is desired; not mere quantity. It is quality or rank that must be sought for in symptoms. To see things in detail and enumerate them is not observation, but to see the significant things, to seize the quick movement and gesture, to disentangle the threads of relation, to know the nerves that thrill from the nerves that bind, to distinguish the typical and vital from the commonplace and mechanical, that is to be an observer.

Dunham, in answer to the question, What are the symptoms generally which give the case its individual character and determine our choice of the remedy, asks, Are they the pathognomonic ones? They cannot be unless we are to treat every case of disease named by a common name with one and the same remedy. Are they those which are nosologically characteristic? No, for the same reason. They are the *trifling* symptoms, arising probably from the peculiarity of the individual patient, which make the case different from that of the patient's neighbor. They may be a sensation or a condition. If it metorrhagia, the mere fact that the flow is worse at night may determine the choice between such remedies as *Calcarea* and *Magnesia*.

He further says: "The fact cannot be too often called to mind, or too strongly insisted upon, that our most characteristic indications for the use of a drug, which presents well defined general symptoms, as *Arsenic* does, and indeed as every well proved drug does, are derived not from its local action upon any organ or system, not from a knowledge of the particular tissues it may affect, and how it affects them, but upon the general constitutional symptoms and their conditions and concomitants. If this were not so, in the presence of how many maladies, of the intimate nature of which we are wholly ignorant and which nevertheless we cure, should we be utterly powerless for good."

A paper of this kind is and will always be unsatisfactory to many, because of its seeming impracticability. Too much theory is not compatible with success in practice. But every working hypothesis must have sound elementary principles underlying it before any success may be achieved. My ambition will have been abundantly satisfied if I have led any to have even an ad-

verse opinion herein expressed. Thought and thinking are above par in every subject that engages the world's greatest minds. Here are a few that I have gleaned from those greater than I in our beloved science.

Summarized they are—

1. Any remedy of our *Materia Medica* can and may be applicable to the cure of this disease.
2. The study of the pathogenetic remedies of typhoid fever to the exclusion of all others is to fall short of the highest goal of Homœopathy.
3. Homœopathy is wholly capable of satisfying the therapeutic demands of this age better than any other system or school of medicine.
4. It is imperative, however, that we *exhaust* the Homœopathic healing art before resorting to any other mode of treatment, if we wish to accomplish the greatest success possible.
5. The want of a thorough knowledge of pathology, diagnosis and therapeutics will seriously handicap the Homœopathic practitioner.
6. The point of view from which the pathologist and diagnostician regard a case of disease, and that from which the therapist or prescriber regards it, are radically different.
7. The totality of the symptoms is the sole guide for the selection of the remedy.
8. The necessity of proceeding in an orderly manner in taking the case and of making a faithful record of the symptoms is absolute.
9. The totality of symptoms does not consist in the mere enumeration of all the symptoms; not mere quantity, but quality and rank must be determinative factors.
10. The full apprehension and assimilation of these elementary principles underlies the highest degree of excellence in the treatment of typhoid fever.

EVOLUTION OF MATERIA MEDICA.*

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When asked to send a title for a paper for this section, I complied without definite consideration. Probably the reason for assigning myself this subject lay more in the fact, that the study of evolution in general has been most fascinating to me than

*Missouri Institute, April, 1897.

because of any special attention to the Evolution of Materia Medica.

Writing this brief paper has however been to me a great pleasure, directing my thoughts into somewhat new channels, and leading me to realize more thoroughly the perfect harmony that exists in the laws of nature which govern her departments, which though different are yet so akin to each other.

Lucretius said: "With good reason the earth has gotten the name of Mother," and so in Materia Medica we find this true, the earth has from its own organic structure or from the support and nourishment afforded by this structure in its modifications, which stimulate germination and growth, given to us all our Materia Medica.

The drugs we study are not new, they have been on nature's shelves for many centuries. The laws which govern the use of drugs are not new, they have been in nature's archives since the dawn of mortal day. The prophet spoke rightly when he said, "there is no new thing under the sun." We do not invent—we do not make the new, we simply discover, uncover the old. It may be new to us, but not so new to us in ratio as we to the world. But we, though, among the new beings of the world will soon be gone and forgotten, while the laws and methods with which we deal will go on the same through many epochs of time; in fact, if conditions remain the same, forever. We are finite—very finite—our tools are almost infinite.

Opium induced narcosis yesterday, it does to-day, it will to-morrow. The force of gravity was in evidence yesterday, is to-day, will be to-morrow. Similia was a law of nature in the times of Hippocrates, Galen and Paracelsus, it is a law to-day, and her remedies will heal our children's children in the to-morrow of the century. It is quite startling to run back over the medical materials of many centuries and to learn that the active materials of those days are of the active materials of to-day. In the days of Egyptian antiquity we find in use and for much the same purposes, *Opium*, *Strychnine*, *Squilla*, *Acacia*, *Calamus*, *Coriander*, *Saffron*, *Hyoscyamus*, and numbers of other drugs that are so common to us to-day. Thus we find mingled with these, and used in the so-called healing art whole lizards, excrements of animals, and even more absurd and indecent things, which were for the time supposed by the superstitious to be efficacious if used with the aid of prayer. Such things seem

impossible. Do they? They had their drugs—so do we. They had their lizards, woman's urine and superstition—we have had our Berjeons treatment and Schlatter craze.

In the Talmudic medicine they used the remedies employed in Egypt, with the addition of *Asafetida* and some other common medicines of our day. Onions for worms, wine and pepper for stomach disorders, milk sucked direct from the udder of the goat for dyspnoea, emetics in nausea; the old school have just begun to use Hahnemann's *Ipecac* and *Tartar* emetic as crudely as did the Talmud doctors. In this period you see we still find the medicines in use the same as to-day, even to the onions for worms. And human nature must have been much the same, for they didn't have whiskey, and wine wasn't warm enough, so they put pepper in it and took it. Oh, not to break up colds with a little *Quinine* in it, or only when they washed the poor old sheep, but for "stomach disorders," which, like the poor, "they could always have with them." I imagine "stomach disorders" were common and the remedy popular. And then that sucking goat's milk direct from the udder for dyspnoea; but then in my day we have cured consumption and anæmia by drinking warm blood at the slaughter house, which is vastly more disgusting and indecent than the Jewish udder act. All they needed was years to study, they had just as good sense as we have, so far as they went; yes, better, for the written law was "Look to your pay, oh physician, for which nothing is paid the same never cures."

The materia medica of ancient India was the richest of antiquity and was these many centuries ago fully equal to the materia medica of the so-called "Regular" school only three-quarters of a century ago. Why, they even knew and used vaccination against smallpox a prophylaxis, which has been commonly supposed to have been discovered and given to the world by Jenner in 1796. No less honor is due Jenner for giving to the world vaccination after thirty years of the most secret and conservative investigation that has ever been made of record of any scientist; not by any means. It simply emphasizes the lack of novelty or at least newness in nearly every discovery.

In China from all antiquity they have used *Musk*, *Camphor*, *Rhubarb*, *Gentian*, and many other common remedies. To be sure we have interspersed Elephant's bill—dried spiders, bugs, toads, lizards, snakes, claws, ear, tongues, and livers of numerous animals, as well as excrements. But I don't know that these are

any more to be ridiculed by us, than is the nainkin tea of our grandmothers, or than perchance our own *Lachesis*, *Coccus*, *Cacti* and *Mephitis* will be by our successors. Not much is known of the materia medica of early Japan, except that they used the *Mercurial* and *Sulphur* baths.

The Persians were intensely believers in *Contraria Contrariis Curantur* as their system was one of so called "hot and cold remedies," the remedies of depletion in "hot" diseases and of stimulation in "cold" diseases. Not so widely different from our present friends of the "Regular" school, changed a little in methods but not in theory. Hippocrates writes, among other remedies, of *Cuprum*, *Alumina*, *Plumbum*, *Cantharides*, *Squilla*, *Asparagus*, *Helleborus*, *Euphorbium* and *Colocynth*. Hippocrates was an honorable man and advanced opinions and theories without "fear or favor." He was free from superstitions and charlatanry. Homer tells us of "the drink of oblivion," doubtless a similar preparation to our *Opium*. Galen rejected metals and was something of a botanical doctor. He used the "hot and cold" system and lamentable to relate appealed to the superstitions and emotions of the people. He was an advertising fellow and claimed to be especially endowed by supernatural power and thought. We must admire his mental breadth and acumen; we cannot respect his methods or believe him to have been altogether honest.

In the seventeenth century we read of *Tartar Emetic*, *Ipecac* and *Digitalis*. In 1640 *Cinchona* became popular, because with it Juan del Vega, physician to the Countess Cinchona, restored the Countess to health; hence, *Cinchona* or *Countess' Bark*. During this century the study of chemistry and botany made great advancement, and as a result many new remedies were brought out. And so we might go on indefinitely. The sum total of the results of the individual work of the physicians of the centuries make our present and what does it all mean? We find two classes of drugs, those that are at best like *Opium*, little else (nothing else except in homoeopathy)—little else, I repeat, but palliatives, and in most instances false palliatives—for the last condition of the patient may be worse than the first. This class has lived and been used but little changed in form or method of prescription. The other class goes to make up the great bulk of the materia medica of to-day, some of it as old as

history and the whole made up of the natural accretions of the centuries.

As botany and chemistry have grown *materia medica* has widened, and as chemistry has made greater strides than botany in the last half century, in that it has been the creature of scientific experiment and speculation, so for the last few years our new remedies have been largely drawn from that field, instance the coal tar products, etc. More recently biology and bacteriology have become the playthings of the scientist and we have had flashing across the medical horizon antitoxin, the toxins of erysipelas, etc.

The housewife of good old New England where families have lived a century in the same house finds that each year has added new things to the holdings of the family. Yankee like, she does not like to throw away or destroy, so all is preserved. To be sure much goes to the lumber room or attic, and is seldom thought of except in emergencies. There is in this a semblance to the growth and present condition of our *materia medica*, much of it is in the lumber room, while no small amount of the new is but tinsel and really not fit to displace to old.

The change has not been so much in the construction and make up of our *materia medica* as in our laws of prescription. The old school have been cast hither and thither at the mercy of the winds like a ship without a helm. Now they have sighted a shore only to turn from it as they have at nearer view been disenchanted. We have tied to the grand old law of *similia*, and riding safely at her anchor we have weathered many a storm. But is safety from inactivity the noblest goal? Is there no advance for us? Is *similia* the acme of our evolution? Hippocrates and Paracelsus both grasped something of the "Law of *Similia*." To be sure they did not realize the whole breadth of it as did Hahnemann, yet they spoke of it enough so that we may know that like other scientific laws it was first seen by those who barely caught glimpses, "saw as through a glass darkly," then some one is led by chance or otherwise to the full understanding of the law.

Rarely is the one who first promulgates to a point of acceptance the real or at least the entire discoverer. Copernicus first wrote of the force of gravity, Gallileo was persecuted for assenting to it, while later when the world was ready to grasp it Newton is lauded for his discovery and demonstration of the

force of gravity. All the time from Hippocrates to Hahnemann, from Copernicus to Newton, the world was gradually preparing for the acceptance of new laws. The evolution of society, of the minds of men of science, were all brushing away the cobwebs of superstition and doubt. Huxley most beautifully says: "Each worker toiled in his own little place—the geologist in his quarry, the botanist in his garden, the biologist in his laboratory, the astronomer in his observatory, the historian in his library, the archæologist in his museum; suddenly these workers looked up, they spoke to one another; they had each discovered a law; they whispered its name—it was Evolution. A truth beautifully written. But are we done with evolution? Do we fully appreciate that all advancement in society, arts, sciences, has been simply a gradual evolution, which has been largely the result of the influence of the traditional or written experience of one generation upon its successor. We need not pride ourselves upon the peculiar advancement of our day. We have been simply a cog in the great wheel of time. Blessed in the era assigned to us, we readily look back and criticise our ancestors for their tardy recognition of great truths.

Is it not barely possible that we in our day should remember it has been said, "God had to wait 6000 years for an observer."

Harvey, in the sixteenth century, was the first to wake up, stretch himself and wonder if there really is a touch of a wand and the living spring into existence by "Spontaneous Generation." Later he opposed the theory of "Spontaneous Generation" and believed in a *Primordium vegetale, i. e.* a vegetable germ.

From the time of Harvey on to the time of Francesco Redi, an Italian, it was *Biogenesis* vs. *Abiogenesis*, with *Abiogenesis* in the lead. This theory first began to waver under the experiments and demonstrations of Redi, who believed *Omne Vivum ex Vivo*, and sought its proof by placing meat in an open jar and allowing it to putrefy and become covered with maggots, and placing beside it another jar containing meat but covered with gauze, and in which the meat was seen to putrefy, but to be free from maggots. Then the Abbe Spallanzani in 1769 sterilized the same preparation of an infusion of hay that had been used as a culture in which to study fermentation.

Needham in 1749 had sterilized imperfectly before the Abbe, but this Abbe was the first to sterilize perfectly. Then for years

those who favored the theory of Abiogenesis made claim that it was not the killing of germs by heat, but the shutting out of air that brought about these results. But about 1836-7 Schulze and Schwan exploded this theory by proving that if infusions were exposed to ever so much air, if that air had been sterilized the result was the same, viz., new life did not appear. To still more weaken the theory of Abiogenesis, about this time Caignard de la Tour discovered the *Torulæ* of Fermentation. His discovery was ridiculed by the chemist Berzelius and even by Liebig. In the light of our present knowledge does it seem possible that Liebig could have stooped to ridicule such a discovery? "Can such things be without our special wonder?"

In 1843 Helmholtz proved the position of Caignard de la Tour by his beautiful experiment of separating a putrefying liquid from one prone to putrefaction by a membrane through which intermingling might take place by osmosis. The results of putrefaction were found to pass through the membrane but devoid of principle or germ which had in the first induced fermentation.

In 1859 Schroeder found that air laden with germs was so strained as to be sterilized in passing through cotton plugs. All these years experiments were necessary in the study of generation, but never up to about this time had the study been made with a view to pathogenesis. All study had been directed to the sapro-genic and zymo-genic bacteria to the exclusion of the pathogenic. About this time, however, the *Empusa Muscæ*, the microscopic destroyer of the common house fly was discovered, then the *Panhistophyton*, the parasite of the silk worm and the cause of the disease of that worm, known under the name of *Muscardin* or *Pebrine*. This scourge threatened the death of the silk industry, destroying two-thirds of it in five years. The public pocket book was touched, and immediately the most vigorous investigations were pursued with the result that the cause was discovered and the disease brought under control. Such are the results when a scourge assails finance. But in the three years, 1863, '64 and '69, there were in the world 90,000 deaths from scarlet fever and who has heard of an uprising in the business world? The attorney is paid cheerfully his princely fee, the physician is begrudged his moderate fee. Millions are open for any protection that touches the financial world, while municipalities give to their children for drink, water that is con-

taminated with sewerage, and refuse appropriations to provide bacteriologists to study to protect from the contagious diseases. But, you ask, what has all this to do with the evolution of *Materia Medica*? Everything. We have seen the origin of Medical Materials, the same origin now as in the days of antiquity. Gradually replenished with new remedies as a broader life and knowledge has given to the world new lands with their productions, and as the evolution of society has brought to the educational world an advanced botany and chemistry. We have seen the *Materia Medica* of "ye olden days" smirched with the use of materials that must have drawn their only value from the field of superstition or a desire for the utilization of waste products. We have blushed to acknowledge that in our own day "fads" that have been of no higher degree have swept over the world and claimed as their patrons those who turned with disgust from the tales of the ancients.

We have seen the new last for a time and lapse into oblivion. We see the old still with us in a niche of its own. We have seen the remedy cast away, that had its important use because it was not equal to the commendations that came with its introduction. Medicines have not been saved for what they are, but cast out for what they are not.

Medicine has been an experimental profession wafted hither and thither and lacking in system, method, purpose. It has been "expectant" in its whole trend—"expect a great deal, and get very little"—and this because ungoverned by any law or clean-cut method of experimental research. Centuries ago we had palliatives, for such remedies as the narcotic are but palliatives. We had remedies that depressed, used for fevers and remedies that stimulated for collapse, astringents to decrease a flux, expectorants to increase secretions, and expectorants to fool the people and to use—when we did not know what else to do. Palliatives and *contraria* from beginning to end, yesterday, to-day and *shall* it be forever?

No! Medicine and the use of *Materia Medica* has become a science, it will become a deeper, more accurate science, because in every detail "referred to general truths and principles."

Huxley said: "The Chess Board is the world, the pieces are the phenomena of the universe, the rules are what we call the laws of nature. To the man who plays well high stakes are paid, with that sort of overflowing generosity with which the

strong show delight in strength. And one who plays ill is check-mated without haste but without remorse.”

One hundred years ago there lived and wrote one of the master players of medical history. His name was Samuel Hahnemann. He brought order out of chaos and did more by the enunciation of the law of similia toward the evolution of a scientific *Materia Medica* than had all the centuries before him. Not because he discovered anything new, for Hippocrates and Paracelsus had observed the same law, but because he not only observed this law as true in isolated cases, but followed to a logical ending and found it to be universally true.

He called the healing of the sick according to this law Homœopathy. From that day to this homœopathy has grown not only in our own country, but in England, France, and in its home, Germany. A German writer says it has grown more rapidly here on account of an ignorant Sub-stratum of society.

Well, they may say this while we send our young men to them to study because of a prestige it gives at home. This is unnecessary. No land can teach better than our own, but to do this we must learn all laws that may be tributary to it. We must remember in the early day with few people and few diseases, few remedies were required, that as the people increased and the diseases varied the Almighty, who “tempers the wind to the shorn lamb” and “reveals his wisdom to babes,” gave us first more remedies, then a better understanding of disease and at the beginning of this wonderful 19th century, when population increased faster than ever and centralization rendered more and more prone to disease the law of Similia was born to bless and protect those who *would* from the hydra-headed monster of disease. Those that *would*; those who *would not*, ah! those who would not step into the pool of Siloam could not be healed. We are thankful for this law from which we derive so much, but let us not have toward those who do not accept it any “I am holier than thou” attitude, at least until we examine ourselves and see where we ourselves stand. We accept *this* law, and reject what another who rejects Similia may accept.

At times it seems to me we are even sensitive lest the germ theory should even act upon the domain of homœopathy and challenge the truth of the law of *Similia Similibus Curantur*. We seem, or at least I have known some members of our school to feel that they must combat the study of bacteriology and the

germ theory, because if it was true they would be unable to explain the action of our remedies in the cure of a disease which the superficial observer should feel could only yield to a germicide.

Without asserting my belief either as to the truth or falsity of the germ theory, let me protest against this condemnation of new and apparent laws, either upon a merely cursory examination or from preconceived prejudices. The cause of certain diseases by bacilli is no more wonderful than the work of the torulæ. Let us rather study the laws of disease, the laws of health and the laws of medicine; they are only the different chapters of the statutes of Heaven, and if we are wise enough and candid enough, perhaps we will find the place where seeming confusion ends and we may read clearly from the harmonious blending of nature's laws.

Perhaps it will not seem so strange to us that there is, as has been declared by some, a law of Immunity, and that nature has not only provided this body with mechanism for a peaceful and physiological life, but also given it armament against foes without and within. It would be no stranger than the *Sepia succus* or the *Mephitis*. Then we may find the way to set in action this wonderful power of the human system to combat its enemies so that it may "in times of peace prepare for war," and then prophylactic medicine will have attained eminence worthy of recognition. The coming evolution of *Materia Medica* will be in the direction of prophylactic medicine. The open sesame to our success will be the study of bacteriology and the power of nature to antidote and eliminate ptomaines. Not that all diseases are explainable by bacteriology, but rather those that sweep over the world in epidemics in a "slaughter of the innocents."

Our remedies that cure best will prevent. Experimental work can prove it. There *may be* something in antitoxin; there *is* something in Immunity. What antitoxin does imperfectly as a prophylactic our remedies will do perfectly. Let us know them better. It is sure to come. "The handwriting is on the wall" and "he who runs may read."

Medicine.

MALARIAL FEVERS.

EDWARD FORNIAS, M. D., PHILADELPHIA.

This group embraces those *febrile or afebrile manifestations of that state of intoxication begotten by the malarial poison*. When febrile, the paroxysm usually assumes the INTERMITTENT or REMITTENT TYPE, the former of a more or less uniform course and of relative short duration, the latter maintains a tolerably continuous temperature for about two weeks, never reaching that complete state of *apyrexia* which constitutes the intermission. In both, *periodicity and mutual convertibility* are chief characteristics. The temperature may cease to intermit and persist without reaching the normal, and so we have that a fever strictly intermittent at the start, assumes the remittent type, though much less often than remittent becomes intermittent. *Remittent fever* is also more apt to become rigorously continued and assume a typhoid form. In the PERNICIOUS VARIETY the manifestations are mutable and the *paroxysms chiefly remittent*; occasionally, however, they are unremitting, lasting from 12 to 24 hours, and in rare instances even apyretic. In the so-called MASKED INTERMITTENT, the periodic character of malaria seems to imprint itself upon other diseases with which it has no analogy, as *neuralgia, urticaria*, etc., and the attacks are regularly *intermittent, afebrile*, last from thirty minutes to several hours, and are often associated with all sorts of constitutional disturbances. And finally, MALARIAL CACHEXIA is the result of repeated attacks of intermittent and remittent fever, or of continued exposure to poison. It may be congenital, exhibit a genuine intermittent character, and has no regular febrile attacks.

Malarial fevers are endemic, non-contagious, the remittent type being chiefly confined to tropical climates. No race, age or sex enjoys immunity, and one attack predisposes to another. The weak and anæmic fall easy prey to the disease. An organism overwhelmed by malaria seems to lose its reactive forces, and in vain struggles to eliminate the morbid poison, which often induces the most profound anæmia, permanent enlargement of

the spleen, with induration (*ague cake*), as well as congestion and pigmentation of the liver, with serious gastric and intestinal disorders.

In regard to the ETIOLOGY of the disease, it may be stated, that the existence of the *bacillus malaria*, of Klebs & Tommasi Crudeli, has not been accepted; on the other hand the opinion prevails, at present, that the true pathogenic microbe of malaria is the *hæmatozoon* of Laveran, an organism found in the blood of those suffering from the disease, under the following different aspects:—1). *Motionless cylindrical bodies*, almost always bent in crescent shape, with a central mass of pigment granules.—2). *Of spherical shape*, small and large, endowed with amœboid movements, containing mobile pigment granules, often possessing three or four oscillating flagella, which disperse in all directions the neighboring blood-cells, and may become detached and float free in the blood.—3). *Spherical or irregular bodies*, motionless, containing pigment granules, which are distributed somewhat uniformly at the periphery, or grouped at the centre, or near the bounding line. These are said to be successive phases in the development of the hæmatozoon. To the above we may add the *amœbiform bodies* of Marchiafava and Celli, which according to Laveran only represent the early period of the spherical elements, simply adhering to the red corpuscles. It has also been claimed that intermittent fever is usually associated with the amœboid forms, while those found particularly in remittent fever and chronic malarial cachexia belong to the crescent shaped, but the observations made, I think, do not warrant us in asserting that there is a relation between the evolutive forms of the protozoon and the different clinical expressions of the disease. How these organisms penetrate into the blood is not yet known; probably they enter through the stomach, or are inhaled by way of the lungs. Be this as it may, however, we must admit that *malaria is an earth-born poison*, whose production and distribution is highly influenced by heat, moisture, air, water, soil, and vegetable growth and decay. It is more active in warm climates and summer season; it is more virulent in low, damp localities, and at night; it spreads in the line of prevailing winds, almost always keeping within a short distance from the ground; its progress is arrested by intervening obstacles, such as a range of hills, or a belt of trees; it is absorbed by passing over any broad surface of water; it thrives in turned up new soil, after

the clearing of forests, in marshes and swamps, in deltæ, and on alluvial soil and the banks of tropical rivers, especially when the lowering of the water allows the sun to act upon the organic components of the mire; and finally it disappears as the country is drained and brought under systematic cultivation.

PATHOLOGICAL ANATOMY plainly shows the destructive work of the hæmatozoa upon the *blood-life*, for in advanced cases of malaria we find a great numerical diminution of red corpuscles, and an abundance of free pigment (*melanæmia*). The organs found more extensively enlarged and pigmented are the *spleen* and in a lesser degree the *liver*, but other organs and tissues, as the *brain*, *spinal cord*, and the *marrow of bones*, are more or less discolored by pigmentation. It is possible that in remittent fever complicated with jaundice, there may exist in the liver two sorts of pigmentary infiltration, one of biliary, the other of hæmatic origin.

CARDUUS MARIANUS IN OBSCURE HEPATIC AFFECTIONS.*

A. M. LINN, M. D., DES MOINES, IOWA.

To the average physician, diseases of the liver are somewhat obscure and ill-defined. This is due, in part, to the fact that the organ is incased entirely within the body, and that none of its excretions can be obtained, unmixed, for analysis; likewise, that any affection of the liver usually manifests itself together with complications of other organs.

The relation of these disturbances to other systemic disorders is not clearly defined. How the diseases of the liver may disturb digestion, or interfere with the circulation, or disturb the equilibrium of the nervous system, or impede the heart's action, does not present itself clearly to the average mind. Perhaps the physician will find a coated tongue, a foul breath, jaundiced skin, costive condition of the bowels, and, without wasting any nerve force in further inquiry, he will tell his patient that his liver is out of order. "The liver out of order" diagnosis is on a par with the "dyspepsia" and the "general debility" diagnosis. They are blanket terms that may be used to cover a variety of troubles.

Let us study for a few moments the relation of this important organ to the nervous and circulatory systems. In the first place,

*Read before the Hahnemannian Medical Association of Iowa, May, 1897.

the sympathetic system supplies largely the nerve force for the hepatic plexus; this links it closely with the large chain of sympathetic nerves, and brings it into close touch with general disorders of other organs of the body; again, it is, likewise, supplied with filaments of nerves from the pneumo-gastric, and consequently it is in close touch with the lungs, the stomach, and the bowels, both in function and sympathy; it also receives branches from the right phrenic.

No physician has long been in the practice of medicine until he has had occasion to cure cases of heart trouble that are due entirely to reflex influences from a disordered stomach. Analogy would tell us that a close connection through the same nerves with the liver would in cases of stomach trouble reflect unfavorably upon the proper action and secretion of the liver. The function of the liver necessitates a double blood supply; for its own nutrition and proper action, the arterial supply, and, for its glandular office, a supply from the portal system of veins; these veins gather the returning current from the mesenteric, splenic, and gastric regions, through the vena portæ.

One can reasonably conclude, and clinical facts bear out the conclusion, that an obstructed circulation through the liver from these veins quickly reacts upon the sources of this blood supply, and that a logy or torpid liver becomes the occasion of disturbance in the organs from which this supply comes. This is notably so in cases where the hemorrhoidal veins are distended, and which proves itself a prolific source of suffering to so many people.

Recently, in two cases of profound prostration, the action of the diseased liver manifested itself in such fashion as to impress me with the serious nature of a perverted function. In both cases the trouble resulted from long standing morbid action.

Briefly, the cases are as follows:

Miss H., age 25, was most seriously affected with what seemed to be a very weak heart's action, and great nervous prostration. Some three years prior to my treatment, she had been under the care of an allopathic physician, for several months, for a similar condition. Her vitality was at a low ebb. She was confined to her bed, almost continually, for a week at a time. The heart's action was very weak, and, at times, scarcely perceptible. She, sometimes, had weak spells, or sinking spells, without perceptible reason, during which the pulse could not be detected, and from

which she emerged only after brisk friction and rubbing, and packing with warm applications about the extremities and sides. She rallied from this attack, after several months, very slowly, only to be precipitated into another by the sudden firing of a gun close at hand. She suffered much from pain in the back of the head and neck, and along the spinal column.

Such remedies as *Gelsemium*, *Ignatia*, *Hypericum*, *Nux*, *Ferrum Phos*, *Ferrum Cit.*, *Rhus*, and others were tried without avail.

The other case was as follows:

Mrs. C., aged 40, had been troubled many years with a weak and irregular heart's action; a little exertion would quite tire her out. Physically, she was not strong otherwise, and frequently spent her winters in the South. In 1894, she was prostrated a number of times on account of the weak action of the heart; would sometimes wake in the middle of the night and be unable to resume a recumbent posture on account of lack of breath; the heart's action was scarcely perceptible and was, often, very rapid. It seemed, sometimes, that her recovery was impossible.

She was seen by other physicians, at different times, because of her residence in Highland Park, some three miles from my office. The usual restoratives, such as *Dig.*, *Glon.*, *Adonis*, were given without result. *Lachesis*, sometimes, seemed to do good, given, on two symptoms, usually worse after sleep, and inability to endure any kind of constriction about the chest, but afforded no permanent benefit. The latter case is not unlike those with which many of you have doubtless met, and the two received, probably, about the same treatment that would have been given the average case. As neither, however, was permanently benefitted, it became necessary, in order to retain my patients, and afford them the desired cure, that something more should be done. Consultations had afforded me no advantage in either case. In my note-book I jotted down a complete history of both, from the development of the earliest symptoms of the trouble; physical examination revealed, in the first case, a considerable enlargement of the liver, more particularly in its transverse diameter, together with tenderness, fullness, and a sense of weight or heaviness; and an earlier history of allopathic dosing, with *quinine*. With this history before me, I propounded to myself the question, "Can this condition of the liver produce this serious effect upon both the circulatory and nervous sys-

tems?" There seemed to be, aside from this, at least, no known reason why well selected remedies should fail utterly in producing a desired reaction. Having failed in other directions, I concluded, at least, that I could do no better than try to remove the hepatic trouble with the hope, that that being out of the way, my patient would improve. Accordingly,* *Carduus Marianus* was given, in five drop doses of X, three times a day, and the result to my patient, and to myself, was both gratifying and surprising. In less than a fortnight her improvement was such as promised an entire recovery. The long weeks of continued illness were succeeded by a few of improvement and my patient was shortly discharged. While not physically strong, yet she is employed, all the day long, in her household duties, and seems quite happy and hearty.

In the second instance, in which the hepatic condition was much the same, the result, while slower, was very marked; only at rare intervals, in the last eighteen months, has my patient complained seriously of the heart trouble. The *Carduus* was given much as in the former case. The liver trouble subsided, and a marked improvement in the heart's action began. Since taking this remedy, she has not been seriously prostrated at any time.

These cases are interesting in that they exhibit how profoundly the system may be affected by an old standing hepatic complaint, and are recited here, at length, trusting that they may be of benefit to you, should you, at any time, encounter like conditions in your practice. To me it is a mystery, by no means clear, why this organ should so impress its disorders upon other organs of the system. Can we arrive at a rational explanation from the fact that it is through its connection with the telegraphy of the sympathetic nervous system, or is it due to the fact that its perverted function permits it to poison the currents of life, and prevent the normal nutrition of the nerve centers?

We know that an injured nerve in the foot, or a splinter in the finger causes lock-jaw; that a nerve filament caught in cicatricial uterine tissues causes insanity; that a lack of co ordination of the eyes sometimes produces profound headaches, and, in multitudes of ways, the lack of balance in the nervous system profoundly affects health. The different organs of the body are so

*For indications for use of *Carduus* see "Diseases of the Liver," by Burnett.

closely related in the nerve supply and function that the disturbance of one is likely to affect the whole system.

We may yet be led to believe that Rademacher was wise in his own generation, and that Organopathy merits some consideration at our hands as physicians.

The cases cited in this paper, and conclusions reached are only offered as suggestions. They appeal to my judgment as having some basis in fact, and possibly their recitation here may be at least suggestive in a helpful way to you.

MALARIA—A PRODUCER OF DISEASE.

G. W. ROWEN, M. D., FT. WAYNE, IND.

Malaria is the product of decomposed vegetable matter and is the origin of many of the types of disease in the autumn and spring of the year.

The most common of these are those designated as Typhoid Fever, Malarial Fever, Gastro-Malarial, Intermittent, and Rheumatism. All these are the product of Malaria.

The type is varied by the amount or rapidity of its acquisition or absorption. The most common form of its introduction into the system is through water, yet it can be taken in through the air, and by the excessive use of fruits of a watery nature.

How to avoid taking it up, is and has been the study of many for years. Having lived in a richly Malarial climate for nearly a half century, many favorable opportunities have been afforded to find, not only what would secure immunity from it, but to antidote its effects after its introduction. Preventive medication is of the highest degree of importance to the great majority of the people, and in this case perfect success can be secured.

That this is true is susceptible of easy demonstration. During the last war of the rebellion, the soldiers of the North drank more coffee than men ever drank before, and suffered far less in proportion to numbers than did private citizens in domestic life. Any old soldiers, if the statement is referred to them, will verify it.

From my own observation it has been found that for the last thirty years no one, or no family, even in this malarial atmosphere, has suffered from the effects who have depended upon or used good coffee daily, unless their diet has been mainly that of fruits.

Not an hour of my time has been lost in forty years from the effect of Malaria, for coffee has been a daily article of food, (for to a certain extent it is a food that supplies the nervous system).

Let any one canvass their surroundings, and they will learn that coffee drinkers suffer less from the effects of poor water or Malaria held in solution than others.

There is one cause of Typhoid Fever, and there is no other cause for its production, except decomposed or soluble Malaria. Inflammatory Rheumatism comes from the same cause, and those who have one will not have the other, except the type is forcibly changed.

Typhus Fever is materially different from Typhoid and it comes from decomposed animal matter, or animal products.

Those who are compelled to drink much water or that of a suspicious nature, can remove a large per cent. of the risk or danger of the acquisition of Malaria by putting coffee in the water, even to the amount of one-eighth part of coffee, and it will lessen the chances from that source, at least reduce it to a small fraction.

This can prove no detriment to any one, and will in a majority of cases give protection. There is absolutely no other thing that can be used, that will prove to be half as beneficial and not be ten times as detrimental to the system in warding off the effects of Malaria in all its varied forms as good coffee. During the year of 1895, there was reported to the State Board of Health in the State of Indiana, 8100 cases of Typhoid Fever, and of these 2400 died, so it seems to be a question of importance how to avoid its danger.

NEURALGIA OF THE OVARY.

D. DUNCAN, A. M., M. D., CHICAGO.

A lady from a country town consulted me about a curious affection. It was a fixed *burning* and *stinging* pain, not very acute, in the right iliac region. There was no swelling; no special tenderness on pressure. She had passed the chimacteric period. Her general health was good; but she was very anxious to know what was the matter with her. The vague fear of some terrible disease haunted her; of cancer especially. Her doctors contributed to her confusion by the singularity and contradiction of their diagnosis.

One said it was neuralgia of certain fibres of the abdominal muscles.

One said it was located in the cæcum, or caput coli; and another suggested an infraction of the appendix vermiformis.

One said it was a circumscribed chronic peritonitis.

One said it was a reflex pain from an indurated uterus.

One said it was a pain from a floating kidney, although she was too fleshy for the dislocated organ to be detected.

One said it was a hysterical spot or point of pain, caused by spinal irritation.

She was a very intelligent woman, and had pondered upon all these curious things until actually she seemed more anxious to know what was the matter than to be cured of it. I prescribed *Apis mel.*³⁰, a few pills night and morning.

She visited the city again in about six months. She reported that the pain, which had persisted for many months and baffled all kinds of treatment from different theoretic standpoints, had left her in two or three week, and had never returned. "Now, doctor," said she, "I came especially to learn what was the matter with me."

"I do not know positively," said I.

"You do not know! Why, I was giving you credit for knowing more than all the doctors I had ever consulted."

"You were mistaken, madam! The credit does not belong to me but to Homœopathy. Any student in *our* college could have cured you. Allopathy could not have cured you, even if it had become clairvoyant and have discovered exactly what was the matter. Homœopathy is so beautiful, so perfect, so beneficent, that in very many cases, on the strength of a few well-marked symptoms, it can cure diseases, of the precise causes and nature of which the prescribing physician may himself be ignorant or doubtful."

A CASE FOR CONSULTATION.

M. E. DOUGLASS, M. D., DANVILLE, VA.

Frequently seeing articles with the above caption in our medical journals, I think I will report a case that came to my notice a few days since.

A tall, raw-boned, stoop-shouldered, very black specimen of the genuine country negro, about forty years of age, came into

my office and wanted to know if "dis yere was mister Duggah." I told him that my name was Douglass. "Youse de berry man wat Ise lookin' fur. I dun cum ter git yo ter tole me wha's de mattah wid me. Mister Robberson,—you know mister Robberson wat lib up de riber erbout seven miles,—he dun tole me ter cum ter yo, 'case hes hured as how youse a powful good doctah, sah, an' I feels misbul all ober, an' I do' 'no wha's de mattah wid me."

Well, tell me how long you have been sick; how you were first taken; how you have felt since, and what you have been taking; how you felt before you were taken sick, and—

"Hole on dar, doctah! hows I gwine ter tole yo all dat ar?"

Do the best that you can, and don't talk too fast, for I want to write down what you say.

"Wha' yo gwine ter do wid all dat?"

I am going to keep it for reference. Now, go ahead.

"Well, doctah, Ise got er pow'ful mis'ry in mah side, rite hyar," laying his hand over the region of the spleen, "an Ise got ernuder mis'ry in mah hed dat trubbles me mos' all der time, but am pow'fuler bad er nites. Dere's er noise in mah hed laik er pile er wheels all ergwine sizzity-zip; an' I has de staggers pow'ful bad, sah; seems like Ise gwine roun' an' roun' all er saim as er top. Den dose wheels will go *blam*, and hit pears laik mah hed gwine ter bus wide opun. Dem times I gits kinder blin' laik, sah, an' I ain' got no sense no mohr fur er long spell. Den, doctah, Ise got sich a pow'ful mis'ry in mah stummick, pears laik I swallowed er lump er iun an' hit hurts mity bad.

"An' boss, dis yere mis'ry dat go plum frum mah grine clar down ter mah ankel am pow'ful bad; hit jes git easy like er spell, an' I 'gins ter tink hit am gwine erway foh shure, wen, blimp, it goes down er laig laik er streke er litnin', and hit mos' maiks me holler out.

"I don' plane er nuffin else, sah. Yes, sah, Ise got er pow'ful, tollerbel good apertite, sah.

"Ise fraid I dun bin kunjered, boss; dere's er ole niggah ooman dat dun pizen me, Ise mity feared. Hit jes laik I tole yo, sah, dat ole niggah pow'ful mean niggah, shore's yo bohn, sah."

What have you been doing to her?

"I ain't dun nuffin 'tal ter her, sah, oney jes drub her ole cow offen mah lan', an' her paigs dun bodder me heaps."

Where did you drive her cow? Did you take her home and politely ask her owner to take care of her?

"No, boss, can't say as I perzakly did dat ar erway; yo see, 'twas dis yeah erway. I jes druv her ole cow crost de crick inter de woods erbout er mile er two maybe, whar she don' bodder me mohr dat ar day, an I spose she kinder yanders roun' an' gits los' out dar."

When did the cow come home?

"Well, boss, I rekun 'twar erbout er week."

How about the pigs?

"Well, boss, dem paigs am pow'ful mean paigs, jes de mos' contrairest paigs yo eber seed; pears laik dey was allus gwine ter git inter trubble all dey time; an' one day Ise jes driben ob dem paigs outen mah cohn, kinder easy laik, an' I hit one er dem wid er stick, an' he tumble ober an' squele, an' den he don' say no mohr. Ob corse Ise pow'ful sorry dat I dun hurters dat ar paig, but I 'low twant no mannah er use ter waist er good paig, so I jes bled him rite dar, sose he meat be good fer sumpin."

Did you take that pig to the woman who owned it, and tell her just how it happened?

"No, boss; dat ole niggah a pow'ful bad ooman, an' she gwine ter git mahd an' stir up er pow'ful shinny, an' 'sides, boss, er dade paig ain' no count ter her nohow."

So you left that pig lying there for the buzzards to eat, or until the woman should find it?

"No, boss, dat ar paig look pow'ful nice arter he dun bin dressed, an' I jes tote 'im home to save 'im, an' he maik mity fine eatin', sah."

Let me see that rabbit's foot you have in your pocket. Just what I thought. This is the right foot, and you ought to have the left one. And this foot tells me you ought to pay the poor woman for her pig, and apologize to her for driving her cow away. I am afraid that you are a bad man, and you ought to be arrested for your meanness. This old woman has done nothing to hurt you, but your own meanness has poisoned you through and through. You won't live much longer unless you make reparation for the wrongs you have done unto your neighbor.

"Well, boss, I gwine ter do jes as yo tole me; Ise gwine ter git annudder rabbit's foot, an' Ise gwine ter gib dis hyar one ter de ole ooman, an' I ain't gwine trubble her paigs no mohr; but she *am* a pow'ful mean ooman."

CASES FROM PRACTICE, EXEMPLIFYING PRINCIPLES INVOLVED IN THE LAW OF CURE.*

W. E. LEDYARD, M. D.

CASE I.

Mrs. M. B. E., widow; aged 35; dark complexion; *first menstruated before she was ten years of age!!!*

Inflammation of an *erysipelatous* character and *purplish* color, with *swelling of perineum, stinging* and *frequent micturition*.

The patient was, of course, confined to bed. She was suffering intense pain.

*Apis*²⁰⁰ was given every half hour in solution. The next day the report was "much better;" a great deal of blood had come away from the perineum. The *third* day, being very "nervous," she received a dose of *Apis*¹⁰⁰⁰ dry. The *fourth* day, at 3:30 p. m., she took a dose of *Apis*^{10m} dry.

At 7 p. m. there was a *discharge of extremely fetid pus*, followed by great relief.

On the *seventh* day the patient was well enough to sit up a short time. We left a powder of *Apis*^{32m} to be taken dry, *if necessary*.

On the ninth day the patient was able to walk out.

The patient tells me that two years before this she had a *similar attack which confined her to bed for twenty-two weeks!!!* She was at that time under Old School treatment.

In the above case the local inflammation and the discharge of blood and pus, with the subsequent relief, show how beneficially the vital force (when aided by the indicated remedy in a highly potentized form) acts in opening Nature's safety-valves, and thus relieving the burdened system.

CASE II.

A precocious boy, 2½ years of age, had *double pneumonia and whooping cough, following the disappearance of a general eczematous eruption*, after the application of *Unguentum Diachyli* (*Litharge* or *Oxide of Lead*) and *Zinc Ointment*.

We gave *Zinc. met.*²⁰⁰, a few doses in solution, followed by the 5th trituration of the *Unguentum Diachyli* to overcome what we supposed to be the suppression caused by the same drugs, in crude form, locally applied.

*Prepared to be read at the annual meeting of the California State Homoeopathic Medical Society, May 12th to 14th, 1897.

Drosera, *Sulphur*, and other medicines were given, according to indications.

Our little patient was confined to his bed for nearly three weeks, and has now been up and about for at least six weeks, playing in-doors and out-of-doors, apparently in good health. There is still an occasional cough, but no whoop, and the lungs are gradually clearing up. The case now requires little more than time for a complete recovery.

Had our little friend had Old School treatment, or any treatment which would have interfered with the action of the vital force, the recovery would not have taken place, or it would have been greatly retarded—so we believe.

“Rolling of the head from side to side,” and great “irritability” were present, whether caused by *Zinc* or not, deponent saith not.

In the above case, we are of the opinion that *the local applications suppressed the eruption*; that there was a tendency to weakness in the lungs; and that the latter became inflamed in the attempt to do double duty; their own work and that of the skin now no longer able to perform its own functions.

CASE III.

We recall to mind a case of persistent vomiting in the early months of pregnancy. *Vomiting* would take place *as soon as the head was raised* from the pillow.

The patient's *weakness* was so great, that we didn't attempt to elicit any more symptoms.

The *weakness*, with the *vomiting*, and the *anguish* expressed on the countenance, called “with no uncertain sound” for *Ars.*²⁰⁰, which cured within forty-eight hours.

CASE IV.

Orchitis cured by one dose of a high potency of *Nux vomica*.

The patient, aged 35, of dark complexion and *the mentality of Nux*, complained of intense *aching* and *soreness*, *aggravated by touch*, with a sensation of *external constriction* in the *right testicle*.

He had been *climbing*, but was not conscious of any injury to the part. Taking the symptoms as follows:

- I. Testicles.
- J. Sexual organs, right side.
- K. Pain, dull.

- I.. Sore pain, externally.
- M. Aggravation from touch, and
- N. Constriction externally.

With the assistance of Bœnninghausen's *Repertory* and Underwood's *Checking List Case-Book*, *Nux vomica* appeared in capitals under each symptom; therefore it was given, one dose of the 10,000th potency, with speedy relief.

CASE V.

A remarkably tall youth, with a florid complexion and freckles galore, came under our treatment on the 10th of February last. The only symptoms were pains in abdomen, *aggravation by motion*. *Bryonia*²⁰⁰ relieved.

Feb. 12. Pains in abdomen, *relieved by motion*. *Rhus tox.*²⁰⁰ relieved.

Feb. 16. Yesterday the pain returned and was very severe, but *Rhus tox.*⁵⁰⁰, *in solution*, relieved.

To-day we gave a dose of *Sulph.*²⁰⁰ dry, to bring about a better reaction.

Feb. 18. Reported much better.

Feb. 23. There is a return of the *pain*, which is now *worse in the right inguinal region: worse while micturating; from a jar; from motion and from pressure*. *Rhus tox.*¹⁰⁰⁰, followed by 10,000th, again "helped him out," and on the 25th he reported a farther improvement.

Feb. 26. Visit at 1 a. m. *Soreness in right inguinal region on pressure or movement; pains in paroxysms, darting about umbilicus. Pain worse during stool and micturition; relieved after micturating*. Stools consist of small dark balls; rumbling in abdomen.

By this time the father of our patient *had scared himself into the belief* that the youth had that "*bete noire*" of the present age, "appendicitis," especially when the latter asserted that he *had swallowed an apple-core and a small bone* some weeks before this.

We again investigated the symptoms; this time with the help of our good brother Yingling's *Repertory on Appendicitis* as follows:

1. Rumbling in abdomen.
Plb. and eight other remedies.
2. Pain in right iliac fossa.
Plb. and nine other remedies.

3. Pain in abdomen with constipation.

Plb. and seven other remedies.

4. Right iliac fossa painful to touch.

Plb. and eleven other remedies.

5. Stool like sheep dung.

Plb. and fifty-three other remedies.

Feb. 26, at 3:15 p. m., we sent *Plumbum met.*²⁰⁰, to be given every half hour in solution.

However, *the appendicitis scare* had by this time gained such headway that we telephoned our venerable and experienced brother, Dr. Selfridge, "o come over into Macedonia and help us," with his august presence.

Like Cæsar, "He came, he saw, he conquered," *i. e.* he assured the anxious father that *there was no appendicitis*—and made some change in the patient's diet.

Now, whether the patient was relieved by our good brother's assurance that *there was no appendicitis; by the change of diet prescribed by him, or by the Plumbum*, we leave others to decide. However, we are positive that *the pain disappeared to a great extent after taking the Plumbum, and before the consultation took place, and has not returned from that day to this (May 8).*

In fact, our patient expressly sent us word that if we had any similar cases, that medicine (*Plumbum*) was "the boss."

Anent the above case, I should like to have the opinion, through the journals, of every physician who reads this case, *as to whether fear is ever the cause of appendicitis. We know that many an ailment has been caused by fear.*

Comment and Criticism.

DR. SAWYER'S ANTIDOTAL TREATMENT.

W. WARREN BALDWIN, M. D., TORONTO, CANADA.

Among the truths which have been revealed in the practice of homœopathy none perhaps so deeply concerns the philosophy of the law of cure as that which Dr. Sawyer has brought so prominently to our notice, viz., that for a patient suffering from the effects of a drug, a potency of that drug is always the appropriate remedy. This is not yet conceded by all to be an established fact, but the preponderance of evidence in support of it is for most men irresistible.

I desire to contend that if but one single instance in which the effects of a drug have been cured by any potency of the drug itself can be shown to have occurred, the truth of Dr. Sawyer's contention follows as a simple logical deduction from facts which all will readily admit. There are many truths which we are compelled to accept by inductive reasoning from observed phenomena, but there are others which do not base their claim to acceptance on observation at all but are logical deductions from facts already admitted.

If the effects of *Rhus* have ever been cured by *Rhus*, and surely there are few who will say that this has not been done, then difference of identity between the sick making force and the curative force is not an essential factor in the operation of the homœopathic law. This factor of difference of identity has been an encumbrance on our law which has long precluded the possibility of arriving at a satisfactory explanation of its modus operandi. I know it will be argued by many that wherever *Rhus* has cured the effects of *Rhus*, the *Rhus* that cured being in a different potency to the *Rhus* that made sick, is not the same force but only similar, not isopathic that is having the same identity, but homœopathic that is similar but different. This, we know, is the manner in which Hahnemann disposes of the question of isopathy, for in his note to paragraph 56 of the *Organon*, speaking of the cure of disease by the same principle that produces it, he says: "Even granting this could be done

which would certainly be a most valuable discovery, yet, after all, seeing that the miasm is given to the patient highly dynamized, and thereby, consequently, to a certain degree in an altered condition, the cure is effected only by opposing a simillimum to a simillimum." Surely there is a manifest fallacy in this argument. The active principle of *Rhus* in the cm. potency is precisely the same active principle as that in the crude drug. You may potentize *Rhus* and thus divest it of its material embodiment, but you cannot make anything but *Rhus* out of it, nor can you make it produce any other than *Rhus* symptoms. Whether or not *Rhus* will in any given potency, from the crude drug to as high as it is possible to go, produce its symptoms most surely depend on the susceptibility of the person to whom it is given. By potentizing a force you cannot possibly alter its identity; therefore to cure a disease by the same force that produced it is unquestionably to cure it isopathically, regardless of the potency of that force which may have been used, for it is on the ground of its identity that its claim to be isopathic rests.

Therefore I say again that if *Rhus* has ever cured the effects of *Rhus*, difference of identity as an essential factor in our law is done away with. How then does our law stand? How shall we interpret it? *Similia similibus curantur* simply expresses the fact that a sick person can only be cured by bringing him under the influence of a force which is capable of producing on life an effect similar to that produced by the force which has made him sick. No one who will admit the soundness of the argument by which I have endeavored to show that difference of potency is not difference of identity can dispute this statement, for if we do away with difference of identity similarity of effect is the only factor that remains.

With this understanding of the law of cure, the fact that for a patient suffering from the effects of any drug some potency of that drug is always the most appropriate remedy follows as a logical deduction. The force used to remove symptoms may be only partially similar in effect to the force which caused them and yet be sufficiently so to accomplish the desired result, but no one will dispute that the greater the similarity the more certain the cure. When we search our materia medica for a remedy do we not seek to find the force capable of producing symptoms as exactly as possible similar to those we wish to cure; in other words, do we not search for precisely the same symptoms, if

happily we may find them? Now what can possibly produce the same symptoms more surely than the same force? Suppose a patient comes to us suffering from a certain group of symptoms, which, although we do not know it, have been produced by a force the pathogenesis of which has been recorded in our *materia medica*, can we be said to have found the *simillimum* if we fail to select as his remedy that very identical force?

Let me state the argument briefly in that irresistible form of a logical syllogism:

To obtain the curative removal of symptoms the most appropriate remedy is that force which is the most surely capable of producing the same symptoms. No force can as surely produce the same symptoms as the same force.

These are the premises. What is the inevitable conclusion?

Therefore to obtain the curative removal of symptoms the same force is the appropriate remedy.

I have said that the discovery of this truth deeply concerns the philosophy of our law of cure. It certainly strikes a death-blow to the explanation that Hahnemann gave of the *modus operandi* of the law. Hahnemann claimed that the remedy cured by producing a similar and yet different artificial disease. It is clearly evident that this cannot be so if *Rhus* has ever cured the effects of *Rhus*. *Rhus* is the disease and by administering *Rhus*, if you can be said to have produced a disease at all, it cannot be other than *Rhus*.

That symptoms produced by *Rhus* have been removed by *Rhus*, explain it as you will, is an undeniable fact. If, therefore, we offer an explanation of the *modus operandi* of our law it must be consistent with this fact.

A few years ago in an article entitled, "Why do we Give the Similar Remedy?" I ventured to suggest an explanation of the law of cure which to my mind is perfectly consistent not only with the fact that the effects of *Rhus* can be cured by *Rhus*, but also with the truth for which Dr. Sawyer now so energetically contends. The editor of the *Medical Advance* did me the honor to publish my article and it appeared in the May number of 1892. I had hoped that my theory would have met with some

intelligent criticism, but in this I was disappointed. It is here that it received some sneering attention in a paper read before the Central New York Homœopathic Medical Society and published in the December, 1894, number of the *Medical Advance*, but that paper was so full of personal ridicule and so void of logical argument that I could not but feel that in the minds of intelligent readers my theory would remain still unassailed, and to others it was not addressed. On the assumption of the theory I had suggested I ventured six years ago to predict that the truth which Dr. Sawyer is now advancing must eventually be admitted, and made the statement, that if it were possible for me to know positively that a patient was suffering from the effects of *Lead* I would not stop to take his symptoms but would give him *Lead* and would claim that it was a scientific prescription.

There is an explanation of our law held by some to which it may not be out of place in concluding this article to refer. They claim that the law of cure can be explained by the law of chemical affinity; that is to say, that the disease force having an affinity for the curative remedy unites with it and leaves the vital force. To my mind there is a very serious objection to this theory. It implies that in a case of disease there is some substantial entity to be removed from the vital force. Now in a case of disease we have simply to deal with a condition of the vital force and a condition is not an entity but an abstract quality. There is therefore no substantial entity, material or immaterial, to be removed but simply an abstract quality to be altered.

I am strongly inclined to believe that neither chemistry nor physics will ever furnish us with a satisfactory explanation of our law of cure. It is a biological question. When we seek to cure disease we seek to bring life under the influence of some exterior force; must we not therefore ask from biology an answer to the question—how does life behave under the influence of its environments?

Clinical Verifications.

REPERTORY OF THE FACE SYMPTOMS—NEW REMEDIES.

M. E. DOUGLASS, M. D., DANVILLE, VA.

ACHE.—While writing, sudden ache above left zygoma, while inclining head to that side, also at temporal ridge.
Quin. sulph.

ACHING.—A. about left malar bone in the evening. *Quin. sulph.*

ACNE.—*Sulph. iod., Brom. of Potass., Nitr. of Uran.*

Acne in young persons. *Brom. of Potass.*

Acne on forehead. *Nitr. of Uran.*

AGITATION.—Muscles of face in constant agitation. *Visc. alb.*

BILIOUS.—Dusky bilious complexion. *Ailanth.*

BLOATED.—B. face, with swollen eyelids. *Benz. of Amm.*

Face bloated up and red; convulsive jerking of the corners of the mouth. *Bi. sulph. of Carb.*

Flying heat of the face alternated with chills, toward evening, with bloated appearance. *Cedron.*

Face bloated, mottled with red, staring eyes, and high fever, with delirium, vomiting and stupor.
Doryph.

Dull, heavy expression of countenance; face appears bloated. *Gnaphal.*

Red, bloated face, with a look of fatigue. *Solan.*

Red, bloated face. *Visc. alb.*

BLOOD.—Rush of blood to the face. *Mitch.*

BLUE.—B. face and lips. *Cyan. of Merc.*

Pale cold face; bluish, and covered with cold perspiration. *Ver. vir.*

Nose looks pinched, cold and blue. *Ver. vir.*

BOILS.—B. on the face and eyelids. *Arctium lap.*

Successive crops of small boils on the face, with troublesome itching. *Brom. of Potash.*

Small boils on the face. *Coca.*

BURNING.—Itching and burning of the face. *Ailanth.*

- Dark red, livid and puffed face, with burning heat in face. *Atrop.*
- Burning heat of face. *Bapt.*
- Cheeks red and burning at night, pale and cold in the morning. *Cedron.*
- Burning, as if from nettles, here and there on the face. *Chelid.*
- Burning, redness of cheeks, first left then right; white spot in the center of latter. *Coca.*
- Burning in the face, with sensation of fullness. *Myrica.*
- Flushed face; burning of the face. *Oleum jec. as.*
- Burning heat of cheek and face. *Ptelea.*
- Severe burning, heat and redness of the face. *Sang. can.*
- Burning sensation, flushed. *Tanac.*
- of the face and scalp. *Ustil.*
- BURNS.—Face flushed and burns. *Carb. ac.*
- BURNT.—Pain as if burnt; puffiness below the eyes; swellings which suppurate. *Guaraca.*
- CANCER.—C. of the face, nose, stomach, and uterus. *Aurum. ars.*
- CARIES.—C. of the lower jaw. *Cistus can.*
- CHILLY.—C. feeling in the left cheek extending to the ear. *Lobel. infl.*
- CHOREA.—C.; convulsive motions of the facial muscles. *Ver. vir.*
- CIRCLE.—Complexion sallow and inactive; dark blue circles around the eyes. *Ailanth.*
- COLD.—Cheeks red and burning at night, pale and cold in the morning. *Cedron.*
- Feeling of great cold in the face. *Chelid.*
- Cheeks pale and feeling cold. *Chelid.*
- Pale cold face; bluish and covered with cold perspiration. *Ver. vir.*
- Nose looks pinched, cold and blue. *Ver. vir.*
- COLDNESS.—Coldness in right side of face, when pain is most severe in left. *Polyg.*
- Coldness of the face, nose and hands, after dinner. *Can. ind.*
- CONVULSIVE.—Chorea; convulsive motions of the facial muscles. *Ver. vir.*

- CONGESTED.—C. and livid face. *Chelid. hydr.*
Congestion to the face, with burning heat, dry and hot to the touch. *Eupat. purp.*
Face hot, congested, with heat in the hands and along the back. *Solan.*
- CONTRACTION.—Sensation of contraction of the whole left side of the face, with slight numbness. *Calab. bean.*
- CRAWLING.—Creeping sensation as of crawling insects on the face. *Myrica.*
- DISTENDED.—External vessels of face distended and full. *Bapt.*
Distension of the veins of the face and temples, with excessive redness; a feeling of stiffness. *Sang. can.*
- DISTRESSED.—D. look of face; an almost idiotic expression of the face. *Visc. alb.*
- DROPPING.—Sensation of dropping under the left cheek bone. *Lobel. cer.*
- DROWSY.—He looks drowsy and stupid. *Can. ind.*
- DULL.—D., heavy expression of countenance; face appears bloated. *Gnaphal.*
- ECZEMA.—E. of face. *Iris v.*
- ERUPTION.—On forehead tetter-like eruption. *Badiaga.*
Eruption makes its appearance after drinking a glass of beer. *Bi. sulph. of Carb.*
In the mornings after shaving, a red eruption on the cheeks and nose. *Bi. sulph. of Carb.*
Acne-like eruption on the face, neck and shoulders. *Brom. of Potash.*
A red eruption, with swollen base, with heat, itching and burning. *Fago.*
Papulus eruptions of the face. *Gels.*
Flushes of heat, followed by an erysipelalous eruption. *Hydras.*
Eruption similar to all stages of smallpox. *Hydras.*
Pustular eruptions on the face, around nose, lips and cheeks, secreting a sanious, irritating matter. *Iris v.*
Ulcers and eruptions (scaly) on the face. *Phytol.*
Eruption on the face of small, reddish, rough, scaly, erythematous patches the size of a pea. *Plant.*

- Terrible eruption, covering the scalp and extending downwards over the face and chest. *Berb. aquif.*
- ERYSIPELATOUS.—Puffed erysipelatous face, feels heavy and sleepy, nausea coming on at intervals. *Ailanth.*
E. rash on the face, neck, etc. *Hydras.*
- ERYSIPELAS.—E. of the head and face. *Doryph., Solan., Bufo.*
Vesicular erysipelas appears, after suppression. *Urtica urens.*
- ERYTHEMA.—E. of the face and neck. *Gels.*
- EXPRESSIONLESS. E. of face. *Brom. of Potash.*
- FACEACHE.—F., left side, as if the submaxillary glands were affected, extending to the upper part of the face. *Brach.*
- FLASHES.—Feverish flashes across the face. *Solan.*
Flashes of heat over the face, which feels flushed and very hot; cheeks burn. *Bapt.*
- FLUSHED.—Face flushed and hot. *Bapt.*
— — — burns. *Carb. ac.*
Flushed face, with congested appearance. *Eucalypt. gl.*
Sickly, sallow countenance; flushed face; redness of the cheeks. *Eupat. perf.*
Flashes of heat, followed by an erysipelatous eruption. *Hydras.*
Flashes of heat in the face. *Cistus can.*
Flushed, hot face and red eyes, with the palpitations. *Iberis.*
Flushed face with heat when lying down. *Lobel. cer.*
Face flushed and hot. *Mygale, Quin. sulph.*
Flushed face, burning of the face. *Oleum jec. as.*
Heat and flushed face. *Santon.*
Burning sensation, flushed. *Tanac.*
Flushing and perspirations of the face of women at the change of life. *Amyl. nitr.*
Momentary hot flushes of the face. *Bufo.*
Flushing of the face, ears and neck. *Pilocarp.*
Face flushed, with neuralgic headache. *Cyan. of Potass.*
- FROTH.—Froth before the mouth, with shaking chill. *Therid.*

- FULLNESS.—A curious sensation of fullness in the face, as of pressure from inside out. *Piper m.*
- HEAT.—Flying heat and redness of the left side of the face. *Aesc. hip.*
Heat in the face, and especially in the eyes. *Aranea d.*
Slight heat of face and forehead, especially the left side. *Carb. ac.*
Flying heat of the face alternated with chills, toward evening, with bloated appearance. *Cedron.*
Toward six p. m. constant heat in the face, which looks animated. *Cedron.*
Glowing heat in the face, with dark, obscure red complexion. *Chelid.*
Heat on one side of the face, with lassitude all over. *Cimic.*
Itching and heat of the face and head, extending over the whole body.
Heat of the face accompanying the nausea. *Lobel. infl.*
Heat, with redness of the face and coldness of the feet. *Phytol.*
Heat of head and face, especially of the forehead. *Ptelea.*
Heat and redness of the face in the evening; with dull headache. *Rumex.*
Redness and heat of the cheeks. *Thasp.*
Heat and redness of the face, with metrorrhagia. *Visc. alb.*
Redness and heat of face. *Pilocarp.*
- HOT.—H., red face. *Ailanth., Calab. bean, Quin. sulph.*
Face hot and red at 4 p. m. till bedtime; with cold feet. *Puls. nutt.*
Face hot, itching and burning in different parts of the face, especially the left cheek. *Rhus ven.*
Face hot, congested, with heat in the hands and along the back. *Solan.*
- IMMOVABLE.—In the morning on awakening, and sometimes at other times of the day, the lower jaw is immovable; but then opens, as it were, of its own account. *Therid.*

ITCH.—Barber's itch. *Sulph. iod.*

ITCHING.—I. and burning of the face. *Apoc. and.*

A peculiar rash on face and nose, with heat and itching. *Brom. of Potass.*

Itching and heat of the face and head, extending over the whole body. *Codeine.*

Itching and stinging in right side of face. *Myrica.*

Face very red, swollen, and covered with vesicles, itching and burning. *Rhus ven.*

Face hot, itching and burning in different parts of the face, especially the left cheek. *Rhus ven.*

JERKING.—J. pain in-right zygoma as if torn to pieces. *Chelid.*

Face bloated and red; convulsive jerking of the corners of the mouth. *Bi. sulph. of Carb.*

LIVID.—L. face. *Naja.*

Cheeks and hands livid in typhoid pneumonia. *Sang. can.*

LUPUS.—L. of an ochre-red color. *Guaræa.*

NEURALGIA.—N. of the inferior dental branch of the fifth nerve.

Chlor. hyda.

N. of the temporal nerve. *Chlor. hydr.*

Facial neuralgia. *Gels.*

Orbital neuralgia, periodic, every day at the same hour. *Gels.*

Facial neuralgia, involving the supra and infra-orbital and the superior maxillary and inferior dental nerves; begins after breakfast every morning with stupid headache and lasts several hours. *Iris v.*

Facial neuralgia, of a periodic character. *Polyp.*

N. of the fifth nerve. *Amyl. nitr.*

Supra-orbital neuralgia. *Amyl. nitr.*

N. of the supra-orbital branch of the fifth nerve, especially when periodic. *Sulph. iod.*

ŒDEMA.—O. of the face. *Antim. ars., Ars. of Cop.*

Suddenly seized with œdema of the face and limbs, accompanied by an unusual erythematous rash. *Quin. sulph.*

PAIN.—Sharp pain about the centre of the cheek, as if bitten by a mosquito. *Carb. ac.*

Drawing pain in the jaw, right side. *Carb. ac.*

Pressing or tearing pain in one or both cheeks, with occasional shoots under the orbits. *Cedron.*

Severe pain in left jaw. *Cimic.*

Pains in the head and face are constant. *Cimic.*

Sharp pain in left cheek or lower portion of the temporal region. *Diosc.*

Drawing pain at angle of jaw, left side. *Diosc.*

Hard aching pain in left side of face, extending to the neck. *Diosc.*

Neuralgic pain in the temples. *Diosc.*

— — in left side of face. *Fago.*

— —, of an intermittent form, of the superior maxillary of both sides. *Gnaphal.*

Pain as if burnt; puffiness below the eyes; swellings which suppurate. *Guaræa.*

Dull pains in the upper maxillary bones of each side, with aching in the molar teeth. *Lobel. card.*

Drawing pain in right cheek bone. *Lobel. cer.*

Pains in the bones of the face and head, at night. *Phytol.*

Excruciating pain and heat in left side of face, much increased by cold or damp. *Polyg.*

After severe pain, sometimes drawing in left side of face, from chin to temple; this is accompanied by paleness, with a drawn, tired look. *Polyg.*

Darting pain in the left side of the face. *Senecio, Sticta, Still.*

Sharp, cutting pain inside of the left angle of the lower jaw. *Senecio.*

Sharp, sticking pain in the face in common with other parts of the body. *Senecio.*

Shooting pains from the lower jaw up into the left ear, coming suddenly and going as suddenly. *Solan.*

Pain under molar bone, extending transversely across the face. *Still.*

Boring pains in the cheek and bones. *Thasp.*

Pain in the right jaw-socket. *Xanth.*

Dull pain in the left side of the lower jaw. *Xanth.*

- Tearing, drawing pain in the left lower maxilla and teeth. *Visc. alb.*
- PALE.—P., ill-looking countenance. *Aesc. hip.*
 Pale face with dejected look, after the diarrhœa. *Asclep. tub.*
 Pale, ashy, or lead color of the face. *Badiaga.*
 Face pale and wan; bluish cast. *Cyan. of Merc.*
 Face pale and then flushed, with dark circle under eyes. *Fago.*
 Pale face, with wan, weary expression. *Hydras.*
 Pale face, wan and emaciated. *Hypoph. of Lime.*
 Pale face, with depressed appearance. *Senecio.*
 Face pale and puffy. *Thasp.*
 Pale face, with blue rings around the sunken eyes. *Visc. alb.*
 Pale cold face; bluish and covered with cold perspiration. *Ver. vir.*
 Face pale. *Brom. of Sod.*
 Face pale and suffering. *Quin. sulph.*
- PALENESS.—Paleness of the face. *Ars. of Cop., Phytol.*
 Paleness of the face, with disposition to vomit. *Sang. can.*
 Sickly paleness of the face, especially around the eyes. *Ptelea.*
- PATCHES.—Eruption on the face of small, reddish, rough, scaly, erythematous p. the size of a pea. *Plant.*
- PAPULÆ.—Several papulæ around the nose, which are red, and smart when touched. *Plant.*
- PARALYZED.—Entire left side of the face feels as if paralyzed. *Form.*
- PERIOSTITIS.—P., and nodes, of the bones of the face. *Phytol.*
 P. of the facial bones. *Still.*
- PERSPIRATION.—Flushing and p. of the face and neck of women at the change of life. *Amyl. nitr.*
 Pale cold face; bluish, and covered with cold perspiration. *Ver. vir.*
 Face blanched and bathed in perspiration. *Carb. ac.*
 Profuse sticky sweat standing out in drops on his forehead. *Can. ind.*
 Cold sweat on face, with fearfulness. *Iberis.*

- PIMPLES.—P. on the upper lip, with coryza. *Bufo*.
- PINCHED.—Nose looks pinched, cold and blue. *Ver. vir.*
 Pinched and distorted countenance. *Santon*.
- PORES.—Numerous black pores on the face. *Sumbul*.
- PRESSURE.—P. in the malar bones. *Myrica*.
 Tearing pressure in the left cheek, toward the eye,
 as if the eye would be pressed out. *Lachn*.
- PROSOPALGIA.—P., generally on the right side, recurring in regular paroxysms of indefinite duration, with spasmodic distortion of the muscles corresponding to the affected region. *Cedron*.
 Chronic intermittent p., always coming on at 7 or 8 p. m., and lasting from two to four hours. *Cedron*.
 Catarrhal-rheumatic p. *Cimic*.
 P., in syphilitic and rheumatic subjects. *Phytol*.
 Intermittent p.—a burning pain in all the upper teeth, left jaw and temple, commencing at 12 m. and lasting till midnight. *Polyp*.
- PUFFINESS.—Pain as if burnt; puffiness below the eyes; swellings which suppurate. *Guarica*.
- PUFFY.—Face puffy and congested; convulsive movements of the face and lips; twitching in the facial muscles. *Santon*.
 Face pale and puffy. *Thasp*.
- RASH.—A peculiar rash on face and nose, with heat and itching. *Brom. of Potass*.
- RED.—Hot, red face. *Ailanth.*, *Calab. bean*.
 Face swollen and red. *Arum. tr*.
 Dark red, livid and puffed face, with burning heat in face. *Atrop*.
 Face bloated up and red; convulsive jerking of the corners of the mouth. *Bi. sulph. of Carb*.
 Cheeks red and burning at night, pale and cold in the morning. *Cedron*.
 Face hot and red at 4 p. m. till bedtime; with cold feet. *Puls. nutt*.
 Face very red, swollen, and covered with vesicles, itching and burning. *Rhus ven*.
 Red, bloated face, with a look of fatigue. *Solan*.
 Red, bloated face. *Visc. alb*.

Very red, highly congested face, almost livid.

Melilotus.

Red cheek, with burning of the ears. *Sang. can.*

REDNESS.—R. and heat of face. *Pilocarp.*

Heat and redness of the face, with metrorrhagia.

Visc. alb.

Redness and heat of the cheeks. *Thasp.*

Heat and redness of the face in the evening; with dull headache. *Rumex.*

Severe burning, heat and redness of the face.

Sang. can.

Redness of the cheeks, with cough. *Sang. can.*

Distension of the veins of the face and temples, with excessive redness; a feeling of stiffness.

Sang. can.

Heat with redness of the face and coldness of the feet. *Phytol.*

Circumscribed redness on one cheek. *Lobel. infl.*

Erythematous redness of the face. *Iod. of Ars.*

Circumscribed redness of the face in the morning, with violent delirium and brilliant eyes in pneumonia nervosa. *Lachn.*

Redness of the left cheek, passing gradually from bright red to dark red. *Chelid.*

Flying heat and redness of the left side of the face. *Aesc. hip.*

RINGS.—Pale face, with blue rings around the sunken eyes. *Visc. alb.*

ROUGH.—R. feeling of the face; can't hurt the skin by pinching it. *Oleum caj.*

ROUGHNESS. R. of the skin of the face in women. *Berb. aquif.*

SALLOW.—Complexion sallow and inactive; dark blue circle around the eyes. *Ailanth.*

Sickly, sallow countenance; flushed face; redness of the cheeks. *Eupat. perf.*

SCABS.—Vesicles on the lip and *alae nasi*, forming scabs. *Chelid.*

SHINING.—S. appearance of the face. *Eupat. purp.*

SICKLY.—Sickly look of the face; dark yellow color of the face and sclerotica. *Phytol.*

SORENESS.—Unpleasant sensation of bruised soreness and tension in the integuments of the face, on rising. *Plant.*

Soreness of the bones of the face. *Ars. of Cop.*

SPOTS.—Irregular spots of capillary congestion. *Ailanth.*

A small, defined, burning, dark red, circular, somewhat elevated spot on the left cheek.

Chelid.

Yellow spots on the temples; acne rosacea. *Guaraca*

Rose colored spots on the face. *Oenanthe croc.*

Reddish spots on the face, forehead, chin and cheeks, that contain either water or white, thick, curdy matter. *Sumbul.*

STIFFNESS.—Sensation of stiffness in the muscles of the jaws.

Gels.

Stiffness in the maxillary joints. *Badiaga.*

STITCHES.—S. in the left side of face, with pains in the forehead.

Sang. can.

Isolated stitches in the face, worse in the evening in bed; warmth aggravates, cold water relieves the pain. *Chelid.*

STUPOR.—Face bloated, mottled with red, staring eyes, and high fever, with delirium, vomiting and stupor.

Doryph.

SUDDEN.—While writing, sudden ache above left zygoma, while inclining head to that side, also at temporal ridge. *Quin. sulph.*

SUNKEN.—S. countenance, with grayish-yellow face. *Chelid.*

SWEAT.—See perspiration.

SWELLING.—S. in the left side of the face. *Ailanth.*

SWOLLEN. S. sensation of face and body. *Apoc. and.*

Face swollen and red. *Arum. tr.*

Left side of face swollen; the left ear also all cracked and desquamating a substance like powdered starch. *Comod.*

Mouth, lips and nose very much swollen, and pimples around the mouth or chin. *Hydras.*

Face swollen and livid, with bloody froth issuing from the mouth and nostrils. *Oenanthe croc.*

Face very red, swollen, and covered with vesicles, itching and burning. *Rhus ven.*

Nose and right side of the face much swollen, especially under right eye. *Rhus ven.*

- TEARING.—T. pain from the right side of forehead into the cheek. *Lachn.*
- THROBBING.—Fullness about the face and head, with throbbing. *Myrica.*
T. of the temporal arteries, and increased warmth of face, but skin still dry. *Pilocarp.*
- TRISMUS.—*Gels., Passifl., Therid.*
- TWITCHING.—T. of the face. *Apoc. and.*
T. of the facial muscles, especially around the mouth and eyelids. *Atrop.*
Violent twitching and jerking of the facial muscles of the left side, between the eye and the corner of the mouth. *Ars. of Cop.*
Spasmodic twitching of the *levator palpebræ superioris* during three successive nights. *Cedron.*
T. in the face over left molar bone at intervals during the day. *Tanac.*
Convulsive twitching of the facial muscles; mouth drawn at one corner. *Ver. vir.*
- ULCERS.—U. and eruptions (scaly) on the face. *Phytol.*
- URTICARIA.—U. appears, after having been suppressed. *Urtica urens.*
- VESICLES.—Face very red, swollen, and covered with vesicles, itching and burning. *Rhus ven.*
V. on the lip and *alae nasi*, forming scabs. *Chelid.*
- WEARIED.—W., exhausted appearance. *Can. ind.*
- YELLOW.—Complexion strikingly yellow, as if from jaundice. *Chelid.*
Sickly look of the face; dark yellow color of the face and sclerotica. *Phytol.*
Yellowness of the face. *Myrica.*
Yellowish face, with dry, hot skin. *Ptelea.*
Yellowish discoloration of the skin and conjunctiva. *Antim. ars.*

Editorial.

A BOOMERANG.

It is a notorious fact that DUNHAM MEDICAL COLLEGE has been more persistently assailed by other homœopathic colleges than any other college ever organized. The specious plea made by these *interested* partizans has been the already over-crowded condition of Chicago; that further segmentation, instead of being called for, was acting as a positive injury to the cause of homœopathy; that the teaching qualifications of her faculty must of necessity be inferior because the other colleges had already selected the cream of the profession; that in consequence of the above reasons the college must be downed.

It has been apparent to every disinterested person that the real reason for the opposition is not to be found in the above but that it has been actuated by the principle "that we fight only those whom we fear;" and the college has reason for being proud of the record she has made because every obstacle has melted away under the burning light of rigid investigation.

Their first opportunity came with the application for recognition from the State Board of Health of Illinois. The usual plea was then brought forward by the journals and through personal lobbying, but having nothing to conceal and conscious of having her work well done the college insisted upon the most thorough inspection. The committee came prepared to reject and were simply nonplused at the completeness of the equipment *but justly objected to the method employed for recording the clinical work of the college dispensary. Upon these grounds the recognition was deferred,* and as soon as the records were put in proper form, the college received the unanimous support of the committee and in due time the *desired recognition from the State Board of Health of Illinois.*

Make note of the fact that the State Board made a personal inspection of requirements for matriculation and graduation, of curriculum, equipment, etc., and gave the college their *unanimous* indorsement. Contrast this with the action of the *Inter-Collegiate*

Committee of the American Institute of Homœopathy, composed as it is of representatives of the different Homœopathic colleges whose aim is the elevation of the standard of medical education at the expense of Homœopathic principles.

At the meeting of the *American Institute of Homœopathy* held in Detroit in 1896, the college made application for representation in the Inter-Collegiate Committee. She presented a curriculum complying in every particular with that adopted by the Institute, through this committee, and in addition to that, gave evidence of her ability for doing efficient work by showing an elegant college building, erected for her own use, and thoroughly equipped with every appliance needed for the practical training of the medical student in the art of healing. In addition to this, she presented a faculty composed of thirty-two men and women of whom thirteen had had previous experience in other colleges. After listening to the report of the college representative, the chairman ruled that it was an established custom with the Inter-Collegiate Committee to *postpone the recognition of all new colleges for one year*, and suggested that a committee should be appointed to investigate the status of the college and report on the same, one year hence. *No such ruling ever existed in this committee and the application of no other college was ever postponed a year without some reason being assigned for the same.* (The application of the new institution organized in Kansas City last fall was granted this year although they possessed no building or equipment and gave nothing but the unsupported *promise* of what they would do. *They did not promise to be aggressive in their teaching of Homœopathy*). The representative of no college dared to face the opposition apparent in the acts of the committee by appealing from the decision of the chair, so the college was compelled to submit to the unjust discrimination of the chairman, and a committee composed of Drs. C. E. Walton of Pulte, James C. Wood of Cleveland University and R. S. Copeland of the University of Michigan, were appointed. During the year, *no direct inquiry was addressed by any member of this committee to any one connected with the college*, and from the nature of the report it will be apparent that purely heresay evidence, and very little of that, furnished sufficient material upon which to formulate all the report needed to satisfy a jury whose minds were already made up. (It must not be understood that this committee was a unit in its action, for four representatives voted against the

motion, but *they* that believed Homœopathic principles should be given a prominent place in a college curriculum).

This report was presented at the first meeting of the Inter-Collegiate Committee held in Buffalo and the secretary was instructed to notify the representative of DUNHAM of the action of the committee, but failed to deliver the notice until Saturday morning, when he incidentally remarked that the *Inter-Collegiate Committee were going to turn Dunham College down, and were already in session for that purpose.* The representative hastened to the committee room and there learned for the first time the nature of the charges. Owing to the lateness of the hour, the hearing of the reply was deferred until the following Monday morning.

It will be noticed that the information (?) is divided into three groups:

1st. Deals with the *individual* relationship existing between the members of the faculty of DUNHAM MEDICAL COLLEGE and the American Institute—a matter over which the Inter-Collegiate Committee had no jurisdiction.

2d. Contains indefinite and false charges upon which they could offer nothing in substantiation.

3rd. Definite charges, but of a nature to expose the animus of the whole opposition, and to seriously reflect upon every one endorsing the same.

Group 1. "Of the thirty professors in the college, only three are members of the Institute. We are credibly informed that the faculty of Dunham College is not in harmony with the Institute and that *many* of its members have publicly denounced it as an unscientific and an unhomœopathic organization. They take particular pains to emphasize their non-membership in the Institute by publishing in their announcement a list of all the other societies to which they belong."

Answer. It is true that at present but *three* members of the faculty are connected with the Institute but a few of the older members have dropped out for causes best known to themselves, while *several* of the younger members purposed making application for membership at the present session through the personal solicitation of those who are in close touch with the workings of this body, and have failed to send in their applications for reasons other than a lack of harmony with the Institute. It may be true that *one* or perhaps *two* members of the faculty have de-

nounced this organization as *unhomœopathic* and the course pursued by the Inter-Collegiate Committee would justify many others in the expression of the same sentiment. Instead of taking particular pains to emphasize their non-membership in the Institute, the college announcement gives particular prominence to the Institute, by placing this society first on the list in every case.

Now, with reference to the charges found in group 2:

"Of the four graduates for '96, one was not qualified either by time or studies to enter the senior class. In their first graduating class there were a number similarly unqualified. Of the thirty matriculants for '95 and '96, nine were on the free list and three were charged half fees. Remission of fees and graduating unqualified students does not seem to be a legitimate method of augmenting classes."

Answer: DUNHAM COLLEGE reserves the right of governing its own internal affairs, but volunteers the information that every student matriculating for the session of '95 and '96 paid full fees in cash or rendered a satisfactory equivalent for the same. A most emphatic denial is made to the charge of graduating unqualified students and in the Registrar's book will be found very explicit record of the credentials presented by every applicant for advanced standing in any of the classes of Dunham College. It was satisfactory to the State Board of Health of Illinois. It is conceded that two students presenting credentials from two colleges represented in this committee were found to be so deficient in their previous training, as to have excited the astonishment of Dunham faculty that they could ever have received such credentials from a reputable college, and it was because of the inefficient instruction received in other colleges, that they failed to meet the requirements of Dunham college.

The committee reached the climax in the third group of charges and without doubt these charges will come back to haunt them many times.

"They assume to be the special exponents of the doctrine of Samuel Hahnemann, denounce all palliative treatment and define the legitimate sphere of surgery to be the meeting of strictly mechanical conditions. They are sponsors for the doctrine that the hereditary taints can be eliminated by dynamized or attenuated semen, and that the ravages of patent medicine are to be eradicated by attenuations of the same."

“It is a question for the Inter-Collegiate Committee to decide whether by its action the Institute is to be made responsible for such a startling interpretation of the great law of cure.”

Answer. This college pleads guilty to the charge of giving great prominence to the principles promulgated by Samuel Hahnemann in the *Organon of the Healing Art* and *Chronic Diseases*, and she does most emphatically prohibit the advocacy or the employment of any palliative treatment or repressive measures in any of the lectures or clinics of this college; and to the best of her ability, limits all surgical measures of strictly mechanical conditions. With reference to the charge of being offensive in her declarations, quotation is made from the announcement containing the above declaration of principals:” It is impossible for any college to satisfactorily teach that which it does not know, and it is equally difficult for any one to know a thing until there exists a belief in the necessity for such knowledge. It follows, therefore, as a logical sequence, that the principles involved in the law of *similia similibus* cannot be thoroughly taught in a college where the faculty are indifferent to the importance of a faithful following of these principals in the healing of the sick.” (If the coat fits we cannot prevent their putting it on)

DUNHAM COLLEGE is so confident of the superiority of the strict application of the law of similars over that of all other systems of medicine, that she is perfectly willing to have her students study and compare the results obtained from any and all other forms of treatment with that of pure homœopathic practice. (They must see the effects of pure homœopathic in order that a comparison can be made). It was because of this confidence that the college was located in that great medical centre surrounding Cook County Hospital, where her students would be *compelled* to watch the results of different forms of treatment under the direction of the skilled representatives of other systems of medicine. Actuated by the same spirit of liberality, this college opened her doors for the study of anti-dotal effects produced by highly potentized preparations upon those diseases caused by the abuse of the same drugs, which Hahnemann said, were practically incurable by any method of treatment then known to mankind. The college does not in any way act as sponsor for any doctrine other than that taught by Samuel Hahnemann, and no student is required to accept any instruction given in this or any other chair

which is not in accord with the strict application of the law of similars.

It was apparent to every one present that the great offense committed by DUNHAM MEDICAL COLLEGE was to be found in the *prominence* given by them to the doctrines taught by Hahnemann. *This was the one thing these representatives of colleges, homœopathic in name but not in spirit, feared;* and this was made especially noticeable when the representative of one of the eastern colleges moved "that the application of Dunham Medical College for representation in the Inter-Collegiate Committee be deferred until such time *as they would so modify their teachings, or their announcement, as to avoid giving offense to the Association of Homœopathic Colleges.*

It is conceded that any college has the right to teach that which it believes to be true, and it is a fact that a majority of the colleges, floating the banner of Similia, believe Hahnemann's teaching to be so filled with error as to have become untrustworthy, and in the place of the *Organon of the Art of Healing*, they give prominence to the investigation of the chemist and the bacteriologist. They dismiss the dynamic theory of disease as one of the imagines of an old man, and refuse to go back in their investigations beyond the point where material substance can be traced under the microscope. True, they are dissatisfied with the results obtained, but charge their failures to the *unreliable character of our Materia Medica*, demanding a reforming of the same upon a pathological or materialistic basis.

DUNHAM MEDICAL COLLEGE firmly believes that the dynamic theory is the *only* logical and scientific explanation of disease manifestations; and with this belief, cannot consistently modify its teachings for the purpose of avoiding offence to those who differ from them. There can be no compromise; either Hahnemann was absolutely wrong, or the homœopathy taught in many of our colleges is so tinctured with error as to be of little practical value in the healing of the sick.

By their fruits shall they be known. Their students are so impressed with the importance of bacteriological research and have such a limited time for the investigation of homœopathy that they leave their college with confused and conflicting ideas with reference to disease and the proper treatment of the same, and soon become therapeutic skeptics. On the other hand, the students of DUNHAM COLLEGE develop into earnest, enthusiastic fol-

lowers of Hahnemann with definite, positive ideas of the nature of disease, and having implicit confidence in the reliability of their materia medica. They are ready and willing to cope with the most formidable of diseases, because of the uniform success following the intelligent application of the law of similars.

It being apparent that the homœopathy taught by DUNHAM MEDICAL COLLEGE was offensive to the members of the Inter-Collegiate Committee, and because of the insulting method employed by them for expressing the same, DUNHAM MEDICAL COLLEGE most respectfully withdrew her application; and in the future will hold her standard so high that others, seeing her good works, will be compelled, in self defense, do likewise. *So mote it be.*

THE "AGER."

Ah, that rascally chill!
 I remember it still
 As it used to slip up the back way,
 And get in its work
 With a twist and a jerk,
 About ten o'clock in the day.

Can I ever forget
 The shake and the sweat,
 With the fever sandwiched between?
 And the yawn and the stretch
 Of the fever-cursed wretch,
 Or the size of the liver and spleen?

I remember his moans
 Of the "pains in his bones,"
 And the ache in his back and his head;
 And the flashes of heat
 From his ears to his feet,
 And his shudders that shook the old bed.

Oh, the mixtures galore!
 And the drugs from the store—
 The calomel, quinine and such;
 Oh, the bushels of pills
 That he fired at "them chills,"
 And yet didn't cripple 'em much.

—*Bulletin of Pharmacy.*

Our Monthly Review.

Fissures and Ulcers of the Rectum. Dr. Millie J. Chapman, of Pittsburg, sums up an interesting article in the *North American* for June by saying: While any remedy may be needed those oftenest indicated for the cases I have seen are, for fissure, *nitric acid* when external to sphincter. *Ratanhia* when there is great contraction above the sphincter and long lasting pain after stool. *Graphites* when the fissures exist but the sphincter is relaxed; it is especially indicated if there has been previous use of knife or caustic leaving cicatricial tissue in rectum or cervix. *Pionia* for both fissure and ulcer where is oozing of offensive moisture associated with intense soreness and smarting. *Plumbum* differing from its cousin *graphites* by the violently constricted sphincter. *Silicea* is well known by its peculiar symptoms with stool and general concomitants. Add to this list *sulphur*, *mercurius*, *asculus hydrastis*, *aloes*, *lycopodium*, *ignatia* and *platina* and most cases will respond sufficiently to make surgical attention unnecessary. (The doctor might have included all disease manifestations in the category and have truthfully stated that internal treatment properly administered will enable the physician to cure every one of these cases instead of suppressing a large percentage by means usually advocated by the surgeon and accepted by the incompetent physician.—Ed.)

Cured or Suppressed. The article bearing the above caption by Prof. A. A. Clokey, of the Southern Homœopathic College, and appearing in the *N. A. Journal of Homœopathy* for April, brought forth the storm of protests it so justly deserved. He reports six cases of "chills and fever" all treated with *quinine sulphate* in grain doses every two, three or four hours, according to the type of the fever. He asks the question, "does *quinine* cure these cases or does it simply suppress them?" This is a decidedly queer question to be asked by a teacher in a homœopathic college and he seems to recognize the incongruity existing for he states "*What heresy it would be to teach this to our students? And yet it is what every physician who practices in a malaria district must come to. The physician whose experience is otherwise either does not have malaria to contend with or he does not cure his cases properly.*" He further says: "*It is my firm conviction that malarial intermittents cannot be cured in any other way.*" After discussing different theories explaining the rationale of the action of *quinine* in those cases he closes with a statement which expresses the prevailing sentiment taught in our so-called Homœopathic Colleges of to-day. "I am a firm believer in the *pathological* method of prescribing and am becoming more firmly wedded to that method every day. But I can see a mistake that many would make in the case of *malarial fever*, thinking that pathological prescribing consisted in attacking the germ. The remedy selected upon the pathological basis should affect the same tissues or the same functions in the same way that the malaria germ does. This remedy is *quinine*, and covering the pathology (change in function or tissue) it *cures*

where other remedies, *carefully selected from the symptoms, fail.*" The doctor has a perfect right to his opinions and no one should restrict him in the expression of the same, but in the name of *truth* and justice no one should be allowed to proclaim such expression to be Homœopathy. It is no wonder he failed by the use of *arsenicum, ipecac, nux, natrum muriaticum, pulsatilla*, either in potentized form or crude, if his attention was directed to the simple fact that he had a case of "*chills and fever*" which must be controled. The disturbance begins back a long ways before the appearance of the chills or the fever, and the *objective* symptoms intimately associates with the two manifestations of the disease are of least importance in the selection of a curative remedy. The *homœopathic* physician notes the *peculiarities* of the paroxysms with reference to *location, direction, time*, with concomitants brought about by the *peculiarity* of the individual who is sick; he then applies the same study to the *fever* and in the same way studies the *peculiarities* or *idiosyncracies* of the patient throughout, seeking to get a picture that will *truthfully* represent the sick person. The *simillimum* may be *quinine* and if this remedy truthfully covers the totality of the symptoms it will not only act more promptly in the potentized form than would the crude drug in grain doses, but what is of much greater importance to the patient, *remove that susceptibility or idiosyncrasy* and thereby work a perfect cure.

The following cases reported by homœopathic physicians, from the "Sunny South," that hot bed of malaria, not because they are new but because perchance there may be others who believe that "malarial intermittent fever can be cured only with *quinine*."

Dr. J. T. Vansant, of Paris, Ky., says: "Malarial intermittent fever is often cured by a carefully selected remedy other than *quinine*. This I have demonstrated in cases where full doses of *quinine* had signally failed even to interrupt the paroxysms.

"A young man, twenty-one years of age, applied for treatment 'as a last resort' and his appearance gave credence to his prognosis. He had been treated by the 'regulars' of the community, had taken chill tonics and domestic remedies in approved doses, yet for twelve months he had a chill every other day at about eight a. m., beginning in the extremities; nails blue; great drawing of limbs; fever and sweat lasted several hours, intermingling. He was emaciated, jaundiced, constipated and expected a chill the next morning. A dose of *nux vom.* 6x dilution was given, with directions to take no other medicine until after another chill occurred. He reported in two weeks thereafter that he had no chill after the dose given at the office; had a ravenous appetite and had gained eighteen pounds in weight. He had no return of chills.

"A young lady, aged eighteen, from a Florida coast town, applied for treatment for chills—which had been treated with graduated doses of *quinine* and *arsenic* by skilled physicians and yet for six months she did not miss a paroxysm of fever every other day. She had the characteristic complexion and attenuation of the victim of chronic malaria.

"Chill occurred about noon, was ushered in by great yawning and stretching and thirst. An immeasurable and uncontrollable fever during chill was specially marked. The fever came with severe urticaria and a profound sleep lasting for five hours, from which she awoke in her usual health. There was but slight perspiration. *Ignatia* 3x dilution, a single dose on retiring was given.

The improvement was like the convalescence from an acute fever. She had no return of chills in twelve months though she returned to her home in Florida.

“A lady who had heard that homœopathy cured where *quinine* failed, came to ‘test the theory’ and brought with her a young girl, nine years of age, who had contracted malaria in the lowlands of Arkansas. She had been treated thoroughly, you may be sure, with the only remedy for chills, known in Arkansas, *quinine*. Yet the chills continued—neither suppressed nor cured, with relentless regularity to return every other day at eleven a. m.; beginning with cold extremities, nausea and headache, nausea persisting and headache increasing during fever. Aching in limbs, great thirst. Chill lasting one hour, fever two hours, ending in profuse perspiration followed by languor and loss of appetite. A powder of *natrum mur.*^{6x} trituration to be taken on retiring, did for this malarial intermittent fever patient what *quinine* could not do, restored her to robust health without a single chill after remedy was taken.”

C. F. Menninger, M. D., of Topeka, Kas., adds this testimony in favor of the law of similars as follows:

Case I. Mrs. B., age 27; light brown hair, gray eyes. Had, Sept. 16th, in fifth month of gestation, a severe chill between 10 and 11 a. m.: beginning in back about waist line. Continual unsatisfied thirst with some nausea and vomiting of greenish water; hands and feet icy cold, could not get them warm; some headache which grew much worse as chill passed off and fever came on. Fever high and lasted till night. Headache unbearable, all afternoon, gradually passing off as fever subsided and perspiration commenced. At bed-time felt better but very weak and tired. Sept. 17th, *natrum mur.*^{30x} (B. and T.) three powders, three hours apart, followed by *placebo*.

Sept. 18th. No chill nor fever, only some languor and tired feeling. *Placebo* every three hours.

Sept. 19th, 20th, 21st, 22d. Reported no chill nor fever, but on the contrary, patient continued to gain in strength and flesh.

Case II. Mr. Q., age 40; small, pale, not the best of temper; dark hair and eyes. Has had repeated attacks of ague for which *quinine* had been given. Had chill and fever every day for nearly a week. Chill beginning usually about 9:30 a. m., of but short duration. The warmth of the office seemed to chill him the more. Seemed to be so very weak until fever came on. This prostrated him because of the continuous nausea with more or less vomiting. Fever all the day long lasting sometimes even into the night. No perspiration in day, but profuse during sleep. Nausea marked.

Feb. 11th. *Ipecac*²⁰ (B. and T.) one dose, dry on tongue, followed by *placebo* every two hours. This was given during fever stage in the evening.

Feb. 12th. Slight chilliness internally with some fever and nausea but less irritability and moroseness. No sweat following. Chilliness not accompanied by so severe languor. *Placebo* every two hours.

Feb. 13th. No chill and no fever. Sweat the night following but only slight. *Placebo* every four hours.

Feb. 14th. No chill and no fever, but ate a game dinner. Slept poorly.

Feb. 15th. Relapse of chill and fever with everlasting nausea. Chill and fever as before. *Ipecac*^{1m} one dose dry on tongue and *placebo* every hour.

Feb. 16th. Better, only slight recurrence of paroxysm. *Placebo*.

Feb. 17th. Better. *Placebo*.

Feb. 18th. Discharged with strict dietetic injunctions and to report at once if fever manifested itself in the least. Has not had a return for nearly two months.

Case III. Dr. W., dentist; age 38; dark hair and eyes. Had a violent chill shortly before noon, Nov. 28th; face and extremities became blue; great weakness and prostration so as to compel him to lie down; legs and arms seem to become stiff but would occasionally draw up and then straighten out; complained of pains in abdomen. Could not get him warm for several hours. Then fever came up during which the delirium, which began during the chill, increased. The fever was very high and lasted until in the night. Much thirst. Aversion to uncovering. Profuse sweat which relieved most of the symptoms. Did not see him until he had been in the paroxysm about an hour. *Nuxvom.* 30x, powder every hour for six hours, followed by *placebo* because improvement was manifest. Was very weak next day. Had some dull headache in the morning but it wore off as the day came on. Was very sensitive in region of stomach and had little appetite. Did not want to get up because he feared he would get cold again. *Placebo* every two hours. No return of paroxysms on following day. Continued *placebo*. Improved slowly for several days when *sulphur* 1m one dose was given. No delay in recovery. Has not had a sick day for over a year.

Case IV. Mrs. J., age 28; dark eyes and hair. Had recently returned from a visit to Oklahoma, which had been considerably prolonged on account of an attack of chills and fever. This attack, as well as previous ones, which had obliged her to remove from there some years ago, was promptly cured (?) with *quinine*. She had never used homœopathic treatment before, and in fact had no faith whatever in it but was driven to it because *quinine*, she had discovered, would always cause her to flow so dreadfully. Whenever she took it in sufficient doses to check the chills her menstruation was excessive and this was followed for a week or two by great weakness, languor, headache, coldness of extremities and more or less digestive disturbance as loss of appetite, loathing and pressure in stomach. In despair, she consulted me through the urgent solicitation of some of her friends. She presented the following case:

The paroxysms were usually ushered in by such prodromal symptoms as unsteady feeling in head which ached some; languor, yawning and faint, tired feeling. Presently she began to become chilly, desiring the warmth of the stove, yet at the same time there would be moments of hot feelings which in turn were followed by decided chilliness. With these there came some distress in bowels, accompanied by restlessness and uneasiness. This restlessness increased steadily with the anxious feeling, especially during fever, could not be contented to remain lying down; had to move about. Thirst for small quantities of water incessantly; this seemed to bring back the chill and was often attended with vomiting. There was burning in stomach; difficulty in taking a breath. This continued, the chills as gradually abating as the fever steadily increased, for several hours. There was no sweating at all. She had had several attacks before consulting me, each one anticipating the other about one hour. To complete the symptom picture, I might speak of her pale face which seemed rather puffy, of the general weak, faint feelings and of the sensitive and enlarged hypochondriac regions, in particular the left. This was the case on

Sept. 3d. *Arsenicum*²⁰⁰ (B. and T.) three powders dry on tongue every three hours, followed by *placebo*.

Sept. 5th. Had a slight return of languor, followed by chilliness, however fever seemed to be absent. Very tired and debilitated. Continued the *placebo*.

Sept. 7th. Felt much better. Appetite more natural with no special distress after eating. No sign of chill or fever.

Sept. 10th. Has had no further chill nor fever. Getting stronger every day. Color returning to face. Limbs warm most of the time. Continued *placebo*.

Sept. 21st. Reported to know if she needed any further medicine as she did not want those dreadful chills again. Menses nearly normal last week. Continued *placebo* and order to report in a month.

Oct. 25th. Reported herself perfectly well in every respect.

London Homœopathic Hospital. At the banquet held at Hotel Cecil on the 26th of May in commemoration of the "Diamond Jubilee," the announcement was made by Viscount Emlyn (treasurer) that money enough had been raised to wipe out the entire indebtedness on building and as soon as the papers could be made out the monument of great practical value which had been raised to the memory of Hahnemann would become a freehold. It is worthy of mention in passing that this is one of the best equipped hospitals in the great city of London and that the entire sum of \$250,000 for the building of the same had been raised by voluntary subscriptions within the past five years. With these hospital facilities the work of the Post-Graduate School should be greatly augmented. It is distressing, however, to see almost a total ignoring of the theory of dynamic disturbance as the cause of disease manifestations, *e. g.* we find Dr. Galley Blackley, Senior Physician, in his lectures before the Post Graduate on "Chlorosis" says: "Rosa P——, who is now before you, left the hospital *cured* last December, but because treatment was not persevered in during the intermin (after she was cured) she is now returned in a *worse plight than before*" (italics our own). She had received *protocate of iron* in doses of gr. ii three times a day because forsooth a microscopic examination of the blood showed a deficiency of red blood corpuscles. History repeats itself and the doctor will find that a careful study of the pathogenesis of *ferrum* will show its countre indications from a homœopathic standpoint and as proof of the same this patient will be returned not after many months with the same old condition.—*Homœopathic Review*.

Treatment of Wounds With Oxygen Gas. Remarkable results have been obtained in England by this treatment. Two kinds of micro-organisms are found in wounds, one kind being beneficent and the other injurious in its effects. Oxygen causes an increase of the former and a decrease of the latter, so that, according to a writer in the *British Medical Journal*, wounds treated with oxygen heal more rapidly and with less pain than by any other form of treatment.

Are Tubercular Bones Transparent to X-Rays? T. E. Espin, in *British Medical Journal*, cites the following cases: A youth of 16 was brought to me with a locked wrist. A year previously he had run his arm against a wall, and apparently sprained it. This came right, but about eight months afterwards trouble set in, and gradually increased till the use of the wrist was lost. Placing the wrist before the fluorescent screen the bones of the

carpus were ill defined, and the ulna and radius, metacarpal bones, and phalanges abnormally transparent. When the two wrists were placed side by side the difference in transparency was very remarkable. Not only are the bones of the carpus diseased, but the lack of contrast due to the transparency of all the bones is remarkable. The case is undoubtedly tuberculous. The point was an interesting one, and I anxiously waited for another case to settle the question as to whether not only the bones attacked by disease were transparent, but the whole of the bones in the immediate neighborhood.

Last week a young man came to me with a tuberculous knee. He had part of the radius of the left arm taken out a year ago, and had had a tuberculous abscess as well. He was thoroughly examined, and all the bones of both arms and legs were found to be abnormally transparent. There seems, therefore, good ground for believing that in cases of tuberculous disease of the bones there is an abnormal transparency not only in the part affected, but in all the bones of the neighborhood.

In Congestion or Inflammation of the Liver with most violent *burning* pains, and a nondescript soreness in the whole hepatic region, *Laurocerasus* should be consulted. When the pain begins in the region of the gall bladder and shoots to the epigastrium and umbilicus, and there is the characteristic throbbing and aggravation from jar, *Belladonna*. When the pains radiate, *Berberis*. Dull aching and explosive or bursting pains in the region of the gall bladder, compelling him to bend double, bitter taste and much slime in the mouth, *Natrum sulphuricum*. The sensation as if the liver dragged over when lying on the left side, which has been observed under *Natrum sulph.*, *Magnesia muriatica* and *Ptelea trifoliata*, is a common symptom in liver troubles. He can hold the liver still only by lying on the right side or back.—(*Journal of Homoeopathics*).

A Respiratory Symptom of Tabacum. Dr. William S. Morrow, in the *British Medical Journal* of June 5th, gives the following description of a respiratory symptom peculiar to *tabacum*: "*The breathing is irregular, consisting of several short, shallow respirations, followed by one deep and gasping.*" He says this symptom may persist from a few days to some months after the poison is discontinued.

The Temperature of Milk for Nurslings. In order to decide the question of proper temperature of the milk, says a writer in the *Presse medicale* for May 22d, Dr. Smester, with the aid of an ingenious apparatus, was enabled to take the temperature of maternal milk as it came from the breast, and he found that it very nearly resembled that of the external temperature of the body, being from 97° F. to 98.3° F.

This physiological observation, says the writer, has its practical importance, for the physician is enabled to determine the proper temperature of the milk to be given to infants. From 96.6° to 97.4° F. would approach as nearly as possible to the physiological temperature of maternal milk; a higher temperature should be especially forbidden; on the contrary, a lower temperature is to be advised, such as 96.4°, 95° F., and even lower still. However, it is sufficient to observe the majority of infants, to note whether they object to taking the milk and seem to find it too hot if it exceeds or only reaches 98.3° F.

The Significance of Gesture in Disease. The *National Board*

of *Health Magazine* discusses the subject as follows: When you ask a patient to locate his pain, he does so by a movement of one or both his hands. The gesture, however, not only indicates its seat, but describes its character and distribution. This is an all-important point. If the pain is widely distributed over the whole chest, the patient locates it with a circular rubbing motion of the palm of the hand, indicating the diffused soreness.

The pain of a serious inflammation, on the other hand, is described by first drawing the hand away from the body and then, with the fingers close together or with the index finger extended and the others flexed, cautiously approaching the seat of the inflammation.

In appendicitis the patient does not touch the skin at all when asked to locate the pain. He simply holds the palm of his hands over the diseased area.

With very violent abdominal pains which are not inflammatory, the patient slaps himself vigorously across the abdomen on being asked to indicate the location of his trouble.

If a child refers a persistent pain to the stomach, and there is no tenderness on pressure, disease of the spine is indicated.

In hip-joint disease the pain will be referred to a point inside the knee.

With terrific pain in the leg not due to an inflammation, the patient grasps the leg firmly. If it is a darting or lancinating pain he will indicate it with one finger.

In the pain caused by the descent of renal calculi and gall-stones, he follows their course with the tip of the thumb or index finger.

The pain of hepatic neuralgia or "shingles" is indicated with the thumb or finger.

In joint pains the patient approaches the seat of trouble very cautiously, with the hand spread flat.

The degenerative pain of locomotor ataxia is described by grasping the affected area firmly, indicating a band-like pain. Or, if the pain is sharp and lightning-like in the leg, the pain gesture is perfectly descriptive, an energetic downward motion, at the same time twisting the hand as though manipulating a corkscrew.

A patient will indicate the seat of a severe syphilitic headache by hammering with the tips of his fingers.

A patient complained of a severe headache. "In what part of the head is it?" he was asked. "The vertex," he replied. On being asked to indicate the exact spot, he placed his finger on the parietal eminence. This he did three times in succession, though claiming to feel the pain exactly on the top. Upon examining the mouth a defective tooth was found. As soon as it was removed the pain disappeared.

Paralysis of the Forearm from Bicycling. Dr. Destot has published in the *Gazette des Hôpitaux* an account of his own experiences. An abstract of the paper appears in a recently published number of the *Neurologisches Centralblatt*. After a long ride he experienced paresthesia in the fourth and fifth fingers, with impaired sensibility and paresis in the interossei, lumbricales, and the adductor pollicis. The paresis was followed by distinct atrophy in the affected muscles. He considers the affection to be the result of pressure upon the branches of the ulnar nerve, aggravated, doubtless, by the vibration occasioned by bad roads. He also considers that predisposing factors existed

in the softness of the skin of the hand and in the exhaustion of the muscles and the consequent loss of protection to the nerves lying in and under them.—(*The Journal*).

Prolapsus Uteri and its Treatment with Elastin. In an article on this subject in the *Medical Press and Circular* for May 19th Dr. James Oliver recommends the employment of *elastin* in the treatment of prolapsus uteri, and states his reasons as follows:

“The vagina and broad ligaments are the structures immediately concerned in the production of prolapsus uteri; consequently, our attention will be devoted to the consideration of those physico-chemical changes which, occurring in these parts, lessen their stability and rigidity.

“Water enters largely into the composition of the various soft tissues of our bodies, and it is the presence of this compound in due proportion which determines to a greater or less extent the quality of firmness which is natural to each. It is, therefore, evident that if the amount of water which the tissues forming the vagina and broad ligaments should contain is greatly diminished, the tone of these structures will be impaired, and they will thus be rendered less capable of withstanding the influence of gravitation. After the menopause, and as senility advances, a process of undue desiccation is apt to occur in the genital tract, as well as elsewhere, and, although this may probably never be the sole agent determining prolapsus uteri, it will nevertheless be a powerful contributor.

“The rigidity of all tissues is, to a greater or less extent, dependent upon the presence of certain salts, and, as lime enters largely into the composition of the tissues of the generative tract, it is impossible that any very decided diminution in the quantity of this ingredient can take place without the rigidity and resisting power of the impoverished structures being thereby impaired.

“The vagina and broad ligaments are extremely elastic structures, and their utility is in a very high degree due to this property, which is attributable to the presence of a material called *elastin*. Should, however, the amount of this elastic substance, which is natural to these structures, be unduly diminished, their resisting power will be correlatively weakened, and gravitation will tend to drag down the uterus and annexa until a state of equilibrium is established.

“In the majority of cases, prolapsus uteri is caused by the deficiency or absence of *elastin* in the vagina and broad ligaments. This condition of affairs may be occasioned by the elastic tissue having lost the power of manufacturing material like itself, or by the nutrient fluid failing to offer in sufficient amount the ingredients necessary for this process. If the former state exist it may be impossible to restore the elastic property, but if the disorder has resulted from the deficiency or absence of the materials requisite for the maintenance of the integrity of the tissues, we may endeavor to supply these, and in this manner the tissues may be enabled again to combat effectually the influence of gravitation. With this motive, and with marked benefit in some cases of prolapsus uteri, I have administered an impure preparation of *elastin*, obtained from the *ligamentum nuchæ* of the ox. I hope soon to be in a position to test the utility of a more pure preparation of *elastin*, and give the results accruing from the administration of such.”

Drug Pictures. Dr. George Sheldon, of New York, presents such interesting pictures of the objective signs of different remedies in the *North*

American for July that we reproduce two or three of them for the benefit of our readers. He is supposed to be passing through the ward of a hospital, and from these objective symptoms suggests the remedy that will be required in each individual case. He says:

In the first cot we see a child, a girl; the hair is short and red; the face is pale; the lips are dry and cracked; the nose is big; the mouth open; the eyelids are red. There are sores about the ears, scales in the hair, little blotches everywhere. The face is clean in spots, for the nurse has done her duty. The fingers are coarse, the nails are dirty; from the nostrils a little pus like mucous oozes. The expression is one of anxiety, of suffering. The child's face is an animated interrogation; all over it is written the question, "If I am so soon done for, I wonder what I was begun for?" You draw nearer the child, she instinctively draws away. Notwithstanding you have put on your sweetest smile—a possible explanation—she begins to cry and scream, and resents most willfully all your efforts at reconciliation. But you finally get a half consent, and she lets you approach, always suspicious. You suddenly find yourself near enough, for odors, not of the sweet perfumes you love, but that resemble more nearly the "seven kinds of stinks that mark the river Rhine." But you have long since become accustomed to this, and you try to take her hand; after some calisthenics you succeed. It is snatched away. In anger? Partly so; she has use for that hand. You watch her and she will be scratching herself on some part of the body. But enough of this. A cheap frame, a dark corner, no matter how dark, you cannot hide the artist's name. *Sulphur* is written all over the canvas, so distinctly and cleanly that you recognize it at a glance.

Cot No. 2. Also a girl. Your glance takes in the sad, plaintive, appealing expression. She looks at you with a longing, lingering, languor that is clearly expressed in every feature. Her blond hair is scattered over the pillow. Her appearance one of indifferent disorder. No immaculate pink bow fastens her night dress together. On closer scrutiny, it is not together. The top button is gone. She does not care if two are gone. She has been crying. There are traces that this feminine safety valve has recently blown off and that the pressure is near the limit still. You take the wrist, she will always look the other way. But you can hold the wrist of this patient indefinitely. Ask her what is the matter, you must wait a little for the answer. She is sad, despondent, at first secretive, but still she will tell you. It will be a little late in coming, but when it does come you will fear it will not cease. Just sympathize with her a little and you will wait a little longer. Are you familiar with the wind flower? The very name suggests a lack of stability. Every symptom of the anemone emphasizes the words,—too late,—too late. How truly characteristic this is. Is there anything on time in *pulsatilla*? Coryza never acute, always the late stages. Indigestion late two hours after eating. Menses never on time. Sometimes too late.

Cot No. 3. The occupant lies with her back to you. She is awake and she hears your footsteps, knows that you are coming. She turns a good ways, her head a little way, her body not at all in her endeavor to see who approaches. It hurts her to move and she suppresses her curiosity until you come within range. You notice her flushed face, the round red spot on the cheek, as you draw nearer her an expression of fear and apprehension comes over her face. She is afraid that you will jar the bed or cause her in some way to change her

position. She persistently lies upon her right side. You observe the diagnosis is one of right sided disease. Pleurisy, pneumonia or rheumatism, it matters not which, one of the great characteristics of the disease is the relief she obtains by lying upon the affected side. Watch her breathing, how superficial and restricted it is. If for any reason she is compelled to move, note how suddenly she utters a cry of pain, for *sharp, cutting* pains announce their presence and attain their intensity with great rapidity, and there is an instantaneous manifestation of agony, usually expressed by a quick, sharp, oft-repeated "oh," with catches of the breath. Slowly and cautiously she reaches out for a glass of water, of which she takes a good, large drink, putting the glass down with a sigh of relief and carefully replacing her arm. This is a fair expression of *brionia*. Be the disease what it may. A *brionia* patient never makes an unnecessary or an incautious movement.

Cot No. 4. Also a rheumatic. The moment you come into the room she turns to see who it is, moving the unaffected part quickly, the affected slowly, stiffly, but if you are a close observer, the termination of the movement is much more rapid than the beginning. She will settle herself in a position where she can watch you, but will soon move again, repeating the same method as before. She wants a drink a's, and reaches for the glass, not with the same guarded motion that you observe in cot No. 3. If the water has been standing a little while, she tastes only, calls the nurse, and asks for *fresh and cold* water, and when it comes she drains the glass. Her eyes frequently turn out of the window. Her first question is of the weather. She is not feeling as well to-day; it is cloudy; the wind is in the east; a storm is coming. She knew it, she felt it in her bones. She tells you she slept well until midnight. Since then she has been worse and she earnestly beseeches you to give her something to make her sleep, and while she talks or complains she constantly changes her position and also the subject of her complaints. The same restlessness dominates her mind that you observe in her limbs and body. She is a foreboding, moody creature, always expecting more pain. 'Tis needless to call this a picture of *Rhus tox*. You have long since recognized it. Give it an ivy-frame, a wide berth.

Contrariness is synonymous of *ignatia*. A complete reverse of what you should expect. The *ignatia* patient coughs and the more they cough the more they desire to cough. The more you try to sympathize with *ignatia* patients the more inconsolable they become. A *chamomilla* patient is only too glad to have *sympathy*. You always leave an *ignatia* patient with a feeling that you are extremely unpopular; that your visit has only irritated. You find *chamomilla* patients *irritable* and *impatient*, but if you are gentle and kind and sympathetic you leave them with smiles. *Ignatia* has clouds when you go in. It is very damp when you come out. *Chamomilla* is a threatened *cyclone* when you go in but it is all sunny when you leave. *Fear* and *apprehension* are best found in *arsenic*. Have you seen the painting of the man dying from thirst in the desert? The sunken eye, the pale, agonized face; the parched lips, the thin hands and emaciated figure, while all nature about him seems withered and dead? There is always something of the deadly about this drug. How truly here the pathological and the symptomatic harmonize, for it is in the deadliest of diseased forms that we find its symptoms most clearly expressed. *Obstinacy* is found in *calcareia*; *terror* and *fear* in *stramonium*. *Egotism* and

pride in *platina*, while *humility* and *sadness* are best represented by the *carbos* and *graphities*. A *silicia* patient will have the clothes tucked in around the neck; oftentimes a shawl over the head. A *secale* patient will throw off the clothes and regret that modesty requires the presence of the sheet. The *hyoscyamus* patient throws off the sheet. How often in daily routine work do we see the picture *nux*? The entire *strychnos* group are a set of *hypocrites*: they are genuine pretenders. They never succeed in what they attempt. "Can't" is their synonym and "can't" is their watchword. They are always complaining, always ill-tempered. Try to pacify a *nux* patient and your reward will be abuse. Ineffectual effort, be it of stomach, bowels or bladder, governs the entire drug. Their only redeeming feature is their *persistence*.

Is Typhoid Fever Aborted? Dr. Woodbridge in *The Journal* for July 10th reports 2078 cases treated with the *Woodbridge* treatment with 48 deaths with an average duration of a trifle over 12 days. He says: "Under its benign influence the severity of the disease is greatly ameliorated, the symptoms minimized, all grave complications averted and dangerous sequelæ prevented."

This *specific* treatment consists in the *persistent* use of three formulas, as follows:

Formula 1.—Tablet every 15 minutes for 24 to 48 hours. Calomel, guaiacol carbonate and menthol aa 12 gr. Eucalyptol q. s. to make tablets.

Formula 2—Similar to above only smaller dose, to be continued for several days until five or six free evacuations occur in a day, when Formula 3 is began and kept up until partial recovery. All of these preparations are to be washed down with copious draughts of distilled or sterilized water, or if indicated some good laxative or diuretic water.

The whole treatment being based upon the necessity for constant antiseptics. It will be noted that no food is given before the fifth day.

A singular fact is found in the refusal of the physician to even try the vaunted treatment, although it promises results unknown by them.

Beer and Athletics in Life Insurance. At the annual meeting of Medical Directors of Life Insurance Companies in the United States recently held in New York city Dr. Gordon W. Russell of Hartford, Conn., in a paper on the "Selection of Lives for Insurance," introduced the subject of beer drinking. He classed the users of this beverage as poor risks. In the course of the discussion it came out that the mortality is strikingly low among brewers in early years. Up to the age of 40, or thereabouts, brewers seem to be about as good risks as anyone else. After that age the mortality rises high and at 50 or 60 about three brewers may be expected to die where one other person dies. Under the subject of "Albuminuria," Dr. F. C. Young of the Mutual Benefit Life Insurance Company said that football, bicycling and other athletic exercises greatly impaired a person as a risk for a life insurance company. He said he had observed that after athletes had been engaged in their sports the presence of albumin was discovered in the system, and that albumin was found in the systems of athletes much more than in persons unaccustomed to violent exercise.

The Hahnemannian Advocate

A MONTHLY HOMŒOPATHIC MAGAZINE.

Vol. XXXVI

CHICAGO, AUGUST 16, 1897.

No. 8

Materia Medica.

THROAT SYMPTOMS OF NEW REMEDIES.

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FAUCES.

- BURN.**—Posterior fauces smart and burn, and feels as if the skin was off. *Diosc.*
- BURNING.**—B. and tickling in fauces, with nausea, and headache. *Asclep. syr.*
- Irritation, roughness, burning and smarting of fauces. *Diosc.*
- Intense burning in the fauces and œsophagus, with constant inclination to swallow. *Ver. vir.*
- B. sensation in fauces and throat. *Eriod.*
- CUTTING.**—C. feeling at back of fauces. *Nitr. of Uran.*
- DRY.**—Constant dry irritative feeling in the fauces. *Rhus ven.*
- DRYNESS.**—D. of the fauces, with frequent inclination to swallow. *Diosc.*
- Sensation of dryness in the fauces and pharynx. *Plant.*
- D. of the throat and fauces. *Solan.*
- D., rawness, and smarting of the fauces. *Still.*
- D. and roughness of the fauces, with difficult deglutition. *Ustil.*
- D. of the fauces; constant desire to clear the throat by humming. *Wyethia.*

- INFLAMMATION.**—Soreness and inflammation of the fauces, soft palate and uvula (worse on right side). *Ptelea*.
- IRRITATION.**—I. and soreness of the fauces. *Gels*.
—in fauces, inciting to cough. *Lycopus*.
Fauces feel dry and irritated. *Mitch*.
- LODGED.**—Feeling as if something had lodged in the fauces. *Ham*.
- MUCUS.**—M. in the posterior fauces, and throat, especially on washing, in morning. *Gallie ac*.
Sticky mucus in the fauces, with bad taste. *Hydras*.
- CEDEMA.**—O. of the fauces, with some inflammation. *Menisp*.
- PAIN.**—Pricking and stinging pain in the fauces. *Aesc. hip*.
Aching pain in fauces and pharynx, extending downwards. *Fago*.
- ROUGHNESS.**—R. of the fauces, with nausea. *Ptelea*.
- SORENESS.**—Irritation and soreness of the fauces. *Gels*.
S. of the fauces, with burning and pricking, extending down to the pharynx and œsophagus. *Lobel. card*.
- STITCHES.**—S. from the fauces to the internal right ear. *Solan*.
- STINGING.**—S. pains in the fauces. *Still*.
Pricking and stinging pain in the fauces. *Aesc. hip*.
S. in fauces, inclination to cough, relieved by sneezing. *Brom. of Amm*.
Very severe prickling and stinging in the fauces and throat, all the time; worse when swallowing. *Arum. tr*.
- ULCERATION.**—Syphilitic ulceration of the fauces. *Corydal*.
Chronic ulceration of the mouth and fauces. *Corydal*.
Phagedenic ulceration of the fauces and tonsils. *Iod. of Ars*.
U. of the fauces. *Myrica*.

GLANDS.

- INFLAMMATION** of the sub-maxillary glands. *Phytol*.
- PAIN.**—P. in both parotid glands, extending to ear and larynx. *Diosc*.
Hard, aching pain in left parotid gland. *Diosc*.
- SALIVATION.**—S. following diphtheria, with swelling of the parotids. *Iris v*.
- SORENESS.**—S. of the glands of the neck, with stiffness of the neck. *Ars. of Cop*.

SWOLLEN.—Sub-maxillary and parotid glands swollen and painful. *Fago.*

Glands feel swollen, cold or moist air increasing it.
Polyp.

TENDERNESS.—T. and enlargement of the parotids and thyroid glands. *Ailanth.*

GLOTTIS.

CONSTRICTION.—C. of glottis, as if he were choking, or something was tied around the throat. *Diosc.*

PARALYSIS.—Partial paralysis of the glottis and tongue. *Gels.*

LARYNX.

FOREIGN.—Sensation as of a foreign body in the larynx. *Ptelea.*

IRRITATION.—I. of larynx, with inclination to cough. *Diosc.*

OBSTRUCTION.—Sense of obstruction in the larynx, on waking.
Ptelea.

TICKLING.—Dry, hacking cough, tickling in the larynx and wind-pipe. *Santon.*

Much tickling about the top of the larynx, with disposition to hacking cough. *Lobel. cer.*

Dry cough, from irritation and tickling at the lower part of the larynx. *Cimic.*

MUCOUS MEMBRANE.

CATARRHAL.—C. affections, and diseases of the mucous membranes. *Silphium.*

RAW.—Mucous membrane of throat feels raw and irritated; it looks darker than usual, and mottled. *Atrop.*

RED.—Mucous membrane of the throat was very red. *Cyan. of Merc.*

REDNESS.—R. and swelling of the mucous membrane of the throat and posterior fauces, with ulcers the size of a pin's head; after a time a small lump of cheesy matter of a strong odor was expectorated, with some blueish-red blood. *Salic. ac.*

SHRUNKEN.—Mucous membrane of the œsophagus dry and shrunken and of a brownish color. *Carb. ac.*

ULCERATION.—U. of the mucous membranes of fauces and throat.
Hydras.

ŒSOPHAGUS.

BALL.—Sensation as of a ball rising in the œ. *Ver. vir.*

- BURN.**—Severe stitching, contracting pain in the upper part of the œ., as if a piece of bone had lodged there.
Bi. sulph. of Carb.
- BURNING.**—B. and scraping in the whole of the œ., with difficult swallowing. *Bi. sulph. of Carb.*
B. in the throat down the œ., with pain in the stomach.
Doryph.
- CLOSE**—œ. seemed to close up and leave no space for swallowing. *Oleum caj.*
- CONSTRICTION.**—Sensation of swelling and constriction of œ.
Oleum caj.
- CONTRACTED.**—Sensation as if the œ. contracted itself from below upwards. *Lobel. infl.*
- EMPTYNESS.**—Distressing feeling of emptiness in the œ. *Pletea.*
- HEAT.**—Sensation of heat down the œ. into the stomach, worse on eating. *Wyethia.*
- LODGED.**—Painful sensation of something having lodged in œ.
Gels.
- LUMP.**—Sensation of a lump in the upper portion of the œ.
Lobel. cer.
- ŒSOPHAGITIS.**—Catarrhal œsophagitis. *Gels.*
- PAINS.**—Spasmodic sensation and cramp-like pains in œ. *Gels.*
- PARALYSIS.**—Sensation of paralysis in the œ. *Oleum caj.*
- PRESSURE.**—Feeling of pressure in the whole course of the œ., with a vermicular motion, felt most strongly below the larynx and in the epigastrium. *Lobel. infl.*
- ROUGHNESS.**—R., with a sensation as if something had lodged in the upper part of the œ. *Eriger.*
- SPASMODIC.**—S. sensation and cramp-like pains in œ. *Gels.*
- SPASMS**—Spasms of the œ. *Ver. vir.*

PHARYNX.

- ACHING.**—Aching in the pharynx, with collection of tough mucous in the fauces. *Rumex.*
- BURNING.**—B. sensation, extending to pharynx and œsophagus, with thirst. *Eucalypt.*
- CONSTRICTIVE.**—Unpleasant and constrictive sensation in the pharynx, on awaking in the morning, soon passed off. *Plant.*
- DISAGREEABLE** sensation in the pharynx. *Brom. of Merc.*
- DRYNESS.**—D. of the pharynx, making it almost impossible to swallow. *Atrop.*

D. of pharynx and posterior nares. *Carb. ac.*

D. of the pharynx, in a small spot, with inclination to swallow. *Cimic.*

D. of the pharynx. *Eriger.*, *Salic. ac.*

INFLAMMATION.—Pharyngo laryngeal inflammation, with dark-red color of the fauces, and spasmodic, irritable cough. *Naja.*

IRRITABILITY.—I. of the pharynx, so that the stomach would not retain food. *Coca.*

IRRITATION.—I. of the pharynx and trachea, with dry, hacking cough. *Trifol. prat.*

MUCUS.—Much mucus in pharynx. *Carb. ac.*

Feeling as if some mucus were at back of pharynx; not removed by coughing or hawking. *Coca.*

PAIN.—Sub-acute pain in pharynx, increased by deglutition. *Lycopus.*

PRICKING.—Slight pricking in left side of the pharynx. *Naja.*

Pricking sensation in upper part of pharynx. *Bapt.*

RAW.—Raw sensation in pharynx, with abundant viscid mucus. *Bapt.*

RED.—Throat looks rough; pharynx red and injected. *Cyan. of Merc.*

SCRAPING.—Very raw, scraping sensation in the pharynx, provoking cough. *Brom. of Merc.*

SORE.—Dry, sore feeling in the pharynx, as when one has taken cold, succeeded by difficult deglutition. *Myrica.*

SORENESS.—Rawness and soreness in the pharynx in the night. *Plant.*

POSTERIOR NARES.

CATARRH.—C. of the throat and posterior nares. *Myrica.*

DRYNESS.—Dryness of pharynx and posterior nares. *Carb. ac.*

D. of posterior nares. *Eriod.*

INFLAMMATION.—Catarrhal inflammation of posterior nares and fauces. *Lobel. cer.*

IRRITATION.—I. of posterior nares, sticky mucous, discharge down ward into throat, constant hawking, some irritation of fauces. *Eriod.*

JELLY-LIKE.—Occasional small, jelly-like mucus discharge from posterior nares. *Eriod.*

PRICKLING.—P. dry sensation in posterior. *Wyethia.*

RAW.—Posterior nares feel raw as if denuded of epithelium.
Penth.

THROAT.

AIR.—Inhaling cold air causes pain in the throat. *Cistus.*

APHONIA.—A. from cold or general debility. *Xanth.*

BLOOD.—On waking, clots of blood are expelled from the throat.
Rhus. gl.

BREATH.—Diphtheria, with foetid breath, ulcerations of throat,
and great prostration. *Bapt.*

Impure breath from disease of the throat. *Cistus.*

BRONCHITIS.—Chronic bronchitis, with scanty, tough expectora-
tion. *Hypo. of Pot.*

Obstinate chronic bronchitis, with thick, foetid ex-
pectoration. *Hypo. of Pot.*

Chronic laryngitis and bronchitis. *Silphium.*

BUNCH.—A "bunch" in left side of throat when swallowing.
Xanth.

BURNING.—Throat feels sore, constricted, burning, cannot swal-
low. *Arum. tr.*

B. sensation in the throat. *Ars. of Cop.*

Pricking burning in the throat, as if she had eaten
something strong. *Carb. ac.*

Smarting, burning pain; raw, smarting pain on left
side. *Eryng.*

Smarting and burning in the posterior part of the
throat. *Eupat. purp.*

Prickling sensation in the throat, with eructations
and burning sensation rising up from the stomach.
Lobel. infl.

Slight burning in palate. *Lycopus.*

Burning in throat after eating sweet things. *Sang. can.*
— — — with painful deglutition. *Still.*

— — —, — frequent throwing up of frothy
mucus, with cough and frothy expectoration. *Urtica*
urens.

Burning in throat, with nausea. *Urtica urens.*

Epiglottis dry, and has a burning sensation. *Wyethia.*

CARIES.—Roughness, with caries of the palate bone. *Guaræa.*

CATARRHAL.—Chronic catarrhal affections of the throat. *Hydras.*

C. affections of the throat and fauces. *Rumex.*

- CHEESY.—Soreness about right tonsil, afterwards expelled a hard, offensive, cheesy mass, the size of a pea. *Fago.*
- CHOKING.—C. fulness of the throat; soreness of the throat.
Eupat. purp.
C. sensation, as if something were rising in the throat.
Hedeoma.
C. sensation in throat, with fulness and heat. *Iberis.*
— ——— just above cricoid cartilage. *Iberis.*
Grasping at the throat, with sense of choking. *Naja.*
C. and oppressed feeling when lying down. *Oleum jec. as.*
C. feeling in the throat, very severe at times; complete loss of appetite. *Santon.*
C. feeling in the throat on each side of the trachea, along the carotids. *Amyl. nitr.*
Pain in back and right side of throat, causing a choking sensation. *Diosc.*
- CHOKED.—Infants are choked every time they attempt to drink fluids, although they can swallow solids without difficulty. *Brom. of Potass.*
- CHOKY.—Thick, oedematous, and dry choky feeling in the throat.
Ailanth.
- CLEAR.—Continual disposition to clear the throat by swallowing and coughing. *Arum. tr.*
- CLOTHING.—Can not bear the clothing close around the throat.
Eryng.
- COLLAR.—The collar seemed too tight, with desire to loosen it.
Amyl. nitr.
- CONSTRICTION.—Dryness and a sense of excoriation and constriction.
Aesc. hip.
Throat feels constricted, sore, burning, cannot swallow. *Arum. tr.*
Transitory constriction and stinging in the throat, extending to the larynx. *Asclep. tub.*
Constrictive feeling in throat, with frequent desire to swallow. *Bapt.*
C. of throat preventing swallowing. *Cactus gr.*
— ———, which scarcely allows her to swallow the saliva. *Cedron.*
Sense of constriction in the throat. *Cyan. of Potass., Sang. nitr.*

- C. and darting pain in soft palate. *Fago.*
 Sensation of constriction and burning heat in the throat. *Guanæa.*
 Constrictive sensation in the throat, with stabbing pains in the heart, dyspnoea and palpitation. *Iberis.*
 C. hindering deglutition. *Myrica.*
 Constricted and rough feeling in the throat, it feels swollen, with a constant desire to swallow. *Myrica.*
 C. and dryness of the throat. *Naja.*
 C. of the throat. *Still.*
 Feeling of constriction. *Amyl. nitr.*
- CONTRACTED.—Sore throat, extending to the posterior fauces; the throat feels sore and contracted. *Bapt.*
 Spasmodic contraction of the œsophagus. *Carb. ac.*
- COUGH.—Feeling in the throat as if would cough all the time, without being able to cough. *Tanac.*
- COVERING.—Fulness of the neck; have to sleep with the neck free of any covering. *Ham.*
- CROUP.—Spasmodic croup (catarrhal), with high fever. *Gels.*
- DEGLUTITION.—Soreness of the throat on empty deglutition. *Carb. ac.*
 When deglutition is painful the pain extends to the ears. *Ailanth.*
 Redness of the throat or without pain during deglutition. *Lycopus.*
 Sub-acute pain in pharynx, increased by deglutition. *Lycopus.*
 Sensation as if a foreign substance was in the throat, requiring it to be frequently cleared, with painful deglutition in the afternoon. *Myrica.*
- DIPHTHERIA.—D., especially with severe pains in nape of neck, ears, and root of tongue. *Phytol.*
 D. maligna. *Iod. of Ars.*
 D., with stiffness of the neck; head drawn to one side. *Lachn.*
 D., with foetid breath, ulceration of throat, and great prostration. *Bapt.*
 D. maligna, with phagedenic ulceration. *Cyan. of Merc.*
- DRINKING.—No natural sensation when drinking; the water did not seem to touch the mucous membrane. *Atrop.*

Throat is better on taking warm drinks, or on coughing. *Guanæa*.

DRY.—Throat dry, rough and scrapy; more so in the morning.

Ailanth.

D., thirsty feeling of the throat, not relieved by water.

Ham.

Throat feels dry and parched. *Menisp.*

Throat dry and hot, with sensation of excoriation.

Polyg.

Throat dry and inflamed. *Pilocarp.*

— feels dry and hard in the forenoon. *Trifol. pr.*

Epiglottis dry, and has a burning sensation. *Wyethia.*

DRYNESS.—D. and a sense of excoriation and constriction.

Esc. hip.

Continuous feeling of dryness and heat in the throat.

Cistus.

D. of throat worse from 12 o'clock noon until 1 to 3 a. m. *Cistus.*

At night, dryness in the mouth and throat, and bad taste. *Gallic. ac.*

D. of throat, as if filled with dust. *Iberis.*

Continually increasing dryness of the throat, with sleeplessness, followed by hoarseness. *Lachn.*

D. of the left half of the palate. *Lobel. cer.*

D. in back part of throat. *Lobel. cer.*

Burning dryness of the throat. *Lobel. infl.*

Constriction and dryness of the throat. *Naja.*

Great dryness in throat, including coughing. *Phytol.*

D., soreness, dullness, and roughness of the throat.

Phytol.

Sensation of dryness and scraping in throat. *Polyg.*

— — —, not diminished by drinking.

Sang. can.

D. of the throat and fauces. *Solan.*

Excessive dryness of the soft palate, with painful deglutition. *Sticta.*

Feeling of dryness and smarting in the throat.

Arum. tr.

D. of the throat, impeding deglutition. *Bufo.*

DYSPHAGIA.—Paralytic dysphagia. *Gels.*

- EROSION.**—E., burning heat and rawness in the throat, with tenacious mucus. *Sumbul.*
- EXCORIATION.**—Throat dry and hot with sensation of excoriation. *Polyg.*
- EXCORIATED.**—E. feeling in the throat, with secretion of mucus in the upper part of the throat. *Rumex.*
- FLAKES.**—Great accumulation of matter, part of which is easily expectorated, while a portion is with much exertion detached in small flakes. *Ailanth.*
- FLUIDS.**—Infants are choked every time they attempt to drink fluids, although they can swallow solids without difficulty. *Brom. of Potash.*
- FOREIGN.**—Sensation as of a foreign substance in the throat, requiring it to be frequently cleared, with painful deglutition, in the afternoon. *Myrica.*
- Throat feels raw, as if a foreign body was stuck in it.
Trifol. pr.
- FULL**—Throat feels full; sore on swallowing. *Eucalypt.*
- FULLNESS.**—A fullness in the throat just above the sternum, and a desire to hawk up something. *Ailanth.*
- Sensation of fullness in the throat, with feeling of homesickness. *Eupat. purp.*
- F. of the neck; have to sleep with the neck free of any covering. *Ham.*
- GLASSY**—The inside of the throat looks glassy; on the back of throat there appears strips of tough mucus. *Cistus.*
- GRASPED.**—Sensations as if the trachea were being strongly grasped. *Phytol.*
- GRASPING.**—G. at the throat, with sense of choking. *Naja.*
- GREENISH**—She hawks up a greenish puruloid matter from the throat. *Ailanth.*
- HAWKS.**—She hawks up greenish puruloid matter from the throat.
Ailanth.
- HAWKING.**—Irritability of the throat and hawking up of mucus
Ailanth.
- Constant hawking and efforts to raise lumps of whitish and yellow matter. *Ailanth.*
- H. of clear white mucus, white in the open air
Carb. ac.
- H. of mucus, constantly. *Cistus.*

H. of tenacious, yellow, or white mucus, with rawness of the fauces. *Hydras.*

Constant hawking up of thick, viscid, a stringy mucus, until after a meal. *Iberis.*

H. mucus from the throat, with constant disposition to vomit. *Lil. tig.*

H. of mucus, with constant nausea. *Lil. tig.*

H. up of mucus in large quantities. *Lith. carb.*

Frequent hawking, from tough mucus in the throat. *Lobel. infl.*

H.; hoarseness; expectorated a quantity of thick mucus. *Arum. tr.*

HEAT.—II. in throat alleviated by inspiration of cool air. *Sang. can.*

H., dryness, smarting, with desire to swallow. *Aesc. hip.*

Unpleasant degree of heat in the throat. *Apoc. can.*

HÆMORRHAGE.—H. from the throat and fauces. *Ham.*

H. pharyngitis, with difficulty of swallowing. *Salic. ac.*

HOARSENESS.—H. roughness and scraping in the throat. *Cimic.*
Throat sore with hoarseness; throat seems sore, but is not. *Diosc.*

Continually increasing dryness of the throat, with sleeplessness, followed by hoarseness. *Lachn.*

Great hoarseness. *Oleum jec. as.*

Slight hoarseness in evening, worse next day. *Oleum jec. as.*

H., as if from dryness in the larynx, on rising in the morning. *Plant.*

Great hoarseness; inability to speak aloud. *Ptelea.*

Sore throat with hoarseness. *Trifol. pr.*

Hawking; hoarseness; expectorated a quantity of thick mucus. *Arum. dr.*

INFLAMED.—Throat inflamed and sore, especially on swallowing; tonsils red and inflamed. *Badiaga.*

Fauces inflamed and dry, without feeling dry. *Cistus.*

IRRITABILITY of the throat and hawking up of mucus. *Ailath.*

INFLAMMATION.—I. and ulceration of the throat. *Eriger.*

Pseudo-membranous inflammation of the throat. *Cyan. of merc.*

Chronic inflammation of the throat, with general debility. *Juglans*.

IRRITATION.—I. of left side of throat, extending to ear and larynx. *Diosc*.

I. of the bronchi, causing a short, hacking cough. *Trifol. prat.*

Great irritation of the throat. *Trifol. prat.*

Throat feels much irritated. *Trifol. pr.*

ITCHING.—Periodical itching in the throat. *Cistus*.

LANCINATING.—L. pain in right side of the throat, near the tonsil. *Myrica*.

LARYNGITIS.—Chronic laryngitis and bronchitis. *Silphium*, *Eryng*.

LUMP.—Sensation as if a lump was in the throat. *Eryng*.

— — — — — in pit of throat. *Lobel. infl.*

— — — — — throat when swallowing. *Phytol.*

Sensation as if a lump was in the throat, recurring frequently. *Puls nutt.*

Sensation as if a lump was in the throat, not relieved by hawking or swallowing. *Rumex*.

Sensation as if there was a lump behind the larynx, which produces constant inclination to swallow. *Ustil.*

Aching sensation in the throat, as if a lump were sticking fast in the œsophagus. *Rumex*.

Redness and swelling of the mucous membrane of the throat and posterior fauces, with ulcers the size of a pin's head; after a time a small lump of cheesy matter of a strong odor was expectorated, with some bluish-red blood. *Salic. ac.*

LYING.—Immediately after lying down, tickling in the posterior portion of the palate, causing a violent dry cough. *Bi. sulph. of Carb.*

MATTER.—She hawks up a greenish puruloid matter from the throat. *Ailanth.*

Great accumulation of matter, part of which is easily expectorated, while a portion is with much exertion detached in small flakes. *Ailanth.*

MOTTLED.—Throat looks mottled, as if diphtheritic deposit were commencing. *Brom. of Amm.*

- Mucus.—Throat filled with thick, well concreted yellow mucus in the morning. *Apoc. can.*
Hawked up a viscid, solid lump of bloody mucus, in the morning. *Badiago.*
Accumulation of mucus in the throat. *Brom. of Amm.*
Hawking up of clear white mucus while in the open air. *Carb. ac.*
Hawking of mucus constantly. *Cistus.*
Expectoration of bitter mucus. *Cistus.*
— of a white, thick, frothy mucus. *Eucalypt.*
Hawking up of tenacious, yellow or white mucus, with rawness of the fauces. *Hydras.*
Constant hawking up of thick, viscid, stringy mucus, until after a meal. *Iberis.*
Hawking mucus from the throat, with constant disposition to vomit. *Lil. tig.*
Hawking of mucus, with constant nausea. *Lil. tig.*
Hawking of mucus in large quantities. *Lith. carb.*
Thick mucus secretion in the throat. *Lobel. cer.*
Increased secretion of mucus from the throat. *Lobel. cer.*
Frequent hawking from tough mucus in the throat. *Lobel. infl.*
Stringy mucus in the throat, detached with difficulty. *Myrica.*
Throat and nasal organs filled with an offensive, tenacious mucus, detached with difficulty. *Myrica.*
Chronic sore throat, relieved with expectoration of yellow mucus. *Oleum jec. as.*
Excoriated feeling in the throat, with secretion of mucus in the upper part of the throat. *Rumex.*
Aching in the pharynx, with collection of thick mucus in the fauces. *Rumex.*
Dropping of mucus down the posterior nares, and the throat feels and looks raw. *Sticta.*
Tenacious mucus in the throat. *Sumbul.*
Accumulation and expectoration of mucus. *Trifol. pr.*
Burning in throat, with frequent throwing up of frothy mucus, with cough and frothy expectoration. *Urtica urens.*
Soreness, with expectoration of tough mucus. *Xanth.*

- Hawking; hoarseness; expectorated a quantity of thick mucus. *Arum. tr.*
 Collection of thick, white mucus on the tonsils. *Picric. ac.*
 Great accumulation of mucus in the throat and bronchi. *Sang. nitr.*
- NAUSEA.—Hawking of mucus, with constant nausea. *Lil. tig.*
 Slight nausea in the throat. *Carb. ac.*
- PAINFUL.—A painful feeling in the interior part of the thorax. *Hypo. of pot.*
- PARCHED.—The throat is parched, accompanied by intense thirst for cold water. *Can. ind.*
 Throat and gullet parched. *Sulph. iod.*
- PHLEGM.—Tough, gum-like, thick, tasteless phlegm brought up by hawking, mostly in the morning. *Cistus.*
 Sensation as of phlegm in the throat all the time. *Eucalypt.*
 Roughness, and great secretion of phlegm in the throat. *Gallic. ac.*
- PRICKLING.—P. in the throat, with eructations and burning sensation rising up from the stomach. *Lobel. infl.*
 P. in the throat with desire to vomit. *Lobel. infl.*
- RATTLING.—R. of mucus in the throat.—*Pod.*
- RAW—Throat feels raw and as if bruised, worse when swallowing. *Fago.*
 R. and distressed feeling in the throat, extending down to the epigastrium. *Lobel. card.*
 R. sensation in the throat, painful on swallowing. *Solan.*
 Throat feels raw, as if a foreign body was stuck in it. *Trifol. pr.*
 Throat feels raw, scraped, stiff, and hot, as if burnt. *Picric. ac.*
 Throat feels raw, as if something were in it. *Trifol. pr.*
- RAWNESS—R., extending from the chest into the throat. *Cistus.*
 Sensation of rawness at back and right of palate. *Lycopus.*
 R. of the throat. *Naja.*
 R. and scraping in the throat. *Polyp.*
 R. of throat and purulent expectoration. *Arum. tr.*

REDNESS.—R. of the throat with or without pain during deglutition. *Ailanth.*

RHEUMATIC sore throat. *Cimic.*

ROUGHNESS.—R., and great secretion of phlegm in the throat. *Gallic ac.*

R. with caries of the palate bone. *Guaræa.*

R. and swelling, with pricking when swallowing. *Lachn.*

R. of the throat. *Tanac.*

SAND.—A feeling as if sand were in the throat. *Cistus.*

SCALDED.—Sore throat as if scalded all the way down. *Trifol. pr.*

SCRAPING.—Sensation of scraping and rawness in the throat and tonsils. *Phytol.*

S., scratching feeling, with fine stitches in the throat.

Bi. sulph. of carb.

SMARTING.—S. in the mouth and throat. *Cornus cir.*

S. on under surface of soft palate when swallowing.

Fago.

Feeling of dryness and smarting in the throat.

Arum tr.

SOFTNESS.—A feeling of softness in the throat. *Cistus.*

SOLIDS.—Cannot swallow solids without washing them down with liquids. *Atrop.*

SORE.—Throat feels constricted, sore, burning, cannot swallow.

Arum tr.

S. throat, extending to the posterior nares; the throat feels sore and contracted. *Bapt.*

Throat sore; felt slightly hoarse, as if taking cold.

Carb. ac.

Throat sore only when swallowing, and pressing upon the upper part of the larynx; worse on right side.

Carb. ac.

In the morning sore pain in the throat and dryness of the tongue. *Cistus.*

S. throat all night, with frequent inclination to swallow. *Erig.*

Throat is sore. *Fago.*

S. throat from gastric derangements. *Hydras.*

— —, with dry lips and mouth moist. *Juglans.*

— —, — short cough. *Lachn.*

In the evening sore throat on the right side. *Lith. carb.*

- S. throat extending into the ears, and from ear to throat. *Lith. carb.*
- Throat sore and dry, with disposition to swallow and to hawk up phlegm. *Lobel. card.*
- S. throat, tickling and scraping only on the left side. *Nabulus.*
- S. throat, with roughness and tingling. *Nymphæ.*
- Chronic sore throat, relieved with an expectoration of yellow mucus. *Oleum jec. as.*
- S. throat, swelling of the palate in the morning. *Phytol.*
- S. throat, commencing on the right side and going to the left (*Lyc., Lach.*, left going to right). *Podo.*
- Throat very sore, red and swollen. *Rhus ven.*
- S. throat from influenza. *Triost.*
- S. throat, with hoarseness. *Trifol. pr.*
- Throat raw and sore. *Arum tr.*
- S. throat in the morning. *Sulph. iod.*
- In the morning sore pain in the throat and dryness of the tongue. *Cistus.*
- SORENESS.—Soreness and pain in the throat. *Arum tr.*
- S. of the throat, with scraping and burning. *Bapt.*
- S. worse on the right side. *Carb. ac.*
- S. of the throat on empty deglutition. *Carb. ac.*
- S. of the throat when swallowing, and on pressure, with stiff neck. *Cimic.*
- Tickling and soreness in the throat. *Cistus.*
- Dry soreness in throat and pharynx with desire to swallow. *Fago.*
- Great soreness, rawness, pricking dryness of the lower surface of the palate, extending forward through the whole mouth. *Lobel cer.*
- S. of the throat in the morning. *Myrica.*
- S. and pricking in the left side of the throat. *Naja.*
- S. in the throat. *Oleum jec. as.*
- S. of the throat extending to the ears. *Podo.*
- S., as if from swelling of the pharynx, and pain in the cesophagus on swallowing. *Triost.*
- S. with expectoration of tough mucus. *Xanth.*
- S. and rawness in the throat, evening. *Brach.*
- SPASMODIC.—S. affections of the throat. *Gels.*

SPOTS.—Throat moist, showing red, elevated spots. *Lobel cer.*

STIFFNESS.—Sore stiffness and swelling of fauces. *Fago.*

STITCHES.—Sharp stitches in the throat. *Carb. ac.*

S. in the throat, causing cough when mentally agitated. *Cistus.*

S. in right side of the throat. *Solan.*

STRIPS.—The inside of the throat looks glassy; on the back of throat there appears strips of tough mucus. *Cistus.*

SUFFOCATION.—Each attempt to swallow produced paroxysms of suffocation. *Atrop.*

SWALLOW.—Heat, dryness, smarting, with desire to swallow. *Aesc. hip.*

Dryness of the pharynx, making it almost impossible to swallow. *Atrop.*

Dryness of the pharynx, in a small spot, with inclination to swallow. *Cimic.*

Soreness of the throat when swallowing, and on pressure, with stiff neck. *Cimic.*

The patient is constantly obliged to swallow saliva to relieve an unbearable dryness, especially during the night. *Cistus.*

Throat tender, sore on swallowing or on the admission of air. *Ailanth.*

Throat inflamed and sore, especially on swallowing; tonsils red and inflamed. *Badiaga.*

Rough, scraping pain in the left side of the throat when swallowing. *Bi. sulph. of Carb.*

Burning and scraping in the whole of the œsophagus, with difficult swallowing. *Bi. sulph. of Carb.*

Constriction of the throat preventing swallowing. *Cactus gr.*

Great difficulty of swallowing. *Cyan. of Merc.*

Constant desire to swallow, but it causes nausea. *Diosc.*

Difficult swallowing. *Diosc.*

Dryness of the fauces, with frequent inclination to swallow. *Diosc.*

Throat feels full; sore on swallowing. *Eucalypt.*

Dry soreness in throat and pharynx, with a desire to swallow. *Fago.*

Smarting on under surface of soft palate when swallowing. *Fago.*

Frequent desire to swallow, with a painful raw sensation. *Fago.*

Throat sore and dry, with a disposition to swallow and to hawk up phlegm. *Lobel. card.*

Constricted and rough feeling in the throat, it feels swollen, with a constant desire to swallow. *Myrica.*

Frequent desire to swallow, with painful deglutition. *Nymphae.*

Sore throat, left side, worse in the morning, especially painful when swallowing liquids. *Podo.*

Left tonsil feels swollen, with soreness on swallowing. *Solan.*

Throat feels swollen as if to suffocation, with pain when swallowing, and aphonia. *Sang. can.*

Raw sensation in the throat, painful on swallowing. *Solan.*

A "bunch" in left side of throat when swallowing. *Xanth.*

Great difficulty of swallowing; sensation as if the throat would split open. *Picric ac.*

Violent efforts to swallow, with difficulty in swallowing, woke him from sleep. *Salic. ac.*

Constant disposition to swallow saliva. *Sulph. iod.*

Constant desire to swallow saliva to relieve the dryness, yet affords no comfort. *Wyethia.*

Swallows with difficulty. *Wyethia.*

Throat tender, sore on swallowing or on the admission of air. *Ailanth.*

SWELLING.—A small swelling in the trachea, sore and hard. *Fago*
Sore throat, swelling of the soft palate in the morning. *Phytol.*

SWOLLEN.—The throat is livid and swollen, the tonsils studded with numerous deep, angry-looking ulcerations, from which a scanty fœtid discharge exudes. *Ailanth.*

Throat feels swollen and full. *Bapt., Wyethia.*

Throat feels swollen, with pain on the right side. *Juglans.*

Throat feels swollen as if to suffocation, with pain when swallowing, and aphonia. *Sang can.*

- TEARING.**—T. pain in the throat when coughing. *Cistus*.
- TENDER.**—Throat tender, sore on swallowing or on the admission of air. *Ailanth*.
- THROBBING.**—T. in the throat, and sensation of swelling. *Xanth*
- TICKLING.**—Immediately after lying down, tickling in the posterior portion of the palate, causing a violent dry cough. *Bi. sulph. of carb.*
- T. and soreness in the throat. *Cistus*
- T. sensation in the throat in the afternoon and evening. *Codeine*.
- Spasmodic dry cough at night, with tickling in the throat, and constant dull pain under the left nipple. *Cornus*.
- T. in throat pit, after dinner, with cough. *Oleum jec. as.*
- TIGHT**—The collar seemed too tight, with desire to loosen it. *Amyl. tr.*
- TOUCH.**—Throat dry and painful to touch, feeling as if swelled. *Sulph. iod.*
- ULCERS.**—U. on one side of the throat, constant desire to swallow. *Phytol.*
- ULCERATED.**—U. sore throat after scarlatina. *Canth.*
 — — — from salivation by mercury. *Hydras*
 Throat ulcerated and tongue inflamed (right side). *Ptelea*.
- ULCERATION.**—U. of the throat, tonsils, palate, etc. *Carb. ac.*
 Inflammation and ulceration of the throat. *Eriger.*
 Diphtheria maligna, with phagedenic ulceration. *Cyan. of Merc.*
- VARICOSE.**—V. condition of the throat and fauces. *Ham.*
- TONSILS.
- BORDER.**—A white opaline border formed on the columns of the velum palate and the tonsils. *Cyan. of Merc.*
- BURNING.**—B. of left tonsil and left side of throat. *Diosc.*
- CONGESTED.**—Both tonsils slightly congested. *Diosc.*
 Tonsils and fauces congested. *Ham.*
- ENLARGED.**—Throat feels as if both tonsils were enlarged. *Iberis.*
 Chronic enlargements and indurations of the tonsils. *Iod. of Bar.*
 Right tonsil much enlarged, dark red, burning sensation in the fauces and whole length of the œsophagus. *Phytol.*

INFLAMMATION.—Slight inflammation of the left tonsil, lasting several days. *Still.*

ITCHING.—Itching and pulling pain in left tonsil. *Diosc.*

MUCUS.—Collection of thick, white mucus on the tonsils. *Picric ac.*

RED.—Throat inflamed and sore, especially in swallowing; tonsils red and inflamed. *Bad.*

T. swollen and red. *Fago.*

T. red and congested, with dull and aching distress in them. *Rhus ven.*

REDNESS.—Sore throat, a dark livid redness of fauces and tonsils. *Gymnoc.*

R. and swelling of the uvula and tonsils. *Chelid.*

SPOTS.—The fauces and tonsils are inflamed with spots of incipient ulceration. *Ailanth.*

SORENESS.—Soreness about right tonsil; afterward expelled, a hard, offensive, cheesy mass, the size of a pea. *Fago.*

Soreness, rawness, and roughness on right tonsil, with difficulty in swallowing. *Sang. nit.*

SPLINTER.—Sensation as of a splinter in the right tonsil. *Solan.*

STINGING.—Stinging in right tonsil. *Diosc.*

SWELLING.—Redness and swelling of the uvula and tonsils. *Chelid.*
S. of the tonsils, rendering swallowing difficult. *Guarana.*

S. of the right tonsil, with sensitiveness to touch. *Salic. ac.*

SWOLLEN.—Left tonsil feels swollen, with soreness on swallowing. *Solan.*

Tonsils much swollen, the right one most. *Gossyp.*

TONSILITIS.—T. from acute catarrh. *Gels.*

Aphthous tonsilitis. *Myrica*

ULCERATED.—The tonsils are prominent and studded with ulcerated points. *Ailanth.*

U, the throat is livid and swollen, the tonsils studded with numerous deep, angry-looking ulcerations, from which a scanty fetid discharge exudes. *Ailanth.*

UVULA.

ELONGATED.—The uvula feels elongated. *Wyethia.*

INFLAMMATION.—Inflammation of the uvula and palate, worse on the left side; with copious coryza. *Cimic.*

PAIN.—A sharp pain through the uvula, causing the tears to start. *Trifol. prat.*

SWELLING.—A distinct feeling of swelling of the uvula; difficulty of swallowing. *Coca.*

Redness and swelling of the uvula and tonsils. *Chelid.*

Clinical Verifications.

A CASE OF ABDOMINAL TUMOR.

PROF. J. T. KENT, M. D.

M. A. W., aged 30, asks treatment for an abdominal tumor, which is large enough to give her the appearance of being about eight months pregnant. She is a house maid, and her friends will not go out with her fearing that people will think they are associating with an unmarried pregnant woman. She had consulted two surgeons who refused to operate because of the rigidity and extensive adhesions, and also because of the sickly aspect of the girl. The face was indeed waxy and sickly looking, These surgeons told her she would die from the tumor.

The tumor was first noticed five years ago. It became prominent on the right side of the uterus and extended up out of the pelvis; was said to be movable until two years ago. The uterus is now immovable and the tumor which hangs over the right side of the pelvis is very hard, as large as a child's head, and cannot be made to move in any direction.

1888.

June 1.

Pain in the pelvis now and then.

Swelling of the pit of the stomach not due to the tumor.

Swelling of the feet, indenting on pressure.

Constant congestive headaches which she could give no description of, only "it aches all over."

Eats but little, and what she eats causes nausea.

Constipation; no desire for stool; takes physic, hence no modalities of value. Goes two or three weeks without a stool.

Always feels a constriction about the waist, which most likely is due to pressure of tumor, hence it is not a valuable symptom.

Sensation of great fullness after eating, and she mentions above that she eats but little.

Menses fairly regular "with cramps."

- She has not drank water for eight years, as it makes her sick.
- Feet burn so that she must take off her slippers to cool them.
- Starts in sleep, and when awake starts at the slightest noise.
- Restless sleep.
- Pain in left side of abdomen.
- Teeth decayed when young. They are dark and bad looking.
- Wants hot things; cannot take cold things into the stomach. Pain in the stomach after cold things.
- Pain and nausea after water, cold or warm.
- Pain in right groin. She had this pain before the tumor was felt.
- Lyc.*^{cm} One dose, and *Sac. Lac.* morning and night, dry on the tongue.
- July 23.
- The remedy increased the symptoms so much that she was alarmed and would not return for many weeks, but now is so much better in a general way that she returns to report and ask for more medicine. Upon close questioning it was found that for a week or more her symptoms were on the increase. Her stomach symptoms at first grew worse, then improved and now are worse again.
- Lyc.*^{mm} She got one dose and *S. L.*
- Aug. 2.
- Reports that the medicine acted violently.
- Aug. 9.
- She reports that all the symptoms are better, and she is feeling greatly improved.
- Aug. 31.
- Pain in pit of stomach.
- Pain in forehead, vertex and temples.
- Bowels no better.
- If she drinks water she feels so full and gets cramps.
- Sleepless; starts suddenly.
- S. L.* No change in the tumor.
- Sept. 25.
- Feet do not swell now.

- Lyc.*^{mm} She vomits and has a pain in stomach after eating or drinking.
- Oct. 28. Symptoms all passed away, except that she has a pain in the right side, in the tumor.
- Lyc.*^{mm}
- Nov. 27. No symptoms.
Calls at intervals but gets only *S. L.*
- 1889.
- Jan. 23. Symptoms returning, especially the stomach symptoms.
- Lyc.*^{mm}
- June 3. She has been improving steadily and was free from symptoms.
Bowels move every three or four days. Stool normal.
Feels more swollen than for some time.
Uncomfortable. Bad feelings returning.
Pain in right groin.
Feet swollen.
Headache in forehead and eyes.
Pain in lumbar region.
- Lyc.*^{mm} Feet burn.
- Aug. 15. Symptoms have been gone since here last, but now are all coming back.
- Lyc.*^{2mm}
(Fincke.)
- Dec. 31. She has reported several times, but there were no symptoms.
Bowels regular.
She can eat and drink anything.
She looks well.
She says the last powders have made her well.

The tumor is what most readers will ask about, but has not been mentioned, as the tumor was not treated. The patient was cured and the tumor at last report was small; the uterus was movable and with it the small tumor also moved. She did not mind the tumor as she was so well and shapely.—*Journal of Homœopathics.*

SILICEA IN CHRONIC HEADACHE.

A. R. MORGAN, M. D., WATERBURY, CONN.

While warning the tyro against heedless recourse to the *Key Note* method of prescribing, we find it at times of great value, for by its proper use we are often led by a short cut through the apparently tangled maze of our vast arcanum of drug provings, in the direction of the nearest simillimum.

G. W. S., age about 50; tall, spare figure, fine organization; nervous temperament; fair skin, pale face; naturally of weak constitution, never been a robust man; has retired from active business on account of chronic deafness and chronic headache which has rendered life a burden.

He first came to me for treatment something like three years ago, after having been under the care of many physicians, and not getting proper relief from me after two or three prescriptions, he then quit, but returned with his wife as interpreter, on Feb. 13, 1897, when I found the following record made:

Gloomy, melancholy, uncomplaining; no hope of recovery, disinclination to all effort, don't care to live; almost continual headache, especially in occipital and parietal region, is wakened in the night by the pain which he describes as a pressure, without being able to say whether it is outward or inward.

<from mental effort, from exercise, from jars or concussions.

>in warm room and from warmth generally.

Deafness so profound that he can scarcely hear conversation even while using an ear trumpet with long flexible tube which he constantly carries.

Has roaring and rumbling noises in both ears; hears bells ringing, crickets chirping with occasional detonations like pistol shots.

Dry nasal catarrh, with loss of smell.

Bitter taste in mouth, likes a great deal of salt, appetite poor. Aching region of kidneys; urine high colored. Obstinate constipation, frequent ineffectual desire for stool. Uses cathartics habitually.

*Nux vom.*³⁰⁰, (D.)

1897.

Feb. 26.

Report "no particular change."

He is discouraged, almost indifferent.

His wife says he sleeps soundly and snores heavily; has continual headache which also wakes him in the night; takes but little interest in things transpiring about him.

I learn that he is exceeding sensitive to cool air which <headache so much that he is compelled to wear a flannel night cap for warmth.

This feature may be regarded as the differential key note which must be covered by our remedy.

We find under *headache relieved by wrapping up the head warmly*, viz.—

Ars., *Hepar. s.*, *Lach.*, *Magn. mur.*, *Nux v.*, *Psor.*, *Rhod.*, *Rhus t.*,
SIL.

Upon referring to the provings we find that our patient lacks the restlessness, fear and anxiety of *Ars.*, the fretfulness of *Hepar. s.*, the loquacious delirium of *Lach.*, the peevishness of *Magn. mur.*, the obstinacy, irritability and moroseness of *Nux.*, the constitutional peculiarities of *Psor.*, the cranial bone and rheumatic pains of *Rhod.* and *Rhus.*

He is even tempered, uncomplaining, of mild and yielding disposition, which decide the choice in favor of SIL, of which he got three powders 200th (D.), one every three hours, f. b. S. L.

This remedy should probably have been given at first instead of *Nux vom.*, which but emphasizes the folly of prescribing at all until after a complete and thorough analysis.

Mar. 12.

Reports headache was better next day after taking last powder and that he has been free from it now for nearly a week.

His bowels are now evacuated without the aid of cathartics.

His wife says "he is a happier man and begins to take an interest in things."

Sil.^m (F.), one dose, to be taken only if bowels become sluggish again, with return of headache.

Aug. 20.

Up to this time I have seen these people several times and

Mrs. S. reports that although Mr. S. has less annoying noises in his ears, his deafness continues about the same, but that he goes about telling how much good Homœopathy has done for him after all other methods had failed.

A GROWING TYPE OF CHOREA—WITH AN ILLUSTRATIVE CASE.

R. M. BARROWS, M. D., CHICAGO.

I wish to bring to you notice a case of chorea, as an illustration of a type of cases which it seems to me is on the increase. Chorea, as you are aware, is a disease largely manifested in children between the ages of five and fifteen; the time not only of rapid physical growth, but of school work. And it is the crowding of the mental functions, especially between the ages of ten and fifteen, without due attention to the laws of health, which forms the principal cases to which I refer. The larger per cent. of cases are found among girls and the developement of their menstrual functions, being interfered with by the same cause—plays an important part in developing choreic troubles.

But to give the illustrative case. M. N., a girl of eleven, came under my care with a well developed case of chorea. It had been coming on for several weeks; the mother and friends noticing some nervous movements of hand and foot, and that she could never keep still, but thought little of it, although they knew she was working hard in her school work. She was ambitious to be first in her class and her parents encouraged rather than repressed her zeal. I found that choreic movements were confined to the right side entirely. The right hand and foot, the right side of mouth and eye attacked with some involuntary movements of the muscles, between shoulder and hip. The spine showed a little tenderness in the lumbar region, but this passed away after the first week with no subsequent return. Her speech was thick and inclined to stuttering. There was some dragging of the foot in walking. She was unable to dress or feed herself with her right hand. She had no pain, except from striking her limbs against objects in the room by her involuntary movements; could find no history of rheumatism in the case. I at once stopped her school and all mental work and gave directions as to her sleeping, eating, exercise and amusement; and after consulting the right sided remedies in this disease, decided that *coculus* presented the most complete picture.

It had the following key note symptoms: Right arm and right leg principally affected, jerking of eye lid and convulsive movement of eye <after sleeping and talking, quiet during sleep, also some dragging of right foot. *Coculus*^{cm} was given and in four weeks had practically cured the case. She was then able to dress and feed herself with her right hand, and showed but few choreic movements while examining her. She went on to complete recovery. But it is not the beautiful cure I got with *coculus* in this case to which I wish to direct your attention, however interesting such discussion might be, but I wish to direct your thoughts to the predisposing cause and ask how we as practical physicians can avert it. Numerous cases, of which the one presented is a fair sample, have come to my observation during the last few years, and it seems to me the cases are on the increase. The question is how shall the curriculum of study, especially in our public schools be graded, so as to secure the fulfillment of that old adage, "A Sound Mind in a Sound Body." The sound body part of this maxim devolves on us as physicians to see secured. I believe it should be a rule that in primary grades at least, no study should be demanded out of school; or if thought best that study should be pursued at home under the parent's guidance. A less number of hours should be demanded in the school room, so that sufficient exercise can be taken in the open air, to secure the proper developement of the growing child.

In the kindergartens the children are required to go but half a day. Why could not this method be extended in the primary grades of the public school to advantage. It might take a little longer to secure an education, but this loss would be more than made up in the physical development of the children. I know one lady who carries this plan out in reality, by allowing her daughter to go in the forenoon. She is considered a radical; but it is possible the future may indorse her method, as the true one. It is certainly a question demanding our best thought and most careful attention.

SURGICAL CASES CURED HOMŒOPATHICALLY.

ERASTUS E. CASE, M. D., HARTFORD, CONN.

BURSA—RUTA GRAVEOLENS.

Aug. 12, 1891.

A woman, aged 49, wishes an old bursa removed from the left

wrist. No especial indications for treatment could be obtained, therefore on general principles she received

Ruta grav.^{1m} (B. & T.), four powders, one every four hours.

The bursa was gone in one week to the surprise of the patient as well as the doctor. This result has brought a succession of bursae for treatment. Some have been cured, some helped and some have remained unchanged. In this presence it is unnecessary to state that the failures occurred where there were few symptoms to guide to the remedy, *i. e.* where the prescription was based mainly upon pathology. Success was very certain when well marked constitutional symptoms were presented. One good illustration follows.

BURSA—SULPHUR.

A dark haired widow, aged 59, has had a bursa on the first joint of the second finger of the right hand for three years. It is so large that she cannot wear a thimble on the finger.

Feet swell during the day.

Feet burn dreadfully at night, especially the soles.

Urine deposits a red stain upon the crockery.

Dislikes to be in a crowd.

Vertigo and faintness in a close room.

Vertigo from sudden motion, stooping or descending.

Empty sensation in the stomach before every meal, especially dinner.

1896.

Aug. 1.

Sulphur^{cm} (F.), one powder.

Aug. 21.

Within the last week she has begun to improve in every way.

Bursa softer and smaller.

No medicine.

Oct. 1.

Bursa entirely gone. She is in good health.

FIG WART—THUJA OCCIDENTALIS.

A tall, slender, light haired man, aged 25, single, an electrician, pulled a pediculated growth from the right side of the anus in July, 1894. It returned a few months later and much larger, remaining unchanged until now.

The growth is flat, in shape like a cock's comb, three-eighth

of an inch wide at the top, and three-fourths of an inch in length, including the pedicle.

Itching when heated and at night.

After rubbing, smarting and burning.

Relieved by bathing.

Moisture oozing from the anus, aggravated by itching.

Footsweat profuse, sticky, fetid.

Cracks under the toes with itching there.

Sweat on the back of the hands when exercising.

Axillary sweat forms small pellets upon the hair.

He has never had gonorrhœa, but his father had it when young and I had treated the remote results of it within ten years.

1897.

Jan. 21.

Thuja^{cm} (F.), one powder.

Feb. 4.

Wart gone. Footsweat better. Axillary sweat no longer makes a deposit upon the hair.

CLINICAL CASES.

EDWARD CRANCH, PH. B., M. D., ERIE, PA.

Case I. *Podophyllum*. Mrs. G., age 28, confined four days when I was called in. Found her with profuse diarrhœa, painless, dark and frequent. No other symptoms except that she had not slept, to her cognizance, for nearly a week, and was quite restless. Temperature normal, pulse 80. Had had no physic. Appetite small, no nausea. Received the thousandth potency of *Podophyllum* (B. & T.) in water, a dose every two hours. Next morning reported sound sleep all night, and only one loose passage. Received *placebo* for a week, at which time she was still in good condition, sleeping well, and one easy stool a day and no more. Discharged.

Comments.—The sanitary surroundings of this patient were most unpromising, filth, poverty and poor attention combining to cause the condition treated. Under the circumstances, the cure was most prompt and satisfactory.

Case II. *Natrum mur*. Three cases of hay fever, in the commencement, with sense of crawling in the nostrils, occasional thin discharge, not excoriating, thin line of froth on each side of tongue (a useful characteristic), and a quiet, reserved disposition.

All were relieved, and later symptoms much mitigated by this remedy, in the one thousandth potency (B. & T.).

Case III. *Bryonia alb.* Many cases suffering from excessively hot weather are relieved every summer by *Bryonia*¹⁰⁰⁰. It well deserves the name one of my patients lately gave it, of her "hot weather tonic." The symptoms relieved were headache, lassitude, painful or painless diarrhœa, not very frequent or profuse, perspiration checked, but later very profuse, food lies heavy on the stomach, thirst keen, but infrequent, bad taste in mouth, much dreaming at night, feverish, especially towards evening, fine gurgling in bowels. Apathy a prominent condition.

Case IV. *Phosphorus.* Mr. B., age 78, fatty heart for several years, only one beat in four perceptible at wrist, sounds of valves almost inaudible, frequent attacks of coma, and blood-clots in eyes, well marked atheroma of arteries, arcus senilis, etc., began this spring with dropsy of feet and legs, which rapidly increased, with breaking of skin, escape of serum, and raw sores. Then came regular spells of the Cheyne-Stokes breathing, with horrible sense of suffocation, "as if water were flooding his chest," urine scanty, and stools small and difficult, and light colored. He could not lie down at night, but could do so once in a while by day, but soon rose with horrible dreams, and sense of suffocation. Once an unmistakable embolus lodged in the brain, causing violent vertigo, with fear of falling. Under *Phos.*¹⁰⁰⁰ (B. & T.), given every fourth and fifth day, with lots of *S. L.*, he, in the space of two months, began to eat again, to breathe well and comfortably, to lie down with ease by day (though afraid to try it by night), the dropsy almost wholly disappeared, the heart made every two beats out of three, instead of one out of every four, tangible, the embolus was absorbed, and the vertigo abated. Of course we do not expect to cure him, but the case has excited favorable comment, and is a success for pure Homœopathy.

Case V. *Silica.* P. A. M., Jew, clothing dealer, age 45. Eczema of fingers. They crack at tips and bleed. Frequent headaches, *relieved by heat.* Cured in three weeks by *Silica*¹⁰⁰⁰.

Case VI. *Populus Canadensis.* Mrs. A., age 35, and Mr. B., age 40, both public singers, report the greatest relief to the voice when it becomes "thickened" so they have to clear the larynx often, from *Populus Canadensis*³⁰, given two or three hours before singing, a dose every hour. The throat at such times looks *blue*, a marked characteristic for *Populus*.

Case VII. *Lycopodium.* Child one year old (nearly). Eczema of whole face and head, bloody scabs. Child cries whenever it makes water, before the water comes. Is relieved as soon as the water flows. Red sand once or twice on diaper. One dose *Lycopod*¹⁰⁰⁰ effected relief in two weeks, and perfect cure before the teeth came, that is in less than three months. Untreated cases of this often last for years.

Medicine.

REMITTENT FEVER.

E. FORNIAS, M. D., PHILADELPHIA, PA.

REMITTANT FEVER. (Ger., *Basartiges endemisches Fieber*. Fr., *Fievre remittente et continue* Sp., *Fiebre remitente palustre*.)

A severe type of malarial fever, chiefly confined to tropical climates, in which the exacerbations are more distinctly marked than in continued fevers, and the remissions less complete than in ague, never reaching that state of apyrexia, which constitutes the intermission. It is endemic, rarely epidemic, non-contagious; it may precede and even follow intermittent attacks, assume a low type, or associate itself to typhoid (typho-malarial). As in intermittent fever, the changes found in the spleen and liver (*enlargement, induration, pigmentation*), are principally due to the repeated visceral congestions and deglobulization of the blood, with deposit of pigment-granules (*melanæmia*).

SYMPTOMATOGRAPHY. (1) *Mild form*. The attack is ushered in with *gastric or bilious symptoms*. Sometimes there is *moderate chill*, soon followed by *dry, burning skin, flushed face, injected eyes, frequent pulse, intense headache, and vertigo*. The tongue exhibits a white coat, or it is morbidly red, the lips are dry and parched, and there is *intense thirst*. The fever lasts 3 or 4 days, with *more or less marked remissions, and sudden defervescence* (gastric state). At other times the fever is attended with *epigastric oppression, nausea, bilious vomiting, and icteric coloration of the skin and urine* (bilious state). (2) *Common form*. There the remissions are less marked, and the heat more intense, and in addition to the preceding symptoms, there are *pains in the back and limbs, dry, coated tongue, anxiety, restlessness, prostration, stupor, delirium, and sometimes diarrhœa*, usually of a brownish color, or tarry nature. (3) *Severe form*. The typhoid state supervenes, with *regular remissions and early adynamia*; or *multiple hemorrhages* occur (epistaxis, hæmaturia, black vomit, petechiæ); or *icteric, dysenteric, choleric symptoms* predominate, with *hepatic abscess, gangrene of the extremities*; occasionally *purulent*

collection in the serous cavities, and œdemas, from venous obstruction.—The *remissions* are of variable duration, less distinct the more severe the attack, and followed by *exacerbations* of increasing intensity. The former usually set in during the morning, while latter occur towards evening, but in severe cases two exacerbations may take place in 24 hours. The *temperature* may rise to 104° F, or more. The *cold and sweating stages* are always poorly developed, but the *heat* is more protracted than in ague. There is little tendency to *relapse*, and if the fever recurs, almost always assumes the intermittent form. This fever usually lasts from 5 to 14 days, and may terminate in *death*, from exhaustion and complications, or take the intermittent type and end in recovery.—In that compound form called *typho-malarial fever*, there is a true association of the malarial typhoid poisons, and this combination usually takes place in endemic areas common to both maladies. Sometimes *typhoid fever* attacks individuals already suffering from *malaria* and both diseases run their course together without influencing each other, but occasionally *typhoid fever* and *acute malaria* develop simultaneously in the same individual, and if so, both proceed independently, the predominant one, however, giving the case its prominent clinical features. During life and at the autopsy, we find the pathognomonic alterations of both disease; infiltration and ulceration of the intestinal glands on the one hand; pigmentation of the blood and tissues, and visceral congestion on the other.

The chief COMPLICATIONS are: Tumefaction of the spleen, jaundice, dysentery, hemorrhages, pneumonia (in winter), meningeal hyperæmia, and purulent hepatitis.—Common SEQUELÆ: Muscular and nervous debility, ænæmia, dropsy, headache, and feeble digestion. (See *malarial cachexia*).

The DIAGNOSIS is based on the history of the case, the course of the fever, the enlargement of the spleen, and the examination of the blood.—Exclude carefully: *symptomatic remittents* (gastric and biliary catarrh, &c.)—*Intermittent fever*, with its short paroxysms, distinct stages, intervals of perfect apyrexia, and relapses.—*Typhoid fever*, with its gradual ascent, stationary and descending fluctuations, rash, tympanitis, iliac gurgling, peculiar stools, and intestinal lesions. (Remember, however, that the course of this fever may be materially modified by its association with malaria).—*Yellow fever*, with its single remission after the third day, final in slight cases, temporary in

the rest; its tending to become epidemic; its marked predilection for the unacclimated; its higher rate of mortality; and with its power of affording immunity against subsequent attacks.

The PROGNOSIS of uncomplicated cases is usually favorable. —A history of alcoholism, the typhoid state, collapse during the remissions, a tendency to hemorrhages, severe offensive diarrhœa, hiccough, and slight, or short remissions, are unfavorable signs.

TREATMENT. The remedies most frequently indicated are:—ACON., if the fever runs high with dry skin, hard bounding pulse, gastric distress, bilious vomiting, and especially a great deal of restlessness and anxiety, with evening exacerbations. —IPEC., if the attack is brought about by improper diet, with predominant nausea, vomiting of bile, loathing of food, coated or clean tongue, tarry stools, and raging headache. —NUX, in the bilious state, with dry mouth, furred tongue, bitter taste, sallow complexion, and torpid bowels, especially in habitual drinkers, with hemorrhoids. —PULS., if anorexia and adipsia attend the gastric state, and there is much chilliness, without sweat. —BRYO., in the gastric state, with dry mouth, insatiable thirst, epigastric tenderness, bursting headache, constipation, and intolerance of motion. —CHAM., in the bilious state, with bitter taste, vomiting of bile, bilious stools, stitches in the liver, jaundiced skin, and irritable mood. —ANT. CRUD., in *infantile remittent*, if the child is delirious, drowsy, or fretful or peevish, with nausea, vomiting, hot, red face, white tongue, and great thirst. —CHIN., if the temperature, during the remission, tends to reach the normal, and the fever finally assumes the intermittent type, with long lasting heat, and profuse debilitating sweats, especially if jaundice complicates the case, and the spleen is enlarged and tender. —MERC., if jaundice complicates the case, and there is great epigastric and hepatic sensitiveness, with nocturnal exacerbations, and sweating without relief. —GELS., if the fever sets in with creeping chills, vertigo, headache, and gradual loss of mental and muscular power, especially if the exacerbations occur with increasing intensity, and the remissions become slighter and shorter every time; or in *INFANTILE REMITTENT*, when the little patient is dull, feels sore and exhausted, and becomes very drowsy and restless at night. —ARSEN., when the remissions are short and the exacerbations severe, with intense fever heat, early adynamia, irritable stomach, violent thirst, rejections of

drinks, burning heat in epigastrium, mental anguish and nocturnal inquietude.—RHUS, when the bowels become loose, with yellow-brownish stools, tympanitis, increased prostration, constant change of position, stupor, incoherent talk, and other symptoms of the typhoid state.—BAPT., when there is an indescribable sick feeling all over, with high fever, confusion of mind, great languor, inclination to lie down, and dark offensive stools; in TYPHO MALARIA it shares honors with *gels.*, *rhus* and *ars.*—SULPH., when despite the indicated remedy, the intense fever continues day after day, with very slight morning remissions, and the patient becomes so dull and feeble as to indicate a marked lack of reactive power.—BELL., when due to intense meningeal hyperæmia, a throbbing headache persists with or without delirium.

As regards to the compound form, called TYPHO-MALARIAL FEVER, consult:—For intense fever, with great nervousness, mental dullness and muscular debility: GELS.—For marked inflammatory state, with restlessness and anxiety: ACON.—with violent delirium: BELL., HYOS., STRAM.—with much mental nausea and vomiting: IPEC., VERAT.—with gastric irritability, adynamia and nocturnal inquietude: ARS.—with hepatic tenderness and jaundiced color of the skin: CHIN., MERC.—If it sets in with constipation, lassitude, heaviness of limbs, splitting headache and vertigo: BRYO.—with diarrhœa, soreness of the muscles, drowsiness and profound debility: BAPT.—If diarrhœa increases and stupor sets in, with incoherent talk and tossing about: RHUS.—For *extreme adynamia*, stupor, decubitus, and involuntary stools: MUR. AC.; with weak cardiac impulse and irritability of fibre: ARS.—If the stupor deepens into coma: HELL., OPI.—For scorbutic symptoms: *amm. c.*, *kreos.*, *merc.*, *nat. m.*, *nit. ac.*, *phos.*, *sulph. ac.*

For death-like asthenia: *carb. v.*, *hell.*, *mur. ac.*, *phos.* Moreover, THE GASTRIC STATE demands the study of: *ant. c.*, *ars.*, *bryo.*, *cham.*, *cocc.*, *dig.*, *ipec.*, *nux.*, *puls.*, *sulph.*;—the BILIOUS STATE: *acon.*, *bell.*, *bryo.*, *cham.*, *chin.*, *ipec.*, *iris.*, *lept.*, *merc.*, *nux.*, *pod.*, *puls.*, *sulph.*;—if DELIRIUM OCCURS: *bryo.*, *bell.*, *hyos.*, *stram.*;—if constipation gives way to DIARRHŒAS: *bapt.*, *puls.*, *rhus.*, *sulph.*;—if the TYPHOID STATE supervenes: *bryo.*, *bapt.*, *gels.*, *hyos.*, *rhus.*, *mur. ac.*, *opi.*, *phos.*, *phos. ac.*, *sulph.*;—an EARLY ADYNAMIA is indicative of: *ars.*, *rhus.*, *phos.*, *verat.*;—a DEEP COMA: OPI., HELL.;—the COLLAPSE, which is most apt to come

on at the beginning of the remission: *verat.*;—the tendency to HEMORRHAGES: *crotal., nit. ac., phos.*;—EPISTAXIS: *arn., bryo., croc., hyos., lach., merc., rhus.*;—HÆMATEMESIS: *chin., ham., ipec., nux., phos., sec., verat.*;—HÆMATURIA: *apis., verat., canth., ham., mill., nux., phos., sec., tereb., uva.*; with sediment LIKE COFFEE GROUNDS: *apis., hell., tereb.*;—PETECHIÆ: *ars., bryo., rhus., sec., stram.*;—if JAUNDICE complicates the case: *chin., crot., lach., lept., merc., myri., phos.*; with CONSTIPATION: *bryo., nux., lyc., opi., sulph.*; with CLAY COLORED STOOLS: *asar., bell., calc., dig., chel., gels., lept., myri., pod.*; with TARRY STOOLS: *ipec., lept., ham., ars.*;—if CHOLERIFORM SYMPTOMS are present: *ars., ipec., jatr., verat., sulph.*; if DYSENTERIC SYMPTOMS occur: *ipec., iris., merc., nux., sulph.*; should HEPATIC ABSCESS form: *hep., lach., merc., sil., therid.*;—GANGRENE OF THE EXTREMITIES is best met by: *lach., sec., ars., chin., carb. v.*—PURULENT COLLECTION in the cavity of the pleura, by: *ars., calc., carb. v. chin., chin. ars., ferr., hep., jod., lach., lyc., sep., seneg., sil.*;—EDEMA, from venous obstruction, by: *ars., bryo., chin., lyc., merc., nux., puls., sulph.*;—the LUNG COMPLICATIONS by: *bryo., phos., tart. e.*;—the MUSCULAR and NERVOUS DEBILITY by: *ars., chin., gels., rhus.*;—the DROPSY by: *apis., ars., hell.*;—if there is a CHANGE OF TYPE, FROM REMITTENT TO INTERMITTENT study: *ars., chin., gels., phos., sulph.*;—for the REMAINING ÆMÆMIA: *ars., chin., ferr., eup., puls., nat. m.*;—for the REMAINING DYSPEPSIA: *ars., carb. v., lyc., nux., puls., sep., sulph.*;—for the ENLARGEMENT OF THE SPLEEN: *agar., ars., aran., carb. v., chin., ferr., jod., lach., merc., merc. jod., nat. m., oanoth, ran. b., sulph.*

The ACCESSORY TREATMENT is, more or less, the same prescribed for "*Intermittent Fever*," to which we may add, the wearing of woollen garments near the skin, dwelling in high and dry places, a wholesome nutritious diet; and the maintenance of bodily and mental activity, as *prophylactic measures*.

INTERMITTENT FEVER.

A. M'NEIL, M. D., SAN FRANCISCO, CAL.

In the *ADVOCATE* for April last, there is a paper with the above heading that reveals a great deal of skill and industry on the part of the writer, Dr. F. W. Patch. His carefulness in prescribing is worthy of great praise. But I am compelled

to differ from him in some particulars. He says: "In those of sluggish nature with whom sickness develops slowly, intermittent is often the most tedious illness one can imagine; several weeks may pass before it is possible to see the trouble in its true form or conquer it by the homœopathic simillimum. Yet we can only wait and study and watch for the hints which will surely come to guide us in that selection." The Doctor must have been more fortunate in his Massachusetts patients than I was with my Indiana ones or they would not have waited so long for him to cure them. I maintain that his methods of carefully studying of each case is not practicable, nor is it necessary. I would be very modest in expressing those views if they were my own only. Permit me to let in a little light from Hahnemann on the treatment of intermittents.

In Section 241 of the *Organon* he says: "Each epidemic (of intermittents) possesses a peculiar, uniform character, common to all individuals attacked by the epidemic disease. By observing the complex of symptoms peculiar to all patients, this common character will be found to point out the homœopathic (specific) remedy for all cases in general."

He makes further remarks about cases that are neglected or maltreated. But the above includes the point of my argument. Every word of this I have many times confirmed in my ten years practice on the Ohio River where intermittents prevail. I cured, speaking from memory, a thousand cases according to Hahnemann's directions as given above, and as to dose, etc. As to the different types of the disease in different states, which was mentioned by one of the gentlemen who discussed the paper, the only light which my personal experience throws on it is that when I left Indiana *Rhus tox.* and *Bryonia* were the epidemic remedies and when I reached San Francisco they were so still, and were for years. Incidentally I may mention that at present *Sabadilla* is the epidemic remedy in San Francisco. In Indiana I saw *Arsenic*, *Mercurius*, *Gelsemium*, *Apis*, *Natrum mur.*, *Rhus tox.* and *Bryonia* the epidemic remedies.

There is another thing that still more simplifies the treatment of acute diseases which do not arise from errors of diet, overwhelming emotions, overwork, etc. Hahnemann says in Section 101 of the *Organon* that "when an epidemic sets in that the totality of the symptoms for which we should prescribe is that of all of the cases." Note down all of the symptoms of the first

cases and from that aggregate select *the* remedy just as he pointed out should be done in intermittents.

Can there be one pathogenetic factor which produces an epidemic of scarlet fever, for instance, another malarial that causes intermittents, and many more, one of which excites pneumonia, another rheumatism, another coryza, still another diarrhœa, and so on, all in the same city? Theoretically no! But how is it practically? I recall the summer of 1874. Typhoid, cholera morbus, cholera infantum, diarrhœas of dentition, and intermittents were numerous. I treated each case of every disease as distinct. It dawned on me that I was giving *Arsenic* only to all my cases of acute disease and with unvarying success. Since then I never saw that measles required one remedy, grippe another, intermittents another, and that every other case of acute disease required each case to be treated individually.

It may be urged that Hahnemann does not mention this. I maintain that when, as I have shown, that he says that an epidemic should be treated as a unit and that the prevailing intermittents should also be treated as a unit, and as the other acute diseases can not have distinct causes, it follows as a necessary result that their arising as they do from the same atmospheric cause, that they must resemble each other. And experience has many times confirmed this reasoning.

CLIMATOLOGY—MAKE THE AIR YOU NEED.

G. W. BOWEN, M. D., FT. WAYNE, IND.

The educated brain should be qualified to give the possessor some knowledge of the near future, and enable him to provide or guard to a certain extent against its varying condition or change.

As physicians are supposed to be to a certain extent conversant with the laws of nature, and their application to the human race and the influence they do exert on them, why should they not consider the various changes of the surrounding atmosphere especially in regard to its aridity or humidity. Not that alone, but also its reduction or its elevation of temperature.

They have in their care a human mechanism that is very susceptible to those varying changes, and it becomes more so due to some domestic disturbance from within or foreign invasion from without, to be designated as a disease, or a diseased condition.

And this is expected to be remedied by some physician.

As the atmospheric conditions are a factor of great importance, it is surprising that it is not more often considered as a cause or effect.

A large per cent. of the intelligent portion of the community does realize the fact, that certain conditions of the atmosphere causes them to suffer more than at other times. Especially do they claim this to be the case in rheumatism.

And this is true, as all rheumatic and arthritic troubles are worse in cold damp weather, when the atmosphere is cold and damp. This is also the case in all affections of the bones, and in all forms of dropsies, where there is an excess of humidity stored up in the system.

When the opposite conditions exist, when the air is dry and hot, then the nerves are the parts that rebel or complain.

So by a comprehension of the atmospheric condition generally the diagnosis is readily made for us. This is most apparent in sciatica, a nervous affection, which is always aggravated by warmth and ameliorated by cold, while the reverse is true of rheumatism.

The question we are to decide is, what are the conditions we should seek to secure to accomplish a restoration, not simply to ameliorate or temporarily palliate.

The future must be seen, and we be not deluded by the demands of the present. The changes of location to secure the atmospheric conditions we may desire is not always possible, and sometimes impossible.

Then it may become necessary to resort to some form of an artificial substitute, and in a majority of cases they can be made to subserve the purpose fairly well.

And this is more readily accomplished, since by the judicious use of our remedies and with the changes of the conditions that are so easily secured.

In certain conditions, a certain per cent. of humidity becomes essential, and in others an arid air may be more needed, and these conditions can be as easily secured and regulated as can be the temperature.

Not only this, but nearly every variation needed in the atmosphere can be secured, and easily, whether it be made to simulate that of the ocean by being charged with salt or oxygen, or

if needed be that of the sublunary regions by the addition of sulphur.

All this can be obtained far more readily than that of the transference of a patient to where the natural product may be profusely produced.

These artificial atmospheric conditions will not be necessary for a long period of time, and need not be of a permanent nature, but the types or condition of the cases can be approximately estimated if the medical assistance is made to meet the real needs.

In rheumatic and arthritic as well as all forms of mal-deposits, a warm dry air will be needed, and only for one or two weeks. In all nervous affection, and it matters not in what form they may be presented, a cool moist air is and must be a great and essential aid in the restoration to a normal condition.

In asthmatic and all pulmonary troubles, (except bronchial catarrh) the air becomes not only more agreeable, but also more beneficial if it is cool and moist. In these cases dry air is a positive irritant.

In asthmatic troubles, one month of reasonable attention to atmospheric conditions with the rational use of our medicines, and later no fear of these spasmodic suspension of their respiration need be apprehended.

But with pulmonary troubles it may be necessary to consider the needs of a special form of moulded or modulated air for a whole winter, and in some exceptional cases for two winters.

That asthma and consumption in any of its various forms can be easily cured in the young and undeveloped, need not be questioned, but generally four important factors are to be considered used and relied upon.

These are air, exercise, food, and aid from medicine.

It is demonstrable that all irritations of the nerves except those that are due to mechanical cause, (and that includes congestion) can be ameliorated or cured by the use of energy from within, or by the aid of external or voluntary exercise; and it need not be called faith cure or christian science.

In all cases, the first to consider, if we wish to be either logical or scientific, is that of supply and demand, in which that of air, food, and exercise is not the only ones, or the first to be considered.

But it is; is there too much blood in this part or that? Is there a deficient supply here or there?

Next, what about the secretions, are they suppressed and deficient, or are they excessive at some other place?

These defects should first receive the attention they may demand, then must come the consideration of what is to be supplied to recoup the loss, or to make the additions that may be needed. Medication is much, but it is not all, and often it will be found detrimental if it is too forcing.

A simple means for supplying to the air what we may deem is needed, and at the same time to modulate it to suit the need of the case, both in regard to its temperature and humidity, is that of the using of a sheet or blanket wet with either warm or cold water, that has been saturated with salt, sulphur or (vinegar) weak Acetic acid, to be hung up in the room to saturate the air for inhaling and this will give better results for some pulmonary troubles than that of special medicines, if given to the patient internally.

The approximate and inducing cause of the present existing condition must be considered, and not alone the symptoms they have created.

SIMILAR, OR THE SAME, WHICH?

S. R. VINCENT, M. D., WINEMAC, IND.

All drug provings, all cases of sickness, which are but provings of health disturbing agents, contain an unstable factor—a factor that is never the same in any two cases. The individual conditions, states and constitutions, of provers and of invalids, always differ. Observations upon one individual are useful in their application to another, only so far as the *conditions* and the *results* are *the same*. In drug provings, and in other sicknesses, symptoms due to *the same* sick-making forces are always *the same*; hence always valuable. Symptoms arising from different individual idiosyncrasies are always *unlike*, and always worthless. I think it is time we quit teaching a falsehood regarding the basis of a correct prescription.

We say that we select the remedy, the *totality* of whose symptoms are *most similar* to the totality of the symptoms of the patient, which is true, and is always understood to *mean* that we make such a selection *because of the similarity*, which is *untrue*.

Now, I ask, upon what *do* we base a correct prescription, upon the *similar totality* or upon those symptoms of the patient and of the provings, that are *the same*? Every successful prescriber

knows that *it is always and exclusively upon those symptoms of the patient and of the provings that are IDENTICAL.* The symptoms that are *not the same*, that are due to the rousing of dissimilar latent, or suppressed, inherent sick-making forces of the patient, and of the provers, that change the *totality* and make it *similar* instead of *the same*, are entirely worthless, and, if taken into account, positively misleading. The *identical symptoms* always predominate, otherwise the *totality* is not even *similar*, and a successful prescription is impossible. The more nearly that *all* the symptoms of the patient come to being *the same* as those of the provings, the more certainly and speedily will the indicated remedy cure. However much we may *preach* to the contrary, our *practice*, if successful, *is always* in accordance with the law of *identical symptoms*. The similar totality is but the husk that envelopes the real grains of Truth, the *identical symptoms*, which embody the Eternal Law of Cure, infallible, unchangeable, always *the same*. In *simple* diseases, *i. e.* those arising from a *single* sick-making force, the *identical symptoms* are easily discovered, and the remedy based thereon certain to cure. In *complex* diseases,—where a number of dissimilar sick-making forces are acting simultaneously upon the *vital force*,—the symptoms are so complicated that the finding of a proving to correspond thereto is very difficult, and often impossible, and the treatment of such is correspondingly unsatisfactory, or positively harmful. In the worst cases, the symptoms alone are an insufficient guide to the proper treatment. So universal was his failures to cure a certain class of these cases, that Hahnemann pronounced them *incurable*.

Recent experiments have demonstrated, that not only are the *symptoms* of the *sick making* force, and those of the *sick healing* force in a given case, *identical*, but *the forces themselves are identical, except in potency*. Here, then is the climax of demonstrations, the *only* perfect. Administer a certain sick making agent to a certain individual, and certain symptoms appear as a result. Give *the same* agent, except in potency, to *the same* individual and *these same* symptoms are removed thereby, and the magic power is *potency!* POTENCY! POTENCY! Shout the glad tidings the world around, a few earnest souls will nourish the truth, and it will spring forth a bountiful harvest to bless mankind.

There are those who say, that they “have tested the *high po-*

teny of the same humbug," and that "it is a fallacy." If some individual possessed of as many latent, and suppressed sick making forces as his *vital force* can control, should be overwhelmed in consequence of the addition thereto of another disturbing agent,—“the straw that broke the camels back,” and I should attempt to remove the whole trouble with a high potency of this *last* and *least* of all causes, I should consider—well, to say the least, that it was *no test*. I could not remove even this *last* cause, until the *greater* causes had been removed. This is a recognized part of the *law*, that in *complex* cases, the greatest only can be unmoved first. The fact that often no *signs* of disease are discernible prior to the acquisition of the “last straw,” is no proof that disease *agents* are not present. It is well known that hereditary causes of some of the most dreaded diseases lie dormant in the system for years, and are often aroused by things in themselves the most trivial. The fact is, that in *complex* cases it is impossible to know what *all* the causes are. The power of the *vital force*, unaided to control inimical forces is well known, and has been commented upon by Hahnemann. It is only when the disease forces became *too many* for the *vital force*, that sickness results, then with the aid of appropriate remedies, the predominating forces are removed, the *vital force* assumes control over the remainder, which may, or may not be the same as those existing before the outbreak, and we claim for our remedies, and for ourselves the credit for it all. I repeat, that so far as we *do* know, the *cause* agents, except in potency, are *identical* with the *cure* agents in a given case. What, but *sulphur* ever *did*, or ever *could produce* a *sulphur* case? Nothing. What, but *sulphur* ever *did* or ever *could cure* a *sulphur* case? Nothing. *Sulphur crude* is *sulphur*. *Sulphur*^{3x} is *sulphur* and *sulphur*^{cm} is *sulphur*, and what is true of *sulphur* in this relationship of *cure* to *cause*, is true of every health disturbing agent.

What then, *is* the LAW OF CURE? As I understand it from the facts, it is that ANY POTENCY OF A GIVEN SUBSTANCE, SUFFICIENTLY HIGH OR LOW, WILL ANTIDOTE THE EFFECTS OF ANY OTHER POTENCY OF THE SAME SUBSTANCE, and that IT WILL ANTIDOTE THE EFFECTS OF NOTHING ELSE. The positive clause of the above statement is sufficiently proven, and may be demonstrated by any one. The negative clause stands true unless proven to be false, which in my opinion has never been done. (It will be borne in mind, that I refer here to *dynamic* antidoting, i. e. anti-

doting *within* the system. *Chemical* antidoting, which is not *properly* antidoting, as it *prevents* effects instead of *removing* them, takes place *outside* the system, within the alimentary canal.) The supposed dynamic antidotal relations of different drugs, can be explained as follows :

1. Those drugs that contain a common element, may be partially antidotal, one to the other, and who can say what drugs have not a common *dynamic* element. If they produce common symptoms, it is evidence that they *do* contain a common element.

2. *Chemical* antidoting may be mistaken for *dynamic*.

3. The springing into activity of forces latent within the system—already referred to,—to which the supposed antidote is appropriate, adds further and forcible explanation.

4. The power of the *vital force* to suppress and control, as mentioned above, is undoubtedly a mighty factor in all these cases of supposed antidoting. And I can find no evidence to prove that the causes of the so-called *natural* diseases are anything but the same forces that enter into, and characterize mineral, vegetable and animal matter, from which we obtain *the same*, which, in a different potency, is the curative agent. The discovery of the true relation subsisting between *cause* and *cure*, has doubled the power of the physician over disease.

As many health disturbing agents are yet unproven, and others but partially so, symptomatology must necessarily fail in many cases to disclose the proper remedy, and, when it does, and our patient is known to have been exposed to forces, the action of which is unknown, or but partially understood, shall we refuse to administer to such a different potency of *the same*, simply because they do not come within the range of our proven remedies? No, never.

People's Department.

HOMŒOPATHY, A SPIRITUAL AS WELL AS A PHYSICAL LAW.

BY A LAYMAN.

If the homœopathic principles were only applicable within the limits of the domain of medicine, thoughtful laymen would find in that principle little to interest them. A principle or law must have in it the element of *universality*, else it is not *law*. A rule by which we are to be guided in the cure of sick organisms must sweep wider than the needs and limitations of the physical organism; such a rule must be applicable to the cure of *souls* as well as *bodies*.

Those who have studied homœopathic philosophy for many years have found it worth time and attention just because they find the principle *universal*. It is known, to a certainty, that sick *bodies* are cured under the homœopathic law of cure; it would seem equally true, that the disturbed *spiritual* and *moral* nature must be restored to a state of equilibrium under the operation of this same law.

Similia similibus curantur; like by like is cured; *i. e.* *abnormal* states of the body organism are reduced to *normal* conditions by the application, to these abnormal states, of forces, which, if applied to a *normal* organism, would produce the same *abnormal* states as are presented in the abnormal organism submitted for cure; or, in a word, restoration to *normal* condition. Moreover, the *abnormal* curative force must be more *intense* than the *abnormality* to be overcome. Again, the abnormal curative agent must not be applied *too frequently* to the abnormal organism; else an *artificial* abnormal condition will be set up in the organism, delaying favorable reaction, perhaps destroying the possibility of it altogether. Restated, the homœopathic principles are these: An *abnormal* state of the human organism can only be reduced to a *normal* state by the *infrequent* application of a most *intense* abnormal agent *similar* in its characteristics to the *abnormal* state of the organism demanding cure; *similarity, intensity, infrequency*.

This principle—resting upon inductive verifications running up into hundreds of thousands of instances—is of far wider application than the limits of medical practice. The thesis now is: that *abnormal moral* conditions are reduced to *normal* moral conditions by the application of the homœopathic law. But, only in rare instances, have physicians of the soul perceived this truth. Instead, one of the three following methods, or a combination of them, has been most largely in use by the spiritual leaders and moral guides of mankind: First, restraint; *i. e.* the compulsory fast, the monastery, asceticism generally. This is so deadening to the sensibilities that one can not do active wrong; it brings about, in the end, a condition of moral paralysis, utterly repugnant to normal moral life; its goodness, at best, is only negative goodness. Under that system one does not refrain from doing wrong because his own *will* restrains him,—the only normal and healthy moral state; such an one does no wrong because he cannot. Second, the abnormal moral state of the wrong-doer was supposed to be reducible to normal conditions by the threat of eternal torment. This threat deadened what little moral sensibility remained by its constant repetitions of its drastic dose; and immoral men soon ceased to pay any attention to it; just as the physical system, after a fashion, soon becomes inured to drastic, oft-repeated doses and purges them out of the body. Third,—and this is the moral remedy so popular in our day,—the “beauty of holiness” was and is supposed to be very efficacious in restoring the moral balance of the wrong-doer. But the “beauty of holiness” is hardly appreciated by one who is having so delightful a time in the enjoyment of his sins, as most sinners seem to enjoy. As a matter of fact, one might as well expect to cure the debauchee of his vices by a simple and nutritious dinner, as to cure the moral abnormality of the sinner by holding up to him visions of the “beauty of holiness.” A man filled up with psora is not to be cured by eating even the most nutritious whole-wheat bread or the most savory meats; such things are food for the healthy, not medicine for the sick. So the “beauty of holiness” is moral nutriment to the godly; but it is quite as repugnant to the man that enjoys his sins as pure water is to the whiskey-drinker; the “beauty of holiness” is food, not medicine.

These three moral prescriptions—outward restraint, eternal torment, the beauty of holiness (the trinity of allopathic theo-

gy)—failing to restore the abnormal sense to a normal condition, one sinner is in a hopeless plight, unless the homœopathic rule applies as well to the abnormal soul as it does to the abnormal body. And one thesis is: it *does* so apply. Let us view it in the light of a few simple principles of thought and practice, common in daily life. Stating the fundamental principles of homœopathy in *moral* terms, the first proposition is: an *abnormal* condition by a *like* condition is moved. The second proposition is: human nature naturally turns away from that which is *disagreeable*. The third proposition is: human nature cannot long bear the *frequent* repetition of *obnoxious* truth. Now examine these propositions in detail.

First, like things must be compared to *like* things, *like* abnormality must be applied to *like* abnormality. This is the law of the rational mind. Like things must be compared to like things else we commit the fallacy of introducing the fourth term into our proposition and are in eminent danger, thereby, of proving that a horse is a cow or something equally absurd; the "merest school boy knows" that the price of a goat cannot be inferred from the cost of a cord of wood. The sinner is not to be made to see *his* kind of sin in the light of some *other* sin of which he knows nothing; if a man is sycotic, the psoric remedy will not do the work; if a man's sin be *drunkenness*, holding up to him the enormity of *gambling*, will not make drunkenness terrible to him; it is his *own* sin that he must be made to see, the moral abnormality *like unto his own*, that will restore his moral sensibility.

Second. The *remedy* must be more *intense* than the *disease*; which is only another way of saying, in moral terms, that the sinner's pet sin must be made *disagreeable* to him. Whoever heard of anybody, confirmed by long habit in wrong doing, giving up his sin so long as he enjoyed it and had a "good time" in the practice of his indulgences? One's only means of judging the way we may go is by the pleasurable, favorable result to us; and, "so long as sin is fun and pleasure, why forsake it?" so the sinner reasons. *Intensify his sin* before his consciousness and you then make it uncomfortable; make it *disagreeable enough* and it becomes too repulsive to be endured. Enough ipecac in the cigar will cure the boy of smoking, as a rule; the horrible spectacle of a filthy drunkard in the street will deter your son, most likely, from making a like beast and fool of himself. Why? Because, it is a repulsively *disagreeable* sight; a *highly* potentized

vision, so to speak. But offer him alcohol in your own attractive home, in the form of delicate wines daintily served and the sin of drunkenness may be very easily and *agreeably* acquired; the potency is too *low*, as it were. In a recent biography of Dr. Jowett, late Master of Balliol, Oxford, Eng., the story is of the way in which he cured a young lady, given to the slang use of "awfully." He gave her a shilling every time she so used the word, a course which brought her error very *disagreeably* to her attention; Jowett's judicious ridicule corrected the habit. The time came when she could not longer stand his ridicule; to escape it she refrained from the silly practice. Ridicule is a fine homœopathic corrective, because it makes one's pet sin particularly *disagreeable* to one. Webster, when he first entered Dartmouth, used to put his elbows on the dining table; an instructor, who sat at the same table, purposely did the same thing and shamed Webster out of the habit. Ridicule is a divine remedy, when sufficiently "potentized" and judiciously administered. Macauley's remedy for the evils of liberty was "more liberty." And, although his meaning was doubtless different in the intention, the recipe still holds good. Liberty, because license, will only be restored to its former estate when the license has become so aggravated that it is no longer endurable; Herod must out-Herod Herod. The horrors of the French Revolution were not ended by the counsels of the wise and moderate, but by the intensification of those horrors under Robespierre's Reign of terror; they became, at least, unendurable and wrought their own destruction. "Every evil carries within its bosom the seeds of its own destruction." Dr. Conan Doyle, in "The Refugees," makes one of the great prelates at the court of Louis XIV, say to a younger priest who is troubled because Louis has lapsed again into the arms of Madame de Montespan: "But, wait; have no fear; a twinge of his old pains will restore him to us." That divine restorer of moral aberration, Jesus of Nazareth, first shows sinners the heinousness of their sin and then bids them "depart in peace and sin no more." Make the sinner's *own sin*—*his very own*—"Let every man take his own psorinum," says Hering.) *disagreeable* for him—i. e. intensify the remedy so that it is more powerful than the disease—if you expect to turn him from his evil ways.

Third. Refrain from *repeating* the ridicule and the ludicrous presentation too often. *Moral* human nature seeks to accomo-

date itself to every abnormal environment; just as does *physical* human nature. Our Puritan divines made that blunder with our grandfathers; they preached sin and damnation until their hearers became hardened to it, just as the toper did his rum and the dear old doser her "salts and yarbs." Once make a man's conscience *sensitive* to *his sin* by presenting that sin so *intensely* to him that it is very *disagreeable* and you have nothing more to do until he forgets—till the dose runs out, as it were. Wait until *nature* calls for a repetition of the dose. Bossuet had made Louis see the connection between immorality with his mistresses and his "gout"; that was enough; Bossuet, as wise as Hahnemann in that kind of insight, contentedly waited until a "twinge" reminded Louis. A less wise or more solicitous prelate would, foolishly, have tried to make Louis, in the midst of his pleasure, remember his last attack of "gout"; impossible!—with Montspan's lovely arms about his neck! How, think you, that poor adulteress would have left Jesus had he tormented her conscience continually with the memory of her sins? She would not have left him with peace in her soul and she would have sinned the more. Just so, one careless or over-anxious homœopath, having stirred nature to its very depths by his *indicated, intense*—and, *therefore*, most *disagreeable* dose, to the poison within—fails to *wait*, but belabors his patient with repetitions which stagger and benumb the vital force, or changes the direction of its activity by a non-indicated—and therefore, to the poison within—a comparatively *agreeable* dose.

Similarity, intensity, infrequency, says the medical practitioner; the man's *own sin*, a *disagreeable* consciousness of it, *charitable forbearance* in reminding the sinner of it again, until, through the sinner's forgetfulness, it shall become necessary, says the true healer of moral infirmity. More than once, it has been insisted, that the physician and the clergyman are engaged in the same great and beneficent labor—the restoration of the *abnormal* in human nature, both of soul and body, to *normal* physical and moral health. *Moral regeneration* is simply *homœopathy* "with large;" the same principle governs both the true doctor and the true minister. Like by like is always neutralized—cured—if, only, it is *intense* enough and administered *charitably* and *wisely*. Hasten the day, good physician and good clergyman, when you both will better realize these truths and more faithfully practice them. And the greater the need for

wisdom and conscience in the matter when it is remembered that remedies are *medicine*, not *food*. Bread and meat at the daily board, the beauty of godly living and teaching, day by day, will nourish a man if already in physical and moral health. But, if he fall ill, the only thing that will safely restore him is the *similar, intensely disagreeable, unrepeatd* remedy—"as well for the body as the soul." Intelligence, conscience, brotherly-love, alone can administer to the sick body and the suffering of soul the "leaves of the heavenly Tree of Life," given of God "for the healing of the nations" to those who see and know and understand the *divine*, and, therefore, *universal* law of cure.

A. W. LITTLEFIELD, Winchester, Mass.

A SQUARE DEAL.

John R. Tanner deserves the thanks of every homœopath in Illinois. He has given our school greater recognition than it has received from any former Governor of the State. The Institution for the Feeble-minded, at Lincoln, has been put in charge of Dr. W. L. Athon, of Marshall, Ill., an accomplished and well-known homœopathic physician. Very soon the announcement will be made that the Western Hospital for the Insane at Rock Island will have as its medical superintendent another eminent physician of our school. The Governor's liberal action in this matter is in strong contrast to that of his predecessors, and we are no longer able to make the claim, which we could but a few days ago, that appointments to medical positions resemble a species of "class legislation." The spirit of fairness on the part of Illinois' Chief Executive is fully appreciated by the one thousand homœopathic physicians, and their several hundred thousand constituents, and will ever be remembered to his credit.—(*Medical Era*).

Editorial.

COLLEGE NOTES.

Dunham Medical College is in good standing with the Indiana State Board of Registration and Examination, notwithstanding the biased reports of the *Medical Century* and *Materia Medica Journal*.

STATE BOARD OF MEDICAL REGISTRATION AND EXAMINATION,
INDIANAPOLIS, IND., Aug. 20, 1897. }

C. S. Fahnestock, M. D., Dean Dunham Medical College, Chicago, Ill.

Dear Doctor:—Replying to your favor of the 19th, will say the Dunham Medical College of Chicago, Ill., is in good standing with and fully recognized by this board, all reports to the contrary notwithstanding.

The matter which gained so much notoriety in the press was surreptitiously obtained from our tables and published as our list. I trust your College will not feel the effects of these base reports.

I am with great respect, yours truly,

(Signed)

WM. F. CURRYER, Sec'y.

A number of changes have been made in the personnel of DUNHAM faculty. Prof. S. Mills Fowler, an old and faithful worker, was compelled to resign on account of ill health and return to his old home in Florida. Prof. Frank R. Waters has been promoted to the vacant chair, Prof. Grant J. Gray taking the place occupied by Dr. Waters.

It was with extreme sorrow that the Board of Directors learned that Prof. E. T. Allen's health would compel him to relinquish his position in the College before the term was half over, but they are pleased to announce that the department of Ophthalmology and Otology will be filled by Dr. John F. Beaumont, formerly of the State University of Minnesota, and his able Assistant, Dr. Milton S. Smith.

Dr. Frank Brenen, a graduate of "Old Hahnemann" of Philadelphia, has been elected to the chair of Pathology and Sanitary Science, while Dr. A. B. Duncan, G. P. Waring and Arthur F. Klinetop, recent graduates of Dunham, have been elected to lectureships in the College. McKenzie Cleland, Esq., is the newly elected Prof. of Medical Jurisprudence. The new Secretary and Registrar is Prof. H. W. Pierson, editor of the HAHNE-MANNIAN ADVOCATE.

The DUNHAM MEDICAL COLLEGE of Chicago was refused recognition by the Inter Collegiate Committee of the American Institute of Homœopathy at Buffalo in June.—*Medical Century*.

This is not strictly true but near enough for all practical purposes. Guess they'll wish they had before they are through with the matter. In spite of the trials and tribulations (which have been excellent advertising material) the session of 1897-98 will open Sept. 15th with the largest class in her history.

The National Medical College has located at 531 and 533 Wells St., Chicago. The new home of the College stands on a lot 50x204. The larger building on Wells St. is 50x125 and three stories, besides the basement. The smaller building facing on Weiland St. is 65x45 and two stories besides the basement. The clinical field is rich. The College is nearer Lincoln Park, the Academy of Science and Newbury Library than any other medical college.

Dr. J. W. Watry, for many years Professor of Diseases of the Eye and Ear in Hahnemann Medical College has accepted the Professorship of the Eye while Dr. Hunt, formerly of the Chicago Homœopathic Medical College, will lecture upon the Ear.

"Hahnemann of Chicago" comes out with its 38th Annual Announcement but no where between its covers can be found the word "Homœopathy" on any assurance that its principles will be taught during the coming session. It does say, however, that its course has been so *broadened* and extended as to *suit the requirements of the times*, of our National Society, and the different State Boards of Health. The College session opens Sept. 14th, with a lecture from Prof. A. K. Crawford.

The Chicago Homœopathic College (located in the same block with Dunham Medical College) comes out with its usually attractive Announcement. She publishes a cut of the "proposed" Maternity Extension of their present hospital building—a very commendable enterprise.

Prof. Gatchell delivers the Introductory lecture Tuesday evening, Sept. 14th.

It will be noted that Hahnemann, Chicago Homœopathic and DUNHAM begin their work upon the same date, while the National postpones their work for one week.

Hering Medical College sends no Announcement, so no particulars can be given.

SCOPE OF THE INDICATED REMEDY.

The statement by Dr. George Shears at the recent meeting of the American Institute very clearly illustrates the views of the conservative surgeon. He says: "I believe the homœopathic remedy is of inestimable value, but its work is not the removing of morbid products. It is the correcting of the tendency toward disease. It is as unfair to expect the remedy to remove the morbid growth, or to correct the general condition of the patient when the infecting mass remains, as it would be to expect a remedy to open an abscess or to prevent septic infection where pus cavities are allowed to remain unopened. The physician who refuses the early aid of surgery is an enemy to homœopathy, for he discredits the value of his remedies by asking impossibilities of it, and the surgeon whose mental vision is bounded by the local disease is a detriment to homœopathy, for he fails to obtain for it all the credit it deserves." The doctor correctly states the scope of the homœopathic remedy when he says: "Its work is the cure of the tendency toward disease." The only way for determining the tendency toward disease is by carefully noting the general tendency therein as shown in the symptoms, both subjective and objective. The surgeon says, "here is a cancer, let us take it out and thereby remove a source of infection to adjacent tissues." The physician says, "the disease does not exist in the morbid product, consequently the removal of the same tends to the marking of suppression of the natural tendency of this constitution toward disease, and thereby destroys one of the most important sources of these symptoms that point to the remedy, which will cure by removing said susceptibility. After these tendencies have been removed and the patient is cured the restored vital force is enabled many times to remove the abnormal tissues substituting for the same, normal cell proliferation. And in these cases the legitimate province of the surgeon is to remove the inert substance, which cannot be disposed of by the unaided vital force.

**HOMŒOPATHY RECOGNIZED BY THE AMERICAN
MEDICAL ASSOCIATION.**

In the future there can be no charge of regular or irregular schools of medicine, for the reason that at the recent meeting of the American Medical Association of Philadelphia

the following resolutions were adopted: Graduates and students of homœopathic and eclectic medicine will receive credits represented by the credentials of their respective colleges, and that all students presenting credentials from all recognized colleges will be admitted to advance standing without examination. This is as it should be and a step farther may, and logically will be demanded in this direction when the real study of medicine will begin with what is now known as the junior year and the model institution of the future will give only laboratory and such fundamental training shall as be required of every student before they enter upon their regular course of medical instruction. Each student could then select for him or herself that particular line of investigation best suited to their individual preferences, because it is a fact, whether recognized or not, that a mechanical knowledge of homœopathy is not all that is required of the physician in order that he may make a success of his chosen profession. All physicians adopting the principles of Hahnemann assumes a higher ideal in the treatment of the sick than that assumed by any other physician, because he affirms that there is a universal law of cure and that his interpretation of the same is the most perfect. Logically, results obtained would be greater than in other systems, it therefore requires a higher degree of mental development in order that a satisfactory application of the law be secured.

Our Monthly Review.

Chronic Purulent Otitis Media. Dr. H. S. Weaver gives an interesting study of this subject in the *Hahnemannian Monthly* for August. In his treatment and in the cases presented he shows results that are more satisfactory than the ordinary treatment and at the same time opens up the suggestion of the method by means of which his treatment could have been greatly improved. To begin with, he says the causes of this purulent discharge are coryza and exanthemata, especially scarlet fever and measles. Also scrofulous, syphilitic and tubercular children are more susceptible to these forms of inflammatory diseases than others. In another place he speaks to the effect that contact with water seems to be another exciting cause and gives the prevalence of this disturbance during the months of July and August when so many children go in swimming. These suggestions affirm the statement made by Hahnemann that chronic purulent otitis media are to be found in psoric constitutions and that their treatment must naturally be of antipsoric nature. Now the remedies selected by the doctor with the leading indications for their use.

Psorinum. Offensive, thick, dark-colored discharge from the ears, with a tendency to pustular formation on face and neck, especially around the nose, mouth and ears. External ears raw; oozing and great tendency to formation of scabs.

Hepar sulphur. Especially indicated when we have acute exacerbations with increased discharge which is thick, creamy and somewhat offensive. Patient rather weak with profuse perspiration; very irritable; chilliness from slightest draught of air; eruption over body; tendency to mastoid involvement with great tenderness on pressure. Dry roughness in throat. Vertigo, especially marked when looking around.

Silicea. When disease has affected the bones, giving rise to very offensive discharge, quite dark in color. Shooting pains through the ears, profuse perspiration about the head; marked prostration, pain in the limbs.

Kali bichromicum. In the latter stages of the disease when the discharge has become thick and tenacious, is drawn out in long

strings; very little odor. Eustachian tubes hard to inflate, because the discharge is so difficult to dislodge. Some pharyngeal indications and slight hacking cough.

Capsicum. Acute exacerbation going on to mastoid involvement. Intense pain and heat over mastoid cells with considerable swelling; violent headache on affected side; patient is feverish and restless and at times delirious.

Tellurium. Very profuse, long-lasting discharge; throbbing in meatus; ear bluish-red and œdematous; canal sensitive to touch and bleeds very easily; tendency to eczema, especially back of the ears.

Sulphur. Very offensive discharge, which cannot be removed by syringing; external ear very red; discharge corrodes the ear and causes an eczematous condition. With these symptoms we have the characteristic *sulphur* system, with hunger at 11 a. m., soles of the feet and palms of hands very hot and burning, etc.

Other remedies, such as *graphites, arum, calcarea carb, hydrastis, mezereum, pulsatilla, alumin* and *kali iod.*, come in frequent use.

Coryza. *Phytolacca*, total obstruction of nose; when riding; forced to breathe through the mouth; not relieved by blowing the nose; flow of mucus from the nostril while the other is stopped. Mucus discharged with difficulty; continuous hawking.

Hydrastis. Constant discharge of thick, white mucus, with profuse lachrymation, stuffed up, smarting sensation in posterior nares, with discharge of thin, clear mucus. Sharp raw, excoriating feeling in both nares.

Mercurius. Ordinary catarrh, whether epidemic or not; frequent sneezing; copious discharge of watery saliva; swelling, redness and soreness of the nose, with itching and pain in the nasal bones on pressing upon them. Fetid smell of the nasal mucus; painful heaviness in the forehead; night sweats, chills and feverish heat; great thirst; pains in the limbs; desire to be alone; warmth and cold aggravate. (*Hahnemannian Monthly* for August.)

Rhus Tox. in Hemorrhages. Bright red blood, aggravation of the symptoms from chagrin or the least motion; disposition to be angry, uneasy, and timid mood; tickling in the chest.—(*Hahnemannian Monthly*).

A Practical Repertory. Dr. Pierce makes some practi-

cal suggestions with reference to the coming Repertory. In the first place he says that the *Materia Medica* should be so arranged that no symptom be recorded that does not contain the three elements necessary, viz., location, character and modality. With these gained the Repertory should be so arranged that all words having the same meaning should be found under the same head, and not under several heads as we usually find it. That a supplemental Repertory be employed to show the general term or heading applied to the synonymous terms so that little difficulty would be experienced in finding the general heading. To illustrate his meaning he suggests that the following appear under one heading: Brick-dust sediment, red sand and uric acid in excess; that watery, limpid and colorless urines look alike and should appear under the same heading; that brown, brownish, beer brown, brownish black, dingy brown, dark brown, brownish red, and yellowish brown might be classified under the same head. The symptoms under *Cactus*, the urine is of the odor of fresh drawn green tea, should appear under the same heading as urine smelling like strong tea, *Calcarea phos.*, etc. A further suggestion, that uniform printed instructions be given every prover, thereby enabling him to bring in more definite and consequently more reliable statements of his individual experimentation.—(*North American Journal of Homœopathy*).

Senecio. The pathogenesis of *Senecio* points to young girls of a pallid, weakly constitution, with general tendency pointing toward catarrhal phthisis. As a rule it may be found that these patients are very susceptible to dampness and that the first disturbance seems to have been a suppression of the menses from getting wet or getting the feet wet. Those who have menorrhagia and the flow is profuse and lasts so long as to exhaust the patient and in dysmenorrhœa the pains are exceedingly violent. Where the flow is suppressed some times for many months, she begins to look pale with dry hacking cough and instead of the menstrual flow a vicarious spitting of blood. They are exceedingly sensitive to every draft of air and the cold is followed by a profuse expectoration. The disease may come on as a catarrh of the chest for years, but at last a form of miliary tuberculosis sets in and the patient rapidly succumbs to what is known as quick consumption. When these symptoms agree in this kind of a case *Senecio* is a wonderful remedy for establishing the flow. The

tendency to hemorrhage from all mucus membranes of the body is not to be forgotten. Coryza with nose bleed, spitting of blood from the throat and chest, hemorrhage from the lungs, etc. These waxy, anæmic, chlorotic girls who have lost their menstrual flow, become dropsical after slow hemorrhage from the uterus, kidneys and bladder. Dropsy from anæmia is the key note. It has also in its provings a great many distressing symptoms of the urinary organs. Painful urination. Uncomfortable heat in the neck of the bladder. The whole urinary tract is painful but bleeding in the absence of the menstrual flow is the feature of this remedy. Wherever there is an inflammatory condition of the mucus membrane it will bleed in cases of the menstrual flow does not appear. Dysmenorrhœa with urinary symptoms, cutting in the sacral and hypogastric regions. Hacking cough at night. Amenorrhœa from a cold. Menstrual irregularities in consumptive patients. Leucorrhœa especially in chlorotic girls. It is a marked remedy in chlorosis in the anæmic state with green hue, called green sickness by the laity.—(J. T. Kent, M. D., in the *Journal of Homœopathics*).

The Relative Value of Abdominal and Vaginal Examination in Obstetrics. Dr. F. W. Hamlin makes the significant statement that the death rate from puerperal diseases is much higher in private practice than it is in lying-in hospitals, and gives as his reason for this that the accoucheur of a hospital takes nothing for granted, but insists upon a thorough abdominal and vaginal examination prior to delivery, and outlines the steps usually employed for this purpose.

This examination takes place at the end of the eighth month, and as a preliminary requisite the bladder and rectum is thoroughly emptied, the patient then lies on a bed, or lounge, covered with a sheet, with the limbs outstretched. Her clothing should be loosened, and the abdomen left covered with nothing but the sheet.

The hands of the examiner should be thoroughly bathed in hot water, to prevent reflex traction of the abdominal or uterine muscles.

The first point to determine is the location of the back and small parts of the fœtus by palpitation, applying the palmer surface of the finger tips to the sides of the abdomen, the firm resistance offered by the back is readily distinguished from the

resistance offered by the liquor annii, and small parts. By placing one hand on the fundus uteri and passing downward in the axis of the uterus, this difference in resistance is still more perceptible, the small parts on the right indicate a left dorsal position and *visa versa*.

In the next step of the examination, the examiner facing the feet of the patient, places his hands flat over the lower portion of the uterus, the fingers are now flexed gently into the brim of the pelvis, thus determining within reasonable limits the presenting part.

If the pelvic inlet is filled before labor the presentation is certainly vertex or cephalic, because no other part sinks into the pelvic brim before the outset of labor, and this sinking rarely occurs except in primiparæ.

When the head lies above the pelvic brim it may generally be outlined by bringing the hands closer and closer together.

The third step in the examination is the location of the fetal heart sounds. The examiner should first listen directly over the upper part of the child's back; it is important to locate the point of greatest intensity because it serves to distinguish left from right, and anterior from posterior positions.

Another important point is the examination of the pelvis after the uterus has passed up above the brim, making careful measurements of the various dimensions, thereby guarding against surprises when the time of labor is at hand.

It will be readily seen that the obstetrician who makes it a rule to thoroughly study his patients during the period of gestation, bringing the observation to a close as above outlined, will have such a thorough knowledge of both mother and child, as to reduce to a minimum all possible chances of danger, and at the same time has no emergencies to prepare for, and thereby wins the confidence of his patient, and secures the reputation and reward which comes with thorough and skillful work.—(*Homœopathic Journal of Obstetrics*).

Nature's Method of Vaginal Antisepsis. It is a mooted question with obstetricians whether the use of the douche be required before and during parturation.

Nature has provided a membrane capable of thoroughly protecting both uterus and vagina from puerpural infection. As a rule the secretions of the parturiant are clearly acid in reaction,

thus offering an effectual barrier to all inroads of the streptococcus, which the bacteriologist declares to be the germ which breeds puerperal septisæmia.

The cervical canal of the parturient woman is closed by a mucous plug, which offers sufficient mechanical protection against all infection.

With the appearance of the third stage of labor, the rupture of the membrane, and the escape of the amniotic fluid, thoroughly washes out the vagina, and allows the passage of the child, thus continuing the cleaning of the canal, which is completed by the removal of the placenta. This being completed an acid secretion is poured out which is destruction to all germs and thereby offers ample protection to the mother from septic infection.

The question is here raised: How shall we account for the well known cases of infection with puerperal fever following in so many authentic cases?

As a rule it will be due to one of two causes: Meddlesome interference on the part of the physician or attending nurse with their prophylactic douches, or a constitutional weakness on the part of the patient, which prevented the normal and proper secretions from the uterus and vagina. These abnormalities can be easily overcome by the observing accoucheur, by the selection of the indicated remedies.

Oophorectomy to Induce Menopause. Dr. A. Johnson is reported to have said, that the menses may be effectually stopped by cutting off the sympathetic nerve, as it goes into the uterus. He also makes the further statement that in cases of retroversion, if he ties behind the round ligament in such a way as to bring this nerve within the ligature, he feels safe in assuring the patient that there will be no further menstruation, although the ovaries remain intact.

Placenta Previa. Dr. Baumm in the "*Central Bl. f. Gynakol*" recommends external version in placenta previa, thereby converting the presentation into a pelvic one, thus arresting the hæmorrhage by drawing down and keeping flexion of the foot.

The version is generally possible, as the placenta brings the early engagement of the head.

After it has been performed, if the os is not sufficiently dilated to admit of two fingers one must when bleeding begin and apply a tampon and wait.

It is generally easy to bring down the foot provided the parts are relaxed, and by steady but moderate traction deliver the woman without further hæmorrhage.

If the hæmorrhage be severe and alarming it is better to employ combined Podalic version at once.—(*Homœopathic Journal of Obstetrics*).

The Higher Potencies. At the meeting of the "Homœopathic Medical Society" of the county of New York, held on April 8th, the committee on Materia Medica and Therapeutics presented a paper called "The Higher Potencies." In the discussion of the same Dr. Deschere remarked that "he was sorry for the Homœopathist who knows nothing but the higher potencies." Higher potencies are by no means the essence of homœopathy. Hahnemann used the same doses at first as when an allopath, but experience taught him to look farther. He commenced by diluting his tinctures with water, but with him that was but the stepping-stone to the use of potentized remedies. In the writings of Hahnemann we have little evidence of his having used remedies above the 30th potency, but verbal testimony is offered to the effect that during his career in Paris he used nothing lower than the 30th potency, and frequently went much higher.

Bœnninghausen first used the higher potencies. It is important for us to know the method used for the preparation of the different potencies, because this knowledge enables us to determine within certain limits the degree of potentiality. Fluction potencies are misleading, when the potencies made by one machine shows by the spectroscope that the 1000th only equals the fourth centesimal of Hahnemann.

The doctor uses a great variety of potencies, but says "he sees little difference in the effect when used beyond a certain limit." With reference to the changing of remedies, he has adopted the following rule: If no result takes place under the action of a certain remedy, another one should be tried, but if improvement has been secured, and then the case comes to a stand-still, he then selects a higher potency of the same remedy.

Book Reviews.

Pharmacopeia of the American Institute of Homœopathy. For nearly thirty years committees have been at work preparing a Pharmacopeia that would, to a certain degree, correspond with the Pharmacopeia of the British Association. This committee has reported from year to year and finally has brought out a work which is a credit to homœopathy and an honor to the American Institute. A thorough description is given to about seven hundred remedies containing the natural order, synonyms, descriptions, habitue, history, parts used and preparations. This will undoubtedly be adopted by the pharmacies as the standard governing all homœopathic preparations in the United States and in the future greater uniformity will exist between the American and foreign preparations. The work is sold by Otis Clapp and Son, Boston, Gross & Delbridge, Chicago.

The Homœopathic Therapeutics of Diarrhœa; Dysentery, Cholera, Cholera Morbus, Cholera Infantum and Other Loose Evacuations of Bowels. "*Bell of Diarrhœa*" is one of the homœopathic classics and no homœopathic physician, be his knowledge and experience ever so extensive, can afford to treat the sick without the possession of this little hand book. The work has passed through four editions and the author says in the preface to the fourth: "That *Allen's Symptom Register* gives four hundred and twenty five remedies as having diarrhœa, and *Kerr's Repertory of the Guiding Symptoms* gives a much smaller list but none of them not already included in this book are suited for a place in it, either because proving is indefinite or that the diarrhœa is a simple accessory to the more important group of symptoms." After a thorough re-vision, re-re-vision and renewed comparison with materia medica few changes have been made in this edition, and no remedies added to or taken from the previous editions. The cost of this valuable work is \$1.50, net, \$1.58 by mail.

Eye Strain in Health and Disease. Dr. Ambrose Ranney, author of *Lectures on Nervous System; The Applied*

Anatomy of the Nervous Symptoms; Treatise on Surgical Diagnosis, etc., has given in this volume the substance of several articles written and published in the various medical journals during the past ten years. Every physician knows the intimate relation existing between the chronic diseases of the body and refractive changes in the Eye. Too many physicians believe they can cure the constitutional disturbances by the mechanical application of lenses that will correct the errors in refraction and Dr. Ranney seems to labor under this impression in the book before us, but the careful observers will have noted that many times remedies, selected for troubles seemingly far distant and having no intimate relation with the eyes, have not only caused the chronic disturbances to disappear but that the eye was restored to a normal condition or nearly so when lenses not prisms corrected all errors of sight. A judicious combination of mechanics with dynamics will produce much better results than the use of either one alone, and this work is commended for the reason it deals extensively with the reflex results of eye strain and shows to what degree the correction of this derangement will overcome constitutional tendencies. This work is published by the F. A. Davis Company of Philadelphia and Chicago, the profession in the West being supplied from the Chicago house, 9 Lakeside Building.

Warner's Pocket Medical Dictionary. The student in medicine is very much dependent upon his medical dictionary, especially when dealing with the latest words coined for the concise statement of facts in science. One of the neatest of the works of this kind coming to our table is compiled for Wm. R. Warner and comprises the pronunciation and definition of ten thousand essential words and terms used in medicine and associated sciences to-day. This book is bound in flexible cover, suitable for the coat pocket and is sold at the very low price of 75 cents.

Diseases of the Ear, Nose and Throat and their Accessory Cavities. The F. A. Davis Company, of Philadelphia and Chicago, have enabled Dr. Seth Scott Bishop, a Professor in the Chicago Post Graduate School and Hospital, to get out a very instructive work on the organs. Of course, there is nothing in the treatment that can be commended in this journal, but its symptomatology is as a general rule so clearly de-

fined that the homoeopathic physician is enabled to select the proper constitutional remedy in many of the cases reported by him as receiving local treatment. The book therefore may be read by any physician with pleasure and profit.

Manual of Static Electricity in X Rays and Therapeutic Uses. Dr. S. H. Monell, Founder and Chief Instructor of the Brooklyn Post Graduate school of Electro-Therapeutics and Röntgen Photographing, has anticipated the demand that would be made by the physicians for concise instruction and indication for the newly applied products of electricity. Static electricity has largely superceded that of the galvanic and faradic current and its adaptability for the treatment of disease is increased many fold over that of the cruder uses of this force. All of the essential features of static electricity is presented in very concise and clearly defined form in this book. It not only discusses the products of electricity but describes how to care for and operate the best type of the modern static machine. The therapeutic section of the book contains the report of many cases treated not only with electricity alone but in conjunction with other therapeutic means. The greatest obstacle to the application of this form of electricity lies in the wide spread impression that if a little is good a great deal is better; and the tendency is to use too strong a current and for too long a time, with possibly too short intervals of rest. Take the work as a whole it constitutes one of the most satisfactory text books on static electricity that has come under our observation.

They Say. By Ch. Gatchell, M. D. The readers of the *Medical Era*, almost from the birth of the magazine, have been in the habit of turning over to the last page and see what "They Say." This brilliant and versatile writer has combined much truth and wisdom in these nuggets of pure gold. Those who have been fortunate enough to become possessor of this little work will unite with us in giving it due praise, and say "that they should never put off until next week what they ought to have done last year."

Kent's Aphorisms and Precepts. Here is another little work of condensed wisdom that will commend itself to all students of homœopathic principles. In this book you will find many principles and propositions so clearly and at the same time so forcibly expressed that you will wonder why you have

labored and stumbled over them for so long a time without getting the true spirit of their meaning. Almost the entire range of homœopathic philosophy is covered by these Aphorisms and the precepts are valuable guides to the students of medicine. This valuable work is printed by Hahnemann Publishing Co. of Chicago and sent by mail for 75 cents.

Transactions of Society of Homœopaths.

This is one of the latest books coming from the press of the Hahnemann Publishing Co., Chicago. Price \$1.00 by mail. This is the most complete work on the *Antidotal Treatment of Disease* in print and should be carefully read by every student of Homœopathy. It is apparent that the *theory* has many enthusiastic advocates *as well as* determined opponents and the presentation of such questions as *What is the Law of Cure. Hahnemann vs. Isopathy, Antidotal Power of Potentized Remedies, Hahnemann's Theory of Diseases, Morbid Growths the Result of Pernicious Drugging, etc.*, gave abundant opportunity for a thorough discussion of this application of the *law of similars*. The clinical cases presented cover a wide range of disease manifestations and the study of *Intermittent Fever* is to be especially commended.

Hemorrhoids, their Constitutional Cure. Dr.

John H. Clark is so well known by the readers of HAHNEMANNIAN ADVOCATE that the announcement of a book bearing the imprint of his name gives assurance that another valuable addition has been made to the literature of the homœopathic physician. Outside the ranks of strict homœopathy, hemorrhoids are usually treated as a mechanical obstruction that must be removed by mechanical means, but a careful reading of this little work of but one hundred pages will convince the thoughtful student that the knife can never cure hemorrhoids so effectively as the indicated remedy. This little work if sold for 25 cents and no one can read its contents without getting many times its cost from an actual basis.

The Hahnemannian Advocate

A MONTHLY HOMŒOPATHIC MAGAZINE.

Vol. XXXVI CHICAGO, SEPTEMBER 16, 1897.

No. 9

Materia Medica.

REPERTORY OF NEW REMEDIES—SKIN.

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ABSCCESS.—A. on the left thigh. *Oleum jec. as.*

ACHING.—Intense, chronic a. in the heels, only relieved by elevating the feet. *Phytol.*

ANÆSTHESIA.—A. of the skin; the sense of touch is lost or perverted. *Atrop.*

BLEED.—Itching of surface, the pimples b. easily. *Menisp.*

BLOTCHES.—Red b. upon the face and body, very sore; they itch and burn, but do not suppurate. *Fago.*

Raised, red, itching b. on the skin of the hands and fingers. *Urtica.*

BOILS.—A large number of b. on various parts of the body. They are painful and would not heal. When one heals another appears in its place. *Brom. of Merc.*

B. on the forehead, neck and arms, and right thigh. *Rhus ven.*

B. on right side of chest. *Oleum jec. as.*

B. painful on the back and behind the ears. *Phytol.*

Chronic disposition to b. *Phytol.*

B. commencing with small blisters. *Cistus can.*

B. all over the body. *Bellis.*

B. on scrotum. *Ars. of Cop.*

BRUISES.—B. with extravasated blood. *Bellis.*

- BRUISED.**—B. spots from falls or from being beaten. *Badiaga.*
- BURNING.**—Painful burning on face and arms; face enormously swollen. *Comocl.*
Excessive b. and itching of the limbs, after retiring. *Fago.*
The skin of the whole body is sensitive, and leaves a b. sensation when scratched. *Plant.*
The itching and b. of the skin aggravated by warmth. *Rhus ven.*
Burning of the skin. *Santon.*
Itching and b. as if the skin was scorched. *Urtica u.*
Hot, b. and sensitive skin. *Ver. vir.*
- BURNT.**—The skin of the face, arms and chest b. frightfully. *Urtica u.*
- CARBUNCLES.**—C. *Bufo, Sang. can.*
- CLAMMY.**—Cold, c. and insensible skin. *Ver. vir.*
Cold, pale and c. skin. *Atrop.*
- COLD.**—C., pale and clammy skin. *Atrop.*
C., clammy and insensible skin. *Ver. vir.*
Skin c., moist, pale, and shrunken. *Quin. sulph.*
- COLDNESS.**—C. of the skin, which is usually perspiring. *Ver. vir.*
C., and dry, white shrunken skin. *Sumbul.*
Profuse sweating all night, with c. of skin. *Apoc. and.*
- COOL.**—All the skin feels c. in spite of a very warm room. *Chelid.*
- CRACKED.**—Skin dry, c., scaly and ulcerated, especially where it is thick, as on the hands and feet. *Piper m.*
- CRAWLING.**—Tickling, c. feeling in various parts of the body. *Fago.*
- CREEPING.**—Itching of the face, giving way to c. sensation, as of insects. *Myrica.*
- CRUSTS.**—Papulæ exude a yellowish humor, soon forming a crust. *Plant.*
- DESQUAMATION.**—D. of the skin. *Solan.*
Scarlatina-like eruption, with extremely violent itching over the whole body, followed by d. *Quin. sulph.*
- DRY.**—Scarlet red, hot and d. skin, on the upper half of the body. *Atrop.*
Hot and d. skin in bilious fevers. *Leptan.*
Skin d., as if washed in acid water. *Sumbul.*
D., rough, and scaly skin. *Berb. aquif.*

Skin d., cracked, scaly and ulcerated, especially where it is thick, as on the hands and feet. *Piper m.*

ELEVATIONS.—Small, painful, reddish e., like furnucles, around the mouth and face; when opened they exude a thin, clear serum, which soon dries into a transparent scab; they then become pustular and very painful, and contain a thick, opaque pus. *Picric ac.*

ENLARGEMENTS.—Glandular e. *Eucalypt.*

Glandular e., especially of the lymphatics. *Chimaph.*

ERUPTIONS.—E. like scarlet rash, the skin peels off afterwards with itching. *Arum. tr.*

The chill was always preceded by a miliary e.—most copiously developed on the forehead and face. *Ailant.*

E., dark-colored in many instances, and in some almost of a violet hue, scanty, patchy, evanescent, and often long delayed. *Ailant.*

Large muscular and bullæ, filled with a claret-colored serum, in scarlet fever. *Ailant.*

The e. is slow to make its appearance, and never takes on the genuine scarlet color; it remains livid. *Ailant.*

E. which has an exact resemblance to ordinary measles; but is attended by no catarrhal symptoms or other concomitants of that exanthem. *Ailant.*

A tetel-like e. on the left cheek, for more than two years, produced through scratching with the finger nails; spreads and is covered with yellowish, brown scabs, almost unbearable on account of continued itching. *Bi. sulph. of Carb.*

E. on nose and face. *Bi. sulph. of Carb.*

An elevated, dark red pustular e., over the whole body. *Brom. of Potass.*

An e. similar to discrete variola. *Brom. of Potass.*

Slight e. of a vesicular character all over the body. *Carb. ac.*

Vesicular e. on the hands and all over the body, which itches excessively; better after rubbing; but leaves a burning pain. *Carb. ac.*

Pustular eruption. *Carb. ac.*

E. of the face like miliary rash and measles. *Chelid.*

- Papular e. on back of hands and wrists. *Cimic.*
 Dry, papular e. on back of the hand. *Coca.*
 E. on the skin, of a herpetic character. *Eucalypt.*
 Red, itching e. on back, limbs and body generally, resembling flea bites; also forehead and face. *Fago.*
 The e. nearly heals, then breaks out afresh. *Fago.*
 Itching e., dry e., e. of burning vesicles. *Guaræa.*
 E. like varioloid on the face. *Hydr.*
 E. dependent on debility. *Hydras.*
 Dry, scaly, burning e. on various parts of the body. *Iod. of Ars.*
 Obstinate chronic e. psoriasis versicolor. *Iod. of Ars.*
 Pustular e. on the scalp, face, and other parts of the body. *Iris. v.*
 A peculiar exanthematous e., very much resembling the flush of scarlet fever. *Jugl. cin.*
 E. resembling eczema simplex. *Jugl. cin.*
 Pustular e. *Jugl. cin.*
 E. between the fingers, on the dorsa of the hands and on the forearms of small vesicles, with tingling itching. *Lobel. inf.*
 Chronic herpetic e. *Menisp.*
 E. resembling psoriasis, itching violently. *Nuphar.*
 Itching of the skin, with a lichen-like e. *Phytol.*
 Squamous e., pityriasis, psoriasis, etc. *Phytol.*
 Syphilitic e. secondary and tertiary. *Phytol.*
 E. about the hips and thighs, particularly on the inside of the thighs; the papulae are isolated, hard, white, and flattened. *Plant.*
 A scarlet e. about three inches wide (like *zona*), around the waist, attended with itching, burning and pain. *Polyg.*
 Vesicular e.; "psoric itch," e. from wearing flannel. *Rumex.*
 E. on the back, legs and ankles, of a dark, bluish-red color, with more or less itching during the day, but at night in a warm bed, the itching is most intolerable. *Puls. nutt.*
 E. stands out prominently from the skin, looking like muscles. *Puls. nutt.*
 Fine vesicular e. on the forearms, wrists, back of the

- hands, between and on the fingers, scrotum and ankles. *Rhus ven.*
- Vesicular and erysipelatous e. of all kinds. *Rhus ven.*
- E. on the limbs, of small red pimples. *Rumex.*
- E. produced by scratching. *Rumex.*
- Scaly e. *Sang. can.*
- Rash-like e. appear on the body. *Santon.*
- Scrofulous e. *Sarrac.*
- Obstinate herpetic e. *Solan.*
- E. of small red pimples on the forehead, sore to the touch and very hard. *Solan.*
- Pustular e. *Solan.*
- Scorbutic e. and ulcers of a cancerous nature. *Solan.*
- Syphilitic e. and nocturnal pains. *Solan.*
- Vesicular e. on the ear. *Still.*
- Pustular e. on the arm. *Still.*
- Vesicular e. on the forehead, over left eye, middle of the chest, and on the right arm. *Trios.*
- Violent itching e. of the skin. *Trios.*
- E. of the skin, with very high fever. *Ver. vir.*
- Terrible e., covering the scalp and extending downwards over the face and chest. *Verb. aquif.*
- E. confined to the ears and back of the head and neck. *Verb. aquif.*
- Scarlatina-like e. with extremely violent itching over the whole body, followed by desquamation. *Quinn. sulph.*
- ERYTHEMA.—E. on the chin. *Sulph. iod.*
- E. with burning and itching. *Urtica u.*
- Itching e. urticaria (nodules of irregular form), round, elongated, annular, turning white on scratching, with red base and white skin between. *Puls. nutt.*
- E., especially in the face. *Iod. of Ars.*
- A general redness like e., all over the body. *Bapt.*
- ERYSIPELAS.—Phlegmonous e. *Rhus ven.*
- Vesicular e., of a not very severe character. *Urtica u.*
- ERYSIPELATOUS.—E. affections, burns, stings, and other inflammatory conditions. *Semper.*
- EXANTHEMA.—elevated e. on the face. *Chelid.*
- Papular e. on a red base on the upper lip and right cheek. *Chelid.*

FUNGOUS.—F. growths. *Sang. can.*

FISSURES.—Large f. on the ends of the fingers, that bleed easily.

Rhus ven.

HEAT.—H. and dryness of the skin. *Sang. can.*

Pricking, itching, and h. of the whole surface. *Cimic.*

Intense h. of the skin, which may be dry or moist.

Bapt.

Dry, feverish h. of the skin. *Arum tr.*

HERPES.—Herpes phlyctænodes covering dorsal surface of the hand; vesicles appearing on a red, inflamed and swollen basis; partly close together, but mostly separated from each other. They contain an opaque, yellowish fluid, which is discharged, and forms thick, yellowish scabs; sometimes the discharge excoriates the surrounding parts and produces violent itching. *Bi. sulph. of Carb.*

HERPETIC.—Itch and h. disease. *Bi. sulph. of Carb.*

HOT.—H. feverish, but moist skin. *Asclep. tub.*

Scarlet red, hot and dry skin, on the upper half of the body. *Atrop.*

A h., pungent, but moist skin (in typhoid). *Bapt.*

H. and dry skin in bilious fevers. *Leptan.*

H., burning and sensitive skin. *Ver. vir.*

HUE.—Skin of a corpse-like hue. *Santon.*

INFLAMMATION.—Erysipelatous i. of the skin of the body and extremities. *Jugl. cin.*

I. of the skin, followed by deep, hard-edged ulcers, discharging a thick, purulent, greenish-yellow matter, having a very foetid smell; the parts look like raw meat; the skin covered by small shiny scales.

Comocl.

INSENSIBLE.—Cold, clammy and i. skin. *Ver. vir.*

ITCH.—Papillæ sore and itch; worse from touch. *Fago.*

I. and herpetic diseases. *Bi. sulph. of Carb.*

ITCHING.—I. of the skin of the thighs and nates, without eruption. *Asclep. tub.*

I. of the arms and legs. *Ars. of Cop.*

I. on scalp. *Badiaga.*

I. on both thighs, right side of the back to the region of the kidneys, and on the right forearm, which ne-

- cessitates scratching. Scratching causes an eruption. *Bi. sulph. of Carb.*
- I. of the skin of various parts of the body. *Carb. ac.*
Prickling, i., and heat of the whole surface. *Cimic.*
Violent i., redness and erysipelatous swelling of the face, hands, and other parts of the body, followed by yellow vesication and desquamation of the cuticle. *Comocl.*
- I. of the scalp, legs and feet, increased by scratching or rubbing. *Cornus cir.*
Paroxysms of itching of the skin of the back, legs and feet, mostly at night. *Cornus cir.*
Fine scarlet rash on the breast, attended with itching. *Cornus cir.*
- I. around the genital organs. *Cornus cir.*
Persistent i. of various parts of the body, especially of left arm and alæ nasi; worse from scratching. *Fago.*
- I. of knees and elbows, also upon the scalp and face at the roots of the whiskers. *Fago.*
Excessive burning and i. of the limbs, after retiring. *Fago.*
- Severe i. of the pubes, as if from pediculi. *Fago.*
- I. of the skin over the whole body. *Gossyp.*
Persistent i. all over the body, especially the back. *Iod. of Ars.*
- Formicating, prickling i. on skin of body and extremities. *Iod. of Ars.*
- Prickling i. of the skin all over the body. *Lobel. infl.*
Sensation of i. over the whole surface of the body, aggravated by warmth. *Menisp.*
- I. of surface, the pimples bleed easily. *Menisp.*
- I. and stinging sensation on the skin of face, neck, shoulder, fore-arm, and right leg. *Myrica.*
Persistent i. in different parts, worse near the point of insertion of the deltoid muscles, in both arms. *Myrica.*
- I. of the face, giving way to creeping sensation, as of insects. *Myrica.*
Eruption resembling psoriasis; itching violently. *Nuphar.*

I. in the lower limbs, also in other parts of the body; rubbing feels grateful, but does not relieve; when the rubbing ceases, a burning sensation is experienced. *Plant.*

Eruption on the back, legs and ankles, of a dark, bluish-red color, with more or less i. during the day, but at night, in a warm bed, the i. is most intolerable. *Puls. nutt.*

The i. and burning of the skin aggravated by warmth. *Rhus ven.*

I. in various parts of the body, especially the surface of lower extremities while undressing. *Rumex.*

I. of lower extremities when exposed to cool air. *Rumex.*

Stinging, i., or prickling i. of the skin. *Rumex.*

I. and a nettle-rash before the nausea. *Sang. can.*

I. of the skin below the knees upon exposure to the atmosphere or cold; relieved by warmth or covering. *Still.*

I. in the skin; miliary spots on back, especially right shoulder blade and hip, which provokes scratching till they bleed. *Sumbul.*

I. pimples on forehead, wrists and legs. *Thasp.*

I. on the head, behind the ears, on the nose, on the back of the neck, on the edge of the shoulders, on the back, on the nates, on the calf. *Thorid.*

I. and burning as if the skin was scorched. *Urtica u.*

Urticaria nodosa, with stinging itching. *Urtica u.*

Erythema, with burning and i. *Urtica u.*

I. of face and forehead. *Penth.*

Rash all over the body, vivid as scarlatina and attended with intolerable and incessant i. *Quin. sulph.*

Scarlatina-like eruption, with extremely violent i. over the whole body, followed by desquamation. *Quin. sulph.*

Arms covered with an i. rash, like nettle-rash. *Sulph. iod.*

Formicating, prickling i. on skin of body and extremities. *Iod. of Ars.*

LEPRA.—L. vulgaris; obstinate, on the arms. *Iris v.*

LUPUS.—L. on the face. *Cistus.*

- MOIST.**—Hot, feverish, but m. skin. *Asclep. tub.*
 A hot, pungent, but m. skin (in typhoid fever). *Bapt.*
 Skin cold, m., pale, and shrunken. *Quin. sulph.*
- MOISTURE.**—M. of the skin, with preternatural warmth. *Podo.*
- NODULES.**—N. on scalp. *Bi. sulph. of Carb.*
- CEDEMATOUS.**—Eyelids o., as if full of water and closed. *Urticau.*
- PALE.**—Skin cold, moist, pale and shrunken. *Quin. sulph.*
 Cold, p. and clammy skin. *Atrop.*
- PALENESS.**—Redness of one cheek and p. of the other. *Thasp.*
- PAPULÆ.**—P. exude a yellowish humor, soon forming a crust.
Plant.
- PATCHES.**—Psoriasis; irregular p. on knees, elbows, and all over the body, covered with shining scales, edges slightly raised and irregular. *Iris v.*
- PERSPIRATION.**—Profuse sweating all night, with coldness of the skin. *Apoc. can.*
 Skin covered with a copious, clammy p. *Cornus cir.*
 Copious p. *Solan.*
 Coldness of the skin, which is usually perspiring.
Ver. vir.
 P. over the whole body, with great apprehensiveness during the violent pains. *Brom. of Merc.*
- PIMPLES.**—Itching p. on forehead, wrists and legs. *Thasp.*
 Eruptions of small red p. on the forehead, sore to the touch and very hard. *Solan.*
 A few small pimples on the back of the hand, itching violently. *Solan.*
 Eruption on the limbs of small red p. *Rumex.*
 P. on the face itch about the nose, upper lip and cheek. *Nabulus.*
 P. on the face. *Menisp.*
 Itching of the surface, the p. bleed easily. *Menisp.*
 The whole face except the forehead, is covered on awaking in the morning with bright red, lentil sized, round spots, with pointed p. in the centre. *Chelid.*
 P. like pocks on the back of the right nates, with red areola. *Chelid.*
 On the upper part of the right cheek, many red, elevated p., raised in the centre and feeling pointed.
Chelid.
 Red, inflamed, elevated spot, with a p. in the middle;

in the centre of the forehead itching and pricking.
Chelid.

Vesicles, p. and pustules, all over the body, especially on arms legs and face. *Asclep. tub.*

PINS.—Thrusting p. into the skin causes no pain. *Atrop.*

PORRIGO.—P. in the infant, on the left scalp; spots round and dry, slightly raised and reddened at the edges, with bran-like scales in the centre. *Sumbul.*

PRICKLING.—Tingling and p. of the skin. *Ver. vir.*

P. sensation over the body. *Nabulus.*

P, itching, and heat of the whole surface. *Cimic.*

PSORIASIS.—P. in relieveo, skin fissured and irritable. *Iris v.*

P.; irregular patches on knees, elbows and all over the body, covered with shining scales, edges slightly raised and irregular. *Iris v.*

Obstinate chronic eruptions, p. versicolor. *Iod. of Ars.*

Eruption resembling p., itching violently. *Nuphar.*

Syphilitic p. *Berb. aquif.*

P. diffusa. *Berb. aquif.*

PSORIC.—P. diseases. *Sarrac.*

PUSTULES.—P. on the upper lip. *Sulph. iod.*

Eruptions of white p. over the face and neck, sometimes large, red, papular. *Cimic.*

P. on eyelid. *Bi. sulph. of Carb.*

Large p. on the forehead. *Chelid.*

Vesicles, pimples and p. all over the body, especially on arm, legs and face. *Asclep. tub.*

PUFFY.—White and p. appearance of the whole body. *Thasp.*

RASH.—Arms covered with an itching rash, like nettle-rash.
Sulph. iod.

R. all over the body, vivid as scarlatina and attended with intolerable and incessant itching. *Quin. sulph.*

Covered with scarlet rash which lasted four or five days. *Eriod.*

Erysipelatoid r. on the face, neck, palms of the hands, joints of the fingers and wrist, with burning heat and exfoliation of the skin. *Hydras.*

R. resembling scarlet fever. *Comocl.*

Fine scarlet r. on the breast, attended with itching.
Cornus cir.

RED.—Scarlet red, hot and dry skin, on the upper half of the body. *Atrop.*

REDNESS.—Dark red or mottled efflorescent r. of the skin, like that in scarlet fever. *Atrop.*

Dark red or purple r. of the face. *Atrop.*

A general r., like Erythema, all over the body. *Bapt.*

Violent itching, r. and erysipelatous swelling of the face, hands and other parts of the body, followed by yellow vesication and desquamation of the cuticle. *Comocl.*

Erythematous r. of the face. *Jugl. cin.*

R. of one cheek and paleness of the other. *Thasp.*

RETURN.—The skin symptoms tended to r. every year at the same date. *Urtica u.*

ROUGH.—Dry, r., and scaly skin. *Berb. aquis.*

ROUGHNESS.—R. of the skin of the face in women. *Berb. aquis.*

SALLOWNESS.—S. of the skin in children. *Podo.*

SCABS.—Small, painful, reddish, elevations, like furuncles, around the mouth and face; when opened they exude a thin, clear serum, which soon dries into a transparent scab; they then become pustular and very painful, and contain a thick, opaque pus. *Picric. ac.*

Vesicles on the lip and also nose forming s. *Chelid.*

SCALES.—Psoriasis; irregular patches on knees, elbows, and all over the body, covered with shining s., edges slightly raised and irregular. *Iris v.*

Dry, rough, and scaly skin. *Berb. aquis.*

The skin is covered, as in leprosy, with large s., which fall off and leave lasting white spots, which often become ulcers. *Piper m.*

Skin dry, cracked, s. and ulcerated, especially when it is thick, as on the hands and feet. *Piper m.*

SCARLATINA.—S., with anginous symptoms; nose and upper lip excoriated; acrid discharge from nose; delirium, and non-appearance of eruption. *Phytol.*

SCROFULA—Cerasus.

Scrofulous, venereal, and other skin diseases. *Still.*

SENSITIVE.—Hot, burning and s. skin. *Ver. vir.*

Great sensitiveness of the cutaneous surface. *Solan.*

The skin of the whole body is s., and leaves a burning sensation when scratched. *Plant.*

- SHRUNKEN.**—Coldness, and dry, white s. skin. *Sumbul.*
Skin cold, moist, pale, and s. *Quin. sulph.*
- SMALL-POX.**—S. in its worst forms. *Sarrac.*
- SMOOTH.**—Skin *seems* unnaturally s., like glass. *Atrop.*
- SORE.**—Flesh and skin s. to the touch. *Badiaga.*
Papillæ s. and itch; worse from touch. *Fago.*
Eruptions of small red pimples on the forehead, sore to the touch and very hard. *Solan.*
- SORENESS.**—S. and slight tumefaction of the sub-maxillary glands on each side. *Plant.*
- SPASMS.**—S. excited by touching the skin (in poisoning). *Solan.*
- SPOT.**—Red, inflamed, elevated s., with a pimple in the middle, in the centre of the forehead itching and pricking. *Chelid.*
The whole face, except the forehead is covered on awaking in the morning with bright red, lentil sized, round s., with pointed pimples in the centre. *Chelid.*
Red, round, burning s., on the forearm. *Chelid.*
Reticulated, red, itching, corroding s., with swelling on the back of the head. *Chelid.*
Red, scarlet-like s. on the skin of irregular form, nearly over the whole skin. *Solan.*
Porriigo in infant, on the left scalp; s. round and dry, slightly raised and reddened at the edges, with bran like scales in the centre. *Sumbul.*
The skin is covered, as in leprosy, with large scales, which fall off and leave lasting white s., which often become ulcers. *Piper m.*
- STEATOMA.**—S.; hot swelling; swelling of the parts affected. *Guaræa.*
- STINGING.**—Itching and s. sensation on the skin of the face, neck, shoulder, fore-arm, and right leg. *Myrica.*
Prickling or s. pains in the skin of different parts of the body and limbs. *Plant.*
S., itching, or prickling itching of the skin. *Rumex.*
- SUPPURATE.**—Small wounds s. much. *Bufo.*
- SWELLING.**—Steatoma; hot s.; s. of the parts affected. *Guaræa.*
S. in back of neck, nearly the size of a hen's egg; another on the left shoulder; they resemble blind boils, and disappear without suppuration. *Fago.*
Violent itching, redness and erysipelatus s. of the

face, hands and other parts of the body, followed by yellow vesication and desquamation of the cuticle. *Comocl.*

SWOLLEN.—Painful burning on face and arms; face enormously s. *Comocl.*

Upper lip and ears much s., covered with vesicles. *Rhus ven.*

Lips, nose and ears s. *Urtica u.*

Whole upper part of body, down to the umbilicus, enormously s., but rather pale and dropsical than inflamed, and covered with confluent, small, transparent vesicles filled with serum. *Urtica u.*

TETTER.—T. on the ears and hands. *Cistus.*

TICKLING.—T., crawling feeling in various parts of the body. *Fago.*

TINEA-CAPITIS.—T.; crusta lactea; lupus; ulcers, etc. *Phytol.*

TINGLING.—T. and prickling of the skin. *Ver. vir.*

TOUCHING.—Spasms excited by t. the skin (in poisoning). *Solan.*

ULCERS.—*Cearasus.*

Indolent or irritated u., with unhealthy granulations, and foetid pus. *Carb. ac.*

Indolent u., with hard callous edges, discharging foetid sanious smell. *Cundur.*

Old, indolent u., appearing cancerous. *Cundur.*

Fistulous u., discharging ichorous matter, of a foetid odor. *Eucalypt.*

Inflammation of the skin, followed by deep, hard-edged u., discharging a thick purulent, greenish-yellow matter, having a very foetid smell; the parts look like raw meat; the skin covered by small shiny scales. *Comocl.*

Foul, indolent u. *Eucalypt.*

Old, indolent u., with callous border, and ichorous discharge. *Sang. can.*

Foul and painful chronic u. *Solan.*

Scorbutic eruptions and u. of a cancerous nature. *Solan.*

U., with unhealthy skin. *Still.*

U., with burning pains. *Bufo.*

ULCERATED.—Skin dry, cracked, scaly and ulcerated, especially when it is thick, as on the hands and feet. *Piper m.*

- URTICARIA.—U. nodosa, with stinging itching. *Urtica u.*
 U. attending or preceding rheumatism. *Urtica u.*
 U., from gastric derangement. *Trios.*
 Itching erythema, u. (nodules of irregular form, round, elongated, annular; turning white on scratching, with red base and white skin between. *Puls. nutt.*
- VENEREAL.—Scrofulous, v., and other skin diseases. *Still.*
- VESICLES.—V., pimples and pustules, all over the body, especially on arms, legs and face. *Asclep. tub.*
 V. on the lip and also nose forming scabs. *Chelid.*
 Slightly elevated, sharply defined v. on the skin. *Eriger*
 Large watery v. on the ankles. *Rhus ven.*
 Upper lip and ears much swollen, covered with v. *Rhus ven.*
 Whole upper part of body, down to the umbilicus, enormously swollen, but rather pale and dropsical than inflamed, and covered with confluent, small transparent v. filled with serum. *Urtica u.*
- WARMTH.—The itching and burning of the skin aggravated by w. *Rhus ven.*
- WATER.—W. poured over the skin produces no sensation. *Atrop.*
- WHITE.—W. and puffy appearance of the whole body. *Thasp.*
- YELLOW.—Y. color of the skin. *Bufo.*
 Yellowness of the skin of the whole body. *Myrica.*
 Skin y. all over, as in jaundice. *Chelid.*

DOES CRITICAL ANALYSIS OF DRUG-PROVINGS BY
 THE CHART METHOD MEAN TOO MUCH
 ELIMINATION?*

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“Investigation of the morbid power of drug,” to use a phrase from the *Organon*, or in more modern phraseology, “the study of drug pathogenesis,” must be looked upon as the *sin qua non* of homœopathy. It is as the very foundation stone of the entire edifice; the one essential and indispensable principle without which the application of the therapeutic formula of similars is impossible. “The curative power of medicines depends alone upon their power of altering the state of health of the human organism, and this power is revealed only in the observations made upon the latter.” (From § 108 of the *Organon*).

*Materia Medica Conference, Buffalo, N. Y.

It is a well established historical fact that Hahnemann was the first to systematically pursue the study of drug pathogenesis with the distinct and recognized purpose of ascertaining the curative power of drugs. Inspired by his noble example, and imbued with his spirit of earnest investigation, many followers have patiently trod the path his perception and ingenuity made comparatively easy to travel. Implicitly following the rules laid down by Hahnemann, his disciples in the course of about three-quarters of a century accomplished a great task in proving a vast number of drugs. They worked with honesty of purpose, with diligence, earnestness and enthusiasm, and with sincere desire to advance the cause of homœopathy, to develop a reliable materia medica, to unveil the dynamic curative virtues of drugs. They should be honored for their faithfulness, commended for their industry and gratefully remembered for so courageously facing relentless opposition and for establishing a system of practice that has stood the test of time and proven itself a blessing to humanity. As a monument to their industry in drug proving we have upwards of 6400 (6434) somewhat closely printed pages in "The Encyclopedia of Pure Materia Medica," compiled and edited by our chairman, Dr. Timothy Field Allen.

If then the work done by Hahnemann and his followers in drug-proving in the course of three-quarters of a century is of such value to humanity,—if "investigation of the morbid power of drugs" is to be considered one of the most important duties of the physician,—it is well for us to ask ourselves at this time, a time set apart for the special consideration of the subject, Why has the proving of drugs apparently ceased? Why is it that we no longer hear of new provings or of reprovings? What has happened that within the last score of years this all important duty of the physician has been neglected? Have all drugs been proven? Do we know all there is to be known of the morbid power of drugs? Have we exhausted Nature's curative resources?

Without attempting to answer these questions in any detail, I may be allowed to refer to the chief factors which inhibited the function and interrupted the pursuance of the duty alluded to, and brought about a suspension of drug proving.

First. The introduction of the "control" or "counter test," by means of which it was demonstrated that the use of inert substances produced occasionally sets of symptoms indistinguishable in severity and therefore in so called value from the symptoms

produced by the "drug" itself, or perhaps more correctly, from the preparation of the drug that was being used in the experiments.

Second. The publication of "The Encyclopedia of Pure Materia Medica" testified eloquently to the fact that if drug provings according to the original plan were continued we should soon have a mass of literature so ponderous and unwieldy as to be practically valueless.

Third. In addition to the two influences briefly referred to might be mentioned the advancement in general knowledge, and the increasing reliability of methods utilized by investigators in other departments of science, which were factors in the development of the feeling, not at once recognized, of distrust of the methods hitherto made use of in drug-proving.

Whether due to these influences or not, it is a fact that about a score of years ago there arose a cry for the revision of our materia medica. There arose a certain distrust of, and dissatisfaction with, the records of drug pathogenesis which were available. As we read in the Introduction to the "Cyclopedia of Drug Pathogenesis."

"It has been felt throughout the homœopathic body that the time has come for revising our pathogenetic material—for making an attempt, upon definite principles, at such sifting as shall retain only that which is genuine, while the dubious and the worthless shall go to their own place." It was in response to this growing feeling that something was wrong with the materia medica as it existed, that the "Cyclopedia of Drug Pathogenesis" came to be.

The Cyclopedia, as all well know, represents in fact a *revision* by the British Homœopathic Society and the American Institute of Homœopathy.

Allen's "Encyclopedia of Pure Materia Medica" may be looked upon as the most perfect representative of the materia medica which must naturally result from a literal application of the Hahnemannian rules for the proving of drugs. It must always be remembered that Hahnemann was a pioneer in the study of drug pathogenesis; that the rules he invented for the study of the morbid power of drugs were new and had not been tested by experience previous to his own; that *the application of his rules must be followed by results imperfect in proportion to the rules themselves*; that his rules were founded on conclusions some of which are not supported by the scientific knowledge of to-day;

that his rules were a vast and enormous advance upon the crude, the theoretical and the empirical methods in vogue during his life-time in the study of drugs; and that these rules may at any time be "revised" and amended so as to be brought into harmony with the improved scientific technique of our own day.

It would transcend the purposes of this paper to pass judgment upon the revised materia medica represented by the *Cyclopedia of Drug Pathogenesis*, which by the way, I have always heartily endorsed, or to attempt to point out the errors or imperfections which, in common with other human works, exist in the homœopathic materia medica as represented fully only by Allen's *Encyclopædia*. The chief purpose of the writer is to demonstrate if possible the virtues of a method by which errors and imperfections may be detected in any work on materia medica.

Before plunging into this task, however, I felt impelled to acknowledge my obligations, and pay tribute, to my predecessors, who overcame enormous difficulties and worked honestly and faithfully to establish our present knowledge of drug pathogenesis. It is well also to call attention to the ever transitory condition of human knowledge, for what we think is established to-day, on the morrow possibly may be proven to have been imperfectly constructed.

With these thoughts in mind, with the avowed desire to be just to all honest workers, we are brought face to face with our task. The question which forms the subject for discussion may itself be subjected to careful scrutiny before being answered. It would be well certainly to have a definite understanding as to what meaning shall be attached to the different terms composing the question.

"Critical analysis," for instance, stands for something more than "revision." It signifies the resolution of something into its component parts or elements, and the estimation of the value of these component parts according to some definite standard. It is a sort of "Higher Criticism" of provings, which makes a detailed inquiry into the origin, integrity, authority and reliability of the symptoms comprising the proving as opposed to the more "Textual Criticism" of a revision. It means a minute dissection of a proving and a careful weighing of the merits and value of each element found. Prejudice and fault-finding are not to be considered as any part of the critic's outfit. The critical mind

should be impartial, closely scrutinizing, reasonable, sympathetic and just.

It is in keeping with the spirit of the age to subject the provings constituting our materia medica to close and exact questioning before giving them our unqualified approval or accepting them as established truths or facts upon which a system of therapeutics may reasonably be founded. Anything so seriously affecting patient, family, friends and society as illness, suffering and death surely demands of those who attempt to prevent illness, mitigate suffering and to heal the sick, that they shall *know* (not guess or believe) something of the means with which they work. The physician therefore is justified in subjecting his materia medica to a "critical analysis," if a high ideal of his duty does not actually compel such a study.

As to the *necessity* for the analysis of drug-provings, enough may have been said already. As testifying to the necessity however, may be cited the cessation of drug-proving and the causes which led up to it; the detection of errors of various sorts and degrees in the most complete compilation of provings extant; and the publication of a revised and reconstructed materia medica under the authority of the largest and most influential homœopathic societies in existence. The *necessity* being acknowledged, the question is a most important one, for choice has to be made between more or less arbitrary, unjust, theoretical and uncertain methods and methods whose satisfactory application in other departments of medical and general science has obtained for them a recognized value. It is in behalf of one of these latter methods that I appear before you, my use and advocacy of the plan being a matter of ten or more years duration. This plan is known as the "Chart Method," a method which is simplicity itself and may easily be made to speak for itself.

One kind of a chart is defined in the Standard Dictionary as "A sheet showing facts graphically, or in tabular form." It is one of the most forcible and impressive methods of illustration and demonstration known. It is used alike by lecturer, teachers, statisticians, political and social economists, advertisers, and, in a word, by all who wish to know at a glance the relation or proportion existing between certain facts. We are all accustomed to and daily use in practice a chart showing graphically the relation existing between pulse, respiration and temperature, and at the same time showing the progress disease is making. A chart

may show clearly, emphatically and instantaneously more than can be expressed by the best verbal descriptions. From this standpoint a chart is economical. The convenience of tabulated charts has long been recognized, as in "differential diagnosis" tables. A chart may be a small sheet presenting, for instance, only two parallel columns, or it may be large enough to cover the walls of a large room. A chart is simply a method of arranging certain data so they may be conveniently studied by comparison and contrast. My first chart used in the study of drug provings was made in 1884-5 at the suggestion of my friend, Dr. C. Wesselhœft, with whom at the time I was making provings of *Merc. Vivus* and *Curare*. We found then what has been demonstrated since to our satisfaction, that a meteria medica chart is a most convenient method of arranging in parallel vertical columns the symptoms of many provings, so that one proving may be compared and contrasted with others. The charts have been made more effective by having the symptoms in the different columns arranged according to the Hahnmannian scheme, so that on the horizontal line all the symptoms occurring in a certain organ or region of the body may be quickly compared, studied and summarized. By way of illustration I show you a part of the chart made and used by the Hughes Medical Club of Boston in analyzing the provings of *Beiladonna* as fully recorded in Allen's *Encyclopaedia*. The chart, or rather, series of charts, contained the record from 245 sources (voluntary provings, overdosings, poisoning, etc.) and presented 2682 symptoms for comparison.

Let me repeat that the "chart method," as applied to the study of drug pathogenesis, is simply a convenient method of arranging symptoms for analysis. The PURPOSE for which the method is used is to demonstrate the presence or absence of congruence and concordance in the provings subjected to comparison or analysis. The OBJECT of the ANALYSIS is to estimate and determine the value, reliability and integrity of provings in accordance with an accepted standard; the standard being the axiom, "To similar causes there are, in those similarly constituted, similar modes of physiological and pathological reaction," and the axiom,— "At the mouth of two or three witnesses every truth shall be established."

It needs no extended investigation to prove that the principles underlying the chart method are made use of in various depart-

ments of medicine and general science in establishing the reliability of observations and experiments. In the differentiation and classification of diseases, in the determination of etiological factors, in pathology, in diagnosis, in therapeutics and in surgery, tabulations and comparison of data are constantly referred to for the support of theories and establishment of facts. For instance, as late as the seventeenth century measles and smallpox were supposed to be but different degrees of the same affection. Measles and scarlet fever were undifferentiated till 1792. Typhus and typhoid were not recognized definitely as different diseases until 1849. Pleurisy and pneumonia were described as one disease until the time of Laennec. The differentiation and classification of these diseases were established only by close analysis and comparison of their symptoms.

Acceptance of the modern doctrine concerning pathogenic micro-organism, viz., that a special germ is responsible for the existence of a special disease, is based upon repeated confirmation of the results of experiments.

In general science nothing is considered an established fact until by repeated verifications of the results of experiments it has been proven that certain conditions result from the action of certain causes under certain circumstances. There must be shown to exist not only a definite but a *constant* relation between the cause and the effect. In physiology, in bacteriology, in biology, in chemistry, in physics (and elsewhere), repeated confirmation of results, searching analysis, unrelenting cross-examination, control and counter-tests, are the only accepted paths through which evidence can come in support of a fact, before it is incorporated *as* a fact into the body of knowledge forming the science. Here certainly it is evident that the mouth of many witnesses shall be required for the establishment of a truth.

Advocates of the chart method of critical analysis claim that "knowledge" concerning drug pathogenesis can be arrived at only by following the paths which have led to knowledge in other departments of research and study; that use of the method which has brought order out of chaos in pathology and diagnosis (to refer to something purely medical) will bring order out of the confusion now existing in the domain of drug pathogenesis.

Hahnemann claimed (*Organon* § 111) that "medicinal substances, in producing morbid changes of the healthy human body, *act in obedience to fixed and eternal laws of nature*, by

virtue of which laws they are enabled to generate *certain definite morbid symptoms*; and that each drug produces particular symptoms, according to its peculiarity." Natural causes of disease, (toxies, virus, miasms, bacilli, etc.), also "act in obedience to fixed and eternal laws of nature," and so acting are productive of definite and recognizable disturbances of health and modifications of sensations, and such conditions are so constant and unvarying (except in non essentials) that the existence for them of "fixed and eternal laws" is universally acknowledged. Therefore it is not too much to claim that artificial morbid agencies or *drugs*, acting "in obedience to fixed and eternal laws" must be productive of effects as constant and unvarying as are the effects resulting from the action of the natural causes of disease. And if this be true, it certainly follows that records of drug pathogeneses when arranged in tabular form for convenience of study must present the same congruence found in the records of natural diseases similarly arranged.

It has been claimed that critical analysis of drug-provings by the chart method "results in the emasculation of the *materia medica*;" that it is too drastic in its effect; that it cripples our therapeutic resources by the elimination of much useful material from our symptom-lists. By "too much elimination" we must understand that more than enough is removed; that a good deal of grain is thrown away with the chaff; that the weeding process destroys not only the weeds but a portion of the crop; that the pruning threatens the vitality of the tree. If this be true, something is wrong, and it is our duty to search out and correct that something. I venture the assertion, it is not the method that is at fault.

Let me recall to your minds §§ 32 and 33 of the *Organon*, wherein Hahnemann asserts that "every true medicine (drug) acts at all times, under *all* circumstances, upon *every* living human being, and excites its peculiar symptoms in the organism (even very perceptibly if the dose is large enough)" * * * * * and that "experience leads to the undeniable conclusion that the living, human organism is far more disposed and inclined to be affected, and to have its feelings altered by medicinal powers than by other noxious agencies and contagious miasms." * * * Careful weighing of the evidence will probably lead us to agree with Hahnemann, but the point I wish to emphasize is this. If drug potencies act so surely, the effects must be at least as con-

sistent, constant and invariable as are the effects of natural disease-producing causes. In either case the removal of discordant symptoms from the records can not injure the integrity and value of those remaining. On the contrary it distinctly enhances their reliability. A system of analysis which acts well in the one case must act well in the other, and the discarding of all discordant elements can not mean "too much elimination."

These, however, may be looked upon as theoretical considerations. In answering the question, "How can we determine the value of critical analysis by the chart method?" theoretical considerations, arguments based upon analogies, have their value, but the final resort must be to a practical demonstration of results. Many drug-provings have been subjected to analysis by this method. I shall refer, however, to only one, and I take pleasure in distributing among you copies of *A Critical Analysis of the Symptomatology of Belladonna*, made by the Hughes Medical Club of Boston a few years ago. I ask your special attention to the "comparative chart" which concludes the study. The 2682 symptoms chronicled in Allen's *Encyclopedia* have been subjected to the test of congruence, discordant elements have been eliminated, and the resulting summary is presented in chart form covering four pages. Close study of this analysis and summary will convince you more certainly than arguments or assertions can do whether or not the system has a value. But other proof of this value may be needed. In order to assist in determining the value of such analysis I have constructed (with aid) charts of *Therapeutic Indications for Belladonna*, found in two of our well-known text-books, viz., *Lilienthal* and *Raue*.

Belladonna is one of the most frequently prescribed remedies we have, *Aconite* and *Belladonna*, as you know, being supposed by the uninformed and prejudiced to represent the entire materia medica of the homœopathic practitioner. It seems to me that the most practicable and definite way of determining the possible utility of *Belladonna*, or rather the frequency of its use, is to note the number of times it is recommended in our text books on therapeutics. For this purpose I have made use of the fullest and most complete modern works on therapeutics, viz., *Lilienthal's* and *Raue's*. *Lilienthal's Homœopathic Therapeutics* is, as you know, a large book (of nearly 1,150 pages) devoted wholly to indications for the use of drugs homœopathically. The treatment of 523 morbid states is considered in this work, and *Bella-*

donna is recommended as a possibly useful remedy in 320 of these conditions; a proportion which suggests the frequency of its use. The symptoms which call for, or indicate, *Belladonna* have been tabulated according to the Hahnemannian scheme, which is chiefly anatomical, and are presented to you in chart form which shows at a glance what parts of the body furnish the largest number of indications. Against each symptom is placed the number of times it occurs; this plan being adopted as an economy of time and labor. "Indications" which are derived from purely clinical sources are grouped together at one end of the chart, and the area covered by these "indications" is, as you see, many times larger than the space covered by symptoms of any one locality derived from pure symptomatology. We will not discuss this point at the present time, but it furnishes food for thought.

A chart constructed on the same principles has been made from Raue's *Special Pathology and Therapeutic Hints*, a work of over 1,000 pages, a large part of which is devoted to pathology and diagnosis. Four hundred and forty diseased states are studied in this book, *Belladonna* being recommended in 192 of them. In this chart also the "clinical" symptoms are predominatingly numerous. I have not had time to go through Arndt's "System of Medicine," or Goodno's excellent work on "Practice," but as these books are so largely pathological and diagnostic they would not modify, probably the results drawn from a study of Lilienthal and Raue.

It is astonishing, considering the frequency of its use, how few of the symptoms of *Belladonna* are made use of as characteristic indications. These symptoms in brief are: Congestion to head, flushed face, dilated pupils, photophobia, throbbing of the carotids (a symptom unduly elevated into prominence), drowsy, but unable to sleep, and pulsating, tearing, pressive pains here and there. A slightly enlarged list of symptoms would include furious, wild delirium, irritability and acuteness of all the senses, illusions, hallucinations, convulsions, congestions, rapid pulse, high fever, suppression of secretions, pains of an acute, pressive, throbbing character, photophobia, dilated pupils, skin red, hot and dry; throat red, inflamed and sore; clutching, clawing and bearing down abdominal and pelvic pains; jerky and spasmodic contractions of muscles, glandular engorgement, localized hyperæsthesia and inflammations.

The charts exhibited to you I have summarized, classifying and interpreting the symptoms so as to include nearly every "indication" or "hint" found in the books from which they were taken. A few isolated and solitary indications, as well as all the definitely clinical symptoms, have been omitted. If you will please follow the summary as I read it and compare these symptoms with those found in the summary at the end of the "Analysis of *Belladonna*" you will be struck with the fascinating agreement between the two, and you will notice that, almost without exception, the "therapeutic hints" have, in this instance, been drawn from the symptomatology of the drug. I trust you will be convinced by the comparison that "Critical Analysis of Drug-Provings by the Chart Method" does not mean too much elimination!

A STUDY OF SCUTELLARIA LAT.

GEO. ROYAL, M. D., DES MOINES, IOWA.

"Doctor, when you get a case of *nervo-bilious headache*, with the nervous symptoms *uppermost*, and *nothing the matter with her*, give that patient *scutellaria*."

The above advice was given in the fall of 1883 by a non-graduate, a German, whose medical library consisted of Hull's *Jahr* and Hale's *New Remedies* (ed. 1880): The peculiar wording and emphasizing of the sentence so impressed me that I immediately read Hale, also Dr. Gordon's proving. In Hale I found enough of the nervous symptoms to make them *uppermost*. Dr. Gordon certainly had the headache, and one symptom recorded suggested the term bilious; but upon the symptom "nothing the matter with her" which had received such emphasis from my friend, I could then obtain no light.

Fourteen years' experience with the drug partially explained; but not until I studied the ten provings together did I fully understand the statement. I formerly expressed the opinion, before this body, that "unless the symptoms or group of symptoms of a drug were similar to symptoms or group of symptoms met in daily practice, they were useless, if indeed their genuineness were not questionable." My friend Conrad Wesselhæft has embodied the definition of the value of symptoms in the following rule: "Each drug when tested upon the healthy organism is capable of producing a distinct and peculiar series of effects which serve to distinguish each drug from others, but these et-

fects shall not be considered as resulting from and peculiar to the drug, unless they are recognizable as the distinct signs of the disease (pathological), and unless they indicate some recognizable class of pathological states (diseases)."

I am confident the above quotations represent the same idea in different words, but if Dr. Wesselhœft insists upon a literal interpretation, I cannot follow quite as far as his statement would lead. For I am sure we are all agreed that, as yet, we know but little of true pathology. I am equally sure that the general practitioner often meets conditions expressed by symptoms or groups of symptoms which none of us would recognize as "distinct signs" of any clearly defined or scientifically classified disease. In fact we frequently meet patients the equilibrium of whose nervous system has been so disturbed by excesses, either physical or mental; by excitement, either joy or grief, or by some other cause that they are unfitted, for the time being, for either the duties or pleasures of life. And yet, could a careful examination of such patients be made, no change in organ or tissue would be found. It is to such patients that the term "nothing the matter with her" is applicable, and among the remedies useful for such conditions *Scutellaria* takes first rank. The first point to remember, then, is that *Scutellaria* is superficial in its action; by which we mean that unlike *Lyc.*, *Nat. mur.*, *Ars.*, or *Merc.*, it is not to be given for the purpose of eradicating any dyscrasia or deep-seated disease. Again, the rapidity with which the provers returned to their normal condition, and experience with the drug both prove that its action is brief as well as superficial. The third general point of interest is its promptness of action. This has also been demonstrated by the provers and at the bedside.

Let us again examine the *nervous symptoms* of the provers. Whether we recognize them as "distinct sign of disease" or not, none of us can fail to recognize the fact that they are "uppermost." In fact one is almost tempted to say that its entire action is upon the brain. Such expressions as "a throbbing frontal headache;" "a dull frontal headache;" "dull pain at the base of the brain;" "dull pain in the head;" "head feels heavy and full;" "aching in the eyeballs;" "eyeballs feel too large for the socket;" "and flushed face;" conclusively prove congestion of the entire brain mass. Now by glancing down your schema and noting such symptoms as "inability to study or fix one's attention on one's work;" "confusion of mind;" "apathy;" "nausea;" sour

eructations;" "gas and uneasiness in the abdomen;" "sharp colicky pains in the abdomen;" "Diarrhœaic, light colored stools;" "quantity of urine diminished" (this last reported by nine of the ten provers), "and increase in the biliary salts;" (this in five of the provers), "pulse-rate irregular;" "sleep restless, disturbed, and unrefreshing."

Men as accustomed and competent as you are to interpret symptoms and trace them to their source will readily perceive what nerve centers of special function were affected by the drug. The word "bilious" remains for consideration. Its "standing in court" can be determined by recapitulating three of the symptoms just enumerated, viz.: "Gas and uneasiness in the abdomen," "diarrhœaic, light-colored stools," and "an increase in the biliary salts." The general symptoms I have placed last in the schema, because of their importance. Although these symptoms were very numerous and marked in the provings, I have compressed them in the following: "restlessness," "uneasiness," "mental apathy," "weakness," "trembling," "tired." Of these restless and uneasiness were the most prominent. The restlessness always precedes the weakness. There is but one modality sufficiently marked to receive attention. That is amelioration from eating.

Let us now briefly note the order in which the symptoms appeared for the benefit of those who place particular stress upon the "first point of attack" and "sequence of symptoms."

Prover No. 1. From the 30x first records nausea, then looseness of the bowels. From the 3x the quantity of urine is decreased and a trace of bile appears in it. After taking the tincture comes the inability to study and the severe throbbing headache.

Prover No. 2. Gets no symptoms from the 30x. From the 3x: nausea, eructations, regurgitations, and vomiting, which leaves her weak and sore. Also scanty urine in which bile and urates are found. The tincture produces profound prostration.

Prover No. 3. From 30x: suffers first in the stomach, then the head, afterward the irregular pulse. From the 3x: pulse, sleep due to uneasiness, joints, head, urine diminished and containing bile. From the tincture: nausea, etc.

("Slight burning in the urethra" omitted because not found in the other provings).

Prover No. 4. From 30x: drowsy, stomach, bowels. From

the 3x: head, eyes, stomach, urine decreased, and bile found in it. From the tincture: head, lump in throat, sleep, bowels.

No. 5. From the 30x: nothing. From 3x: auditory nerves, urine decreased and containing bile. From the tincture: headache.

No. 6. From 30x: a splitting headache on the right side. From 3x: sleep, head, pulse, restlessness, weakness. From the tincture: restless sleep, *weakness*, urine decreased and containing bile.

No. 7. From 30x: restlessness, weakness, loose stools. These were simply intensified by the 3x and the tincture.

No. 8. From 30x: nothing. From 3x: restless sleep, pain in the abdomen, and diarrhœa. From the tincture: lump in throat, and decreased urine.

No. 9. Tincture only used: nausea, restlessness, weakness, diarrhœa.

No. 10. Tincture: sleep, head, muscles.

We notice that while there is some similarity in point of attack and sequence, yet it is not marked. Urine decreased in quantity and containing bile was reported by all who examined the urine while taking 3x.

It is worthy of notice that of the eight provers who took the 30x, six reported symptoms. What therapeutic application can be made by these symptoms? Hale in his *New Remedies* puts *Scutellaria* down as useful for sleeplessness, night-terrors, hysteria, delirium tremens, nervous agitations from pain or exciting emotions, cerebral irritation in teething children, cardiac irritability, nervous palpitations, etc. Dr. Hale's authority for the above statement is his study of Dr. Gordon's provings and reports of the results of empirical prescribing, mostly by eclectic physicians. These physicians add to Dr. Hale's list chorea, epilepsy, catalepsy, hydrophobia, intermittent fever, and sun-stroke. The provings will eliminate all the above diseases and about three-fourths of the conditions. I want to say in passing, that such undue zeal on the part of provers and prescriber has deprived the profession of many a useful remedy, because the reports read so much like the circulars advertising patent medicines. Those of you who have read these provings would strike from the list epilepsy, catalepsy, delirium tremens, hydrophobia, and intermittent fever without the least discussion. Let us next consider chorea. Dr. Gordon records "occasional tremors or even

considerable twitching of the muscles in different parts of the body." Also "uneasiness, with twitching of the muscles." Prover No. 3 records "twitching of the eyelids." Unless you include "hiccoughs," as found in the provings of Nos. 3 and 9, these three are the only symptoms suggesting chorea. Put a question mark after chorea. Sun-stroke I would also leave for a further study, because the "dull frontal headache," "flushed face" and "weakness and trembling" suggest sun-stroke and also because *Scutellaria*, in the promptness and short duration of its action, resemble *Glonoine*, which has proven so efficient in that trouble.

For "cerebral irritation in teething children," *Scutellaria* certainly will prove beneficial. The "restlessness," "sleeplessness," or "disturbed sleep," and the "diarrhœaic stools," are symptoms which are duplicated by some found under *Chamomilla*, but *Scutellaria* has no fever and but little if any of the irritability of *Chamomilla*. *Scutellaria* will be useful only for the first stage of such conditions, never after changes have taken place in the nerve tissues. For sleeplessness, night terrors, hysteria, cardiac irritability, and nervous palpitations *Scutellaria* is a homœopathic and leading remedy. However, these must not be regarded as separate and distinct conditions, but as a group of symptoms expressing a single condition, to which we may apply the only remaining term of Dr. Hale's list, viz.: "Nervous agitations from pain or exciting emotions." I want to add to the modifying part of this clause, that over-work, mental or physical, makes nervous agitation the equivalent of these other symptoms plus restlessness and weakness. Always bearing in mind the fact that "cardiac irritability," "sleeplessness," etc., etc., are not dependent upon any organic lesions. I will close by citing what I consider a typical case taken from my case book:

Miss M., aged 32, of nervo-bilious temperament, principal of one of the large schools of our city, came to me in May, 1886, and said: "It is near the end of the school year, I am used up, I cannot sleep, I cannot think. I have a dull pain in my head most of the time, sometimes in the forehead, but more frequently at the base of the brain. Whenever I overdo (and I never know when I am going to do that), I cannot sleep that night, and one of two things will happen; either a nervous explosion or a nervous sick headache the next day, both followed by a complete collapse." I first gave *Picric acid*, then *Phosphoric acid*. I

treated her during the summer, found that there was no disease of either ovary or uterus. Bowels were regular, menses normal, no irritation of the spine, in fact nothing tangible. She was much improved when she returned to her work in September. Late in December she came to the office and said she had returned to the bromides, but did not know which was worse, the bromide headache or the nervo-bilious. I gave *Strychnia phos.*^{6x}. One week later I was called at 2 a. m. She had attended the State Teachers' Association the day before, had read one paper and discussed another, and had attended a reception from ten o'clock to midnight. When I entered the room she began to scream, then went to the water closet to urinate. This she was obliged to do every few minutes, and yet only a few drops passed. The stools were frequent, loose and watery. Pulse irregular. I gave *Scutellaria* tincture, ten drops every half hour. She was better after the second dose and went to sleep after the fourth. She has kept the drug in her room from that day to this, and has never since had a "nervous explosion" nor a sick headache. She is not obliged to take the medicine except when overworked. This is not only a typical case for *Scutellaria*, but one often found among our nervous overworked American men and women.

(This remedy is not in Hering's *Guiding Symptoms*, so we have taken it from the *American Homœopathist* of September first for the readers of the HAHNEMANNIAN ADVOCATE.—ED.)

THE USE OF NOSODES.

THEO. H. WINANS, M. D., MEXICO, MO.

Whenever you find a case of indigestion, with pains coming on from two to four hours after eating, >by eating again, you will find a hard case to handle without the use of nosodes. *Graphites* has the symptom ">by eating," and will help for a time but will not cure.

CLINICAL CASES—CASE I.

On Feb. 20, 1896, W. H. N., a middle aged, spare man, came into my office munching a cracker. He carried them loose in his side coat pocket with which to relieve pains coming on a few hours after eating. *Nux vomica* and then *Arsenic* did no good. *Graphites* helped much for a time, and then failed. On May 3, 1896, he received three doses of *Medorrhinum*^m, three hours

apart, and *sac. lac.* to last a week. I have no further record except that the man was cured, and remains cured at this writing. Aug. 27, 1897. I may have repeated the dose a few times after that, but do not remember it if I did.

CASE II.

On Nov. 28, 1896, a young lady, 22 years old, daughter of Judge R——, of this place, came to me with the following history: Ever since a little girl she has been troubled with indigestion every winter. A heavy weight in the stomach immediately after eating, and pains getting worse from two to four hours after eating, and ending with vomiting up the whole meal. She lost so many meals each winter, that she came out greatly emaciated each spring. The pains were > somewhat by eating again. Very constipated. Seldom a stool without force. She could retain her supper better than the other meals. Inclined to be chilly. Palms and soles of feet dry, and sometimes hot. She would put the feet out from under the covers at times. Sleepless the first part of the night. Four doses of *Nux vomica*²⁰⁰, three hours apart, given Nov. 28, 1896, and four more, given Dec. 4, 1896, entirely removed the constipation and the heavy weight in the stomach after eating, leaving the pains at the end of digestion as severe as ever. Three doses of *Psorinum*²⁰⁰, Dec. 10, 1896, had no appreciable effect, and she came back Dec. 12 for something to relieve the suffering, if I could give it. I put one dose of *Lycopodium*²⁰⁰ on the tongue, and gave four doses of *Medorrhinum*^m to take the next day if no relief came by that time. She reported Dec. 14 that the four doses of *Medorr.*^m had given complete relief for a time, and wanted more of them. Two more were given to take as needed for the severe pains. Two more Dec. 25, one Jan. 5, 1897, and one Jan. 14. She reported Jan. 21 that the medicine was failing to >. Gave three doses of *Sulph.*²⁰⁰. Reported Jan. 25 temporary relief. Gave three doses of *Psor.*^m. Reported Feb. 1 that she was cured. Gave one of *Psor.*^m to take when needed. Reported Feb. 19 some return of the trouble. Gave one powder *Psor.*^m.

She kept her flesh last winter, and is very grateful for the relief obtained. The best allopathic skill that money could pay for, had failed. The doctors in the large cities were no more able than were the Mexico physician to cope with the disease.

CASE III.

A case of recurrent attacks of neuralgia of the left ovary, left side of the chest, and left side of the face about the eye and temple, was cured with *Medorrhinum* a number of years ago, with no return to date of those symptoms.

CASE IV—SYPHILLINUM²⁰⁰.

Mrs. R., of Mexico, Mo., formerly of Moberly, Mo., had suffered for 15 yrs. with chronic diarrhœa. Fifteen stools a day with great suffering. "Shedding tears in the water closet." She had tried many physicians without relief, and ceased all efforts to find help. Three doses of *Syphillinum*²⁰⁰ cured her in a week's time, at least so she reported. There has been an occasional return of the diarrhœa, which has been relieved at once by a dose or two of the same remedy. I attended her in confinement a few months a'ter first treating her. Her previous confinement had been one of great suffering with abscessed breasts, a thing I never have had, and never expect to have in my practice. Her breasts had been lanced till one nipple was gone, and the other so closed with scar tissue, that no milk could be drawn from it. In less than three days after the child was born, the milk filled the breasts to bursting nearly, and that night pains set in that *Phytolacca* failed to relieve. The breasts swelled till the swelling reached half way to the middle of the back. Two doses of *Syph.* given about midnight >the pain and she slept till morning when the swelling was noticed to be less. No further trouble. The breasts were not touched locally, and dried up nicely. Previous to this last labor, an enlargement in the breast with burning, stinging pains had been diagnosed cancer by one of our leading Allopathic physicians.

CASE V.

Mr. Mc., a traveling man, stopped off here to visit a sister, Jan. 25, 1892, while on his way to Kansas City, to put himself under the treatment of some Homœopathic physician for chronic diarrhœa. He had consulted many physicians in as many cities without any relief, except in one instance, when he had applied to a Homœopathic physician, and this instance is what was sending him to K. C. Feb. 13, 1892, he paid me for the cure, that a few doses of *Syphillinum* wrought. His sister tells me that there has been no return of diarrhœa.

CASE VI.

I was called Jan. 26, 1894, to a stubborn case of constipation. The lady, Mrs. C., said: "You will have to give me the strongest medicine you have and lots of it. I said: "You shall have but five powders to take one each night at bed time till the bowels are regular, or till all are taken. After the third powder of *Syph.*, her bowels were regular. Many other cases of constipation in syphilitic patients might be reported where *Syphillinum* cured, and a few cases of Summer Complaint in infants where the stools reddened the parts. One thing must be observed in the use of *Syphillinum*, and that is to give but a few doses whether or not results are obtained. More than a few doses seems to have a very prostrating effect. It will give the patient "That Tired Feeling" in an aggravated form. This giving but a few doses whether the patient gets better or not, should be the rule, no matter what medicine is used, repeating at long intervals when the last trace of the preceding dose is gone.

CASE VII.

A young lady whose father died of syphilis, was troubled much with indigestion, and was subjected to attacks of severe cramping or colic in the stomach and bowels. Morphine had been used a number of times by her Allopathic physician. In one attack he tried to get along without morphine. He sat by the bedside for several hours and kept his patient more or less under the influence of chloroform. When he saw that he was not going to get home soon that way, he gave the morphine and went on his way. After recovering from the effects of the morphine, his patient remained for a few hours without the pain, and then it set in as severe as ever, and I was sent for. Three doses of *Syph.*, 20 minutes apart gave complete relief and a good night's rest. An occasional dose of the same as needed since, has seemingly, entirely cured her of those attacks.

CASE VIII.

A colored girl affected in the same way as case vii, was given a few doses of *Syphillinum* with the same results, followed, however, by the appearance of a syphilitic ulcer on the left labia majora. I asked her if she had ever had such a sore before. She said: "Yes, and Dr. H. cured it for me and then this stomach trouble set up and he told me that I would not get well. Then I

came to you." An occasional dose of *Syphillinum* cured the ulcer. A dose or two of *Syphillinum* will remove a tenderness on pressure over the stomach. Two cases diagnosed cancer by other physicians were thus relieved.

My experience with Dr. Burnett's *Bacillinum* confirms everything he has said in his little book on "*The New Cure for Consumption.*" In "Quick Consumption" it is almost a specific, especially if the disease begins in the apex of the left lung. It has cured many cases for me. It has cured two cases of fistula, restored one man's sexual powers, and cured a patient of chronic leucorrhœa. Four sisters of this last patient had died of consumption. This sister had not died because she had this leucorrhœa that gave relief to the system. Many prescriptions from many doctors had failed to check this discharge, and thus her life was saved by their failures. At the time I was called Dr. F. had succeeded, with his local treatment, in partially checking the leucorrhœal discharge and in developing by so doing the consumptive cough of her sisters. It was to treat this cough that I was called. I told her that the discharge must not be checked and put her on *Bacillinum*. Her cough was soon a thing of the past, and in two months the tubercular leucorrhœa had followed the cough, and she was weighing some twenty pounds more than when I began the treatment. She is at this writing well of the leucorrhœa and cough but has a weak heart, due, perhaps, to over stimulating during her long course under allopathic treatment.

Pyrogen^{cm}, *Catarrhus Vesicae*^{dmm}, and some other nosodes have given me valuable results when prescribed on what meager indications I have been able to pick up here and there in our journals. These remedies are homœopathic remedies because they cure. Their use will help to settle the potency question, for we all, nearly, use them high. If the high potencies in these preparations are better than the low, why not better in every material used as a remedy? Why except even *Aconite*?

Clinical Verifications.

DIPHTHERIA—REPORT OF SIX CASES.

FRANK W. PATCH, M. D., SOUTH FRAMINGHAM, MASS.

L. G., aged 9 years.

Dirty grey membrane covering both tonsils and pharynx, <left side.
Swelling of neck, <left side.
Nose obstructed. Salivation <during sleep.
Watery nasal discharge.
Snoring respiration. Restless.
Irritable. Drowsy.
Tongue dry, red tip.
Œdematous swelling over upper sternum.
Result—death.

E. G., aged 11 years.

Began with swelling of left side of neck.
Thirst. Restless. Dry lips.
Nose obstructed; snoring respiration when asleep.
Left side of neck sensitive to pressure or touch.
Membrane began in pharynx and spread over both tonsils and upward; <on left side.
Sticky, excoriating, watery nasal discharge.
Confused delirium on waking. Irritable.
Raised papillæ on tongue. Salivation.
Stupid, drowsy. Vomiting of all nourishment soon after taking.
Bleeding from nose and lips.
Result—death.

F. G., aged 35 years.

Soreness began on left side.
Membrane on both tonsils, began on left.
Kedness of mucous membrane.
Œdematous swelling of neck.
Salivation.
Numbness passes from one side to the other, appearing and disappearing.

Lac. can.^{cm} (F.)

Result—recovery.

R. B., aged 13 years.

Aching all over. Speech thick.

Tonsils inflamed, <right side.

Chilliness. Restless at night.

<afternoon.

Membrane began on right side, spreading to left.

Confused on waking. Sharp pains in arms.

Lips dry and hot.

Swallowing <from cold things.

Lyc.^{cm} (F.)

Result—recovery.

R. C., aged 10 years.

Yellowish membrane began on right tonsil, spreading to left and pharynx; red around base.

Right side of neck sensitive to touch.

Swelling of neck, <right side.

Thirst. Slight salivation.

Stringy secretion in throat and mouth.

Long, bright yellow ropes of mucous blown from nose.

Kali bich.^{cm} (F.)

Result—recovery.

H. G., aged 4 years.

Very cross. Restless at night.

Thin, dirty membrane on both tonsils.

Watery nasal discharge.

Continual picking and rubbing of nose and lips.

Result—leath.

The above cases need little comment. Of the four occurring in a single family three were of a particularly low, insidious type. In spite of most careful study and the assistance of one of the best consultants in Boston the first two continued to fail unto death. No remedy that we were able to select seemed to exercise anything more than the slightest check to the progress of the disease. The sixth and last case of the list belonged to the same family and was of kindred type. At the third day it passed under the care of a brother physician of the opposite school, who administered the regular antitoxin treatment, but with no better effect. After a time, he reported to me, vomiting came on as in the second case of this list, and notwithstanding his rectal feeding and stimulation death soon followed.

Society Reports.

SOCIETY OF HOMŒOPATHICIANS.

MEETING OF 1897.

FIRST DAY—AFTERNOON SESSION.

THE MATHEWSON, NARRAGANSETT PIER, }
Tuesday, June 22, 1897. }

The third annual meeting of the Society of Homœopaths was called to order by the Secretary at 3:45 p. m.

Dr. S. L. Kennedy was elected Chairman.

The Secretary, Dr. Kimball, had nothing but the ordinary routine business to report.

REPORT OF TREASURER, F. S. DAVIS, M. D.

F. S. Davis, Treasurer, in account with Society of Homœopaths:

Dr.	To balance from last year . . .	\$82.04	
	“ cash received for dues . . .	45.00	
		\$107.04	
Cr.	By cash paid for printing, etc. . .	\$87.50	
	“ “ on hand . . .	19.54	
		\$107.04	

The reports of the Secretary and Treasurer were received and approved.

The committee on Dr. Thurston's amendment to the constitution was instructed to report at the next session.

By a unanimous vote the rules were suspended and the word “unanimous” was stricken from Section IX of the By-Laws.

Dr. Kimball's amendment to the By-Laws, striking out the first line of Section IX and having the second line read “After the applicant has read his paper before the Society,” etc., was carried.

The resignation from membership of Dr. J. W. Thomson was accepted.

REPORT OF DELEGATES, DRS. PEASE AND SAWYER, CONCERNING THE DUNHAM MEDICAL COLLEGE OF CHICAGO.

Dr. Pease—Mr. Chairman, Dr. Sawyer and myself were ap-

pointed delegates from Dunham Medical College to this Society. I want to say that the college finished its second course of lectures by graduating eight students at Commencement, April 7th. We had a class of ten but it became necessary to reject two applicants for graduation. I can say, as I did at my last report, as delegate, that the year has marked a hard term's work well done; and that the college now stands in splendid condition to continue the work it started out to do.

Our second year was, if anything, a more difficult one owing to opposition from outside sources in the city, and also to obstructive work that was brought to bear upon the State Board of Health by numbers of other colleges, but finally, toward the latter part of the college year, the State Board appointed a committee to investigate, and that committee of five members came to the college and made a most searching investigation from cellar to garret and from garret to cellar, attended the clinics and listened to the clinicians, and went through the lecture rooms. As a result of that investigation they sent in their report to the Board signed unanimously, that they considered Dunham Medical College worthy of the recognition of the State Board of Health of Illinois.

It is a pleasure for me to report to the Society that this Medical College has every prospect of having a successful and increased attendance the third year.

Dr. Sawyer—I do not know that I have anything to add to what Dr. Pease has reported. We had fifty students last year in spite of the refusal of the State Board of Health to recognize us, and this year, with their recommendation, we expect to have many more. Furthermore, they went out of their way to say, that our school had stood better examination than any school they had inspected.

We feel sure of a strong class this year, at least twice as large as last year. We have also added new men to our corps of teachers. It is very clearly understood that Dunham Medical College will stand for true homœopathy or there will be a funeral and some of us will be at the funeral. There is to be a place where true Hahnemannian principles shall be taught.

In an informal discussion concerning the next place of meeting, Manhattan Beach, Long Island, was evidently the choice of the members.

Adjourned to 10 a. m.

SECOND DAY—MORNING SESSION—10 A. M.

Dr. S. B. Dickerman of Abington, Mass., an applicant for membership, read the following case:

W., a delicate boy, 7 years of age, light sandy complexion, blue eyes, was brought by his mother to be treated for enuresis. She said he was in perfect health with this exception. No symptoms could be obtained other than that he wet his pants every day so that at least four pairs had to be changed. He seldom wet his bed.

He had always had this weakness and one old school physician treated him a year and another for two years without benefit.

He attended school and the desire to urinate would come on so suddenly that he would be unable to get out of the room before he was flooded.

March 14th, one dose of *Ferrum phosphoricum*²⁰⁰ was given. The next day he wet his clothes a little, but for the next four weeks not once. After this time he occasionally made a mistake and on May 14th another dose of the 200th was given, and up to the present time—June 21st—no trouble has been experienced.

This remedy was the only one I could find that covered the symptoms of enuresis in the daytime. In Lippe's *Materia Medica* under *Ferrum* (probably *Metallicum*) we find, "Involuntary micturition, particularly in the daytime."

In the *Guiding Symptoms*, under *Ferrum* (which is a trituration of pure *Metallicum*, solution of acetate and trituration of the carbonate) is, "Involuntary urination at night and also when walking about by day."

"Incontinence of urine, more frequent by day than night, but floods the bed five or six times at night."

In the *Repertory to the Guiding Symptoms*, under Enuresis: *Ferrum phosphoricum* (one of the organic tissue salts of Schuessler) has, "Diurnal enuresis depending on an irritability of the trigone and cervix vesicæ, better when pressure of urine is taken off by recumbent posture."

Ferrum phosphoricum in the *Guiding Symptoms* has, "Frequent desire to urinate, urgent, with pain in neck of bladder and end of penis; must urinate immediately, which relieves pain; the above only or chiefly during day, not night; worse the more he stands."

DISCUSSION.

Dr. Sawyer—I am delighted with the report of this case. It is a magnificent cure, and if that single case stood alone in all homœopathic literature, I do not see what our regular brethren would do with it. It seems to me that it locks them all out. There is one question, however. I should like to know what miasm was present, as it is a great deal more satisfactory to me to know what is there, whether a natural miasm or those caused by the use or abuse of drugs.

Dr. Dickerman—I mentioned that there was no other symptom except micturition by day. I tried to find out from the mother but she knew nothing about it.

Dr. Sawyer—Is there anything inherited?

Dr. Dickerman—No, sir.

Dr. Adams—In this connection it would be interesting to know whether the mother during pregnancy or after had been treated with *Iron*. It is very commonly the case when the mother is debilitated to make up for a heavy loss of blood in this way.

Dr. Dickerman—I do not know about that, only the fact that she has had six or seven children and she was always better while carrying a child.

Dr. Pease—I can verify the experience of Dr. Dickerman in one case. I cannot recall the facts about the case, but under *Ferrum phosphoricum* the case recovered. I believe that this remedy has a very close relationship with conditions of irritability of the womb associated with trouble in the bladder, and also with lining membrane of the womb. I have several cases of membranous dysmenorrhœa that *Ferrum phosphoricum* has helped wonderfully—a few cured. I believe I reported a case in '92 of a woman with dysmenorrhœa, with incontinence. Was 36 years old. Cured by *Ferrum phosphoricum*.

Dr. Dickerman was then elected to membership.

The committee on Dr. Thurston's amendment then reported. That Article V be changed to read as follows: The law of similars as expressed by the formula *Similia Similibus Curantur* is the only guide to the selection of the remedy. That Section VI be stricken out.

The report of the committee was accepted and the amendment was carried.

Dr. Thurston presented the following amendment to the By-Laws, in writing, to be considered at the next meeting:

Section XV. At each meeting of this Society the Chairman shall open the Bureau of Homœopathic Philosophy by reading aloud the Declaration of Principles and the Rules for Practice.

Rochester, N. Y.—Tuesday, July 21, 1897, at the Homœopathic Hospital on Alexander street, was held the regular quarterly meeting of the Monroe County Homœopathic Medical Society.

A large number of professional men were present, and the meeting was one of the most interesting in the history of the society.

The society was called to order by President P. W. Neepus. The first paper was by Dr. Herbert W. Hoyt and the subject was "Adenant Vegetation," and the expression was general that Dr. Hoyt's paper was one of the best descriptions and explanation of the condition they had ever heard. This paper was discussed by Dr. Elmer J. Bissell.

Following came a talk by Dr. Newton M. Collins on "Advantages of Hospital Study in Europe." The remarks treated particularly on the large number of hospitals on the Eastern Continent and the relative number in each country. The doctor gave striking illustrations of some of the institutions that he had visited on a recent trip to Vienna, Berlin, Paris and Heidelberg.

A paper by Dr. Chas. R. Sumner on "Placenta Prævia" attracted much attention on account of the excellent manner in which it was prepared. It was indeed a masterpiece and Dr. Sumner has consented to having the paper put in print that each member of the society may have a copy.

The committee on the regulation of the Practice of Medicine in Monroe County asked for more funds to prosecute the illegal practitioners in this county and the work will be pushed forward with much energy, as the allopathic school have united forces with the homœopaths and will work hand in hand with them.

The following members were present: Pres. P. W. Neepus, Frank B. Seitz, H. M. Hoyt, Geo. M. Heywood, Chas. R. Sumner, Elmer J. Bissell, Thos. D. Spencer, J. M. Lee, J. H. MacCallum, W. B. Carman, M. H. Adams, E. H. Walcot, E. H. Earle, W. S. Rambo, S. R. Snow, T. C. White, H. A. Anderson, I. F. Chamberlayne, M. S. Ricker, Frederick R. Smith.

Meeting adjourned to meet the 19th day of October, 1897.

FREDERICK R. SMITH.

Comment and Criticism.

SYMPTOMATOLOGY AND ANTIDOTAL TREATMENT.

A. W. VINCENT, M. D., TUALATIN, ORE.

The advocates of Dr. Sawyer's method of antidotal treatment have been accused of empiricism of being governed by the single fact that a certain drug has been taken in excess rather than by the totality of symptoms, notwithstanding the fact that Dr. Sawyer and his followers have repeatedly stated that they *never disregard a plain drug picture*.

But in the *ADVOCATE* of April, '97, in "Society Reports," in speaking of this subject, Dr. I. Dever reports two cases, the one of *Lead*, the other of *Arsenic*, poisoning in each of which he recognized the totality of symptoms and prescribed accordingly *Plumbum* and *Arsenicum* respectfully; but later on learning the *cause* dropped his symptomatology and gave something else. Now who's a Homœopathist?

If we forsake our symptomatology in every case where the exciting cause is known, by what logic do we follow it in all cases where the cause is unknown? This is a matter of vital importance to Homœopathy whether we accept the antidotal theory or not. If Dr. Sawyer may not make use of the fact of a history of drugging, to lead to the same remedy, in a case where the symptoms are mixed and uncertain, how shall anyone use the same fact to lead away from it (to nothing in particular) in a case where the symptoms point unmistakably to the same remedy?

Perhaps in these cases the failure to cure by the *indicated* remedy was due to the fact that the "exciting, maintaining cause" was not removed. The report does not say whether or not that cause was removed at the time of its discovery, when the prescription was changed. Be that as it may, it will require more than a few such cases to refute the evidence already in, in favor of the Antidotal Treatment, and when that is accomplished, what then? We shall be in doubt and darkness with regard to two classes. First, such as the one mentioned in the report in which the totality of symptoms must be studiously avoided.

We must not hit the bull's-eye, but see how near we can shoot without hitting it. But as in these cases the totality of symptoms

is usually the most prominent part of the target, it is a difficult thing to miss it. The bull's-eye is so large and the next circle so thin and extended that we are at a loss to know what part of it to shoot at.

The other class of cases are the mixed, spoiled and partially suppressed cases, where the totality of symptoms point to nothing in heaven or in earth.

We here have a number of targets overlying each other whose intersecting circles lie in promiscuous confusion; even the lines of each are warped and out of parallel; the center of one is the periphery of another, and there is not a bull's-eye in sight. By what rules of geometry may we locate a common center? It cannot be done. But from the history of the case and from our knowledge of drugs and miasms and Hahnemann's rules of precedence, we may locate the centre of the great underlying target and raise the "nigger" and you will know his face when you see him.

How can we escape the conclusion that in an uncomplicated case the symptom picture is a picture of the *same* remedy? It is well enough to explain to the unbeliever that *simillimum* is not *idem*. But in the practical application of our symptom picture, where will you draw the line? No case of drug disease presents a picture that is more than *simillimum* to the recorded symptoms of that drug. No two provings of the same remedy are absolutely identical, as no two pictures of the same individual, taken at different sittings, are identical. But by the *similarity* of the pictures we may establish the *identity* of the original; and by *similarity* of symptoms, the *identity* of disease.

Thus we see that the Antidotal Theory is contrary to no fact or principle of *similia* but affords rather a firmer basis for it to rest upon.

A plain symptom picture must ever be guiding, for no matter how many drugs have been taken, a plain picture of one shows the natural susceptibility of the patient to that one remedy and indicates at once the cause and the cure.

But here let me suggest that we are all more or less susceptible to the influence of *Lead* (bullets), *Iron* (crow-bars) and *Peruvian bark* if it be fired at us in big enough chunks—from a cannon—and after treatment with such "utensils" the drug picture—the picture of natural susceptibility—is liable to be marred so that the history of the case is about all we have upon which to base a prescription.

Editorial.

OUR MATERIA MEDICA.

Differences exist within the ranks of the medical profession with reference to the efficiency of drugs for healing of the sick. These differences depend largely, if not entirely, upon the theory accepted in explanation of the nature of disease. To-day the most important question demanding our consideration is how these differences shall be adjusted, so as to secure uniformity.

In the history of medicine we find many observers noting the similarity between so-called natural diseases and the effects produced by the excessive use of certain drugs. And some have gone so far as to suggest that any substance capable of making a person sick was a suitable agent for the cure of that sickness; but their application of the theory was so crude that the results were not *sufficiently* satisfactory to warrant further investigation and the theory was dismissed only to be taken up by some other investigator.

About one hundred years ago Hahnemann noticed the similarity existing between malaria and the undisturbed action of *cinchona*. As the result of his investigation he produced a theory which was embodied in the formula *similia similibus*. His investigations convinced him that the failures of previous investigators were due to the fact that the agent selected for the cure produced too great an aggravation of the original trouble; and he was led thereby to experiment with drop doses of the tincture in a glass of water (an infinitely small amount of medicine for that period of excessive medication). The results were little short of the marvelous. For the next twenty-five years his time was largely devoted to the elaboration of the theory and the preparation of a *materia medica* adapted to the same. With a working hypothesis and remedial agents adapted to the same he continued his investigations with the co-operation of a few congenial spirits. It did not take him long, however, to discover flaws in the theory through the failure of his remedies to accomplish all for which they had been designed. Convinced of the truth of the basic principle, that agents capable of producing a diseased

condition in a human organism was capable of removing a similar condition whenever found, he directed his investigations into the nature of disease phenomena; and then found that the rock upon which his theories had been wrecked was concealed in the prevailing materialistic idea of looking at the manifestations of diseases as the disease *per se*.

It is not our purpose to show the line of investigation made by Hahnemann which led up to the keystone, the discovery of the true foundation of the law of cure. It is sufficient to show that Hahnemann recognized and taught that disease begins with the disturbance of that life force or dynamis which pervades all nature and presides over the functional activities of our particular organism. It logically followed that the province of remedial agents was not the removal of these evidences of a disturbed vitality, but simply the restoration of this vital force to its normal equilibrium; when all subjective symptoms would disappear, and the forces of nature, restored to its normal working basis would be capable of repairing all injuries not of a surgical nature. This necessarily led to the conclusion that a similar dynamis or vital force must preside over every organized combination of the primary elements; and that the most perfect results would be obtained when the dynamis of the agent was brought into the same plane of action as the dynamis or vital force, which had become disturbed. You can readily see how this ended. This dynamis or vital force must be separated from its material environment, and the method employed by him was that of trituration and forcible succussion until all evidence of a material substance had been eliminated when its peculiar and characteristic action would *begin* to show itself and would therefore be adapted to meet the lowest expression of disturbed vitality. Different degrees of dynamization would therefore be required to perfectly meet all existing conditions. As a result of this slow, conscientious and strictly scientific investigation Hahnemann gave to the world his *Organon of the Healing Art* and at about the same time a thoroughly tested *Materia Medica* based upon the dynamic theory of disease. It has been thoroughly and conscientiously proven and tested by hundreds of scientific investigators for a period of nearly seventy-five years with results that have more than met the anticipation of those employing the same.

What shall be said of those who persistently criticise the

theory and condemn the tools as untrustworthy? Their opposition to our materia medica as it now stands, comes from an honest difference in opinion from Hahnemann with reference to the nature of disease.

Believing as they do that it is unscientific to go back of the physical manifestation of disease they see the nature of the disease changes in the pathologic or morbid anatomy of the tissues and want a materia medica capable of producing similar changes; and for that reason would subject all provers to repeated physical examinations both before, during and after the proving in order that they may have definite data upon which to select their simillimum. They would have complete chemical and bacteriological tables with thorough records of the physiological action of the drugs in order that the tools might correspond with their theory of disease.

Every scientific investigator must have a profound respect for their opinions because they are the logical conclusions of their line of investigation. In other words, they want their Materia Medica constructed upon the same plane occupied by their theory of disease; that is, they would meet pathological changes with agents capable of producing pathological effects. This is logical and consistent. But the combined experience of the past two thousand years ought to convince them of the error of their hypothesis; the only difference between them and the theory supported by the dominant school being expressed in the law governing the selection of the remedy. They ought to learn from the experience of Hahnemann how to shun the enticement of the scientific (?) materialist and take up the work where the great master of scientific investigation laid it down and from that point carry the work along to its highest culmination.

Every student of medicine recognizes the elements of uncertainty which have been incorporated in our materia medica but an improved materia medica will never come with any process of abridgment. On the contrary our school of provers (the dream of the future) will be composed of men and women who will be divided into groups or classes according to temperament and then removed from all disturbing influences, as are the juries in our murder cases. A careful record will be made of previous history, environment, temperament, age, sex, etc., before the proving of the remedy will be attempted. It being clearly understood that a record based upon the dynamic

force of the agent employed is to be the basis of the new *materia medica*, a highly potentiated agent of standard power should be selected for the first test. After this has ceased to disturb the vital force of the prover, a lower potency of the same remedy should be administered and the same general directions observed until the sixth or twelfth centesimal had been thoroughly tested. By means of these graduated experiments, a record of scientific accuracy would be secured which would not only give us a reliable pathogenesis of the drug but also a suggestion of the potency most perfectly indicated in each individual case.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

The *ADVOCATE* has remained silent with reference to the work of the American Institute at its meeting in Buffalo because the conclusion had been reached that it was dying of senile gangrene and that our feeble protest could accomplish nothing toward its re-suscitation so long as its nourishment remained in the hands of its present nurses. During the past twenty-five years it has been drawing its nourishment from practically the same supply until like the Department Stores in our great cities the young life and blood of the profession have been literally "frozen out" of the Institute and have gone into other organizations where their co-operation was appreciated. Witness the growth of the Missouri Institute; the Missouri Valley Homœopathic Medical Association; Illinois State Homœopathic Society, etc. There must be a radical change in the entire make-up of the Institute, beginning with the policy of the organization and not stopping until the carrying out of that policy has been put into the hands of those who are in perfect sympathy with the reform.

There are 14000 homœopathic physicians in America, of which number fully three thousand, if not double that number, could be *interested* in the *work* of the Institute if there was anything that directly appealed to their interest. In the first place, the Institute would do well to *shorten* its sessions to *four* days. Second, each *bureau* should be a fully organized body, working under the corporate name of the American Institute, but having entire authority over its work, and should hold *continuous* sessions until its work was completed. Work could be laid out covering a period of two, three or four days, thus offering sufficient inducement to draw each specialist of the profession (and

it would be found that the general practitioner would be the most interested specialist in the Institute) from his work for four days.

Each of these Associations should elect their own officers and the work could be so apportioned that hundreds of physicians would have individual work assigned them which would keep them in touch with the work throughout the year. Note the enthusiasm aroused by the Bureau of Pædiatrics in 1896 and the *Materia Medica* Conference during the past two years.

The Institute would be kept in touch with these different organizations through the Executive Committee, which should be composed of the Chairmen of the different organizations and the general officers of the Institute.

The Transactions should not be published in one large volume but each organization would furnish enough material to make a small volume that would be *read* with profit by a host of *subscribers*.

We thus briefly outline a plan that would break down the machine, destroy the political element, instill interest into the hearts of the profession and give us a meeting of real profit and pleasure. Who will be the David that can successfully cope with this Goliath?

ITEMS OF INTEREST.

Dr. A. Cuvier Jones, formerly of Colorado Springs, is now located at Tucson, Arizona.

The staff of the City Hospital of St. Paul, Minn., is about evenly divided between the old school and the new, Dr. Asa F. Goodrich making the eighth representative of the homœopathic school.

The publishers of the *Materia Medica Journal* wished to engraft the old and honored name of the *Medical Advance* to their journal, but learned to their sorrow that an injunction had been in existence during the past two years restraining them from any such liberty. The court is now determining whether they shall be held for contempt.

The Hahnemann Hospital College of San Francisco does not commence its work until October 15th. A meeting of the Board of Regents of the State University was held September 8th, to

determine the question of affiliation. The report for this meeting has not reached us.

Donald McLean, erstwhile professor of surgery in the University of Michigan and an uncompromising opponent of homœopathy, is Dean of a Medical College in California. If this college is affiliated with the State University it will be extremely doubtful if the Hahnemann College is permitted to come under the control of that institution.

An interesting meeting of the Association of Official Surgeons met in the Chicago Homœopathic College in conjunction with Dr. Pratt's annual class of didactic and clinical instruction. Dr. C. E. Sawyer of Marion, Ohio, was elected president for the ensuing year.

It gives us pleasure to announce that Dr. T. P. Wilson has almost entirely recovered from his injury of last year.

The Missouri Valley Homœopathic Medical Association will meet in Iowa City, Sept. 27, 28, 29 and 30. This society has one of the most interesting programmes of any meeting held during the present year, and has enough good Hahnemannians on its list to ably defend the principles of homœopathy.

Arrange your plans so as to visit the Nashville Exposition during the latter part of October and thus be enabled to attend the meetings of the Southern Homœopathic Medical Association, which will be held in Nashville, Oct. 19, 20 and 21. This society ranks next to the American Institute in territory covered and welcomes a thorough discussion of the principles of pure homœopathy.

The Board of Regents of the State University of Michigan are showing greater liberality this year than ever before in the history of this institution. It seems as if they were trying to make amends for all the sins of the past and almost every reasonable request made by the present faculty is being granted. The profession of the State should sustain this institution as long as it is loyal to the principles of homœopathy.

Bœricke, Runyon and Ernesty, of New York, announces a new work on Nervous Diseases from the pen of Dr. J. T. O'Connor. This ought to be a valuable addition to the literature of our school.

Dr. J. B. S. King has recently moved to Englewood and is located at 6713 Wentworth Ave. We congratulate him on selecting the most delightful portion of this great city for his home.

Dr. T. A. Cheal is pleasantly located at Owensboro, Ky. May success go with him.

Dr. James C. Gannett, of Yarmouth, Me., died April 4th of this year.

The present address of Dr. D. W. Horning is 604 Dayton Building, Minneapolis.

Dr. Mary Rees Mulliner is now located at 160 Newberry St., Boston, Mass.

Dr. G. W. Bowen, of Ft. Wayne, writes that the new medical law of Indiana will be of decided benefit to the entire profession. Over five thousand physicians have already received a license to practice and fully five hundred will either be suspended or compelled to leave the state.

Dr. Ch. Gatchell gave an admirable address at the recent meeting of the Missouri Valley Homœopathic Medical Society. *Pessimists* and *optimists* are two types of individuals who are especially attractive to this gentleman.

The members of the Wisconsin State Board of Medical Examiners are: Drs. Wallbridge, Bell and Currens, *allopathic*; Dale and Forsbeck, *homœopathic*; Ludwig and Quigg, *eclectic*.

A general spirit of prosperity is noted among all the homœopathic colleges throughout the country and with this happy condition comes a more general avowal of loyalty to the homœopathy of Hahnemann than has been shown for a number of years. If Hering and DUNHAM have contributed anything toward this state of affairs the profession at large should recognize the fact and show their appreciation for the same; because the nearer the medical student gets to the *spirit* of the principles promulgated by this master in medicine the greater will be his success as a physician and consequently the greater will be the demand for that kind of teaching.

A proper medical education is a proper medical education, whether it is secured in New York, Maryland, California or Illinois; and if a physician be qualified to practice medicine in

Maryland, he is also properly qualified to practice in California. This passage of laws by individual States for the purpose of protection against other States, is un-republican, un-American, and should not be. Of course there should be a standard up to which all colleges should come, an educational standard in common, but this common standard can never be secured by State or health board legislation; it must come from the great centre of common government of the United States. A certificate issued in Ohio, Pennsylvania or Texas should confer the privilege of practice in the whole United States, and if a certificate from each State should confer this privilege, then why not have one certificate which will admit to practice in all our States, and not a certificate for every State. Let the Government of the United States confer this license.—(*Southern Journal of Homœopathy*).

VACCINATION.

State Boards of Health and their corollaries, Municipal Boards, have been persistent in their demands for compulsory vaccination. The profession at large have accepted the dictation of these institutions, because it required less effort to float with the tide than to attempt original and thorough investigation of the truth of the underlying principles. It is a significant fact that no earnest, conscientious investigator during the past half century has come from these investigations an avowed believer in the protective power of vaccine virus. Placed over and against this statement is the fact that we have a host of earnest, aggressive opponents to the practice. Over thirty years ago Dr. Boens, of Belgium, published an exhaustive report in which he showed conclusively that vaccine virus was practically the same as syphilis and that many times it could be traced directly to inoculation from the hands of syphilitic milkers. The Royal British Commission in their exhaustive investigation of this subject declared in unequivocal terms that vaccination from vaccine virus gave no immunity from smallpox infection and also established the positive fact that syphilis might be communicated through vaccine. The American Association of Physicians and Surgeons at their meeting in Indianapolis in 1896 presented a report opposing compulsory vaccination, which was printed in the HAHNEMANNIAN ADVOCATE. Dr. Levenson, of Ft. Hamilton, N. Y., is issuing a work through the *Homœopathic Physician*, in

which is by far the most comprehensive exposition upon the subject of vaccination that has thus far appeared in English print. The arraignment of those who persist in demanding compulsory vaccination is most severe and almost justifies classing them with premeditated murderers. It is well known that syphilis has become almost an universal factor in the vast number of chronic diseases with which we have to treat and many times the beginning of the trouble can be traced back to the time when the patient was vaccinated. Anti-syphilitic remedies occupy a prominent place in the treatment of these diseases, notwithstanding the fact that comparatively few of the patients can give any history of personal infection other than that coming through vaccination.

There is another side to this whole question, which may be summed up in a few words, the most serious factor in a small-pox epidemic is the element of *fear*; the public become panic stricken, when statistics will show that comparatively few deaths can be charged to this disease and of the few a very large percentage come from children and persons of weakened vitality.

STAND ERECT.

A gymnasium director of long experience disapproves shoulder-braces. They weaken, so he thinks, the muscles whose function it is to keep the shoulders in their normal position. This they do in two ways—by relieving the muscles of their work, and by putting a constraint upon them and so depriving them of a normal supply of blood.

Instead of artificial shoulder-braces, the director recommends the frequent and persistent use of exercises specially adapted to promote an erect carriage.

It is not enough, he says, to work an hour or so daily in a gymnasium. The proper exercises should be taken many times a day, and, therefore, should be of a sort that can be practiced anywhere and without special apparatus. Some of the habits and exercises on which he lays stress are as follows:

1. Make it a rule to keep the back of the neck close to the collar.
2. Roll the shoulders backward and downward.
3. Try to squeeze the shoulder blades together many times a day.

4. Stand erect at short intervals during the day—"head up, chin in, chest out, shoulders back."

5. Walk or stand with the hands clasped behind the head and the elbows wide apart.

6. Walk about, or even run upstairs, with from ten to forty pounds on the top of the head.

7. Try to look at the top of your high-cut vest or necktie.

8. Practice the arm movements of breast-stroke swimming while standing or walking.

9. Hold the arms behind the back.

10. Carry a cane or umbrella behind the small part of the back or behind the neck.

11. Put the hands on the hips, with elbows back and fingers forward.

12. Walk with the thumbs in the arms-holes of the vest.

13. When walking, swing the arms and shoulders strongly backward.

14. Stand now and then during the day with all the posterior parts of the body, so far as possible, touching a vertical wall.

15. Look upward as you walk on the sunny side of the street.

The foregoing exercises, it will be seen, are happily varied, and are, many of them, such as can be practiced by anybody in almost any occupation. If he cannot use one, he can another.

The director goes on to say that even in a gymnasium a man must be on his guard against forms of exercise that tend to induce a stooping posture. "As round-shouldered as a gymnast," he says, has almost passed into a proverb.

He recommends also what he calls a "lie-abed exercise." "Stand on the back of the head, the back shoulders and the heels by arching the back," and repeat the operation a dozen times or so.—(*Health Journal*).

Our Monthly Review.

The Rarer Uses of Some Common Drugs. Dr. Theophilus Ord, in the *Monthly Homœopathic Review* for September, calls attention to the application of *Arnica*, *Mercurius Biniodatus* and *Strophanthus*.

Arnica in Venous Thrombosis. In painful thrombosis which occurs in the course of a vein after a phlebitis, where the least motion or exposure precipitates a fresh attack, *Arnica* given internally will cause the blood clot to be dispersed with surprising rapidity and at the same time counteract the tendency to relapse, as illustrated in two recent cases.

Mrs. S., age 25, was expecting in two months her first parturition. She had developed extreme varicose veins in both legs four months before, for which she wore elastic stockings. After a longer walk than usual, a phlebitis in the left saphenous vein for some eight inches in the thigh. Under the use of *Arnica*, pain and swelling disappeared, also the thrombosis, and patient was upon her feet leading an active life. She has had two pregnancies since, and though the veins have enlarged again to a limited extent there has been no return of phlebitis.

Case II. An elderly lady, with erysipelas, has inflammation of the veins of both legs, causing several thrombi to form, the largest of which occurred in the left external iliac vein, the tumor of the size of an orange felt in the left iliac region. During two months the pain and swelling continued, and every movement caused a fresh thrombus to form in some part of the leg or thigh. Numerous remedies were tried, also *Phosphorus*, with little effect, finally *Arnica* was given, when in a week's time the iliac swelling dispersed and no fresh attack occurred, the patient being able to go out in a bath chair. Although the provings of *Arnica* show no instance of the drug having caused thrombi, we have abundant evidence that we have venous blood from the capillaries under its influence. The formation of blood clots probably depends upon its selective action upon the inner coat of the vessels which are continued in the capillaries. A blow, strain or chill, too slight to do harm to a healthy person,

would in any one suffering from continued poisoning from *Arnica* be very likely to cause phlebitis with formation of clots. The drug seems to cure by restoring the diminished vitality of the internal venous coats, thereby causing the absorption of the extravasated blood.

Arnica in Chronic Bronchitis. In subjects with chronic bronchitis, especially those whose arteries are degenerated and when emphysema is present, on attempting to go out and walk, after a winter's confinement, complain of a bruised, weak, aching often called "great sensitiveness of the chest." It is not necessarily accompanied by any increase in cough or expectoration, but is situated over the sternum and the sterno-costal articulations. This pain is chiefly caused by the increased effort at respiration, noticed in patients who have been confined to the bed or house during the winter months.

Mercurius Biniodatus in Asthma. The action of *Mercurius* in these cases is not attributed to pure homœopathy but explained according to Dr. Haig's *Theory on Uric Acid as a Causative Agent in Disease*. He states that the asthmatic paroxysm is due to nature's efforts to rid the system from the accumulation of over feeding and lack of exercise. The temporary presence of this acid in poisonous amounts produce a vaso-motor paroxysm with constriction of the arterial capillaries generally, but most marked in any organ that is constantly weak and overworked. He found that *Mercurius* and its salts, especially the *Iodatus*, overcame this condition by rendering the blood unable to hold in solution the *Uric acid* and its salts, and that fact that a much smaller dose than that required for a chemical combination with *Uric acid* suggests the thought that the remedy really acts dynamically instead of chemically and suggests a comparison between the remedy and the percussion cap that fires a gun but does not supply the motive power to the bullets.

Strophanthus in Urticaria and Anæmia. *Strophanthus* has been recognized as a valuable heart tonic in many forms of debility and dilatation but the absence of thorough provings have limited the sphere of action of the drug. From clinical experience the Doctor finds that it has great value in that form of chronic urticaria where *Apis* and *Chloral hydrate* find frequent indications. Especially where there is any ac-

companying cardiac weakness with palpitation. Case reported of frequent outbursts of urticarial eruption from exposure to the offensive effluvia of a dead whale. Cases also occurring after drinking a glass of beer would under the influence of *Strophanthus* disappear. It seem to have almost a specific action on the anæmia of young women where *Iron* and *Digitalis* have been abused and whenever palpitation and breathlessness are marked features in the case.

Study in Symptomatology. Dr. Charles H. Blackley, in the *Monthly Homœopathic Review* for September, gives his method of analyzing the symptomatology of a drug by means of colored lines. In the first place he provides himself with a small rule about the length of a running line, also a piece of glass tubing, in which may be inserted a quill pen to make any width of line desired; also bottles containing different colored inks.

Selecting a *red* ink as symbolical of *fever*, he takes a remedy, e. g. *Aconite*, and places the rule under the fingers of the left hand, draws it slowly down the page from top to bottom, and wherever in the history of the provings a feverish condition is manifest a red line is drawn through the body of the letters describing it. He then selects some other remedy in which fever is one of its characteristics and in the same way indicates the symptoms possessing this fever—going through his materia medica in this way. He then selects some other characteristic as *nausea* and *vomiting*, using *green* as its synonym and selects such remedies as possess characteristic powers in this direction, and proceeds in the same manner.

By this method his remedies are grouped together under certain heads and a comparative study is made of their sphere of action, both symptomatology and as a therapeutic agent. The advantages are to be found in the prominent record made and at the same time enable the student to readily comprehend the genus of the remedy.

Summer Complaints of Children. Dr. G. M. Cooper, in *Journal of Homœopathics*, gives the differentiation of *Chamomilla*, *Arsenicum* and *Sulphur*.

Chamomilla suits a large number of cases that have been given some form of *Opium*. It corresponds very closely to the secondary symptoms of *Opium*. Great sensitiveness of both mind

and body; irritability; intolerance of pain, hyperthesia of all the senses; sleeplessness; wakes with a start, etc. The thought will suggest itself to any student of medicine that a picture covering the secondary or primary effects of *Opium* would generally point to *Opium* as the simillimum. And it would seem as though *Chamomilla* would be indicated in those cases where *Opium* had not been given instead of those cases where it had been abused.

Arsenicum has intense restlessness; wants to be moved about, but the cause for this restlessness is entirely different; the pathogenesis of *Arsenicum* pointing to the mental irritability instead of the irritability caused by bodily pain. This mental disturbance is clearly shown upon the face of the child and most frequently finds expression in intense fear; the patient wants to be carried or moved about; wants to go fast but no motion gives relief. On the contrary, the *Chamomilla* patient forgets its pain while its attention is being attracted by something else.

Sulphur is indicated by the *general* appearance of the child. The whole body looks pale, emaciated, there may be extreme prostration with a cold sweat on the forehead; hands and feet as if made of ice. *Sulphur* will arouse the rapidly sinking forces and the reaction will be shown in a short time.

When Homœopathy has Won its Greatest Laurels. An exchange very truthfully says:

When a physician begins practice, especially if in a small community, he is soon consulted by a number of chronic invalids who have exhausted the remedial resources of the other physicians of the place and perhaps their patience also, and still remain unrelieved. If he cures one or two of them his success is almost certainly assured and he will soon do his share of the regular work.

It is just this particular condition which affords unlimited opportunities for the thorough and conscientious follower of Hahnemann. Homœopathy is King; and the man who faithfully applies its principles may go into any community and he is absolutely sure of making a good living, almost from the start, because of the superiority of his knowledge of the Art of Healing over that of all other systems. His natural refinement and culture attracts kindred tastes and his ability is brought into touch with the best element of the community.

Celluloid as a Splint Material. Sheet celluloid has been employed as a splint material to some extent, and has proved so satisfactory that the following directions for preparing the same may be of interest. A solution of the thickness of

syrup is made by immersing scrap celluloid, which is cheap, in acetone, and agitating the vessel from time to time, several days being consumed in the process of making the solution. A plaster of paris cast of the part to which the corset or splint is to be applied is wound with strips of thin muslin, and over this the solution is applied and rubbed in; then another layer of muslin is wound on and more of the solution is applied, and so on, until there are six or eight alternate coats of muslin and celluloid. In a few hours the coating feels firm and on the following day it may readily be removed from the cast. The advantages of this preparation over that of silicate of soda consists in its neat appearance and extraordinary lightness combined with great durability. Moisture does not affect it in the least, and it can be easily bent and padded to fit any condition.—(*N. Y. Medical Journal*).

A Proving of Turpentine. Some painting had been done where I was obliged to smell the turpentine one night and forenoon. By noon I had frequent urging to urinate. In about two hours the urging at the neck of the bladder became constant but was relieved somewhat if I could retain the urine until some quantity had accumulated. It was also relieved by a cloth wrung out of hot water and applied to the urethra. No pain while passing the urine, but tenesmus, burning and urging as soon as the bladder was empty. The pain seemed to be caused by the bladder walls coming in contact rather than from any irritating quality of the urine. Toward evening these symptoms began to decline and none remained the next morning.—(*Journal of Homœopathics*).

Scattered Links. It is not peculiar when symptoms are relieved by the menstrual flow. It is quite natural. The nervous and congestive symptoms should be relieved by the hemorrhage. The symptoms which we would expect as a consequence of hemorrhage would be those of *exhaustion* and such as point to *pallor, hippocratic countenance, prostration*, etc., but when the *nervous and congestive* symptoms are *worse* during the flow, this is peculiar. Such is found under *Cimicifuga* and *Secale*. *Puerperal* convulsions with a *convulsion* after *every* gush of blood is a state under *Secale*. *China* is given in a routine way for the results of hemorrhage. The indications for *China* are as follows: The hemorrhage has been *excessive* and instead of picking up

after the hemorrhage she *remains weak and pale*. There is *no* assimilation and the result is no new blood is formed. The patient does not want to eat and assimilation will not begin until *China* arouses the vital force. The same is true in cases weakened by loss of other fluids. A man, through sexual excesses is completely run down and cannot get strength. He stops the abuse but does not get well. *Nux*, *Phosphoric acid* are given in vain, but *China* will start up his ability to assimilate and he will at once begin to recover. A man has typhoid fever. He lies in bed, weak; no appetite, thought of food nauseates, and if he forces himself to eat, no good results, because the food is not assimilated. *Colchicum* is his remedy and he will be hungry the next time you see him.

Experience has taught that the genius of certain diseases does not correspond to the genius of certain remedies. *Belladonna* is not a typhoid remedy. The genius of typhoid is the same the world over. The symptoms may change under certain conditions, but the genius ever remains the same.

Men given to what would be called loose practice in the homœopathic healing art, wonder why it is looked upon as criminal to violate the rules of practice laid down in Hahnemann's *Organon*. The fact is that these rules are established as the outcome of fixed principles, and any violation of these principles works a hardship to the patient and physician. The physician of loose practice says to himself, "Let us use *peroxide of hydrogen* to cleanse the abscess cavity. It will prevent the formation of pus and promote healing." This looks very innocent and simple, but the fact is, the agent used has effected changes in symptoms and thereby changed the index of the remedy and in proportion as it has done this, it has masked the case. It has hurried the healing of the abscess cavity to the detriment of the patient. The constitutional remedy has been interfered with in its action and its purposes. — (*Journal of Homœopathics*).

Venom of the Toad and Salamander. Dr. Hewlett, in the July issue of *Science and Progress*, shows that there is secreted by the skin of the toad a substance very similar to that of digitalin and that the handling of a toad will sometimes produce disturbances of the heart similar to that found under the proving of *Digitalis*. The venom of the toad and salamander differs from that of snake poison, in that the former is a proteid, while

that of the snake is an alkaloid. Both the toad and salamander seem to possess a remarkable immunity against vegetable poison, probably due to their sluggish circulation.

Significance of Discharges in Infantile Diarrhœa. A classification based upon the gross appearance of the stools may be made to include practically all varieties of the so-called "summer complaints."

First. Mucus; second, serous; third, pasty, white or musty, from its peculiar odor; and fourth, dyspeptic, which may be subdivided into acid and alkali.

In the mucus stool the discharge is usually scanty; frequent; characterized by whitish, ropy mucus of a gelatinous consistency, which may be streaked with blood or stained with feces, usually acid with nervous derangement of the secretive function and generally found in children of distinctly neurotic tendency. Prolonged or intense heat frequently acting as a causative agent.

Second. Serous diarrhœa usually consist of copious, watery discharge, which saturates the napkin. Associated with such stools may be severe vomiting, usually with a more or less profound state of collapse. Heat is an essential factor in these cases, both from a neurotic standpoint, but also because of its action upon the food. *Arsenicum* very frequently indicated. Drinking of large quantities of clear water, or flushing the bowel with the same should be considered.

Third. Pasty, white or musty stools leaves an appearance of paste made of water and chalk, the musty or mousy odor characteristic. Usually a history of undigested food with a complete atony of the glands of digestion. Suspension of food, allaying the thirst with barley water the indicated remedy will cure this difficulty.

Fourth. Dyspeptic diarrhœas come on as a sequence of artificial feeding and generally is deep-seated and persistent in its action. Stool dark, leaden in color, acid reaction, sour disagreeable odor of fermentation; or grass green stool, alkaline in reaction and foul, offensive odor. Stool usually mixed with undigested food. Heat acts as a prominent causative factor, combined with constitutional weakness brought about by the pernicious habit of using artificial food. Treatment should consist of stopping all artificial foods, giving water diluted with milk, cream and sugar of milk in proper proportions. Milk may be sterilized or perhaps Pasteurized.—(*Exchange*).

Turkish Baths. The danger from Turkish baths arise primarily from organic heart lesions, and secondarily the danger is not charged to the extreme heat, but to the fact that the air of the room may reach a point of saturation making it difficult, if not impossible, for the skin to carry on its proper functional activity. A temperature of two hundred or two hundred and fifty may be sustained if there is a proper radiation of heat from the body in the form of profuse perspiration.—(*The Hospital*).

Relief of Disabled Physicians. The American Medical Association at its last meeting appointed a committee to formulate plans for the relief of disabled physicians. In this day of co operation and organization the movement is humane and timely.

Suppressing the Dispensary Abuses. The Rhode Island Hospital at Providence has adopted the following plan: A placard is prominently displayed at the main entrance of the out-patient building stating that medical and surgical services are freely given to all patients who are too poor to pay for the needed attention. No patient will be admitted to any clinic without a card or recommendation from some physician, agent of a charitable association, or responsible person known to the authorities of the hospital, unless they are able to pay a small fee for such services and deserve charitable aid. The following exceptions are made: Emergency cases, recent accident or sudden injury. 2. The illiterate, the poor class or foreigners who could not read the rule and understand it. 3. Any patient whose ability to pay there is a doubt and who is suffering for immediate attention.—(*Atlantic Medical Weekly*).

A Characteristic Sign of Measles Occurring on the Buccal Mucous Membrane. Dr. H. Koplik, in *Archives of Pediatrics*, describes an appearance generally overlooked, which he considers of very great value in forming a diagnosis of measles. If we look in the mouth during the first twenty-four or forty-eight hours of the invasion of measles, *i. e.* at a time when the cutaneous rash has not yet appeared when there is coryza and conjunctivitis, we see a redness of the fauces and a few red spots on the soft palate. On the buccal mucous membrane and the inside of the lips we see a distinct eruption, consisting of small, irregular spots of a bright red color; in the center of each spot there is noticed, under strong light, a *minute*

bluish-red speck. These red spots with the accompanying speck of bluish-red are absolutely pathognomonic of beginning measles, and when seen can be relied upon as the forerunner of the skin eruption. As the skin eruption begins to appear and spread the eruption on the mucous membrane commences to disappear and loses themselves in the intense general redness.

Symptoms of Chloroform Collapse. Sudden and complete blanching of the face takes place, leaving it a ghastly-gray hue. The term pallor conveys no idea of the actual appearance. The eyelids fall open, the eyeballs are fixed in the upward position, with pupils fully dilated as under extreme atropinism. Cornea glazed and sticky, which once seen is always remembered, the light seems to fade from the eye as well as from the cheek and lips. It is undoubtedly a look of death. The pulse and cardiac impulse are at these times no longer felt. Respiration ceases at the moment when the blanching and stoppage of the pulse occur, but at times a few feeble and irregular inspiratory gasps are subsequently drawn. The patient is to all appearance dead. It probably will never be known whether the heart actually ceases to beat, as the moments are too valuable to investigate. Oftentimes, lividity accompanied by turgescence of the veins of the neck and face immediately precedes the blanching and look of death, and is coincident with the stoppage of respiration.—(*Exchange*).

The Effect of Scratches Obtained by Falling from a Bicycle. Injuries of this nature have become so frequent that the majority of bicycle riders are prepared with liniments and lotions, plasters and bandages for the repair of such injuries as may be sustained by themselves. Frequently they come to the physician or surgeon a week or so after the accident wondering why the injured part remains sore. The unsatisfactory results following the routine treatment has brought about a more thorough investigation of the subject and it is found that frequently combined with the injury will be found a condition closely resembling a burn in the nature of the sensations experienced. This can be readily understood when we consider the friction produced by a rapidly moving body coming upon a smooth hard surface. In addition to this the dirt may be so thoroughly ground into the flesh as to make its removal exceedingly difficult in the hands of an inexperienced surgeon.

The steps that should be taken in these cases is first a thorough cleansing of the wound, following this a local application of *Arnica* or *Calendula* will remove the soreness; if in addition to this there be a dynamic disturbance with prostration, restlessness, etc.; these symptoms must be met with the indicated remedy.

Precocious Menstruation. J. W. Irion reports in the *New York Medical Journal* the following case: On the seventh day after birth a bloody vaginal discharge occurred which lasted without other symptoms for four days. The flow did not appear the next month, but the child suffered from the usual symptoms of suppression and eczema broke out over the entire body. The suppression was attributed to a cold bath. Since that month the flow has been regular and the child's health excellent. The mons veneris and breasts are considerably developed, the latter enlarging and becoming somewhat sensitive during the flow. (This is a peculiar case of psora and it would be interesting for some close observer to get its history and report the same.—Ed.)

The American Pediatric Society is making a Collective Investigation of Infantile Scurvy as occurring in North America, and earnestly requests the co-operation of physicians, through their sending of reports of cases, whether these have already been published or not. No case will be used in such a way as to interfere with its subsequent publication by the observer. Blanks containing questions to be filled out will be furnished on application to any one of the committee. A final printed report of the investigation will be sent to those furnishing cases.

[Signed].

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Committee.

Formaldehyde as an Antiseptic. During the past two or three years various experiments have been made for the purpose of testing the value of Formaldehyde as an Antiseptic; and the following conclusions have been reached:

First. A solution of 1 to 10,000 checks the development of bacilli of anthrax, cholera, typhoid, diphtheria and staphylococcus aureus.

Second. A one per cent. solution kills pure culture of pathogenic germs in an hour.

Third. A one per cent. solution thoroughly sterilizes surgical instruments.

Fourth. One per cent. solution is an instant deodorizer of faecal matter, while a ten per cent. solution renders such matter sterile in ten minutes.

The advantage claimed for this antiseptic is that it produces no systemic effects, while its germicidal province seems to be equally efficient with that of *corrosive sublimate* and *carbolic acid*. The only really bad effects of this agent was a destruction of tissues, if left in contact with the same for too long a period. The most recent method for applying this antiseptic has been by dissolving gelatine in water and allowing it to dry in the fumes of the Formaldehyde upon the theory that when the powder comes in contact with the tissue cells and decomposition takes place by which the gases are set free and thus allowed to penetrate to all portions of the wounds. The following rules have been suggested for its use:

First. In recent wounds the powder is brought into intimate contact with all the raw surfaces. In lacerated wounds all irregularities and cavities must be filled with powder. Wounded tissues manifestly incapable of recuperation must be removed. In recent incised wounds the crust that forms may be left *in situ* until healing occurs.

Second. In older injuries the primary dressing must be renewed in twenty four hours.

Third. With ulcerated areas the preliminary removal of the non-viable material is of the greatest importance.

Fourth. The powder must always be covered with the antiseptic gauze, except in the case of small wounds where a crust formation occurs in a few hours. (*Hahnemannian Monthly* for August.)

Review of Reviews. The following list of topics opens up the richness of the September number better than any brief editorial can do:

Paragraphs.

The Controversy at Brown University.
 Acquiescence in the New Tariff.
 Wheat, Silver, and Prices.
 Our Foreign Relations.
 The Klondyke Situation.
 President Andrews' Administration at Brown.
 Professor Haupt's Views of Canal Scheme.
 Some Statistics of Waterways.
 An Engineer's Responsibilities.
 Spain's Suicidal Course.
 Primary-Election Reform.
 A Type of the True American.

Osteopathy in Court. A conviction which was had Jan. 27, 1897, of an osteopath for violation of the Ohio law, has been reversed by the court of common pleas of Summit County, as per report in the *Ohio Legal News* of June 19, 1897, the case being styled Eugene Eastman v. The State of Ohio. The accused was a graduate of the American School of Osteopathy of Kirksville, Mo., who had located at Akron, Ohio. For pay, he undertook to treat a case of paralysis, without prescribing, directing or recommending the use of any drug or medicine. This raised the question whether the act of kneading and rubbing the body with the naked hands, for compensation and for the treatment and cure of bodily disorders, is a criminal act under such a law regulating the practice of medicine as that of Ohio. It was contended, on behalf of the State, that the act within the term "or other agency," in the provision of the Ohio law that "any person shall be regarded as practicing medicine or surgery who shall, for a fee, prescribe, direct or recommend for the use of any person any drug or medicine *or other agency* for the treatment, cure or relief of any wound, fracture or bodily injury, infirmity or disease." But the court hold, that the words "other agency," although comprehensive, must mean something in the same general sense that medicines or drugs is an agency, and that if it was the intention of the general assembly to prohibit the practice in the State of osteopathy, clairvoyance, mind healing, faith cure, hypnotism, massage and Christian science it should have been specifically mentioned and not left to mere inference from the general words "other agency." Consequently it holds that in the particular acts set forth there was no violation of the statute mentioned.—(*The Journal*, July 3).

Disinfecting the Hands—A New Method. The method consists of the usual preliminary scrubbing with soap and water, then a handful of chloride of lime is moistened with water and a crystal of carbonate of soda added. This mixture is rubbed over the hands and arms forming a creamy paste. When a sensation of coolness is felt in the hands, which occurs after the paste has been on a few minutes, the hands are washed in sterile water. Scrapping from the nails after this procedure yielded cultures in less than 5 per cent. of the experiments.—(*Medical Record*).

The Hahnemannian Advocate

A MONTHLY HOMŒOPATHIC MAGAZINE.

Vol. XXXVI CHICAGO, OCTOBER 16, 1897. No. 10

Materia Medica.

CUPRUM METALLICUM.*

Cuprum is pre-eminently a *convulsive* medicine. The convulsive tendency associates itself with almost every complaint that Cuprum creates and cures. The conditions that it is remedial in are spasms of muscles, small spasms and large spasms, contractions and convulsions. It has convulsions in every degree of violence, from the mere twitching of little muscles and of single muscles to convulsions of all the muscles of the body. When these are coming on the earliest threatenings are drawings in the fingers, clenching of the thumbs or twitching of the muscles. It has twitching, quivering, trembling, and it has also tonic contractions, so that the hands are closed violently. In this latter condition the thumbs are first affected; they are drawn down into the palms and then the fingers close down over them with great violence. In the fingers and toes and in the extremities the spasmodic condition increases and extends until the limbs are in a state of great exhaustion. Tonic contractions, the limbs being drawn up with great violence and it seems as if the frame would be torn to pieces by the violent contractions of the muscles everywhere. Often the contractions assume a clonic form, with jerking and twitching.

Cuprum has many *mental symptoms*. It has a great variety in its delirium, incoherent prattling, talking of all sorts of subjects incoherently. It has produced nearly all of the varied states

*A Lecture delivered by Prof. J. T. Kent at the Post-Graduate School.

that an individual is capable of undergoing as to the mind: delirium, incoherency of speech, loss of memory. During its different complaints, such as cholera, some forms of fever, the puerperal state, dysmenorrhœa, congestion of the brain, etc., there is delirium, unconsciousness and jerking and twitching of the muscles. The eyes roll in various directions, but commonly upwards and outwards or upwards and inwards. There is bleeding from the nose and the vision is wonderfully disturbed. Between the convulsive attacks there is incoherent talk, delirium, during which the patient is spiteful, violent, weeping or crying out and shrieking. They go into convulsions with a shriek or sharp cry. In one place it is spoken of as bellowing like a calf.

This drug has the ability to produce a group of spasms followed by the *appearance as if the patient were dead*, or in a state of ecstasy. Convulsive conditions sometimes terminate in a state of stasis, during which the mind ceases to act and the muscles remain quiet or only quiver. This is often one of the leading features in *whooping cough* when Cuprum is indicated. To bring it down to the language of the mother, the description which she gives of the little one, which will probably make you remember it better than if I use the text, she says that when the child is seized with a spell of this violent whooping cough, the face becomes livid or blue, the finger nails become discolored, the eyes are turned up, the child coughs until it loses its breath, and then lies in a state of insensibility for a long time until she fears the child will never breathe again, but with a violent spasmodic action in its breathing, the child from shortest breaths comes to itself again just as if brought back to life. You have here all the violent features of whooping cough and a bad case. In addition to what the mother says you may also observe a few things, but the whole make-up of such a case, its whole nature, shows that it is a Cuprum whooping cough. If the mother can get there quickly enough with a little cold water she will stop the cough. Cold water especially will relieve the spasm, and so the mother soon gets into the habit of hurrying for a glass of cold water, and the child also knows, if it has tried it once, that a glass of cold water will relieve it. Whenever the respiratory organs are affected there is dreadful *spasmodic breathing*, dyspnœa. There is also great rattling in the chest. The more dyspnœa there is the more likely his thumbs will be clenched and the fingers cramped.

In the lower part of the chest, in the region of the xiphoid appendix, there is a spasmodic condition that is very troublesome. It seems to be at times a *constriction* so severe that he thinks he will die, and at others a feeling as if he were *transfixed* with a knife from the xiphoid appendix to the back. Some say it feels as if a lump were in that region and others as if much wind were collected in the stomach. It destroys the fullness of the voice, and it seems as if his very life would be squeezed out. Sometimes then it takes the form of colic and sometimes of neuralgia. If you examine that extreme tightness you will see at once how the voice is affected. You will be called to the bed-side and find the patient sitting up in bed; he tells you in a cracked and squeaking voice that he will soon die if he is not relieved; his face is a picture of fear and anguish; he really looks as if he were going to die; the sensation is dreadful. Cuprum speedily cures this complaint. This constriction and dyspnoea occur sometimes in cholera morbus and in painful menstruation. Spasms of the chest are also accompanied by this constriction and a nervous spasmodic breathing. He is not able to take a full breath.

The Cuprum patient is full of *cramps*. There are cramps in the limbs and in the muscles of the chest, with trembling and weakness. In old age, and in premature old age, it is useful for those cramps that come in the calves, the soles of the feet, and the toes and fingers at night in bed. In debilitated, nervous, tremulous old people, Cuprum serves a peculiar purpose. When an old man, who has been single a long time, marries, his cramps will sometimes prevent him performing the act of coition. He has cramps in the calves and soles as soon as he begins the act. Cuprum is the remedy. It is especially suitable to young men who have become *prematurely old* from vices, from strong drink, from late nights and various abuses, and these cramps are not unlikely to occur in such subjects. Cuprum and *Graphites* are the two remedies for cramps coming on under these circumstances, but whereas Cuprum is said to produce cramps that prevent the act, *Graphites* is said to bring on the cramps during the act. The two remedies however compete closely with each other, and hence if *Graphites* corresponds to the constitution of the patient, it should be given, and the same in regard to Cuprum. *Sulphur* also has cured this state.

In spasmodic conditions that come on during menstruation

Cuprum is also useful. *Painful menstruation with spasms* commencing in the fingers and extending over the body. Tonic contractions that look like hysterical manifestations. They may be hysterical, but that does not interfere with Cuprum curing, if they are only spasmodic or convulsive. Violent dysmenorrhœa with delirium, turning up of the eyes, contortions of the face and epileptiform manifestations.

In *epilepsy* calling for Cuprum we have the contractions and jerking of the fingers and toes. He falls with a shriek and during the attack passes his urine and fæces. It is indicated in epilepsies that begin with a violent constriction in the lower part of the chest such as I have described, or with the contractions in the fingers that spread all over the body, to all the muscles.

Again, it is a remedy sometimes needed in the *puerperal state* before or after delivery. The case may be of uræmic character, but no matter; the urine is scanty and albuminous. During the progress of the labor the patient suddenly becomes blind. All light seems to her to disappear from the room, the labor pains cease, and convulsions come on, commencing in the fingers and toes. When you meet these cases do not forget Cuprum. You will look around a long time before you can cure a case of this kind without Cuprum.

In *cholera morbus* with gushing, watery stools and copious vomiting, the stomach and bowels are emptied of their contents. The patient is fairly emptied out, becomes blue all over, the extremities are cold, there is jerking of the muscles, cramping of the extremities and of the fingers and toes, spasms of the chest; he is cold, mottled, blue in blotches, going into collapse; the finger nails and toe nails and the hands and feet are blue. There are several remedies that look like Cuprum in such a condition. In cholera we would naturally hunt for such remedies as produce cholera-like discharges, more or less spasmodic conditions, the great blueness, coldness, sinking and collapse. We would here refer to Hahnemann's observation. Hahnemann had not seen a case of cholera, but when he was written to for information, he replied that the disease produced appearances resembling the symptoms of Cuprum, *Camphor* and *Veratrum album*. He saw from the description of the disease that the general aspect of cholera was like the general aspect of Cuprum, *Camphor* and *Veratrum*, and these three remedies are the typical cholera remedies. They all have the general features of cholera, its

nature and general aspect. They all have the exhaustive vomiting and diarrhœa, the coldness, the tendency to collapse, the sinking from the emptying out of the fluids of the body, and the question naturally arises, which one will we select?

From what I have said you will see that the Cuprum case is, above all others, the *spasmodic* case. It has the most intense spasms, and the spasms being the leading feature, they overshadow all the other symptoms of the case. He is full of cramps and is compelled to cry out and shriek with the pain from the contractions of the muscles. *Camphor* is the *coldest* of all the three remedies; the *Camphor* patient is cold as death. *Camphor* has the blueness, the exhaustive discharges, though less than Cuprum and *Veratrum*; but whereas in the latter two remedies the patient is willing to be covered up, in *Camphor* he wants the windows open and wants to be cold. Though he is as cold as death he wants to be uncovered and to have the windows open. But just here let me mention another feature in *Camphor*. It also has some convulsions which are painful, and *when the pain is on* he wants to be covered up and wants the windows shut. If there are cramps in the bowels with the pain, he wants to be covered up. So that in *Camphor*, during all of its complaints in febrile conditions (and fever is very rare in *Camphor*), and during the pains he wants to be covered up and to be kept warm, but *during the coldness* he wants to be uncovered and have the air. In cholera, then, the extreme coldness and blueness point to *Camphor*. Again, with *Camphor* there are often scanty as well as copious discharges, so that the cholera patient is often taken down so suddenly that he has the coldness, blueness and exhaustion and almost no vomiting or diarrhœa, a condition called *dry cholera*. It simply means an uncommonly small amount of vomiting and diarrhœa. This also is *Camphor*. Another prominent feature is the great coldness of the body without the usual sweat that belongs to the disease. Cuprum and *Veratrum* have the cold clammy sweat, and *Camphor* also has sweat, but more commonly the patient needing *Camphor* is very cold, blue and *dry* and wants to be uncovered. That is striking. Now we go to *Veratrum* and see that we can have three remedies very much alike, and so perfectly adapted to cholera and yet so different. *Veratrum* is peculiar because of its *copious exhaustive discharges*, copious sweat, copious discharges from the bowels, copious vomiting, and great coldness of the sweat. There is

some cramping and he wants to be warm; he is ameliorated by hot drinks, and by the application of hot bottles and hot plates which relieve the pain and suffering.

These three remedies tend downward into collapse and death. Now to repeat: Cuprum for the cases of a *convulsive* character, *Camphor* in cases characterized by *extreme coldness* and more or less dryness, and *Veratrum* when the *copious* sweat, vomiting and purging are the features. That is a little to remember, but with that you can enter an epidemic of cholera and feel at home.

In cholera-like states there are other remedies which relate to Cuprum and which ought to be considered. *Podophyllum* has cramps, mainly in the bowels. It has a painless, gushing diarrhœa with vomiting as well, and hence it has a wonderful operation in cholera morbus.

The cramps in *Podophyllum* are violent, they feel to him as if the intestines were being tied in knots. The watery stool is yellow, and, if examined a little while after, it looks as if corn meal had been stirred in it. The odor is dreadful, smelling only like a *Podophyllum* stool. If you say it smells like stinking meat that only partly describes it; it is not quite cadaveric but it is horribly offensive and penetrating. The stool is gushing, *copious* and is accompanied by dreadful exhaustion. "It is a wonder where it can all come from," says the mother, speaking of the exhausting diarrhœa in an infant or in a child. The stool runs away gushingly, in prolonged squirts, with a sensation of emptiness, sinking, deathly goneness in the whole abdomen. *Phosphorus* also ought to be thought of in relation to Cuprum. It has also cramps in the bowels, exhaustive diarrhœa, sinking as if dying, but commonly with heat of the skin, with burning internally, with gurgling of all the fluids taken into the stomach; as soon as they come to the stomach they commence to gurgle, and gurgle all the way through the bowels. A drink of water seems to flow through the bowel with a gurgle. Now this gurgling in Cuprum commences at the throat; he swallows with a gurgle; gurgling in the œsophagus when swallowing.

You will do well to go to the Cuprum text, as full a text as you have access to, and find all the complaints that Cuprum has cured, while it is fresh in your memory, with the guide that you have received.

Society of Homœopathsicians.

BUREAU OF HOMŒOPATHIC PHILOSOPHY.

STUART CLOSE, M. D., CHAIRMAN.

WHAT IS A CURE?

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Section 2 of the *Organon* reads as follows: "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."

Dr. B. F. Joslin says in his lecture on "Pure Homœopathy," "Any morbid action is cured by a similar action, if cured at all."

We must at the outset make a distinction between a *recovery* and a *cure*. The fact that apparent health returns after effort for relief does not prove that a *cure* is made; it may be a *recovery*, either spontaneous or through the *palliative* means employed, as in the coming out of a fainting turn—either with or without the use of some means—as the case may be.

It is generally a partial *recovery* that is obtained by a change of climate favorable to patients with certain diseases of the lungs,—they are *not cured*,—although they may feel well. It is, very often, difficult to be certain in many cases, possibly in most cases, that we are witnessing a cure when we see the changes taking place after having given the selected remedy.

When very many of the best prescribers testify to a belief that they more often palliate than cure, it would seem to be evident that a *cure* is not so often or so easily made as might be supposed from reading certain journals or listening to the tales of a physician in the first year of practice.

All favorable changes *do not* portend a cure! They may indicate partial recovery, but are not certain proof that a cure is being wrought.

Crude drugs, and the various appliances made use of by the

old school and those who follow its methods, are almost invariably hindrances rather than aids even to recovery, and are almost never curative in any true sense. The exceptions are only those occasional accidental instances of sufficient relationship similarly of some drug used and the disease totality.

I say accidental because the selection of drugs making up the prescriptions of the old school doctors is not governed by any law, and scarcely any reason. It is blind experimentation, and leads them as often to deeper darkness as toward the light of any truth.

Yet these accidental palliations are accepted by a majority of the people as the highest and best results to be obtained because some of the best educated men make use of means for such results, and therefore nothing can be better. Yet if they would observe closely it would be very evident that these same physicians place so little value upon these very means that they are ever ready to accept nearly every new method advanced and give it all credit, particularly if the public are first made acquainted with its uses by long and high sounding claims of many cures wrought by its application. Thus one fad after another lives a short life, and still they come, and continue to be accepted.

What would be the estimate of a mariner who should place so high a value upon his skill as to start out, on some pleasant day, to sail his noble ship across the trackless ocean, refusing to take a compass? Could he offer any sound argument in support of his position? Would the statement that others had succeeded in the same undertaking give intelligent people confidence sufficient that they would accept even a free passage with him? Would he be considered a prudent and painstaking servant to employ? Would any corporation entrust a cargo to him? Would any insurance company grant him papers? Certainly there is but one answer. No one would be so foolhardy as to take the risk. It would not pass as a safe investment. The laws governing natural actions must be obeyed. No *persona dictum* will stand in place of strict observance of them.

Experience has taught men to rely upon the compass; it is the surest guide, but it must be constantly observed and its variations accurately noted and given due weight in the calculations. No guess work is permitted regarding its readings. The chart must be carefully studied and the exact readings made use of.

The science of homœopathy furnishes the most certain guide to the perfect cure of diseases. The strict application of it gives success. Hahnemann was a master of it and often cured where other good prescribers failed. How was it that he was able thus to gain success where others failed? Did he know something that he did not tell us, or is there something that he did tell us of that we do not do, or at least do not do sufficiently well? The fact is, his followers do not cure as it would seem they should, considering all the added remedies. The claim is made that more relief is given through palliating than by curing. Is there any characteristics by which it is possible to determine if the changes noticed after a remedy is given is one promising a cure, or only one of palliation or suppression? It is quite certain that a symptom may change or disappear when no medicine has been given. A symptom or group of symptoms may disappear after a remedy has been given and the case may not further improve; is this a suppression? What shall we do in such cases? How shall we reason?

There seems to be a certain order which governs the process of a perfect restoration to health.

The Order { *The last appearing symptom is the first to show signs of disappearing,*

and from this in an increase order from that of appearance, until the first appearing symptom is the last to disappear and the system is restored to a healthy state.

The Direction { *From above downwards.*
From within outwards,

or as it may be expressed, from the vital organs or center towards the least important vital parts.

Hahnemann tells us that efforts to cure should be according to clearly intelligible reasons. We must be able to give an intelligent explanation of the work we do, and also why we are in any degree certain that we have cured a patient.

If symptoms may disappear and yet the patient not be getting well, then it must be known by some characteristic how to distinguish the real cures from those not genuine. This order above quoted will be a guide in deciding upon this point.

Section 8 of the *Organon* reads: "It is as impossible to conceive as to demonstrate by human experience that, after the removal of every symptom of a disease embraced in the totality of perceptible phenomena, anything but health should or possi-

bly could remain, or that after such removal, the morbid process of the interior could still continue to be active."

How then can there be anything but a cure when all symptoms are gone? Will it do for any of us to suppose that it is a suppression when all the symptoms have disappeared? I have heard it doubted in such cases, and because the remedy was given in frequently repeated doses of high potencies in chronic cases. The case was to all appearances cured.

It would seem that the means employed to remove the symptoms should be considered somewhat in our deciding if a cure was made.

Section 17 of the *Organon* contains this:—"But disease obliterated is health restored."

Section 25 of *Organon* contains a paragraph, which is very far-reaching and gives us no chance to bring up the question, is it a cure, provided the rules of true prescribing are correctly followed:

"Experience also teaches that all drugs will unexceptionally cure diseases, the symptoms of which are as similar as possible to those of the drugs, and leave none uncured."

Section 54 has this paragraph: "The true homœopathic method of cure is the only correct, the only direct, and the only possible means to be employed by human skill, as surely as it is possible to draw but one straight line between two given points."

In the paragraph preceding it is stated that "genuine, gentle cures are accomplished only by the principle of homœopathy, because this curative method rests upon an eternal, infallible law of nature."

It is a cure sure and beyond question in all cases where all the symptoms are removed by drugs given in accordance with homœopathic principles. It can be no suppression under this method. We are safe to call our patients cured by this treatment.

Hahnemann says: "Truth is of the same eternal origin as the Omniscient and Beneficent Divinity. Man may leave it long unheeded until its rays of light penetrate with irresistible force the mist of prejudices, like the dawn of approaching day, that shall shine brightly and forever for the welfare of mankind."

DISCUSSION.

Dr. Sawyer—I do not see what is to be said. I most heartily

endorse the paper from start to finish. The idea that you can suppress chronic disease by repeated doses of high potency to me seems fallacious. I know that it can be done with crude drugs, but how it can be done with a high potency is what I cannot understand at all. I do not believe it can be done. When any disease disappears, under the action of a high potency, whether you give one dose or a thousand, I believe it is a cure.

Dr. Pease—Dr. Sawyer's remarks suggests to me a thought that I will try to give expression to. While I doubt if any of us believe a high potency can suppress disease, I think this is not the place for the word "suppression." I will have to confess that many times I have seen changes in a case from the use of high potencies that were not carefully selected. As a result of exhibiting such a potency, there has occurred such important changes in the case that the totality has been most seriously interfered with or jostled, so to speak, and as a result the pre-existing condition of the case has perhaps been made a great deal worse by the wrongly selected remedy and potency. In my own experience I know one of the hardest things to acquire is the ability to know when not to give a new prescription. What I wish to express is, that as a result of a wrongly selected remedy given in any potency the case has been, not suppressed, but changed; the thought that I wanted to bring forth was, that a high potency can change a case, although it does not suppress. It changes the conditions. I do not know whether I have expressed myself clearly or not.

Dr. Kimball—Perhaps the word "palliation" would be better than "suppression." I think it was the experience of most of us when the first cases of the "grippe" occurred several years ago. Old symptoms reappeared, after an attack of grippe, which we thought had been cured long before. In fact, it would have been perhaps questionable whether that patient would have had the grippe had he or she been entirely cured. It often seems to me that we do palliate our cases—that is, we have relieved them for a time.

Dr. Sawyer—Do you mean, Dr. Kimball, that that was brought about by repeated doses?

Dr. Kimball—I did not refer particularly to repeated doses; at the same time I cannot see why the first dose of a remedy should not start the reaction of the vital force in a curative direc-

tion. Then if that dose is repeated and repeated again, how can it otherwise effect the patient than in a suppressive or palliative manner? Must not the repeated doses interfere with the curative effect that the first dose has started, granting that it is the *simillimum*?

Dr. Sawyer—All of us believe that it is best to give a single dose of the selected remedy and let it alone. The question is, if you selected the right remedy for the disease and give two, three, five doses, you suppressed the disease instead of curing it, I cannot see it. I do not believe it is good practice. I do not believe there is a case in a thousand when it does not pay to give the single dose. When the vital force is benumbed to put a remedy in water, for instance, and repeat at short intervals, the moment they can see that they have produced an impression to stop. They certainly do get wonderful results. Where a single touch of the remedy did not seem to be sufficient.

Dr. Drake—I can endorse what Dr. Sawyer has just said, yet I think we would have no difficulty in finding cases reported by our very best prescribers where they had resorted to both methods with success. I have never been in the habit perhaps as much as the majority of physicians of prescribing the single dose, but I have always made it the rule to repeat the dose until there was an appreciable reaction. After that time I do not repeat until I see sufficient reason to do so. If I do repeat then I change my potentiation, and instead of giving repeated doses, give a single dose. Now the question comes up whether repeated doses of the indicated remedy will suppress a disease. It may eventually cause a great deal of trouble to us in getting the true *simillimum*. I have been guilty of repeating our highest potencies day after day and week after week, and so far as I know (perhaps it is because I am a poor observer) I have never seen any injurious results; but it is not my ideal of prescribing; my ideal of prescribing is to give a single dose, and if I find no change in symptoms whatever, repeat that medicine thoroughly until convinced that it is not the proper remedy. When the Bureau of Clinical Medicine is open I shall have the pleasure of presenting to the Society a most peculiar case, the like of which I have never heard before. In this case Dr. Haynes, I believe, uses the 100,000th potency and repeats every two hours, week in and week out, and he has cured his case, so far as he has reported it, without any injurious results. I believe that this

matter of repetition of doses is a question that is unsettled yet, and it cannot be settled by one person but by many.

Dr. Thurston—The question of the single or repeated doses in a given case, must be determined by experiment. Provided the remedy be the simillimum, the single dose in the right potency will be found, in a large percentage of cases, to be sufficient. The single dose is always safer, and it can be easily repeated if necessary. A remedy requires time to act, and when enough has been given, more will interfere with the reaction of the vital force. As to whether the remedy is suppressing or curing the symptoms, we should remember that under the curative action of the remedy the symptoms must disappear in the inverse order of their appearance. If this does not take place, the suppression of symptoms is a foregone conclusion.

Dr. Dickerman—In regard to the main question raised by Dr. Davis as to the suppression of symptoms by repeated doses, I do not think such a thing occurs. As to prescribing, it seems to me more of habit and custom, as with many other things, it is the way we are brought up. I was taught from the very commencement of my medical life that for chronic cases I should prescribe a single dose, and I have kept it up. I very seldom give repeated doses, and have made cures which are, to me, very satisfactory. Others, however, who used the repeated doses made as good cures if not better. It is a matter which I have been unable to decide, and I am very doubtful if it will ever be decided. There seems to be a large amount of experience on both sides. As to ever reaching the ideal prescription as suggested by Dr. Kimball, I never expect to reach it and do not know that I want to. If I prescribe for a patient and cure him in that way I shall never see him again.

Dr. Morgan—The question of the discussion has been of great interest to me. It calls to mind a case of a man who had a fistula in his side, opening both into the colon and outside. A carpenter who had a companion suffering what was said to be the same thing, who went to the hospital and was cured and never had it again because he went to the bone yard in two weeks. This gentleman came to me and I treated him the best I could, *Silicea* being the prominent remedy, but it would soon lose its force and seem to require repeating. I would send him a dozen powders with one marked "first," and he soon learned that that was the important powder, but I concluded to

try the experiment, and marked two of them "first" and "second" and gave *Silicea*¹⁰⁰⁰⁰⁰, and he then reported to me that it worked a great deal better when he got the one marked powder, and he always wanted that powder and no more. The man is living today, and has not had a single marked powder for two years. He is now able to do some work which he was unable to do before. This is one instance, I may say, of many similar cases when the one single dose has worked better than the repeated doses under my observations.

Dr. Pease—What was the result of the medicine on the fistula?

Dr. Morgan—The fistula diminished from the beginning. Internal fistula ceased long ago. No purulent discharges from the bowels. In some other cases I have found just the reverse, but have kept no account, where one, two or three doses has worked very well, but the predominance has been in favor of one single dose, that dose being repeated in one, two or six months, as the case may be, only judging by stopping of improvement or renewal of morbid symptoms. It has been my observation that the single dose is to be preferred and not repeated until subsequent symptoms call for it.

Dr. Dickerman—How many doses of medicine did he get?

Dr. Morgan—Six doses in two years.

Dr. Adams—We have all wandered so much from the subject of discussion, but if I may be permitted I would like to suggest to Dr. Thurston that if next year or some other year he would give us a paper on the planes of disease, it may be the means of giving to us the potency best suited to different planes of disease in different conditions. I mean that this may be the idea by which we may be able to decide upon the best potency.

Dr. Sawyer—The question whether we can cure disease by a single remedy or not is a matter of considerable importance to our Society. I do not believe there was ever a case on the earth where a single remedy cured a patient. We may have wiped out Cystitis, for instance, but have we cured our patient? I have seen a single dose of medicine cure a malignant case of cancer, but *was the patient cured?*

Dr. Pease—Dr. Thurston in his remarks stated, you will remember, that Hahnemann's statement in regard to the potentizing—changing the nature of the substance—said that it was not logical. It seems to me that potentizing does not change the nature, but does in some way change the relationships of the

forces or energies of the substance, and brings them from the crude material up to a plane, so that they become related to the plane of the disease force. I wish I was more familiar with the doctrine of vibration, although it might not be in order to bring that in here, I think that a clear understanding of the vibratory forces, an understanding which I think will be eventually arrived at, of molecular action, that we will be enabled to understand better than in any other way, the action of the whole matter of potency in its relation to disease. My idea is, that probably Hahnemann could have used different language, or that possibly the translators may not have used the proper language to express Hahnemann's ideas. It seems to me that the changes brought about by potentization does bring the forces of energy represented by the drug substance into closer relationship to the force at work in the diseased condition of the patient, for I take it that what we call disease is only the manifestation of a health disturbing force, and as a result of this, potentization, the putting into activity the law of cure, the plane of action of the potency and of the disturbing forces are brought into closer relationship than can be properly accomplished in any other way, and I believe that this potentization, or developing, or setting free, this force in the drug substance has a tendency towards a kind of transmutation of the inherent essence of the drug substance to a life giving essence, which can be arrived at by potentization. Some way, I believe that there is a vast field of theorizing open to us in an effort to comprehend the eccentricities of our patients, and, so to speak, of the eccentricities of the potencies in their relationship to each other.

Dr. Sawyer—A great many writers of our school, as well as others, speak of curing a disease with a single remedy and a single dose. It seems to me that this statement of the case is misleading in that it leads us to think of *one* expression of constitutional disease as the *whole thing*. They say they cured this man of catarrh or hemorrhoids, and thus leave the impression on the mind that they have cured the patient. This is misleading; I know it was to me, and it was a long time before I could get out of that rut, and it still bothers me at times. We will suppose that a patient has three miasms—Psora, Chancroid and Sycosis. Even if that patient has never taken a drug, never has inherited a drug impression from its parents, is it possible to clear out that whole field with one dose of anything? We know

that from that trinity of malignities may and do spring innumerable disease impressions, from cancer all the way down through the whole list of morbid growths, and pretty near all the other so-called organic diseases, which are really the single expression of these combined miasms. Yes, we report a case of hemorrhoids cured. It might be the case where *Aloe* might be the simillimum for that case, or *Sulphur*. We exhibit an intensely active potency, one dose the simillimum, and if we succeed in letting it alone long enough, it usually clears up that one expression of the disease present, and we say we have cured our patient. It seems to me that that is not an accurate statement. The gentlemen present, and perhaps forty or fifty others in the world would understand what we are talking about, and the man who does not understand the difference between Psora, Sycosis and Chancroid would not succeed in knowing just what we are talking about. It used to be discouraging to me when I read reports of the brilliant cures made by the great healers of our school, where reports of terrible sicknesses being overcome, and they talked about treating the patients, I actually supposed of course that they had treated and cured the patient with one single impress of our homœopathic forces. I thought, "How could I ever hope to be a homœopathic physician?" It was disheartening. I did not know then that he had removed only one single impression of the disease, and that even that might have been a palliation, but when I came to understand that these were not cures of the patient, only a removal of one, two or three expressions of the disease, I had more courage to go on and study the cases. Now, sometimes in looking over my records, where it seems to me I have cured my patient, I am appalled at the long list of remedies that have been exhibited, feel ashamed of it, yet I do not know why we should. As I said before, I have seen cancer—malignant cancer—disappear from one single dose of a high potency, and yet my patient is not cured by a great deal. It is only one expression of the disease that is cured. I know that the patient is not cured from the objective symptoms remaining, showing me unmistakably that the miasm which laid back of it and caused that morbid growth had not been entirely eradicated, and that in some cases it will require a great many prescriptions to finish that case, and do what I call curing my patient. I doubt very much if any person who has a malignant morbid growth present in their system can be cured

in two, three or four years of patient, persistent prescribing. For my part, I dare not quit a case until all the objective states have disappeared, which indicate to me that there are miasms present which are capable of causing any expression of chronic disease.

There was one other thing came up here that I should like to hear a little more about from those who believe it, and have their assistance to enable me to see that it is true. We have heard about one natural disease curing another natural disease. I do not say that it cannot be, but I do not see how it can be, consequently I am in doubt about it. I can see how one natural disease which is greater and different from another natural disease may take up its residence in the system, and for a time suppress that lesser natural disease, so-called. I can see that very clearly, but to see how it cures it I have never been able to see very clearly yet, and here is one thing at least which goes to show me that there is a possible error in that statement. Dr. Haynes told me of a case he had where the patient had been exposed to small-pox, scarlet fever and measles. The patient was taken sick, he treated him through the small-pox, made a good recovery, and thought he was done with his patient, when up came one of those other miasms. This patient had not been out of the house in the meantime, had come in contact with no person, no possibility of contact with this disease, yet they occurred successively one after the other, and he treated them, showing very clearly that the greater disease had covered it up in some way, vacated the premises, then the other appeared, and there is a question in my mind whether that is not true from the other cases we have heard from. If I am in error I should like to be enlightened.

Dr. Morgan—Dr. Sawyer has given an illustration of one disease curing another or suspending another. It might not be out of place for me to tell a very pointed circumstance of two children, a little girl and a little boy. They commenced with a perfectly characteristic typhoid fever just alike. They went on for eight days. At once the girl got well while the boy's fever went on through its process. The girl started to school, and was brought home with a high fever, and the next morning had a most beautiful case of measles. She went along through the measles very nicely and got well. She went to school and there was taken with fever, was brought home, and commenced with

the typhoid just where she had left off, and went through the balance of the fever, just the same as the boy had done, and got well; so I considered that the measles had suppressed the typhoid. I just give this case for consideration.

Dr. Pease—These cases which Dr. Thurston speaks of are very valuable. I would like to speak of a case which was very instructive to me, and has a bearing on this question that Dr. Thurston has so well discussed. A child showing a marked copy of both parents, dark hair, dark skin but blue eyes, 11 years old. The mother a model homœopath, and for the little ills that came up in her family, a good prescriber. After the child had been sick two or three days the measles eruption came out well, and owing to pains in the chest and cough supervening, she called me, and, for I think three days and nights, I had one of the most anxious struggles I ever had to make myself believe I was saving human life, struggling with a case of double pneumonia. The eruption passed away entirely, and I am glad to say that under prescribing, or as perhaps a natural result of the activities of that little body, the pneumonia subsided, but there were no further symptoms followed that indicated measles. This occurred in February, 1896. The child made a fairly good recovery, was able to go to school, but during that spring and last summer up into winter, occasionally, once in two or three weeks the mother would come to my office and report a group of symptoms for which I would prescribe. In February of this year I was called to attend that same child sick with measles. She got up to attend the child in the night, and discovered the measles eruption well developed all over the child, and that morning I was sent for and prescribed, and the case made a usual and nice recovery from the measles, and since that time the child has resumed its previous good health before this seizure with the measles and the pneumonia in February, 1896. I think we can get good instruction from this case, at least I did, in carrying out the philosophy of Hahnemann, that one acute manifestation of disease will change or suppress another miasmatic manifestation for a longer or shorter time, and when the newest manifestation will subside the old one will return to finish its course, but the question with me is, how serious a fault was there with the prescribing?

Dr. Kimball—May I ask the doctor if he remembers whether

he gave a dose of *Carbo veg.* before the measles came out the second time in February, 1897?

Dr. Pease—No, I did not. I gave *Carbo veg.* as one of the remedies during the most serious experience with the double pneumonia. *Pyrogen* was the remedy which cleared up all the pneumonic symptoms.

Dr. Drake—Dr. Thurston, as I understand him, in speaking of complementary remedies follows the same ground that many of our old teachers have done, that after a remedy has exhausted itself the succeeding remedy will be found in a certain group complementary to the first remedy. I think that if we adopt that plan we are going outside of our law. The indicated remedy will not be indicated because it is complementary to the other, but because it is indicated by the symptoms.

Dr. Thurston—After the remedy has exhausted its action we should re-examine the case, take a new picture of it, and prescribe for that condition, but the new remedy must bear a certain relationship to the previous one, and if the remedy in each case is the *simillimum* it includes the relationship. Because the relationship has not been recorded, does not invalidate the fact. In the perfection of nature she is not divided against herself. The relationship is a part of the totality. The remedy is *indicated* when both symptoms and relationship agree.

Dr. Adams—I do not see the advantage of these complementary remedies. If we have, from the totality of the symptoms, selected the indicated simillimum, it would not necessarily be complementary. I have always found it in the old writers that it tends to retain them. The time has come to make a new picture. Human nature is weak and at the same time lazy. We understand that our next remedy must come from that group and give it in the regular way. First such and such a remedy, then another. It seems to me that it will aid our taking the new picture and describing afresh the simillimum.

Dr. Thurston—All remedies bear to each other certain relationships. The old masters regarded a knowledge of this subject as indispensable to the best results in prescribing. Bœninghausen says, that a chronic disease requires several remedies for its cure; and that these successive remedies, if they follow a certain order of relationships, will be effective, whereas the same remedies, given irrespective of this sequence, will fail to cure. This finds its analogy in all nature. Perfection results in the

orderly progression of all forces. The morbid force, in obedience to the law of direction, moves along the line of least resistance. Each individual presents such spheres of lessened resistance as correspond to predisposing and exciting causes. Disease conditions, when not interfered with by maltreatment, successively appear according to the law of sequence. Remedies to *cure*, must comply with the same law, and this explains why symptoms and conditions must be removed in the *inverse order of their development*. If these various conditions arise from a single chronic miasm, they are like links in a chain. If the *simillimum* be selected, each time a remedy is given, the relationships will be found to be complementary. It requires a *master* to always decide upon the simillimum, and we can never attain this appellation if we ignore the relationships of remedies. When the indications are not clear for a remedy, and one thinks it of no importance to decide between remedies as to their compatibility or incompatibility, let him follow *Calc. carb.* (if it were the previous simillimum) with *Sulphur*, and observe its effects, if he is capable of properly observing symptoms.

Dr. Dike—If I understand Dr. Thurston aright, he would take the remedies that bear a complementary relationship and from among these remedies study if one of those could not be found. If there was a remedy that seemed to be the remedy, so far as the symptoms went, and if it was of equal value with another that was complementary, he would take the one that was complementary rather than the other, not do away with the other if that was indicated.

Dr. Pease—What are you going to do with those cases where the sick patient's activity (in its behavior in symptoms and no clear indications for a remedy) does not behave in accordance with the picture of complementary relationships? What are we to do with the case that we meet with in particular, where the patient has done well under an indicated remedy, but the improvement ceases, and we come to the conclusion that that remedy has ceased its action, and a group of symptoms has left or presents itself that does not correspond with any of the remedies in the complementary group, and with the remedy that has acted beneficially? It seems to me that right in there comes this doctrine of artificial diseases. It seems to me that following the beneficial action of this prescribed remedy, and on the appearance of this strange or new group of symptoms, that it does

not belong to the group of complementary remedies, that if we will inquire into the history of the patient and find that there has been abuse of drugs or some particular drug, and from an understanding or observation of the effects on the patient of that abuse, that we are warranted in applying the high potency of the drug abused,—in fact, I have done that very thing with very encouraging and curative results. I simply bring this in here to show that we meet with cases where there are exceptions to the curative action of remedies in that complementary doctrine.

Dr. Kimball—As Dr. Thurston said, if we knew more about the complementary relationships of remedies, possibly the group of symptoms which Dr. Pease speaks of would be brought under a remedy that was complementary to the first remedy given, and if it were not, as far as our knowledge went, how would we be justified in prescribing for that group of symptoms otherwise than by giving a remedy indicated by the symptoms. Would we be justified in giving a remedy that had been previously abused when it was not indicated by the present group of symptoms?

Dr. Pease—I should hold that in that group of symptoms we should certainly give the remedy indicated.

Dr. Kimball—Then it would make no particular difference whether it was a drug that had been previously abused or not?

Dr. Pease—Certainly not. We should prescribe the indicated remedy according to the law of Hahnemann.

Dr. Adams—The remedy that the totality of the symptoms called for is the indicated remedy. I should want to stand to and swear by the law of cure and law of potentization as illustrated by Hahnemann.

Dr. Thurston—The conditions underlying a law, are never conflicting, but this cannot be said of our mental vision. The degree of apprehension of principles marks the difference between the Tyro and the Master. The great men, the founders of our philosophy, considered the relationships of remedies of great importance. If *we* do not, the trouble lies with our perception and not with the facts, because we cannot by our denial sweep away the wonderful cures they obtained by their prescribing. How did Hahnemann know in advance what remedies would be necessary to cure in several cases of illness among his followers? Dr. P. P. Wells related to me an account of his visit to Boenninghausen for a severe colic, which Dunham had failed to cure. After giving him the remedy Boenninghausen remarked,

"If you are ill in Rome, you take *this* remedy (handing him a powder) and it will cure you." Dr. Wells *was* taken ill in Rome, and forgetting Bœnninghausen's powder, he prescribed two or three times for himself without relief. Then remembering Bœnninghausen's advice, he took the powder, and it cured him. Dr. Wells said to me, "How did he know?" Can it be explained without a knowledge of the relationships of remedies? It is to be regretted that we have so little information on this subject.

Dr. Drake—The doctrine of relationships of remedies undoubtedly with the present generation is a lost art. The old war-horses undoubtedly understood it, and we can only account for Hahnemann's wisdom through the relationship of remedies in his prescribing for Bœnninghausen at the time he was seriously ill with typhlitis, for which he prescribed for himself. Then as soon as he was able to sit up he wrote Hahnemann his condition. Hahnemann was then sick, but as soon as he could, which was some six weeks later, he wrote to Bœnninghausen endorsing his prescription of *Thuja*, but he said to follow the *Thuja* with *Lycopodium*. In course of time Bœnninghausen received Hahnemann's letter, and three or four weeks preceding the letter he found that his condition was such that *Lycopodium* was demanded as the simillimum, which he took and it cured him entirely. It is only through this relationship we can understand that. How many of us understand the latter part of Bœnninghausen's repertory and the relationship of remedies? I have often labored long to find the complementary remedy, and it was utterly impossible to find that remedy in Bœnninghausen's complementary remedies, and I have been obliged to prescribe for the totality of symptoms as though it was entirely a new case. As Dr. Adams says, we must prescribe for the present picture. If you try to fit a remedy said to be complementary many times we will find it is not adapted.

Dr. Sawyer—This subject is exceedingly interesting to me. I have been studying along these lines for years trying to discover what Hahnemann and Bœnninghausen understood, and have some little glimpse of the truth, and I firmly believe that we shall discover these so-called complementary remedies. I believe we shall solve the problem, and if we take our cases and study them thoroughly we will be able to see clear through from start to finish what the succeeding remedies will be in any given case that will clear the patient of disease so far as remedies can

do so, and I am thoroughly persuaded of the truth of the statement made by Dr. Thurston also, that each succeeding remedy must be the simillimum, and that it is impossible to do it in any other way. I believe that it is possible to so master this great art of Homœopathy, that we know in addition what the simillimum will be for the condition succeeding each remedy through the whole series.

Dr. Kennedy—At the beginning of this morning's discussion there was something said about palliation, whether it was palliation or cure. It seems to me that when a remedy is the simillimum it will not suppress, even though given in repeated doses. The idea advanced by Dr. Dickerman, that if we cure a patient in the broadest and fullest extent it would be *very detrimental because we would have no business*, was a little disturbing! I immediately began to feel that possibly it would be necessary for me to get a new field of practice! Dr. Thurston made a statement to the effect that if the cause of disease is removed the patient is cured. It seems to me that we need to take that with some qualifications. No doubt the doctor meant it so and did not think it necessary to specify. Is it not possible when one has been exposed to some deleterious influence to say that *it* has caused the disease? That cause may be removed, but the patient has been so influenced that, notwithstanding the cause of his disease being removed, he remains ill. Doubtless Dr. Thurston would say that he referred to the *real*, the *constitutional*, and not the exciting cause, would you not, doctor?

Dr. Thurston—Yes.

Dr. Kennedy—I recall an instance which comes to mind. When quizzing classes in Boston University I made a statement in accordance with the *Organon*, that when the symptoms of disease are removed, the disease is removed. A bright young fellow in the class supposed a case of intermittent. He said: "Supposing you have a case of intermittent fever, you treat it, the symptoms disappear, the patient appears well, so far as anything to be seen is concerned, is the disease cured?" Of course I said there are many things to be considered, and because the patient seems well, we must bear in mind the character of the disease, and until such time shall have elapsed as that we may be warranted that there will be no return of that symptom, and the extent of time will depend upon the nature of the case, we cannot say the patient is cured.

With regard to the idea of potentiation changing the substances or changing the nature, it seems to me that we may say that potentizing sets free the spirit, so to speak, the power locked up in the substance, and frees it so that it may act. It does not change its nature.

The idea has been advanced of exceptions. Dr. Pease advanced the idea of exceptions in the use of complementary remedies, but may it not be that these are but *seeming* exceptions, because we as yet do not fully understand the action of the remedies, although it is possibly that in the future we may?

Dr. Dickerman—One point the Chairman made. That when the symptoms of the disease are removed his patient is cured. Supposing a man is poisoned by *Rhus* and the symptoms are removed by a remedy. He is not thoroughly cured unless he can go out into that *Rhus* the next time and not be poisoned.

Dr. Davis—In regard to the remark of Dr. Thurston about the eradication of the cause producing disease and constituting a cure, I could hardly make clear. I think Dr. Dickerman in his remark seems to cover that better in calling the attention of the Society to the condition of the patient which makes it possible for him to be made sick by exposure to a miasm. It hardly seems to me possible that the simillimum or even the similar remedy, if we should fail to get the simillimum, can possibly suppress anything. It can do nothing except to commence a cure, that is, to cure partially. In the paragraph from Section 25 of the *Organon* it is stated that all drugs without exception will cure diseases, the symptoms of which are similar as possible to those of the drugs. It does not say "drug," it says "drugs." It does not seem to indicate that one drug is to cure the disease. I do not know as it is stated anywhere in the *Organon* that one drug is expected to cure the whole disease, but that the series of drugs that covers the totality of symptoms will do it without doubt. That would seem to be the meaning of this section.

IS THERE A SIMILLIMUM OF POTENCY, AND IF SO HOW SHALL WE FIND IT?

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From the time Hahnemann conceived the idea of the principle of similars as a possible guide in therapeutics to the present day there has been in use among practitioners of medicine, a system

of treatment which we here to-day have the honor to represent. Tests and counter tests have been made and confirmations have multiplied until the members of this and many other societies are satisfied of the truth of the principle.

Of the soundness and practical use of the "Law of Similars" in the treatment of disease, we of this presence are fully assured; but how best to *apply* this principle in the relief and restoration to health of the suffering it becomes our pleasant privilege as well as our very important duty to study.

In regard to the drug and its preparation, all Homœopaths are in accord. They say the single, potentized remedy, which in its pathogenesis most nearly meets the symptoms of a given case at a given time is the best remedy for that condition, and under such circumstances will accomplish all it is possible for a remedy to do. Here we have the simillimum; it is true so far as the drug itself is concerned, but what may we say of the preparation? What do we understand by the term "potentized?" What else than that which the word signifies, "made potent" or powerful? But a remedy made powerful implies at least the *possibility of degrees* of power; what degree shall we employ as being the most appropriate in a given case?

The Homœopathician knows how to choose the best remedy but by what principle or law shall he select the best *form* of that remedy, for it is possible for him, by an error at this point, to completely thwart his purpose. In regard to this matter of potency the followers of Hahnemann, while fully agreeing on other points, have here widely differed.

We can scarcely say they have disagreed, but without any special rule or reason to guide them, have followed each his own choice or preference as accident or experiment might indicate; always, however, with the provision that the potency be of sufficient degree to develop what Hahnemann is pleased to term the *dynamic* power of the drug. The result has been that practitioners have employed potencies of many and widely different degrees and each physician has borne witness to the efficiency with which the particular form or forms used by him have done their work.

Presumably every careful prescriber has many times asked himself the question, what is the *best potency* for me to use in this case, and without doubt in an equal number of instances the answer has been wanting, or if given has been simply a confe s

sion of inability to determine and he has proceeded to use some potency which in other cases has served him well with the expectation of similar results here. It is at this juncture that the problem to which by this paper we wish to call your attention, presents itself.

Having in hand a remedy possessing dynamic power and thus according to Hahnemann and our own experience a remedy of most appropriate form for administration, can it be rendered *more* dynamic, so to speak, and thus better fitted by further potentization? In other words, is one potency *better*, more effective than another, and if so, is it a higher or lower?

Hahnemann says: "When we are assured we have the right remedy but no, or very slight, results follow its administration, we should change the potency used to a lower." (See *Chronic Diseases*, Vol. 1, p. 161). Evidently he had found that sometimes one preparation accomplishes what another fails to do. Nor was Hahnemann alone in this experience, for you and I and no doubt *all* Homœopaths since Hahnemann's time, have had confirmation of such action.

There remains then, I believe, no longer any doubt in our minds as to the truth of this and we accept it as a fact. Granting, therefore, a relative value to potency, that is, that some are more effective than others, we must by logical deduction recognize the existence of a *best* potency; and this best potency following the analogy of our principle will be that which *most* closely resembles the dynamic power of the disease; in a word, the simillimum of potency. Now, assuming the first part of our question to be answered conclusively, and we believe no one will dispute it, we come to the perhaps more practical and certainly the far more difficult problem, viz, By what method of procedure shall we determine *a priori*—that potency best adapted to a given case? With the view to gaining some light upon the subject we have conferred with several of our colleagues by personal interviews and by letter, who, for the most part, while recognizing the immense advantage that would accrue from a solution of the problem, yet at the same time signify their doubts of this ever being done, because of the attendant difficulties. One colleague in reply to a communication by letter relative to the matter, is quite decided in his skepticism. He expresses himself thus:—"Never did sphinx give to its victim problems more difficult of

solution; in fact, I do not think they can be satisfactorily answered."

Any attempt in this direction he deems unprofitable and cites what he evidently regards as a parallel case, in that it illustrates the inquiring mind, the incident of the boy who ripped open the bellows to see where the wind came from. Others, however, have shown an interest in the matter, expressing the wish that in some way the question might be solved. As Œdipus of old solved the riddle of the Sphinx, so may not some one to day be found to solve this problem for us?

We find very little literature upon the subject. Here and there a casual reference is made implying a belief in the possible future solution of the problem. Hahnemann in Section 278 of the *Organon*, says:

"The question that now suggests itself is, to discover what may be the degree of minuteness of the dose best calculated to render the salutary effects intended to be produced certain and gentle—that is to say, how far the dose of a homœopathic remedy, in any given case of disease, ought to be reduced in order to derive from it the best possible cure." Again, "No reasoning, however ingenious, will avail in this instance. It is by pure experiments only, and precise observations, that this object can be attained."

To just what form of experiment Hahnemann referred, we do not know, but probably to *any* method by which light might be shed on the subject.

We are fully aware of the difference existing between the preparations (potencies) of, we may say, any two sources which are known to furnish and from which are obtained the various remedies in use by the profession, but in order to institute a series of experiments calculated to be of any value it would be necessary to have potencies of a uniform development. But even with this point established we would be little nearer attaining our end; for while the pathogeneses might be more uniform, *patients* would still present the same multiplicity of phases and pictures of disease and we would know no more than before of the reciprocal power of the vital force in any given case.

In fact not only will "No theoretical conjecture, no reasonings however ingenious," but not even "pure experiment and precise observation will avail" to furnish an answer to this problem. By nothing short of prevision, a faculty not vouchsafed to many

of us can this object be attained. Granted then that theoretically we may never know *a priori* in a given case, what is the simillimum of potency may it not still remain that practically we may tell beforehand sufficiently well to feel reasonably assured when we have administered a remedy in a given potency that we shall see results such as the circumstances would warrant?

To be sure it may be said that frequently in our experience we find occasion to change the potency and by so doing we realize results not obtained before. This is true and in the large majority of cases we select for the second trial a higher, rather than a lower potency, Hahnemann to the contrary notwithstanding.

By reference, therefore, the higher potencies are found to be the better, in some cases at least. But one says again, that it is equally apparent that in a certain proportion of cases the lower potencies yield better results than the higher.

This latter point we cheerfully concede; but we believe by far the greater number of practitioners are accustomed to change for the higher (rather than for the lower) and meet with uniformly good results; and furthermore we think that those who follow Hahnemann's advice will not deny that a higher potency in the cases referred to might have yielded equally good results.

In regard to Hahnemann's advice in this matter, would it not naturally follow that while it was with him as yet more or less a matter of experiment, and though satisfied of the results with remedies at a relatively lower degree of potentiation, he was not as confident in the use of the higher. He was feeling his way—gradually advancing along a hitherto untrodden path—and whenever from any cause a forward step seemed unsafe he, like many another honest investigator, retraced his steps to more familiar ground upon which he could feel to stand more firmly because of previous experience; and whatever Hahnemann in his patient and truth-loving researches discovered to be of value he promptly advocated in his advice to his would be followers.

Again, we should bear in mind that Hahnemann had not the support that comes from pre-established facts. His was the way of the pioneer and he found few to aid him among his contemporaries, even among those of like desires and anticipations. Since Hahnemann's day potentization has been carried forward and developed to a degree probably never anticipated by him.

To day we are using the "millionths" and the "billionths"

with unqualified success and with scarcely the thought that we have even approximated the limit. Indeed, as one and another of our colleagues have expressed it, "We can scarcely go too high." We have already seen that in the nature of the case we may never know beforehand positively what potency is the simillimum for the individual case, but we have raised the question of the possibility of being able to so nearly approximate this as to give us really practical control in the matter.

It is axiomatic that the best remedy in a given case is that remedy which (all things considered) is the most effective for good. All *similar* remedies in dynamic form as we fully recognize are effective for good; and they become effective not alone in proportion as they become similar but also we think it will be conceded, according to the degree of development of their dynamic power—their potency.

This leads inevitably to but one conclusion, viz., that the highest potency is that best adapted to the case and our position will be that expressed by one of our colleagues who said that his use of the potencies was only limited by his medicine case.

There are perhaps two exceptions to this position and they are these: First, in that class of patients who are known to be of an *extremely sensitive* nature we might hesitate to use one of these very high potencies; and again, it is held as an opinion by some in our ranks that it is not always well—not even safe—to administer a very high potency of the simillimum to an extremely ill or exceedingly debilitated patient lest it produce fatal results, and to avoid such disastrous consequences they advise the use of a remedy not so closely adapted to the case—not the simillimum but only a similar. We can understand how theoretically this may be so, for, assuming that every dose of a homœopathic remedy is followed by at least a small increase of the symptoms (homœopathic aggravation) v *Organon* (Sections 157–160) this increase might be sufficient to overcome the already struggling vital force and thus prostrate the patient beyond the bounds of possible restoration. Personally, however, we are inclined to the opinion of those of our number who claim that the indicated remedy is always the best, be the potency higher or lower, and when the fatal results follow its administration it is due to natural causes and not at all to the remedy. And further, it seems to us that this is making an exception to what we have been pleased to recognize hitherto as the *law* of therapeutics;

but if we admit an exception we have no longer a *law* but only a *rule*.

What seems to us a better method—one in accord with the position assumed in this paper—one in conformity to the law of similars, and last and most important of all, one that, while avoiding the risk would afford the patient all possible aid to recovery. This method would be to use the remedy indicated but in a lower potency.

In conclusion we would summarize briefly as follows: First, theoretically there is a simillimum of potency but practically we may never be able definitely to designate it. Second, we may approximate the simillimum in potency sufficiently near for all practical purposes; for the most effective is the best potency and the best is the highest as evidenced by the following: First, the power of the highest potencies is most fully developed. Second, the fact of their continued and increasing use by our best prescribers, and third, the undeniable testimony to their relatively superior efficiency in the cure of disease.

DISCUSSION.

Dr. Thurston—We all recognize the fact that there is a simillimum of potency in every case, but I think we must agree with Hahnemann, that it can only be determined by experiment. Susceptibility varies in different patients, and oftentimes in the same patient. Susceptibility proper, is only another word expressing the principle of *attraction* which exists between the morbid and remedial forces. The law requires for its fulfillment not only the simillimum of remedy, but the simillimum of potency. In other words, the *plane* of the remedial force must correspond to the *plane* of the morbid force, and this refers to the *plane of causation* and not to that of effects, as exhibited in the various forms and degrees of pathology. Susceptibility should not be confounded with that excited state of the nervous system known as *oversensitiveness*, which some patients present to medicines. In this class of cases, one should proceed with caution, and not begin with the highest potencies. With all the varying conditions found in human life, it will be impossible to discover specific rules that will enable us *a priori* to select the simillimum of potency. We can only be guided by general principles.

Dr. Pease—Just as Dr. Thurston says, it is a difficult subject

to approach. It seems to me that Dr. Kennedy has said about all of the truth. In my own experience, and in observing the work of other prescribers to whom I look up, I have tried to gain from a first acquaintance of a case some hints as to the plane of potency which I intend to select for that patient, and we have to take advantage of every straw that is presented to our observation, not only in taking history, but in our observation of the peculiarities of the patient, and I do not know but what I get my best hints from the mental activities of the patient; that is to say, for example, if I have a patient that comprehends quickly, does not have to stop to study over, and to think over the past to answer questions that I may have asked, but promptly answers and gives the surrounding circumstances of the past six years or more, or goes back to childhood with a clear memory of a sequence of events, that I am enabled to form an opinion that that patient will respond quickest and best to the highest potencies, and also that I must be careful in selecting the degree of the potency; but again, it has been my experience to find, in patients whom we class among the nervous temperaments, high-strung, ethereal, so to speak, that they will respond most quickly to the lower potencies, and scarcely at all to the higher ones, but then these are the exceptions. I have in mind one patient now who warned me when she passed into my hands, that I must be careful not to give her any potencies above the 200 because she could not stand the action of them, and as I prescribed for her condition, taking advantage of her warning, I found that she responded very well to the 200th potency. As I progressed in the treatment of the case, following the prescription of the 200th potency plane, the whole receptivity of that organism was changed completely. After that, the 200th and even the 1000th potency scarcely aggravated at all, and later on I found that the cm. potency would act longer, more deeply, and with more curative action, and I found too that I had to prescribe less and less often. The one symptom that had been the most persistent and obstinate was the sensation like a piece of an oyster-shell in the right side of the neck, somewhere. That was the symptom I was trying to remove, and under the cm. potency of *Silicea* I think that condition disappeared.

Dr. Dickerman—I have been very much interested in this paper, Mr. Chairman, but I do not know as I have anything to say of interest to the Society. I have been accustomed to use

the 200th potency almost wholly, with only occasional use of the higher potencies. Since a year ago I have used the high potencies very frequently. Have had what I call very good success with the 200th. Whether that or the higher potencies are better is a problem to be solved by experience. When we consider the miraculous cures of Hahnemann it is often a question with me whether the high potencies are better.

Dr. Drake—I congratulate the author of the paper. I can recall to mind a good many cases where I have taken the symptoms down carefully and then with a good deal of study decided upon the simillimum, and as it is my practice, I almost invariably make my first prescription from the 200th. I may possibly give a lower potency, and have used down to the 10th. In those cases where I have prescribed the 200th and have seen no action, no change of symptoms, and yet to my knowledge it was the best remedy, then I have given that remedy in the 10000th. I saw no action from that, no change. Then I have given that patient the 1000th of the same remedy, and it acted beautifully, and the patient went on to recovery. Now in that case undoubtedly the 1000th was the simillimum potency. I do not see how we can judge the simillimum potency beforehand. As the author of the paper says, it was Hahnemann's idea to begin with the 30th, then if he saw no medicinal action he went lower. I have not the least idea that he said that from a theoretical standpoint; Hahnemann, until the last of his life, knew no potency higher than the 30th, and if I remember rightly after the 30th he advised the 18th, and then if he was obliged to repeat he came up to the 24th. Now, had Hahnemann used the potencies that we use at the present time, I believe we would have gotten an expression altogether different from the one we have. It is always my practice to begin with the 200th. I have seen lower potencies act many times, but I have never seen a lower potency than the 200th act where the 200th would not, to my knowledge, and I have tried it repeatedly. While I think our lower potencies will work, I do not think they will work so cleanly, so satisfactorily, as the 200th. I call the 200th a medium potency.

Dr. Davis—I almost feel that the ground has been so thoroughly covered in the paper that I cannot make it more plain. I was very much pleased with the paper. I think it is a start from which to build on the future experience of our members. Perhaps the potency is so much less important than the similli-

num that our success is not impaired by a lack of positiveness as to the best potency, but in giving a remedy. Experience must be the guide if the potency given does not bring the desired result. I see no way to know beforehand.

Dr. Adams—I am inclined to say that before we could decide upon any method of telling the best potency, it would be necessary to decide upon what potency we should all use. We all know there is a great difference between the manufacture of certain potencies, and the prime point for this Society is to decide upon what form or plan our potencies shall be made. In that way I believe we would have something definite. As it is I fancy all our medicine cases have potencies of different manufacturers, all good, and some that would rack our hearts a little to throw out; at the same time there is no reliability about their being of an equal value as regards high potencies, so I merely wanted to say that it is an important point to first establish what potencies to use.

Dr. Pease—Do we not as prescribers gain a valuable hint as to potency from the behavior of the sick organism after the first prescription? Insensibly, or perhaps unknowingly, we are led by observation to form an idea of the susceptibility of the patient according to their action or reaction under the potency first prescribed. Of course there is always that element of susceptibility or individuality which comes up, but as I said in my previous remarks, we must take advantage of every straw by which we may gain help in selecting this simillimum or potency. Mr. Chairman, I hope this question of dangerous results likely to follow the administration of the highest potency may be taken up more generally.

Dr. Sawyer—I notice that some most excellent healers started on the lower and medium potencies, went to the very highest, remained there awhile, then commenced to go down, and now if a case of great gravity comes to them where there seems to be but little vital force and but little reactive power remaining, and especially if the patient is well advanced in years, they play very shy of the highest potencies to begin with. I find some of them carrying 30th or 200th cases around with them, and I know for one that I frequently find myself beginning a case of that description with a 200th. Why? Because the highest potencies in some cases, so far as I was able to judge, set up such a violent reaction as to take my patient out of the world, and I am afraid

of them with such cases. I remember quite a number of years ago when I was a Hoosier, being called to Chicago to see a patient with a tumor. The tumor was something enormous, larger than my head, and there were several other smaller ones. The patient was a very wealthy one and the whole family connection was immensely wealthy. They told me in the beginning that they did not believe it possible to cure the case, but if I did no fee would be too large. I told them that I was not anxious to have such a terrible large fee, but what I was anxious for was to have a first-class cancer hospital in Chicago, where Lazarus could be treated as well as Dives. They assured me that if I cured the case I could have all the money I wanted to go on with the hospital. It seemed as though success or ruin stared me in the face, and believing then as Dr. Kennedy seems to believe now, I prescribed the 10000th potency of *Sulphur*. The result was that in fifty days there was no sarcoma, and in fifty days more there was no patient. I believe, in the light of subsequent experience, that if I had begun with the 200th and felt my way carefully that that patient would have been on the earth to-day, and I would have had the best equipped cancer hospital on this continent.

But the tremendous force of exceedingly high potencies makes me think of an explosion of dynamite. It is so sudden, so intense, I believe it brings a too powerful reaction. I have seen some cases of lung disease where a lower potency would have been of great benefit, but unwisely the 45m or cm. of *Phosphorus* was given, and there was a very sudden funeral. I have been whipped often enough in these cases, and for my part, I should certainly be very careful in giving high potencies to those cases I have spoken of.

Dr. Kennedy—For Dr. Sawyer's benefit, as he was out of the room at the time, I will say that in my paper I made two exceptions, one where patients are extremely sensitive, and the other where they are exceedingly ill or extremely debilitated, and where the circumstances would indicate to the physician that it might be dangerous to administer the highest potency. Theorizing a little, and assuming that every homeopathic prescription is followed by an aggravation, and if the patient were already struggling, the vital force in an unsteady condition and having all it could possibly do, if, by giving a high potency we carried it a little farther, the patient might be prostrated and unable to

recover. I stated, however, that personally I did not quite agree with the sentiment expressed at the meeting of the I. H. A. where I believe Dr. Sawyer was present when this statement was made to which we have just referred, when it was advised to take another rather than the simillimum; therefore, I would advocate, as I think Dr. Sawyer has just advocated, *not* another remedy, but the same remedy in a lower potency.

Dr. Thurston—I do not see that the case cited of the removal of the tumor by a high potency in any way militates against the use of a high potency in any given case, or illustrated any danger in that particular case, I mean. We can understand how severe aggravations can kill where there is a feeble vitality. An aggravation means that the remedy is acting too violently in proportion to the reactive vital force and it produces an intensification of symptoms, *but along the line of disease action*. If the patient gets worse *from new conditions* it is not an aggravation.

In this case the tumor was removed but the patient died. Had it been death from an aggravation the patient would have died without the removal of the tumor. It was a new condition and meant a wrong selection of the remedy rather than a wrong selection of the potency. In the curative action of a remedy, *the symptoms must return in the inverse order of their coming*, any deviation from this order, even though the pathological conditions may disappear, certainly indicates the wrong selection of a remedy.

Dr. Sawyer—I had Drs. Ballard and Pease in consultation and they were of the same opinion. There is an advantage in being on the field, and if you have an enemy in your house and you can put him out gently without any great strain upon your vital force, it seems to me that it would be better to put him out that way than with any violent force, and that seems to me to be just the thing the high potency does—produces too sudden effect and severe shock.

Dr. Pease—I would like to remind Dr. Sawyer that I was confident of that in the case and after the exhibition of this high potency the aggravation was so marked that with the consent of Dr. Ballard and his own, another remedy complementary to the high potency was given with the hope of subduing the aggravation, and it did succeed, and the point now which Dr. Ballard and Dr. Sawyer arrived at was, that after the amelioration accomplished by the complementary remedy, with the hope of

putting the case on the track again they repeated the highest potency, and with that came not only the subsidence of the tumor, but after that the case went on from exhaustion to a fatal ending. I just say this as a reminder to Dr. Sawyer.

Dr. Davis—I would like to call the attention of the Society to this paragraph in the *Organon*, "that experience also teaches that all drugs will unexceptionally cure diseases, the symptoms of which are as similar as possible." Now, in Dr. Kennedy's paper he spoke of having been recommended not to give the simillimum but a drug which is similar, but the *Organon* says a drug which corresponds to all the *peculiar symptoms* will remove them, and it says further, "and leave none uncured." Now, then, can we argue that the simillimum, if we get it, fails to cure?

Dr. Adams—I am just going to mention again in connection with Dr. Kennedy's paper and Dr. Thurston's remarks, I really think that future consideration will lead to a scheme by which we may be taught to judge of the high potency best indicated in given cases. It may yet be found that the so-called lower potencies will act to greater advantage on the lower planes as indicated by Dr. Thurston, and in the same line patients of lower mental development will react better to the lower potencies. I only make it a suggestion because I think there is considerable in it, but back of it all there is an inherent susceptibility of individuals which I think we must take into consideration.

Dr. Sawyer—Hahnemann remarked that the smaller dose would cure. Is not the 200th a smaller dose than the cm? To my mind it is, most emphatically so. If the 200th is sufficient to cure, why give the larger dose?

Dr. Kennedy—I am glad Dr. Sawyer brought up this point, and think it has been pretty well discussed. Just one thought in regard to this plane of potency, or the plane upon which the responsive power, so to speak, of the patient rests. Dr. Pease spoke of a patient who being quick mentally, would be the one to respond to a high potency. Dr. Pease has just come in and I would like to ask him if in the light in which we regard high potencies, if the patient is relatively sluggish, relatively dull mentally, would not be the one to whom he would give a high potency in order to get good results?

Dr. Pease—Most assuredly. I did not expect I was conveying that idea. I believe I said in my remarks that it had happened in my experience with cases where they were very delicately organized, nervous temperaments, to meet with those patients who did not respond to the low potency, but did to the highest potency. I meant that we did occasionally meet with such exceptions to the rule.

Adjourned to 3:00 p. m.

Comment and Criticism.

ANTIDOTAL METHODS.

The following article appeared as an editorial in the *Journal of Homœopathics* for October.

The folly of the *antidotal method* seems to appear slowly to the minds of some of our Western practitioners. When they happen to cure a case of *Rhus* poisoning with *Rhus*, they seem to see the proof of their wonderful *quasi* discovery. It seems strange that so simple a question needs so much hammering. The teaching of Hahnemann is most distinctly that the patient is to be treated, and in treating the patient his susceptibility is all that is to be corrected. He cannot be made sick in a lasting way by any drug to which he is not susceptible, neither can he be cured by any drug to which he is not susceptible. Other drugs, if taken, will suppress symptoms but will not cure—will not turn the economy into order, which is health.

A woman desiring that her boys should not wish to marry fed them on *Camphor* when they were young to destroy the sexual ability. One of these boys married and soon became impotent, the other two were only affected temporarily. The impotent one was cured by the use of *Camphor* 22m (F.) The patient was cured of his susceptibility to that drug by the high potency. The symptoms led to *Camphor* before it was known that he had taken that drug when a lad.

A girl, the victim of secret vice, had symptoms leading to the use of *Origanum*. The two hundredth cured, and later it was learned that her mother was in the habit of giving the girl *sweet marjoram tea* when she had taken cold. But in both of the above cases these patients had taken many strong drugs and no chronic miasm was established in the economy. Only the ones to which they were susceptible had established the chronic sickness. Then what folly it is to run through a list of the possible things one has taken hoping to hit some one of the many drugs that any man may have taken. The homœopathic remedy is based on signs and symptoms. If one is susceptible to a given drug, he will have symptoms calling for it or as a result of it.

The only safe way to prescribe for sick people is to take the case as Hahnemann directed. The antidotal method is a disgrace to the name of homœopathy. It is useful to report all cures that have resulted from prescribing the remedy that made sick, but to become maniacal over this *quasi* discovery and claim for it some unusual dignity is disgusting. It is with great pleasure we note that the pupils who have received the instruction at the Post-Graduate School have not been so persuaded.

To illustrate the subject still further, let it be attempted to treat an old soldier who has been drugged with blue mass until he has become subject to mercurial fevers every time he catches cold. Each attack looks like *Mercurius*, but that remedy seldom or never cures the predisposition to these acute attacks.

He goes on suffering year after year with the mercurial disease, until several suitable and similar remedies have been adjusted to his symptoms, such remedies as *Hepar*, *Nitric acid*, *Kali-chl.*, *Sulph.*, etc. These do make radical changes in him if given very high, and they closely fit the symptoms. The experiences have not been few but many where young men have attempted to cure these cases with *Mercurius*. To cure the oversensitiveness to *Mercury*, *Mercurius* is one of the remedies most likely needed, but to cure the drugging wrought by crude mercury it is only an incidental remedy. The same may be said where the patient has been drugged with *Morphine* and *Arsenic*.

Hahnemann teaches nowhere that we shall prescribe for drugs, *but for patients*, nowhere teaches that we shall prescribe for diseases, but for the patient. In considering the susceptibility of the patient we are considering the patient.

This called forth the following reply which was returned with the following reason for rejection:

"As the *Journal* is at present limited to 32 pp. and as we are under contract to supply our readers only with what is *universally profitable*, we cannot see our way to publish the notice as it stands and herewith return it."—J. T. KENT.

To the Editor of Journal of Homœopathics:

In an editorial in your October issue, "some of the Western practitioners" are accused of slowness in seeing the "folly" of the "antidotal method." Being one of those "Westerners" I ask the privilege of replying.

Kindly allow me to ask, why is it that so many of the elders and really wide-awake Eastern practitioners, years ago, noted and wrote of the fact that certain remedies when given (*in potency*) would remove the symptoms showing *susceptibility* to the same drug when given in crude form to the extent of "abuse?" And, why they did not hasten to grasp the philosophy of this part of the law of "similia" and *formulate*, instead of going to sleep or waiting, while the "Western" mind plodded onward to the vantage ground of achievement? When *Rhus* (high) *cures* or *removes the susceptibility* to *Rhus* (crude) poisoning, even a "slow" mind, such as you have found in the West, begins to ask questions, and before they are answered, considerable "hammering" is necessary, and the position taken in the editorial shows that "the test of experience" is not enough, even though your Eastern mind thinks it "so simple."

"A rose by any other name's as sweet." Trituration ("hammering") only serves to send abroad its fragrance in more effectual potency. You say, "*In treating the patient, his susceptibility is all that is to be corrected.* Very true, and since that susceptibility of the system to drugging which has been persevered in so long is frequently the road over which so many victims travel to their "long cold homes"—victims that, even homœopathy as interpreted (without this "method") by Eastern and otherwise rapid practitioners cannot and does not cure—why is it not advisable to "hammer" away at this subject until the profession generally recognizes that this matter is based upon the law that makes of homœopathy the solid structure it is? There is more than one principle in that structure that cannot be refuted. They must realize that, under this wrongly named "antidotal method" is a principle or law that is demonstrating the greater Law—"Similia Similibus Curantur." That, too, it is

being absorbed by and "hammered" into the constantly increasing numbers of adherents to that law.

In your cases, the boy who was *susceptible* to and became impotent from the *Camphor*, and the girl, a "victim to a secret vice," and *susceptible* to "*sweet marjoram tea*," were "cured" by *Camphor* ("high") and "*Origanum*" (also "high"). Of course they were cured, or rather "their susceptibilities were corrected," each of his or her particular and individual ways of manifesting "susceptibility" to "*Camphor*" or "*Tea*," but were either "cured" of susceptibility or manifestations of other drugs or miasms? Certainly it is "folly" to "run through a list of possible things one has taken, hoping to hit some of the many drugs." We do not "run" in the dark in that way, being too "slow" and sure to waste our time, cures and patients by such "folly."

Hahnemann directs us to attack the strongest miasm first. "It is folly to expect to remove a lesser miasm in the presence of a greater." The susceptibility furnishes circumstantial and direct evidence of the presence of a disease or miasm; these evidences point also to the "indicated" remedy. You selected in accordance to those indices the *Origanum* and *Camphor*; but, being a pretty good homœopath, you also chose to exhibit the remedy in *potency*, and because *in potency* the susceptibility was corrected. In this "method," potency is a very important element, "Because," says Hahnemann, "if the preparation of *Psorin* (or *Origanum*) did not alter its nature to that of a homœopathic remedy, it never could have any effect upon the organism tainted with that *some identical virus*."—(*Chronic Diseases*, vol. I., p. 196). Cure resulted then because you used the simillimum according to the Master's philosophy. The susceptibility, with the attending manifestations, disappeared because the drug's "sick-making" power manifested by the patient's susceptibilities was changed by the process of "preparation" and thus "adjusted" to a homœopathic relationship to the conditions you expected to remove or "correct." Presto: the law was demonstrated, in spite of your not knowing that the victim had in the past "been exposed" to "*sweet marjoram*" and "*Camphor*," until "afterward." And, a part of that result was, that you had inadvertently put to a beautiful proof the wisdom of this very "practice" which you are denouncing as "folly."

You say: "He cannot be made sick in a lasting way by any drug to which he is not susceptible, neither can he be cured by any drug to which he is not susceptible." Very true again. That that argument or principle, along with your cases, very materially helps us "Western practitioners," is obvious. There being no signs or symptoms in a patient to which "he" is not susceptible, the accused "Western practitioner" is indeed "slow" to a degree, in giving even a potency of an imaginary drug to that insusceptible "he" for his imaginary "susceptibility."

Again: "Other drugs, if taken, will suppress symptoms but will not cure, will not turn into order, which is health." In the light of "he cannot be made sick," etc., quoted above, what is suppression but "making sick?" One would think if "other drugs" are able to "suppress symptoms" susceptibility is shown, and why should not that "drug" potentized remove or correct the susceptibility to suppression? To account for your cures by the statement in the editorial, leaving out the philosophy of the so-called "antidotal" element, makes the matter "as clear as mud" and we see the need of more "hammering."

You say: "It is useful to report all cures that have resulted from prescrib-

ing the remedy that 'made sick.' That is just what we "Western practitioners" have been doing. As to "being maniacal" we are willing to wait until more "hammering" is done, believing that "dignity" forbids a "Western practitioner" retaliating in kind.

In your further illustration of the subject, you show the usual lack of observation (because of haste) of important details in the philosophy of this "method." In your treatment of the "old soldier" whose susceptibility has permitted him to be sick with "*Blue Mass*" disease, you give him *Mercurius* and fail to "correct" or cure, because in the usual shortsighted manner you have given only a *similar* instead of the *simillimum*, *Blue Mass*; then you go on, in a slipshod "method" of "adjusting" *Hepar, Nitric acid, etc.*, forgetting or not thinking that the "old soldier's" susceptibility to *Blue Mass* (not *Mercurius*) made it possible for him to be "made sick," and why, also, even a potency of *Mercurius* did not "correct." According to your principles, as promulgated in the editorial, the potency of *Blue Mass* was called for, not the *Mercurius*. The soldier's "fevers" were the manifestation of his susceptibility to a *compound* containing *Merc. viv.* plus other ingredients; especially the *Mass* as compounded in the old war days. Therefore a potency of *Blue Mass* would go a "long way" and would be the chief "incidental remedy" in 'correcting' the "susceptibility" to the compound, and would act under the same law that has enabled "Western practitioners" to correct it in many "old soldiers." We cannot oppose a potency of *Arsenicum alb.* against the susceptibility of *Fowler's Solution* nor *Merc. viv.* against that of a combination of various substances with one or more *other* salts of mercury. "Western practitioners" and a growing number, east, south and west, are "considering the patient and his susceptibility while treating and curing the artificial diseases or miasms, which the Master a century ago declared could not be cured.

DUNHAM COLLEGE.

Dunham Medical College, which has *withdrawn* from the American Institute of Homœopathy, is out with its annual circular soliciting professional patronage, same as any of the American Institute Colleges. Inclosed in this annual circular is an Open Letter to the profession quoting the charges preferred by the special committee of the Inter-Collegiate Committee against Dunham, and the answer of the College thereto. We have thus far heard none but the College's version of the story; still, upon reading the charges and findings of the Inter-Collegiate Committee, and noting in especial the dominance of the surgical element in that sub-committee, we are disposed to extend the right hand of fellowship to Dunham and bid it prosper and God speed!

If it should ever lie in the jurisdiction of the American Institute of Homœopathy, to define what is and what is not homœopathy, then there would soon be a very small membership left in

the Institute, not alone as to Colleges but of individuals. Under the ruling of the Institute in times past, and as may be found among the Institute's requirements for becoming a member of that Institute, neither this nor any other committee of the Institute has any business whatsoever to construe the special meaning of the word "Homœopathy" (spelled either in the modern or the Gatchell way). It might be rather interesting reading if that special committee would publish its definition of homœopathy.

It is a little ridiculous that the students who elect, or whose preceptors elect for them, to learn the peculiar kind of homœopathy which Dunham offers, and which has offended the Inter-Collegiate Committee, should be sinistered because some of the Dunham professors do not belong to the American Institute of Homœopathy, and apparently do not care one red copper cent for such affiliation. Under the same grievous charge it would be an easy matter to read several of the present American Institute Colleges out of the church, notably, too, one with which one member of the special committee is prominently connected. What a bit of "baby" business it was to make *that* one of the charges for refusing Dunham admission to the Institute!

Then there is that still more heinous offense of having in its faculty one or more members who are notorious fad riders! What an accusation this to write over the head of a new and struggling College! By all means cast out into the outer darkness every College which harbors in its faculty any man or woman who is addicted to fads! And then the present Inter-Collegiate Committee would quickly be without a quorum! Is Dunham the only reprobate in this affair? Ah, gentlemen of the Committee, have a care how you throw stones! Gentlemen who let no day pass over their heads without embodying the latest fad into their teaching and practice, from the Bergeron astute appliance and Brown-Sequard's Rejuvenator up to and including all the modern refinements of bugteriology, should be careful how they talk of fads and cranks. If the lion were sometimes allowed to tell the hunter's story! If Dunham should enter the lists caparisoned as for war determined to show up the several Colleges containing fad-riding professors it would not have to go many cable-tow's lengths from Chicago, Cleveland or Cincinnati for victims.

We are not moved to uphold Dunham in its retort savage to the allegation that it permitted the graduating of doctors who had

not paid for their tuition. (As a matter of fact Dunham answers that it DID receive a proper equivalent from each of its students.) Dunham assumes that it is her business to attend to her business, and nobody else's business how she attends to her private business, so long as she complies with the law. But suppose that Dunham did this very wrong thing, why make ducks of one and drakes of the other? There are to day, and in good membership, in that same Inter-Collegiate Committee, Colleges who have done this painfully improper thing times and times out of number, and not *always* because of the honorable poverty of the student. If the special (homœopathy-interpreting, non-fad-riding) Committee wants to make a big and a startling report let it turn the X-rays upon its own Colleges and explain somewhat at length why it is wrong for Dunham to take notes or other evidences of security for its tuition, but right for the other Colleges, who are now happily in the fold, to do the same thing. Does that Committee pretend not to know that notes have been taken for tuition which are not now, and in all human probability never will be, worth the ink with which the signatures were written? Yes, indeed, possession is nine points in the law.

We do not know anything personally of the condition of Dunham, nor for that matter of any other college in the United States. But we do know that Dunham College has a legal existence; that it has a building all to itself; that it has all the Cook County Hospital facilities of any other of the Chicago Colleges; that notwithstanding persistent and most malicious misrepresentation by other Colleges in Chicago and elsewhere it has a legal standing in its own State as well as in Indiana, and in other States for aught we know. We know that it has several men in its teaching corps against whom not one whisper of suspicion has ever been directed; they are honorable men, popular physicians, taxpaying citizens, and as skillful in teaching and operating as any with whom we are acquainted in the American Institute of Homœopathy, or elsewhere. We absolutely know that these several men would not for one instant permit the use of their names and influence in connection with any venture that is in the least dubious. And that is the same way in which we and our readers know any other College—by the men and one woman who compose the faculty.

It will be well to remember that while the special Committee which found so many grave (?) accusations against Dunham is a

part of the American Institute of Homœopathy, it is not the whole Institute, and that the whole Institute does not countenance such petty oppression as appears as evidence in this the latest report from the Inter-Collegiate Committee. If that special committee had not already expired we should feel tempted to ask that it be made a permanent committee and that one of its first duties be to investigate into and report upon the *actual* matriculation requirements of the several Colleges now in the Happy Valley of Rasselas. This does not mean wordy quotations from the Annual Announcements—for these, being the literary product of the wyemsea editor, always read like gospel truth; but we mean the *actual* requirements both for matriculating and graduating which obtain in their own Colleges. Until we hear the evidence offered to the committee and upon which the surgical committee has condemned this homœopathic College we shall believe that the usual order of things has obtained, to-wit, that the Chicago College quarrel has been transferred to the forum of the American Institute, and that this latter body has now been made to wash the Chicago dirty linen as and for its own.—(*American Homœopathist*).

RESOLUTIONS.

The following resolutions were unanimously adopted at the regular meeting of the Des Moines Homœopathic Medical Society, Sept. 21, 1897:

WHEREAS, A report was made at Buffalo upon the application of Dunham College for representation in the Inter-Collegiate Committee of the Institute; and,

WHEREAS, This report, made by a sub-committee of three of its own members, was received by the Inter-Collegiate body without protest or rebuke, in spite of its obviously puerile and malicious character; therefore,

Resolved, That this Society views with serious alarm and deep mortification the readiness of the Inter-Collegiate Committee, as well as its sub-committee, to give way to petty pique, and abandon itself to cheap and mendacious abuse, instead of maintaining that unprejudiced and judicial attitude which should rightfully be expected of it.

Resolved, That the profession, through its National, State and Local Societies, should put into practical execution its disap-

proval of persecution of the younger by the older Colleges. This is a matter of far greater reach and importance than the mere question of what the Inter Collegiate Committee may or may not do in the case of Dunham College. The disgraceful report of its sub-committee is but a single illustration in a single case, of what has been going on for twenty-five years, in countless ways, and to the detriment of deserving Colleges. The fact that an unworthy College may be started now and then is no reason—is not even an excuse—for heaping villification upon every new enterprise. It is time that we ceased to hear about the crime of establishing a Homœopathic College. It is time to put a stop to this thing of making it all a man's reputation is worth to man a new enterprise. The older and larger Colleges reap to the full the benefits of the general spread of Homœopathy. They have larger classes and greater prestige than they could possibly have had but for the newer and smaller Colleges which have aided in upbuilding the cause, and added to the weight of its general standing.

Resolved, That this Society makes special request of all Societies, large and small, all over the country, that they give utterance on this subject and thus put an end to this unhappy persecution which for twenty-five years has been an ugly and needless hindrance to our progress. If the profession will only voice its sentiments, we shall have an end of the assumption that outside of pre-existing faculties there are none competent to be teachers; the new College in the metropolis will no longer be a "kindergarten;" the new College in the lesser city will no longer be "provincial;" and in estimating the standing of each, malice will give place to merit.

Resolved, That a copy of these resolutions be furnished to the medical journals for publication.

People's Department.

WHY I BECAME A HOMŒOPATH.

BOSTON, IND., Sept. 16, 1873.

Dear John—I have moved to the top of the Knobs. I had to move or die, and I preferred moving. Not that I so much dreaded death, as burial in the mucky mud of the Muscalitak.

*"It matters not, I have oft been told,
Where the body sleeps when the heart is cold."*

But ugh! think of sleeping in that slimy soil! Besides I felt a disinclination, amounting to a positive aversion, for lying down with the dozen and one who, under my medical ministrations, had fallen asleep. There was something disquieting in the conceit that they might walk o' nights and fancy me in some way responsible for their premature retirement.

So I have moved! I had little else than myself to move, and less of myself than formerly. That hydra-headed, brazen-faced, monster Malaria is no respecter of persons. It bearded the lion in his lair, attacked the doctor in his office. Every day I felt its clammy folds wrapping me in a closer embrace, preparatory to a final hug. I determined that the final hug should not be endured there—that the mortal struggle should occur where, if I had no allies, the enemy should have no reinforcements. Therefore I retreated—I will not say fled—to the mountains, and am on top. The struggle came, and is past. I am alive and convalescing. All this accounts for the tardiness of my reply to your last letter.

And now although so emaciated that you would scarcely recognize me, so feeble that my nerveless hand can with difficulty trace these lines; after having well nigh laid down the burden of life, I am ready to take it up again under different and I believe better auspices.

This is a beautiful country, somewhat rugged, yet charmingly unlike the low, flat, level swamp from which—"Praise God from whom all blessings flow"—I am at last delivered. I am looking anxiously forward, hopeful of better days, yet longingly backward to others which never can return.

Yes, I'm looking back, Dear John,
 To the days forever gone,
 And the sweetheart down at Camden on the river;
 And I'm pining for the joys,
 And the girls, when we were boys,
 In the merry days now gone, John, forever."

From the window where I write, away beyond village wood and stream, I see through the haze of Autumn blue hills so far away that I fancy them belonging to some other land and clime. So, through the cloud of incense kindled upon memories altar do the dear old days seem so far away and fanciful that I scarce believe in them, or my own identity. Please hasten to answer me that you remember them and me, lest I fall into the belief of transmigration. The doctrine indeed must be true, for I know there was a time when I was a happy dog, and you were another. Your letters indicate that you are happy still, but of all of the miserable curs that ever tucked tail and fled from danger I am the most unhappy.

But what could I do? Death like a frenzied Cyclop swinging a club, was smiting people upon the right hand and upon the left. Powerless to avert the mighty blows or mitigate their effect; ignorant as to where the next would fall and apprehensive that it might come my way, I determined to leave. Having thus determined I did not tarry. I told my brother that if he had any use (I had none) for my remaining drugs and few remaining patrons, he was welcome to them; asked him as my proxy to bid them (the patrons) adieu; hitched my long bony caricature of a horse to the old topless, ramshackle buggy—substitute for a defunct patient's bill; bade farewell briefer and far more fervid than ever saint bade sheol, and left that ill-starred community, please God forever.

I am now lodging with one Beeson, a farmer, whose farm joins hard upon the village, and who, although an entire stranger, treats me as a kind father would an unfortunate sow. Unequivocally and unreservedly I explained to him my condition. He knew me to be bankrupt, a stranger and sick, yet took me in. Besides he encourages me with the assurance that the village doctor is upon the eve of moving to a larger town and that I have nothing to do but get on my feet and step into his shoes. The old buggy is hid away in the barn, as its unimposing appearance would be but a doubtful recommendation of an aspiring physician to a critical public. The horse is dead! So he also

is hid. He died the day following his debut here. No coroner sat, but the general verdict is that his death was due to rapid driving. With this verdict I am not agreed. Scores of times hitherto I have driven him as hard as he could go and I could not have driven harder upon this occasion. He never died before, so you see the verdict is wrong. My own opinion is that his decease was the result of the sudden transition from a low to a high altitude. Anyhow he seemed unable to stop, but went on higher. Let us hope that he and Freddie are now grazing together in pastures where grass is so green it is blue. I feel the loss but I weep not as those who have no hope, for although "a-foot," I am at the same time unencumbered. Perhaps it is better so. Neither horse nor buggy can now give evidence, and I *will* not. If any one can make anything out of my appearance they can beat me, and are welcome. Between this and the neighborhood which I have abjured there is no communication. Those inhabitants have not the energy to come hither, nor have these the condescension to go there. The ghosts of my former patrons will be kept busy welcoming the shades of their whilom earthly friends, and the record of my unfortunate career will, I trust, remain a secret until, bless God beforehand, I shall have an opportunity to redeem my professional reputation, or make a new one.

And now, my dear boy, I approach hesitatingly and in no controversial spirit that part of your letter which must be answered. I hesitate because I do not understand you.

Your potencies, dynamics and vitalities are to me as Greek to the barbarian. You are too psychical for my comprehension, too precise for my theory or practice, and you make distinctions where differences are too slight for consideration.

For the ague cases to which I referred, you mention five or six remedies, the indications for each depending upon minor differences—differences which to be sure I noticed, but to which I did not, nor do I now attach any importance. For instance, as to the time of day or night when a paroxysm occurred. They came at any and all hours. Mr. Smith would chill at midnight, Mrs. Smith at cock crowing, Neighbor Jones after breakfast, and Mrs. Jones at noon, while the little Smiths and Joneses would fall to at any time. I consider these different times of seizure of no consequence either for purposes of diagnosis or prescription.

My idea is that when the system has become sufficiently

charged with the malarial gases, there comes an explosion, so to speak, followed by the fire of fever, a flood of perspiration; then a return to something like a normal condition, to await recharging and another explosion. Now the cause of this disturbance is, let us say, atmospheric, generated as I believe from the damp decaying vegetation. All exposed to this impregnated atmosphere get the same disease more or less severe, modified slightly in different cases, but all get sick of the same illness, from the same cause. Now to such reason as I am capable of bringing to bear, they should all be cured, if cured at all, by the same remedy. If not, why not? One case gets a chill on rising, another at 10 a. m. One has thirst with chill, another only with fever, but are these unimportant accidents indications for different remedies? Mind, I am not controverting, I am only seeking an explanation of the position which I understand you to take.

Would you say that differences of temperament or individual characteristics as age, sex, color, form, figure, etc., would determine or influence the choice of a remedy? If these are to be considered, my treatment and that of my colleagues is certainly very faulty. The disease indiscriminately attacks the patient and we indiscriminately attack the disease. The disease grants no immunity to age, sex, previous or present condition, and we go at the disease (not the patient) hammer and tongs. Our idea is to conquer the disease, when, if we succeed, the patient will take care of himself. We are not concerned as to whether the patient be thick or slim, fat or lean, white or black, male or female, bond or free, if any or either of these get malaria we give the best anti-malarial remedies known to us, and thereby feel that we have done our best and discharged our duty. Are we to suppose that the color of a man's hair has any bearing upon the appropriate remedy for his ague? This seems as reasonable as that the time of day at which the ague comes should aid in the selection of his remedy.

What is the immaterial vital principle referred to in your quotation from the *Organon*? Is it the soul? spirit? If immaterial it must be soul or spirit. Now is it possible to treat soul or spirit with physical remedies? Either your answers to my questions are not lucid, or else I am obtuse. Please enlighten me if possible, and bring under renewed obligations your humbly enquiring friend,

TOM NOSDUH.

Obstetrics.

ECTOPIC GESTATION OR EXTRA UTERINE PREGNANCY.

HUBERT STRATEN, M. D.

Professor Obstetrics, Dunham Medical College, Chicago.

The union of the male principle, spermatozoa, with the female principle, ripe ovum, we term conception. Where this union (conception) takes place is still a matter of doubt, and whereas some scientists claim it is in the ovarian body, others as logically illustrate that it is outside of the ovary, viz., upon the ovarian membrane, its ligaments, in fecundated extremities or even on uterine ligaments. I am in favor of the latter theory.

Experiments have shown to our satisfaction that normally, no matter where impregnation and fecundation takes place, no trace of the impregnated ovum could be found in utero during the first ten to twelve days following conception.

*The uterus being the seat of the fruit of conception, symptoms and signs incidental and characteristic of pregnancy appear and become diagnostic points. Then I classify as the presumptive, probable and positive signs of pregnancy and enumerate them for our aid at a differential diagnosis between uterine and extra-uterine pregnancy.

I. The presumptive signs of pregnancy are:

- a.* Menstrual suppression.
- b.* Morning sickness.
- c.* Bladder irritation.
- d.* Mental and emotional phenomena.

II. The probable are:

- a.* Mammary changes.
- b.* Bimanual signs.
- c.* Abdominal changes in size, shape and color.
- d.* Changes in cervix-uteri as to size, shape, consistency and color.
- e.* Uterine murmur.
- f.* Intermittent contractions or the Braxton-Hicks sign.

*The location of the fecundated ovule decides the case as uterine or extra-uterine pregnancy.

III. The positive are:

- a. Active foetal movement—quickening.
- b. Passive foetal movement—ballottement.
- c. Foetal heart beat.

The impregnated ovule failing to reach the uterine cavity in the given time after conception and there take its seat, ectopic gestation is determined and as such we now practically recognize the following:

I. Tubal pregnancy which is classically divided into three forms:

- a. *Tubo-uterine pregnancy*, in which the ovum develops in that portion of the tube which is within the uterine wall.
- b. *Tubo-ovarian*, in which the ovum develops in the mouth of the tube, in close proximity to, or in actual contact with, the ovary.
- c. *True tubal pregnancy*, in which it occupies an intermediate position.

II. Abdominal pregnancy.

These are now believed to be, without exception, originally *tubo-ovarian pregnancies*, or are the result of *tubal pregnancies*, in which, from some rare set of circumstances, an *extra-peritoneal rupture* is followed by the continued development of the foetus and placenta. They are by far the most rare, and are probably the only instances in which *ectopic gestation* can endure until term. So-called *interstitial pregnancy*, and pregnancy in the rudimentary corium of a one-horned uterus cannot be differentiated from ordinary tubal pregnancy, unless by exploratory laparotomy, and are, therefore, rather anatomical curiosities than of practical importance.

Tubular pregnancy is the most common of all extra-uterine pregnancies and quite often found of late.

The cause of these conditions we are told is as yet unknown. It is plain that in all cases a mechanical interference is present, viz., a stricture of or other obstruction in the fallopian tube by which the passage of ovum to uterine cavity is stopped. The observing homœopath recognizes gonorrhœa in the female as the main original cause of these tubular obstructions. Certain it is that ectopic pregnancy is found only in miasmatic women.

The diagnosis is not easy. The patient is affected by nausea and vomiting, generally not confined to the early morning hours but recurring at any hour of the day or night and always aggra-

vated after meals. Mental and emotional phenomena are present. Menses are suppressed or changed as to time of appearance and recurrence, and as to amount. Any show of menstrual flow during extra-uterine pregnancy is accompanied by unusual and excruciating pains. The bladder becomes irritable; obstinate constipation is not strange to the case, and salivation, heartburn and waterbrash are excessive.

Pilliet (in the *British Medical Journal*), having studied the histology of the modifications which the uterus undergoes in tubal pregnancy, finds that the development of a decidua in its empty cavity during ectopic pregnancy is more than a pathological phenomenon; it is a distinct clinical complication. As long as the decidua remains in place the uterus is practically in a condition of subinvolution; hence both hemorrhage and membranous dysmenorrhœa may occur. When the decidua has been shed there is danger of diffusion of metritis to the whole uterine muscle. The same author rather significantly adds that the ætiology and pathology of endometritis are both obscure and that probably ectopic gestation, overlooked in its early stages, may account for many peculiarities in cases of endometritis hitherto hard to explain.

As ectopic gestation advances more serious symptoms appear. There are abnormal vaginal discharges; possibly a tinge of blood in the flow, accompanied with sudden and excruciating pains of recurring type, fainting, subnormal temperature, quick, thin pulse, pallor, rigor and collapse. At this period rupture of the sac is imminent. Rapid laparotomy and removal of ovum and its sac is the only treatment. A spontaneous cure, in early weeks of gestation, is possible under proper medicinal treatment, which accomplishes the death of the fœtus in its unnatural seat. The ovum then shrinks from the absorption of its fluid contents by the surrounding tissues and this shrinkage is commonly followed by complete absorption of the but slightly developed fœtus and its envelopes. As a practical point in differential diagnosis I can only recommend close observation of the location, consistency, size and shape of uterus and the enlargement of the abdomen.

The os uteri during normal gestation becomes more rounded than oval, also becomes patulous, soft and enlarged. The cervical secretion, *i. e.* mucous plug is increased. The vulvular and vaginal mucus membrane is of violet color. The uterus

slightly descends and is less movable. As abdominal changes we find during first month a bulging over pubes and during second month a flattening of abdomen and depression of umbilicus. Toward end of third month fundus uteri rises to a level with superior strait; at close of fourth month it is midway between pubes and umbilicus.

In tubular pregnancy the uterus does not descend, nor does it become less movable. The os uteri is not patulous nor puffy but it may soften somewhat. The abdominal enlargement is of most significance. In tubular pregnancy we do not find an abdominal enlargement in the median line but the enlargement is lateral—a tumor is felt laterly of median line. Pressure exercised on this tumor causes pain invariably.

Two cases of tubular pregnancy, that is of the tubo-uterine variety, came under my care recently. Both were followed by rapid recovery after the indicated remedies had been administered.

Dipsomania may be occasioned by traumatism. The *Presse Medicale (Med. Cent.)* reports a case occurring in an officer who was thrown from his horse and dragged some distance, injuring his head and wounding the nucha quite extensively. An excessive thirst for alcohol developed. He also became erotic, and manifested a suicidal tendency.

The bladder, when partially paralyzed, from parturition or any other cause, can always be made to empty itself perfectly by throwing a large amount of very warm water into the bowels, thereby doing away with the necessity of using the catheter—a most important consideration, particularly when the patient lives at a distance from the doctor.

Dr. Blindermann, of Germany (*Pract. Med.*), says it is possible to make a differential diagnosis between ulcer and cancer of the stomach by an examination of the blood. The difference is that in cancer there is a steady diminution in the proportion of hæmoglobin.

Editorial.

THERAPEUTIC PROBLEMS.

RELATIONSHIP OF REMEDIES. Hahnemann is justly entitled to the position of Master of Homœopathics. His philosophical mind led him into a clear perception of the logical relationship of the different propositions embodied in the law of similars. Bœnninghausen's investigation was along the line of the relationship existing between different remedies and his close analytical mind enabled him to classify and group his remedies so that there would be a logical sequence existing between any one of a series of remedies. In his writings but little of the process of reasoning has been retained, which accounts for the confusion existing with those who try to master his plan.

Hahnemann tells us that *Aloes* is the complement of *Sulphur* and that *Sulphur* is the complement to *Aloes*. And still we seldom follow *Sulphur* with *Aloes* unless the totality of symptoms indicate that selection. The reason for this being apparently due to the fact that *Sulphur* needed no assistance from its complement. We repeat the remedy many times when it is highly probable were we to carefully consider the action of its complement the latter remedy would accomplish greater results than are obtained from the repetition.

Hahnemann says that *Calcareo carbonica* is inimical before *Nitric acid* and *Sulphur* but follows these two remedies with great efficiency. Hahnemann teaches us that the lesser miasm must never be attacked in the presence of the greater; that the logical order of treatment is the disappearance of symptoms in inverse order from that of their appearance. It might be reasonable for us to assume that our curative remedies would be limited to the twelve tissue remedies were it not for the fact that man in his varied environments have been brought under the profound influence of forces from without, which have so completely perverted the natural action of the vital force as to give great prominence, as well as permanence, to these artificial conditions. It would logically follow that the power exerted by these forces were greater than the power exerted by the vital

force in its undisturbed relation with the organism under its control. It would seem logical, therefore, for us to make *Sulphur* our first prescription in an adult possessing the *Calcarea* type of mental and physical development where the history pointed to an engrafting of a psoric miasm calling for *Sulphur*. In these cases a superficial study frequently gives equal prominence to the characteristics of *Calcarea* and *Sulphur* as we find them in *Chronic Diseases*. With a more careful analysis the priority of *Calcarea* over *Sulphur* shows itself more clearly at the birth of the child, hence the selection of the *Sulphur* for the first prescription. Because of the injunction given us by Hahnemann this question has been thoroughly studied in our own practice and we feel convinced that better results have followed its adoption than its rejection.

In the treatment of chronic diseases showing a natural tendency toward one of the tissue remedies complicated by a mass of symptoms incompatible with that of the primary disturbance, it has become a custom to begin with this basic remedy and carefully outline the relationship existing between it and other remedies according to the Bœnninghausen scheme. Then to make the record obtained from the patient show the relationship between the different disturbances so that it might be compared with that of the aforesaid scheme. The first prescription is based upon a totality of symptoms comprising those already present, combined with the characteristics most prominent in previous disturbances, unless it be evident that the vital force is being dominated by some influence more recent and more powerful than that of the underlying constitutional miasm.

DOCTORS AS BUSINESS MEN.

Dr. Blankmeyer, of Portsmouth, Ohio, in *Eclectic Medical Journal*, says: "Physicians as a rule are failures as business men. I can recall two doctors of my youth who were, or seemed to be, busy day and night; when they died, they left their families with many friends, but practically penniless. They had book accounts by the hundred, and were noted "never to have sent out a bill." Was that to their credit? Why should not the physician try to collect the same as the grocer, the butcher, or the baker? Why is it any more customary for us to be lenient, in fact, negligent, than any other business man? It is a common fact that the doctor is the last man paid by nine-tenths of the

people. It is also a common fact that doctors trust patients, whom they know will never pay them. I do not advocate the stopping of charity work, but I think doctors have rights, the same as any other business man.

We have a class of patients in our beautiful city (to be found in other cities, too) who send for the doctor for the least ailment, never intending to pay, and if asked for a fee they get very indignant.

The physicians of Portsmouth are trying to overcome this evil so far as our city is concerned. In October, 1896, we organized a protective association, regardless of schools, and *all* doctors of the city signed the constitution. Some of your readers may be interested in the outcome of our project, therefore these lines.

The two main objects of this association were common protection from dead beats and to secure the services of a competent man as a common collector. After a nine months trial we have learned that a common collector is not a success, but as a protective association every physician in the city votes it a success, with a large S. When first organized, we had every member to make a list of dead beats. This was compiled in alphabetical order and every physician furnished with a copy. This list has been a great help in more ways than one. While the association is a good thing, quite a number of our doctors soon saw that a common collector was a detriment, and their co-operation was not as hearty as it should have been, therefore the investigation and change adopted at our last meeting.

I will send a copy of our circular and constitution that explains itself to any one interested.

We now believe we have an association in successful working order, the results of which will be clearly seen in our monthly cash receipts, and those who don't pay won't call for the services of a physician so quickly. If they do, there is nothing in our by-laws preventing any physician from giving his services to such, but with such a list before him for reference, he goes with his eyes open and with an understanding what to expect.

PERSONAL MENTION.

Dr. M. Ellis Waggoner expects to remove from Larned, Kans., and locate in Springfield, Mo., during the early winter months. She leaves a good practice and it would be a fine location for a

strict Hahnemannian Homœopathist. The place is surrendered unconditional. The reason of her removal is for a change of climate.

Dr. Chas. W. Kelly, of Windsor Locks, Conn., has returned to New York City to take up post-graduate work and is now located at 473 Park Ave.

Dr. H. W. Pierson has been compelled to return to the heart of the city, and has secured an office in the famous "*Ninth Suite*" in the Reliance Building, corner State and Washington streets. Forty-three homœopathic physicians occupy this entire floor, having one common reception room. The consultation rooms are fitted up in elegant style and contain every convenience imaginable. Office hours are from nine until twelve o'clock.

Dr. H. E. Koons, of Baltimore, M. D., has succeeded to the large practice of Dr. M. E. Douglass, of Danville, Va., he having moved to Baltimore and accepted a chair in the Southern Homœopathic Medical College.

Married—Dr. J. Eugene Tremain to Clara Josephine Linquist, Tuesday, October 26th. They will be at home to their friends after November 15th, 5318 Jefferson Ave., Chicago. Our best wishes are extended to the doctor and his charming wife.

Dr. D. Wishart, Dunedin, New Zeland, sends the following inquiry through the *ADVOCATE* to the profession at large: "Has there ever been a proving made of *Hyssop officinalis*? If so, where can it be obtained? (We find no record of any proving, even of a fragmentary nature, of this plant and would suggest that the doctor make a proving either upon himself or several of his friends, using the directions laid down by Hahnemann in his *Organon*.—ED.)

The editor of the *Southern Journal of Homœopathy* has felt for some time that he was being hampered by the name of his excellent magazine and that its *sphere of usefulness* might be enlarged by assuming a Metropolitan name and air. The October number appears in its new name of *The American Medical Monthly*. We see but slight difference in the subject matter of the current number and can only hope the dreams of those backing the enterprise will be more than realized for they certainly are earnest, conscientious workers. We can but believe

them to be radically wrong in their present interpretation of the workings of Nature; but Time may show them the error of their way when they will follow the guidance of Truth with equal enthusiasm, for they are *honest men* and *noble gentlemen*.

Dr. C. E. Fisher closes his admirable defense of Homœopathy at the recent Quarterly Meeting of the Western New York Society with the following:

“The essential thing in medical science and art is the therapeutic department. ‘They that are whole need not a physician, but they that are sick.’ The rifle shot prescription of the painstaking home homœopathist is superior as a destroyer and conservator of the forces of nature not yet destroyed, to the blunderbuss charge of the polly-pharmacist. Disease-curing is always preferable to suppressing. Homœopathy fills no insane asylums with drugs; she populates no alms houses with mercurial sufferers; she inhabits no dens with morphine fiends; she vagarizes no trains with the fanciful visions and awful tremens of alcohol and cocaine. She comes to cure, not palliate, to save not to destroy. Her precepts are a scientific law of drug application, scientific knowledge of drug-producing effects, a scientific administration of a carefully selected remedy. Her statistics show that one of two things is true: either that the homœopathic profession are better generals in the sick room and better managers of their cases than are the physicians of other professions, or that the former possess a better system of practice and more scientific principles to guide them in the selection of their remedies than do their prejudiced rivals.

One of the results of the recent meeting of the American Institute of Homœopathy in Buffalo was the formation of the *Ladies' Hahnemann Monument Association* for the purpose of raising money for the completion of the monument. It is an axiomatic fact that for woman to will is to do and the monument committee are to be congratulated upon the plan adopted by this worthy association.

The following plan is commended to the readers of the *HAHNEMANNIAN ADVOCATE* and their enthusiastic co-operation will follow. Place this article in the hands of your wife, sweetheart or sister and she will do the rest.

The Ladies' Hahnemann Monument Association was formed

immediately after the meeting of the American Institute of Homœopathy in this city, at the request of several members.

Our reason for existing is, to raise money wherever Homœopathy is recognized in this country, for the completion and erection of the artistic monument to the memory of Samuel Hahnemann, now in the sculptor's hands.

The committee fully realize the responsibility and the immense amount of work devolving upon them, to make the movement a success. In addition to the enthusiasm felt for a cause which involves a principle as sacred as it is scientific, the women of Buffalo have been induced to supplement the work already inaugurated by the Homœopathic physicians of our land, by the earnest hope that every practitioner of this school of medicine will give his or her hearty support for the speedy accomplishment of this great work. You are cordially requested to assist, especially in three ways:

1st. To send us the name of one or more competent and influential ladies in your city, one of whom will be appointed chairman of a local committee, to raise money in said city or town.

2nd. To encourage your patrons to contribute money, however small the amount may be, to this fund.

3rd. To contribute without delay to your local fund, if you have not already given to this object; thus setting the example of prompt giving, which will prove beyond doubt that you appreciate the value and importance of the efforts put forth by the women of the United States for the glory of Homœopathy.

We beg that you will consider favorably these suggestions, for **IN NO OTHER WAY CAN WE SUCCEED.**

We beg to remain, yours very truly,

MRS. JOSEPH T. COOK, President,
636 Delaware Ave., Buffalo, N. Y.

Count Mattei, "the champion quack of modern times," must have done an enormous business. Dying recently at Bologna, he has bequeathed 2,000,000 lire (\$400,000) to charities, while the bulk of his fortune descends to his adopted son and heir, Mario Venturoli Mattei, to whom he has also left his "segreto miraculoso."

Thirty-eight centenarians were recorded in Great Britain last year, fifteen men and twenty-three women. The oldest was Mrs. Henry, of Gortree, who died at 112, leaving a daughter of 90. In the last ten years the *St. James Gazette* has kept track of 378 centenarians, of whom 235 were women.

Our Monthly Review.

Pasteurized Milk. Dr. Getty, in the *New York Medical Journal* of October 8th, gives a full description of the work conducted at Yonkers, N. Y., for the purpose of supplying pure milk in a sterilized form, for the protection of children and infants living in the tenement districts of New York. He says:

"We cannot pull down the tenement houses and compel the people to move into the country, nor can we educate these people into the hygienic art of living. It is equally difficult to so regulate the common milk supply of a large city, as to thoroughly protect the susceptible children from the dangers of infection. This dispensary made arrangements with the manager of one large farm for the entire product of his dairy and then gave explicit directions with reference to the care of the cattle, their stables, food and drink. All milk was Pasteurized in six and eight ounce bottles, and arranged in accordance with four prescriptions. First, pure milk; second, milk and lime water in six ounce bottles, to give fat, 23.10, proteids, 1.68-100, sugar, 7, neutral or alkaline; third, milk and barley water in equal parts, pasteurized in six ounce bottles; fourth, plain barley water sterilized in six ounce bottles.

Arrangements were made with five druggists, who disposed of the product upon physicians' prescriptions.

A summary of the evidence in regard to the Yonkers experiment shows, first, that bottle-fed children under one year of age and living in tenements are, by a vast majority, the subjects of fatal digestive troubles in the summer months; second, that Pasteurized milk is not curative of itself; third, that Pasteurized milk, if used intelligently as directed among a large number of healthy children, will reduce the mortality of a community to a marked extent, regardless of all adverse hygienic and climatic conditions." (Hahnemann teaches us that the exciting cause must always be removed before remedial agents are selected. Consequently, this system of thorough preparation of the necessary food for infants will many times solve the problem with reference to the food for bottle-fed babies, and in the healthy, do away with the selection of remedial agents. And in those

who have inherited susceptibilities, enable the observing physician to so employ his remedies as to give to the sufferer a perfect restoration to health.—ED.)

Thyroid Treatment as a Means of Consolidation in Fracture. One of the latest fads in the French school of medicine is the employment of the product of the thyroid gland for the treatment of every disease that does not recover promptly in spite of persistent drugging. One of the most recent illustrations of this kind is quoted from the *British Medical Journal*, in which a strong, healthy country girl broke her left leg at the lower third. The fracture was simple and easily reduced, but union did not take place in spite of the persistent use of *Calcium phosphate*, rubbing of the ends of the fragments, etc. After 110 days all medication was stopped, likewise all interference with the bone, and the girl received the juice from thyroids of young sheep for a period of two weeks; at the end of which time a thorough repair of the fracture had taken place. The action of thyroid juices seemed to be the production of an intense headache, with flushing of the face, giddiness and a feeling of suffocation.

Case 2. A healthy man, aged 48, suffered from a fracture of the radius. The limb was put in plaster. After three months there was no evidence of consolidation. Thyroid treatment was then commenced and continued for between three and four weeks, when complete union was secured.

These statements prove nothing, because it is utterly impossible to imagine non-union of a fracture in a perfectly healthy individual; in which case a proper readjustment of the fractured bones and the retention of the same in proper apposition is all that would be required of the physician, and meddling interference, nine times out of ten, should be charged with these failures on the part of nature to perform her allotted work.

Homœopathy and the State University. The petition of the Hahnemann Hospital College of San Francisco for admission as a part of the State University was denied by the Board of Regents. The resolutions and discussions appearing in the minutes of the San Francisco County Medical Society indicates the arrogant and bigoted position taken by the dominant school.

The following resolution was offered by Dr. Thorne, ex-

President of the Medical Society of the State of California and Lecturer in the Medical Department of the State University:

Resolved, That it is the sense of this Society that the petition of the Hahnemann Hospital College be not granted." He then goes on to say: "The homœopathic school of medicine has no representation in the armies and navies of the world, nor in any branch of the national medical service, nor are its representatives found in the service of the great railway and steamship lines, nor are they employed as medical examiners by the life insurance companies, nor in the city, county or state institutions. The homœopathic school of medicine is not recognized as such by scientific societies at home or abroad or have they representation in any recognized institution save two in the United States. The homœopaths have not made a single advance in scientific knowledge since their foundation, eighty-seven years ago, and as the mission of the University of California is to foster science and to advance knowledge the proposed affiliation of the homœopaths cannot fail to bring the University into disrepute, both at home and abroad."

The following discussion will be interesting to the readers of the ADVOCATE, showing as it does a spirit filled with malice instead of a desire for pure scientific advancement.

Dr. Rosenstirn—Before these resolutions are passed we should be sure of our ground. They say in no country in Europe or in the United States save in one instance has a university recognized them. Some time ago the University at Pesth contained a homœopathic branch, but I am not sure of its being there at present.

Dr. Douglass Montgomery—The one exception is the University of Iowa and it is so small as to be hardly mentioned, but they make a great show of it."

Dr. Sherman—Would it not strengthen it to say that such a condition did exist in an European University, but finally had to be abandoned. It would show a failure.

Dr. Farnum—We might add that a homœopathic diploma has no standing in Europe.

Dr. McMurdy—In fact if none exist in Europe we could make it a point that only one faculty in the world recognized them.

Dr. Kuhlman—We shall have to be very guarded.

Dr. Kelly—In that University there is a chair on homœopathy but the students attend all the regular lectures.

Dr. Thorne presented an address to the Board of Regents from which the following extracts have been taken: Lexicographers define the term University as "An Association of men

for the purpose of study, which confers degrees which are acknowledged as valid throughout Christendom, is endowed and is privileged by the State, in order that the people may receive intelligent guidance and that the theoretical problems which present themselves in the development of civilization may be resolved." Upon the wisdom of your counsels depends the position which the University of California will take among the great teaching bodies of the world, and posterity will reward your fidelity for preserving and perpetuating its honored and unsullied name. Duly impressed with the weighty responsibility of your charge, I assume that whatever radical change in the University involving new departments of study and of far-reaching effects will only be made by you in the cause of science and for the elucidation of those rare and interesting problems that present themselves in the development of civilization. The question of affiliating a homœopathic department with the University of California can only be considered by you for the following reasons: That the system known as homœopathy shall be found to be so clearly identified with science and so distinctly recognized by the scientific world as to render its study advisable under the auspices of a great University of sciences and letters. The question at bar is a question of science and the weightiest evidence is that given by duly qualified scientific witnesses. Speaking as a witness for regular medicine and surgery whose votaries number upwards of one hundred thousand in this country representing every institution of science and letters in the civilized world. This body of cultured men represent all that is known in physical and abstract sciences and has failed to perceive that homœopathic theory and practice of medicine is based upon the natural sciences or is related thereto.

Direct Action of Remedies. As Eclectic physicians, we pride ourselves on our knowledge of our remedies. For fifty years our predecessors have studied to determine the peculiar, direct and reliable action of each remedy in specific disease conditions; have studied to determine all the properties of each remedy, modifying or acting in unison with the influence upon the specific condition.

Our successes in the past have been great, and have encouraged us to further research into the action of remedies based upon the more recent developments concerning the causation of disease. I have thought that a classification, systematic, thor-

ough and comprehensive, both of the disease conditions and of the correctly determined actions of each remedy, could be made, by means of which the student could much more readily make an adjustment of the remedy to the disease.

I have endeavored to make such a classification of two remedies, to illustrate my argument, and also of certain remedies conspicuous in the treatment of these diseases, which I here present a tabulated form.

ACONITE.

First direct indication:

Sharp, hard, quick pulse, small.
Flushed face, chilliness.
Dry skin.
Dry mucous membranes.
Deficient secretion.

Second direct indication:

General muscular aching.
Restlessness.
Headache.
Anorexia.

Remote indication:

Mild, irregular pyrexia, with small hard pulse.

BELLADONNA.

First direct indication:

Local congestion.
Acute local blood determination.
Engorged cerebral capillary circulation.
Hyper secretion.
Rigors.

Second direct indication:

Intellectual torpor.
Stupidity.
Dilated pupil.
Dull eyes.
Drowsiness.

CIMICIFUGA.

First direct indication:

Intense muscular aching.
Soreness, lameness.
Irregular muscular movements.

Second direct indication:

Capillary dilatation.

It is difficult now to re-classify these remedies with others as to their adaptation to specific indications.

For instance, we take the quick pulse and arrange in down groups all the remedies that would affect it. *Aconite*, if sharp; *Veratrum*, if full; *Gelsemium*, if irritable. Then for local congestion we can arrange the remedies that will correct this condition. First direct, *Belladonna*; second, *Ergot*, *Cimicifuga*, *Bromides*. Then for intestinal antiseptics we have a splendid collection. I can name *Baptisia*, *Phytolacca*, *Charcoal*, *Hydro-naphthol*, *Peroxide of Hydrogen*, and last and best, *Echinacea*. Many diseases depend on a septic condition of the intestinal canal, and are peremptorily abbreviated when treated with this class of remedies. Of these we will soon have a choice and will learn which are the best adapted to the condition under consideration. I will not spend farther time with remedies but will direct your attention at once to the classification of symptoms or disease indications in a symptom group, the recognized symptom group known as diphtheria.

For indications premonitory we have:

Malaise.	Headache.
Nausea.	Constipation.
Rigors.	Marked prostration.

These depend upon the

BASIC CONDITION.

Local septic germ development with Proven by the presence of Klebs-
ashen gray exudate. Loeffler bacillus.

Following this basic condition are the

BASIC INDICATIONS.

Pyrexia:	Local hyperæmia:
Varying temperature.	Pain.
Quick pulse.	Swelling.
Depression.	Exudation.
Delirium.	Dysphagia.
Anorexia.	Dyspnoea.
	Glandular enlargement.
	Engorgement.

Then follow the

SEQUELÆ.

Anæmia.	Heart complications.
Paralysis.	Muscular weakness.
Local.	Valvular insufficiency.
General.	Dilatation.
Nephritis.	Inflammation.
Suppression.	Prostration.
Uræmia.	General neurasthenia.
Dropsy.	Local chronic inflammation of nerve structure.

If all symptom groups were tabulated for the student, and the remedies with their indications in the order of their importance contrasted with them, it presents at once a means of adaptation that is simple, correct and satisfactory. The manner in which I have been obliged to present it to you does not fully bring out my thoughts nor show the correctness of the theory.—Editorial, *Chicago Medical Times*.

The Hahnemannian Advocate

A MONTHLY HOMŒOPATHIC MAGAZINE.

Vol. XXXVI CHICAGO, NOVEMBER 15, 1897. No. 11

Dietetics.

FEEDING THE SICK.

M. E. DOUGLASS, M. D., BALTIMORE, MD.

It is absolutely necessary to give a patient, in nearly every kind of illness, and especially during convalescence, nourishing food, and that which is easy of digestion, to strengthen the nutritive forces of the system.

It is important that you know what is admirable for your patients, and also how to prepare it. I have frequently been obliged to go into the kitchen and superintend the preparation of food for my patients.

To the invalid, there are three important events of the day; these are the three meals; and how carefully and delicately they should be prepared, not only with reference to their adaptability to the conditions of the patient, but that they may be agreeable to the taste, and pleasing to the eye.

Whatever shall be the food to be served, let it be prepared in a dainty and inviting manner. Place it upon the cleanest napkins, and serve it upon the choicest of ware and the brightest of silver. Let not the quantity prepared be too great or infinitesimally small, but just sufficient to stimulate the appetite to a keen relish, rather than obtund it by its magnitude.

Never leave an article of diet in a sick-room; for it is the best of means of destroying an appetite, which should be encouraged and not weakened. I have often seen the remnants of a break-

A Lecture delivered to the Class at Southern Homœopathic College, Baltimore.

fast sitting in a chair by the bedside, at my mid-day visit. The tea-cup half full of tea, and from a dozen to fifty flies floating about in it. Who *could* have an appetite under these circumstances?

The most common articles of diet are tea and toast; yet there are very few persons who know how to prepare them properly. There is about one person in one hundred who really *does* know how to make toast; who actually appreciates the difference between a thin, symmetrical, well-yellowed, crisp piece of toast, with the crust cut off, and just from the fire, and a thick, unshapely slice, unevenly crisped, or burnt on the outside, and of doughy softness in the center. One is digestible; the other is not only indigestible, but absolutely injurious to the patient's stomach.

It is so, to a large extent, with almost every article of food prepared for the sick-chamber; and it should be the duty of the physician to see that the diet of the invalid is prepared and administered with the utmost nicety and cleanliness, and at regular intervals.

There are three kinds of food that belong to the list of dietetics; the *nitrogenized*, the *non-nitrogenous*, and *inorganic* foods.

The first consists of all articles of food that have for their basis certain principles called albumen, caseine and fibrine. These exist largely in all meats of animal origin—eggs, milk, cheese, etc. These elements are taken into the system, and are more readily converted into living tissue, their chief function being as *tissue-builders*. Beef, mutton, veal, venison, chicken, fish, oysters, eggs, milk and cheese belong to this class.

The non-nitrogenous foods are required to keep up and maintain the heat of the body. These are the *fat-producers*, and cannot be taken by those whose digestive organs are weak. Hence they are unfit food for the sick, and those who suffer with derangements of the stomach. Among the non-nitrogenized foods are, the *animal fats*, oil, cream, butter, cocoa, and olive oil, the *starches*,—corn-starch, arrow-root, sago, wheat-flour, potatoes, rice,—and the gums.

The *inorganic* foods are those which, of themselves, cannot support life, yet are very necessary to the maintenance of the system, and are classified as belonging to the variety of alimentary substances.

While some are solid tissue-factors (as lime, which builds up

bone-structures), their purpose is chiefly to assist in the processes of nutrition. Among this class are water, salt, iron, and phosphate of lime.

Out of the depths of my own need I learned, from various sources, how to prepare certain articles of diet suitable for the sick-room.

When I left the halls of my alma-mater, I knew but very little of the important art of feeding the sick. Give them milk, beef-tea or bovine or liquid wheat. This was about the extent of my information. Now milk is conceded to be the best food for the sick ordinarily. But you will find many people who do not like milk; others who can not take it. Beef-tea is of no value whatever as a food. A patient will starve to death on its use; besides it is very distasteful to many. Bovine and liquid wheat savors too strongly of medicine to be very appetizing to a fastidious stomach.

What are you going to do then? It was this query that confronted me early in my practice and set me to hunting for substitutes. I will give you some recipes that I have picked up from various sources, and have found highly useful in my practice.

TEA. This is one of the most frequently used and the most palatable dishes for the sick room, if properly prepared and served. Put two teaspoonfuls of tea leaves into a small tea pot, pour two teacupfuls of *boiling* water over it, cover it closely, and let it steam for a few moments. This beverage should be made at the side of the patient's bed, and a few minutes only before it is required. Let the tea be the freshest and best that can be procured—green, black or mixed, as you may choose. It is very nice to have a small, pretty tea-pot, a tea-cup and saucer of china, delicately constructed, and all pertaining thereto of the cleanest and daintiest appearance.

BEEF TEA. While I have very little faith in beef-tea as an article of diet, you will find patients, nurses and friends, who will think your education is incomplete if you do not give beef-tea occasionally. The proper way to prepare beef-tea is to cut a pound of perfectly lean beef into small pieces, put them into a wide mouthed bottle, cork it tightly, and place it in a pot of *cold* water, in which there is a saucer at the bottom. Heat it gradually; then let it boil slowly for three hours, when all the juice will be extracted from the meat. Now pour off the juice, season

it with salt carefully, as it requires a very little. When it is cold, skim off the fat globules, and serve.

BEEF ESSENCE. Cut three-quarters of a pound of lean steak (the sirloin or round answers best), and soak in a pint of cold rain-water for half an hour, squeezing the meat occasionally; then put it on the fire, cover it, and boil it slowly for ten minutes, removing the scum. Season with salt, and serve hot, with crackers. The addition of a little rice to the soup when preparing makes a pleasant change.

GRUEL. A very palatable, nourishing, and easily digestible article of diet for the sick-room is gruel. A dessertspoonful of prepared groats or fine oat meal to be moistened with a table-spoonful of cold water, and stirred till smooth; then add, by degrees, three-quarters of a pint of boiling water, and stir over the fire till it boils, then let it simmer for ten minutes. A little salt or sugar may be added according to the taste of the invalid.

CHICKEN BROTH. Cut up a fowl, and crack the bones. Put it into three pints of cold water; boil slowly, closely covered, for three or four hours, or until the meat falls in pieces. Strain it; then add two tablespoonfuls of rice which has been soaked for half an hour in a very little warm water, and also a chopped sprig of parsley. Simmer it for twenty minutes longer, or until the rice is thoroughly cooked. Season with salt and pepper, and serve with crackers, which should be broken into the broth just before eating.

CHICKEN CUSTARD. Take half a pint of chicken broth, beaten yolks of three eggs, and a little salt. Mix well, and cook it in the custard kettle (as for boiled custard), until it has thickened. Serve in custard cups.

CHICKEN PANADA. Roast a small chicken, and take out the breasts, or use more of the meat if preferred, and add a little salt; chop it as fine as possible, pound it, and pass it through a colander. Soak half the amount of the crumb of French rolls, or good bread (not too fresh), in tepid milk; squeeze it nearly dry, and mix it with the chicken. Thin it with a little strong chicken broth (which may be made with the remainder of the chicken), or with boiling water. Serve it in a custard cup, to be eaten with a spoon. For convalescents, a very little finely minced parsley may be added.

MOLD OF CHICKEN JELLY. Cut half of a raw chicken into small pieces, and break the bones; put it on the fire with a quart

of cold water. Boil it slowly, until it is reduced to less than half; season with salt and a little pepper. Strain it first through a colander; then a jelly-bag, into a mold or a bowl. If the chicken is quite tender, broil carefully the breast of the other half; cut it into dice forms, or put it whole into the mold or bowl, and cover it with the liquid. When the jelly has hardened, scrape off the top layer of fat, then turn the jelly on a little oval platter.

HOW TO PREPARE AN UNCOOKED EGG. Beat the yolk well in a goblet with a teaspoonful of white sugar; then stir in one or two teaspoonfuls of brandy, sherry or port wine. Add to this mixture the white of an egg beaten to a stiff froth, and stir all well together till the goblet is filled. If wine is not desired, flavor with a trace of nutmeg if not contra indicated. It is quite palatable without any flavoring at all.

EGG AND MILK. One of the most nourishing foods is eggs and milk. Break a fresh egg into a goblet, and beat until the goblet is half filled; fill nearly full with sweet milk, add a tablespoonful of whiskey, and a teaspoonful of sugar and stir well together. If there are any objections to the whiskey, add instead a very small dust of salt, and a little nutmeg or vanilla.

SALT RISEN BREAD. One of the most difficult articles to procure is good bread. The following recipe exactly fills the bill: Make into a thin batter, one pint of flour, one tablespoonful of corn meal, half teaspoonful of salt. Set in a warm place to rise. After it has risen, pour into it two quarts of flour, with sufficient warm water to make up a loaf of bread. Work it well, set it to rise again, and when risen sufficiently, bake it.

THIN BISCUIT OR CRACKERS. One quart of flour, one tablespoonful lard and butter mixed, a little salt. Make a stiff paste with water. Beat the dough till it blisters. Roll thin, stick, and bake quickly.

PANADA. Take two large Graham crackers, Boston, soda or hard pilot biscuit, sprinkle a little salt or sugar between them; put them into a bowl, and pour over them just enough boiling water to soak them well; put the bowl into a vessel of boiling water, until the crackers are quite clear and like a jelly, but not broken. Then place them, without breaking, into a hot saucer; add more sugar or salt, if desired; a few spoonfuls of sweet, thick cream poured over them, make it exceedingly palatable.

Make just enough for one meal. Toasted bread, cut into thin, even slices, may be cured in the same way.

WINE WHEY. Put a pint of fresh milk into a sauce-pan, and let it come to a boil; as soon as it reaches this point, add slowly half a wine-glassful of sherry wine, skimming off the curd which rises for about fifteen minutes; add a tablespoonful more of wine, skim what curd remains, and it is ready for use. Sweeten to taste, and season with nutmeg if permissible.

CODFISH. Cut *thin* pieces of codfish, crosswise of the fibers; soak over night to extract the salt; pour off the water the next morning in which it has soaked, put the fish into some fresh water, and cook it for half an hour; then add a teacupful of milk and a tablespoonful of flour; just before serving, beat up an egg and stir it in. This is a nutritious dish, and easy of digestion. Eaten with a "dyspepsia cracker" or two, it makes a nice meal.

DYSPEPSIA CRACKERS. Take of *wheat meal* one pint; butter, half a tablespoonful; and water enough to make a stiff dough. Beat this dough thoroughly with a rolling pin for half an hour, laying it on a bread board for the purpose; roll it into a ball, and beat it over and over again. Next, roll it *very thin*, cut into round or square forms, prick with a fork, and bake in a quick oven.

EGGS ON TOAST. Salt the water well, and, when it comes to a simmer, drop lightly into it an egg from a saucer, in which it has been broken. Whiten the top of the egg, by throwing the water carefully over the egg with a spoon. Cook *rare*; and take the egg out with a perforated ladle; trim off the ragged edges, and slip it on a small, thin piece of hot buttered toast, neatly cut into squares; sprinkle a little pepper or salt over it, and serve hot.

BONNY CLABBER. This is simply sour milk, or loppered milk, as it is termed, and should be used before the whey separates from the curd, or it will become acid and tough. Set it on ice for an hour before using. Cut out carefully with a large spoon, put in saucers, and eat with cream and nutmeg. This is one of the most wholesome of dishes, and exceedingly palatable.

UNLEAVENED WAFERS. Mix good, dry flour, with a little salt in it, to a stiff dough with milk. Roll out *thin*, and cut into round cakes, which should be rolled out again almost as thin as letter paper. They may be mixed with water if desired. *Bake very quickly.* These wafers are of easy digestion, very delicate,

and fill an important place in the dietary of the dyspeptic. Eat with soups, broths, or in any other way.

EGG NOGG. Take one egg, one tumbler of milk, one dessert-spoonful of best brandy, and same quantity of sugar. First scald the milk, and let it get cold. Beat the sugar and egg up together to a froth, put into a tumbler, add the brandy, and fill up with milk. This is a pleasant drink, and is both stimulating and nutritious.

MILK PORRIDGE. Put a dozen raisins into two cupfuls of milk, and bring it to a boil; then add a *heaping* teaspoonful of flour, rubbed to a paste with a little cold water or milk, and boil for three or four minutes. The raisins need not be eaten; but they improve the flavor of the milk.

MILK TOAST. Toast two or three thin slices of bread with the crust cut off, having them of equal size. When still hot, spread evenly over them a very little fresh butter, and sprinkle over some salt. Now pour over a small teacupful of boiling milk, thickened with half a teaspoonful of flour, and salted to taste. If the patient cannot take milk, moisten the toast with boiling water. Serve while hot.

NUTRITIVE JELLY. Isinglass, one ounce; gum arabic, one-half ounce; white sugar-candy, one ounce; port wine, one pint; one-fourth nutmeg grated. These should be put into a jar to stand twelve hours, covered tightly to prevent evaporation, then placed in a sauce-pan with sufficient water to simmer till the contents of the jar are quite melted; the whole should be stirred, then allowed to stand till cool. A teaspoonful occasionally is very reviving.

Society Reports.

CITIZENS' CLUB, Syracuse, N. Y., Mar. 18, 1897.

The quarterly meeting of the Central New York Homœopathic Medical Society was called to order at 11:20 a. m., by Dr. E. B. Nash, Chairman *pro tem*. Later, the Vice-President, Dr. Wm. M. Follott, took the chair.

Members present—Drs. Follett, Nash, Breeze, Grant, Carr, Gwynn, Martin, Stow, Leggett.

Visitors present—Dr. Hoyt.

The Censors reported favorably upon the application of Dr. Hoyt for membership in the Society.

A ballot was taken and Dr. Gordon W. Hoyt, of Syracuse, N. Y., was declared unanimously elected.

Sections 231-244 of the *Organon* were read and explained as follows by the Essayist, Dr. R. C. Grant, of Rochester, N. Y.

SECTIONS 231-244.

Again, we are impressed with the thoroughness of the work of Hahnemann. He has just given us minute and careful directions for the understanding and treatment of mental diseases; and now he turns our attention to the numerous ills which are characterized by their intermittent, or their alternating tendencies.

I do not deem it necessary to take up anything in the way of classification of the intermittent type of diseases; but we must note how carefully our author points out the effects of the acute miasms on constitutional dyscrasias. Strong and healthy persons may, for a long time, withstand the effects of miasmatic poisons; but the constant effort of nature to battle with the enemy will, finally, so impair the vital force, that the Psora, or, we will say, the inherited disease germ, can no longer be kept in a latent condition, and will make out breaks which will override and, for a time, dominate the life force.

The intermittent diseases seem seldom to be complicated with the syphilitic miasm; while the alternating diseases much more frequently are. As in a case that I have, at present, under treatment, in which a glaucoma alternates with a corroding, syphilitic

ulcer in the groin, *i. e.* when one is relieved the other is aggravated. I cannot see, however, why we should be biased in favor of any *class* of remedies by our diagnosis of the stage, or by the conditions of this class of disease. If the totality of the symptoms of a recent case of acute malarial poisoning lead to an antipsoric remedy, I cannot see why, because of the diagnosis, we should discard it for a non-antipsoric. And again, there is the odd little suggestion in Section 234, that an intercurrent dose of *Cinchona* may be necessary to eliminate the "intermittent type" of those chronic disorders which are prone to show a periodicity. Why should Hahnemann especially select *Cinchona* when, as he says later on, nearly *every* remedy has a more or less marked periodicity?

But again, although the diagnosis should not, I believe, prejudice us for, or against a remedy, the study of the remedy will prove our most faithful guide to correct a diagnosis of the condition. For instance, we should be inclined to think that a case of intermittent fever with *Lycopodium* as the simillimum, had stirred more deeply the latent psora in the patient than a case in which *Aconite* was indicated. Our prognosis would therefore be more guarded. In every case treated homœopathically, if the remedy has been carefully studied, it will prove the surest help to a correct diagnosis.

Any one of the chronic miasms may remain latent in the system for years, or, indeed, for a life time (a fact shown by hereditary diseases skipping one generation and appearing in the next), simply because there has been no exciting cause to develop it. But an acute disorder, like intermittent fever, may be sufficient cause to fan the latent embers of a miasm into a hot and consuming flame.

But interesting as the *theory* of disease may be, the suggestions offered as to the selection and the administration of the drug curative of chronic diseases, is of the most practical use. And here again, Hahnemann follows up logically the instructions previously given. The remedy selected should, as far as possible, cover the totality of the symptoms. It should especially correspond with the peculiar stage of the disease. If the whole condition cannot be covered, if the chill be the most marked and prolonged symptom, or if the concomitants of this stage be the most unusual—such as great thirst during chill, or chill with desire for fresh air, or similar conditions—this stage, in prefer-

ence to a less marked stage, must be covered by the remedy. And why? Because this is the modification of the disease that is produced by the *personality* of the patient. But there is still another set of symptoms which are of still more importance when present, and *which must* be covered by the simillimum. These symptoms are those which appear during the intermission. And why are they of such prime importance? Because they represent the very essence of the individual, and the expression of the chronic disorder; perchance they are the germination of the seeds of the psoric miasm in the patient.

All this is in perfect accord with Section 153, in which we are taught that the most uncommon, peculiar and prominent symptoms *must* be covered by the symptoms of the proven remedy, if this remedy is to cure.

Passing to the mode of administration, we feel that Hahnemann's wisdom must have been far-reaching and deep to have followed every detail to its end. No doubt every one of us has proven the correctness of the instructions here given. We are to give the remedy at the end of the paroxysm. Again, I ask why? Because if the effect of the remedy be added to the symptoms of the disease, the combined effect may be more than the system can endure, and, as Hahnemann points out, even a fatal aggravation may ensue. Should this not occur, we still have the probability that the action of the disease will so overcome the drug effect, if the drug be given during the paroxysm, as to deprive the remedy of its curative power.

We recognize the same principle in the administration of drugs in all diseases. We invariably refrain from giving a remedy during, or just before the natural aggravation of the disease. Especially is this true if the aggravation of time be of sufficient importance to constitute a factor in the selection of the remedy.

The variety of symptoms occurring in intermittent diseases is most varied, but nature has given us almost as complete a variety of remedies; since nearly every proven drug has its chill, fever, or sweat, either singly, combined, reversed or intermingled, and coupled with an infinite variety of concomitant symptoms. Therefore any physician who takes the case of an intermittent properly, if his search be sufficiently diligent, will find its simillimum in our *Materia Medica*, and so obviate the alleged necessity of resorting to the suppressive effects of massive doses of *quinine*, or of any other drug.

R. C. GRANT.

Dr. Martin moved that a vote of thanks be extended to Dr. Grant for so interesting and able a paper. The motion was seconded and carried.

Dr. Nash, at this stage of the proceedings, moved to adjourn to 1:30 p. m., stating that he had much interest in the discussion which was to follow, but that he had an appointment for 12 m. The motion was seconded and carried.

The meeting was called to order by Dr. Nash, Chairman *pro tem*, at 1:30 p. m. Later, Dr. Follett took the chair. The subject of Dr. Grant's paper was presented for discussion.

Dr. Leggett asked Dr. Grant if the *time* of prescription was not the same in all intermittent or paroxysmal diseases—dysmenorrhœa, hay fever, etc., etc.—as well as in intermittent fever.

Dr. Grant said that it was, and that the true curative is best administered after the paroxysm.

Dr. Stow was much interested in the subject of the paper, and particularly so in the type of remedies indicated in the treatment of intermittents. He thought that the sphere of this disease, pathological and remedial, was broader than that of many diseases; broader even than typhoid. He said that the subject of intermittents recalled the early days of his practice, and the times when it was much less easy than now for him to select the indicated remedy. He stated that his early homœopathic practice was carried on in Geneva, N. Y., at that time a very malarious district; and that his success was largely due to the cure of intermittent fevers, many of which were old and stubborn cases. He gave a brief account of the diagnosis and cure of his first case of intermittent fever as follows: The chill came on between 8 and 9 a. m. with *thirst*; with >by *warmth* of room, or stove; and with vomiting between chill and heat. A prescription of *Ignatia*, following the paroxysm, permanently cured the patient, and convinced the Genevans of the efficacy of homœopathic treatment in that disease.

Dr. Stow's next location was at Fulton, N. Y., another malarious district. He said that there he had had a long list of cases, which, conclusively, proved to him, that the homœopathically selected remedy never failed to cure a case that was curable. He cited a case of morning chill, coming on between 8 and 9 o'clock, in which the tongue was heavily coated, with *vomiting between chills* and *heat*, and the *sweat relieving all symptoms*. *Natrum mur.*²⁰⁰ had cured promptly, there being no need of re-

removal from the marshy, malarious district. Dr. Lee, the neighboring physician, who had attempted to cure the patient with *quinine*, became interested, and frankly inquired what had been given to Mr. H. It seemed that the doctor had inquired of Mr. H. concerning his sickness, and had been told by the patient that he had not only been cured by Dr. Stow's medicine, but that he had felt no return of the conditions. Dr. Stow told Dr. Lee that *Natrum mur.* had effected the cure. Dr. Lee exclaimed that *that was common salt*, of which the patient was taking quantities every day in his food. Dr. Lee decided to take Dr. Stow's statement "for what it was worth," but declared that a great stretch of imagination was necessary for its acceptance. Dr. Stow believed that his successful treatment of intermittent and scarlet fevers, by the homœopathically selected remedy, was the foundation of his professional standing in Fulton.

Dr. Stow thought that 90 per cent. of intermittent fevers could be cured by the homœopathically selected remedy, without fear of return, and without removal of the patient from the malarious districts. He said that his own experience, and that of the late P. P. Wells, coincided in the fact that a *cure* effectually protected the subject, in the midst of the conditions which had caused the sickness; that the sending of patients from marshy to mountainous districts failed to cure; that, moreover, intermittents were often contracted in mountainous districts. Dr. Stow believed that the external conditions producing intermittent fevers in certain subjects exposed, were but the exciting cause of activity to a miasm long latent in the system.

Dr. Stow said that his father was a clergyman, and a strong believer in homœopathy, who often, in those primitive days, administered the remedies with great success. Dr. Stow said that during his youth his father became much interested in a parishioner who, for several years, had suffered severely with malaria. The clergyman carefully took the symptoms, and sent his son, Dr. Stow, with a description of the case, to the old firm of Cator and Loomis, in Syracuse. Dr. Stow received from them *Ars.*⁸⁰⁰, of which his father administered to the patient, three doses in all, and was rewarded by a perfect cure.

Dr. Stow believed that in intermittents the potencies below 200 were less effective than those above 200.

Dr. Nash recalled the mention of the *genus epidemicus* and warned young practitioners not to put too great stress upon

their ability to find and to use it. He explained the *genus epidemicus* as the specific found by gathering a totality of symptoms common to thirty or forty cases of a given epidemic. He pointed out the care needed in cases differing from the type so found, and he warmly advocated the totality of symptoms in the individual case, as the *best* indication for treatment.

He quoted from his own experience three cases of "imported intermittent." These cases came from various malarious regions during an epidemic in his own district, and they had not exhibited signs of malarial poison until they reached C——. The cases were similar; the chill was preceded by aching of the bones; the paroxysm came on between 8 and 9 a. m., and there was vomiting between chill and fever. These symptoms appeared to be the key-note of the *genus epidemicus*, and *Eup. perf.* was at once administered to each case. Case I promptly recovered, and Cases II and III were unaffected.

Dr. Nash then examined each remaining case. In Case II he observed the symptom of "red cheeks during the chill." He compared the remedies producing that symptom — *Ignatia*, *Moschia*, *Ipecac*—and found that *Ignatia* best agreed with the totality of symptoms. This remedy promptly cured the case. In Case III the examination showed the peculiar symptom to be a "chill that began between the shoulders, and spread over the entire body." The remedy responded promptly, and proved to the doctor that in the last two cases the remedy supposed to be the *genus epidemicus* had fallen far short of a cure.

Dr. Nash then spoke of several *theories* advanced in the *Organon*, and said that if Hahnemann had lived until to-day, he would have found that the practical results of homœopathic prescribing were sufficient to reverse many of his opinions. In fact, he would not have written a book upon anti-psorics or anti-anything else. As to the treatment of "periodicity" in *malaria* with *Cinchona*, Dr. Nash thought it as needless as the exhibition of *quinine* by the allopaths. As to the removal of malarious patients to mountainous regions for the purpose of hastening recovery, practical experience refuted this theory. As to the use of an anti-psoric, if the apparently indicated remedy does not act, there is no indication for the treatment of disease outside of its symptoms.

Dr. Nash then spoke of antidotal treatment in cases of malaria suppressed by *quinine*. He said that many remedies had been

called antidotes of *quinine*, if they relieved the symptoms apparently produced by *quinine*, but that the treatment of a case suppressed by *quinine* was like the treatment of any other disease; that it was necessary to put the idea of *quinine* aside, and to prescribe upon the totality of symptoms presented.

Dr. Carr said that he had been exceedingly interested in the discussion, but found little left to add. He believed that the medicine indicated by the totality, is sufficient to overcome the periodicity of intermittents; that a change of residence for such patients is *unnecessary*; that an occasional repetition of the dose is *necessary*, but that such repetition should be made with care.

Dr. Grant asked if there were not rare instances in which it was necessary to remove the patient from the malarial precinct; instances in which the patient became so susceptible to the deleterious effects of his environment, as to be practically incurable by other means. He mentioned certain well known facts in cases of so-called consumptives whose lives had been prolonged by residence in a suitable climate.

He then related a curious experience during his residence in Portsmouth, N. H., the vicinity of which, especially the Isles of Shoals, is entirely free from malarial influence, and a frequent and healthful resort for persons so afflicted. The "curious experience" was that of a healthy young Irishman who had gone out from the mainland into the non-malarial environment of the islands, and there contracted a typical case of intermittent fever. In this case Dr. Grant found *Ipecac* indicated, and this remedy not only cured, but also protected the patient from further trouble in the same surroundings.

Dr. Leggett asked if the "rare instance," mentioned by Dr. Grant, in which patients must be removed from surroundings to which they are too susceptible, were not those belonging to the incurable, progressive types of disease, whose condition is only *palliated* and never permanently removed.

Dr. Grant replied that Dr. Leggett's idea of the subject was credible and probable.

Dr. Hoyt then presented an essay upon

CLINICAL MEDICINE.

Mr. Chairman and Members of the Central New York Homœopathic Medical Society:

I feel somewhat timid in presenting a paper to this Society so

early in my practice; but thus early certain truths have so forcibly impressed themselves upon me, that, in accepting your invitation, I determined to offer a few illustrations. First, of the anodyne effect of the simillimum; second, of the necessity for prescribing upon the *symptoms*, and not upon the *diagnosis*. I shall conscientiously hold to facts.

1. *The anodyne effect of the simillimum.*

Case I. Miss M., aged 22, called between 11–12 p. m. Acute suppuration of the middle ear. I could get no objective symptoms, because the patient was almost wild with pain. She was in constant motion, and kept her head moving. I learned from her friends that she had been exposed to damp winds and rain. *Rhus tox.*²⁰⁰, two doses, at intervals of ten minutes, relieved pain, and patient slept until morning, when pus was discharged quite profusely through Eustachian tube.

Case II. Mrs. D., aged 51. Bilious motive temperament. Intense pain in small of back, and through limbs. Paroxysms of cough, lasting fifteen minutes; during paroxysms, severe rasping, raw pain at mid sternum. Cough <by exposure of hand from beneath bed-clothes; restless and sleepless, because of pains in back. *Rhus tox.*²⁰⁰, one dose, stopped a paroxysm of coughing, and pain in back. Patient went to sleep immediately. Recovery followed.

Case III. Infant of four months; pneumonia; child had done well on *Bryonia* and *Ant. tart.*, but had taken cold and cried all night and all day, until 4 p. m., when I arrived. Apparently, child was in great pain, for its breath was short and hurried, as if every motion of chest caused intense suffering. I watched patient and thought of Hahnemann's words concerning *Kali carb.* in pneumonia. A few pellets of the 200th, dissolved in water, took effect in less than five minutes. Child slept until morning, there was no further trouble, and recovery followed rapidly.

Of course the homœopathic remedy is more than anodynal. It is *curative*; but the above cases show that a few pellets are as truly anodynal as the hypodermic of *morphine*.

II. *The necessity of prescribing for the patient, or upon symptoms, and not upon the diagnosis.*

Case I. Miss M., aged 23. *Measles*. Considerable bronchitis present; coughs almost constantly; muscles of abdomen sore from coughing; very restless; bed feels hard; conjunctival

ecchymosis. *Arn.*³⁰, in water, every two hours, cured ecchymosis and bronchitis.

Case II. Miss K., aged 15. Chorea; nervous sanguine temperament; jactitations of right cheek and eye, of right arm and leg; great disgust for fatty foods, which nauseated her; wanted to be out of doors; bitter taste mornings; tired; cried easily. *Puls.*²⁰⁰, one dose, cured in ten days.

Case III. Miss F., aged 14. Nervous-sanguine temperament; mild, gentle. Had measles six years ago; much earache when young; freckles on face, especially over nose, and upon infra-orbital regions; goitre; had been treated for some months, but without effect, by old school doctors of the city. Lay awake early part of night, but slept late in morning. *Puls.*²⁰⁰, three doses, cured in four weeks, and brought on menses.

No authority could be found for giving the remedies which were prescribed in the above named diseases.

Dr. Hoyt's essay was received with applause, and the thanks of the Society were extended to its author.

Dr. Bresee then presented an essay upon a

VERIFICATION OF CICUTA.

Mr. J. D. S., a lawyer in our village, with a family consisting of a wife and two small girls, employed allopathic physicians previous to March 16, 1893. On that day Mr. S. came to my office and inquired if I had "anything that was good for worms." After he had answered several questions I gave him some *Cina* pellets 3x, with directions. He promptly asked if I "thought *that* would kill worms." I told him that I did not think that it would, but that worms could not live in healthy tissue, and that if worms were present, the tissues were not healthy. I further explained, that the office of the remedy was to bring about healthy conditions, after which the worms would leave of their own accord. He was astonished at my logic, and went home with many doubts, to give the medicine as directed. In a few days the result exceeded his most sanguine expectations, and worms without number were passed, proving my argument to be correct, and securing a family for Homœopathy.

On April 1, 1893, Mrs. S., aged 30, was taken with a severe attack of rheumatism, similar to attacks which had previously confined her to the bed for three or four weeks at a time. *Bryonia* was indicated, and one dose of the cm. was given dry, fol-

lowed by *Sac. Lac.* An aggravation of the symptoms occurred, and if I had not told the patient that such a thing might occur, she informed me afterward that she would not have taken any more of my medicine. She promptly recovered from this attack, and had little or no rheumatism afterward; but the symptoms seemed to go deeper, although they were comparatively quiet for one year. On April 8, 1894, she again applied for treatment, when a long train of symptoms presented themselves. I discovered at this time that three or four years before, she had sustained a fall backward; striking her back and head on a stone pavement, from the effects of which fall she had not recovered, as she had never been well since. The main symptoms at this time were as follows:

- Mind: Appears as in a dream; dullness, confusion; thinks of terrible things.
- Head: Aching, continually in forehead and occiput; forehead <by reading; occiput <by sewing.
- Scalp: Soreness of, <from combing hair.
- Eyes: Aching of; trembling and twitching of lids.
- Ears: Ringing.
- Face: Sallow.
- Appetite: Ravenous; hungry after eating a hearty meal.
- Back: Aching all the time; spine feels as if asleep.
- Restlessness at night; waves of cold going up and down spine; jerking of arms and legs when trying to be still.
- Menses: Profuse and long continued.

One powder of *China*^{77m} somewhat improved the case and the treatment being continued, afforded temporary relief. But I was not able to find a remedy to arrest the downward tendency of the case. On Christmas, 1894, as far as I could learn, the patient had symptoms that bordered on an epileptic attack, with unconsciousness for some time. On Dec. 27, 1895, I saw her again, and gave her *Arnica*^{cm} for the bruised, pounded sensation of flesh. On Jan. 25, 1896, I gave her *Lachesis* for the constitutional symptoms. These symptoms had all improved, except those of the mind, which seemed to be <. This was an indication that the right remedy had not been found; as, according to homœopathics, cures are made when the symptoms leave from above downward, and from within outward.

During this time the patient thought that she was becoming insane and contemplated suicide; but she knew better than to make the attempt. She dreamed of dead bodies; her mouth tasted of blood. I sent the symptoms to Dr. Leggett, who advised *Hypericum*, and on Feb. 21 a dose of the cm. was given. This was more satisfactory than the previous remedy, and on April 2 it was repeated with good results. On May 29 a dose of *Lachesis*^{cm} was given for a bad sore throat, and this prescription was followed on June 31 by an epileptic attack which was lighter than the attack occurring at Christmas time. One powder each of *Pulsatilla*^{cm} and of *Lycopodium*^{cm} was given previously to Sept. 14, at which date occurred an abortion of two months fetus, caused by accident, the patient at that time being unaware that she was pregnant.

She did not recover from this so rapidly as she ought; she had much shifting pain and soreness in occiput, small of back and coccyx. In about two weeks she made an attempt to sit up, with what seemed to be very undesirable consequences. The pains were <in the coccyx, with fainting; and, later, an attack of neuralgia occurred; a sharp, spasmodic pain, starting in left temple and side of face, running backward and settling deep in the left occipital protuberance, came on and continued for three hours. On the fourth day, at about five o'clock p. m., similar symptoms appeared, with the addition of a symptom to be described hereafter. Other attacks very similar in type, followed with great regularity, as to time of day, and distance apart. Three or four of these attacks had passed before I was able to find a remedy to meet the conditions. When this remedy was found, I was very much impressed with the similarity of the symptoms of the remedy and of the case.

After the first two attacks, the neuralgic pain was replaced by a dull pain, running all through the head, centering in the left occiput, rapidly increasing in intensity, and with a great desire to bore head into pillows. Suddenly the pillows would be jerked from under the head and thrown with force to the other side of the room; then the patient would assume various positions with the upper part of the body, retaining one position only for an instant, and making movements of remarkable swiftness, indicative of suffering great pain in back of head. Among the favorite actions were: pushing the head as hard as possible against the headboard; grinding the teeth; lying on the back, with the head

hanging over the edge of the bed, and the neck and back of the head pressing hard against the side rail; the body resting on heels and top of head; "complete Opisthononus." The patient would press the head as hard as possible with the hands, pulling her two braids of hair as if they were life saving ropes, and thereby affording herself great relief. She had to be closely watched by two attendants, in order to prevent her from throwing herself to the floor.

Respiration seemed to be interrupted. Each paroxysm lasted about ten minutes, and as a signal that it was finished, the patient uttered a shrill scream, followed by relaxation and sleep for ten or twelve minutes. Then the above described phenomena would recur; the entire attack lasting four hours. With the exception of the pain preceding the first paroxysm, all the attacks began with a sudden shock through the head; after which, consciousness and sensation were lost. Although the patient when questioned answered correctly, and indulged in singing before recovery from the attack, she subsequently had no recollection of what had occurred during the paroxysm.

On the days between the attacks, with the exception of the day following it, she felt as well as she had done before they occurred.

On Oct. 20, 1895, *Cicuta virosa*^{cm}, one powder, was given. You will note the similarity of the case to the symptoms of the remedy as taken from Hering:

- "Mind: Loss of consciousness and sensation; she knows no one; but when touched and spoken to she answers. Becomes insensible and convulsed, generally; suddenly consciousness returns, and she remembers nothing of what has occurred.
- Delirium, cries, sings, loss of consciousness with open eyes; knows no one, but when spoken to, answers questions.
- Loss of ideas, loss of sensation; very violent in all actions.
- Head: Stupifying frontal headache; severe headache in occiput, like a dull pressure; pressure deep in the brain; heaviness in front, or back of head; concussion of the brain, and chronic effects therefrom; par-

- particularly spasms; boring occiput into a cushion; violent shocks through head
- Eyes:** Trembling and twitching of eyelids.
- Upper face:** Convulsion of facial muscles; distortion, either horrible or ridiculous.
- Teeth:** Grinding teeth together, with pressing jaw, as in lock-jaw.
- Respiration:** Breathing interrupted in spells; suspended at times.
- Neck & back:** Neuralgia at nape with tendency to drawing of head backwards, and dull occipital headache.
- Back:** Bent backward like an arch.
- Voice & larynx:** Violent and hard screaming.
- Nerves:** Strange contortions of upper part of body and limbs during paroxysms, with blue face and frequent interruptions of breathing, lasting for a few minutes; convulsions, with loss of consciousness; frightful distortion of limbs and whole body. Convulsions with cries; violent spasms with opisthotonus; difficult breathing; arms bent at elbows; screaming."

The effect of this remedy was to produce a longer period between the attacks. The first attack following the remedy was somewhat lighter; but, in the main, the attacks were as severe and about as long as the previous ones, although they were of a different type, and I was less able to predict their course. The patient realized more pain, as the head became more clearer; but after each attack of convulsions, she felt better than before.

Thirty-nine days passed before the remedy was repeated. It required some resolution to sit beside the bed for two hours during the convulsions, and not do anything beside giving occasionally a spoonful of *Sac. Lac.* in solution. I should like to ask the physicians present, who have been through the mill of the old school, what would have been the effect if the case had had old school treatment in the last mentioned stage? The convulsions were practically over by Feb. 2, 1896; but attacks of severe headache and periods of unconsciousness occurred at long intervals.

Eight doses of *Cicuta*^{cm}, with now and then an intercurrent,

was given in a year and five months; the last dose following the measles a month since. The patient's husband writes on March 8, 1897, "Mrs. S. is better than she has been for many years."

CHAS. H. BRESEE.

The essay was received with applause, and thanks were extended to its author.

Dr. Stow was enthusiastic in praise of the paper, and said that he would willingly go twenty miles to hear its like.

Dr. Bresee felt confident that if he had been able to discern and to give the simillimum earlier in the case, the patient would have recovered sooner.

Dr. Nash pointed out the fact that many cases develop slowly, and that there is no other way than to wait. He was reminded of Dr. Gregg's reply to Dr. — during a consultation upon a case of diphtheria. Dr. —, in a period of waiting instituted by Dr. Gregg, hastily exclaimed: "But, Doctor, delay is fatal!" Dr. Gregg replied: "Mistakes are *more* fatal." Dr. Nash enjoined physicians to await the development of indications in each case.

Dr. Nash had little confidence in the incompatibility of remedies, and quoted at length the success of a prescription of *Phosphorus* following *Causticum*.

Dr. Carr asked the reason for giving *Phosphorus* after *Causticum*.

Dr. Nash said that it was simply experience; that he had found *Phosphorus* indicated after *Causticum*, and had given it in high potency with *perfect* success. He also disbelieved the popular theory that *Phosphorus* or *Sulphur* given in the last stages of tuberculosis produced evil results. He believed that there was no use for giving medicines, other than there being indicated; that if the indications for *Phosphorus* alone were present, he certainly saw nothing else to be given. He quoted an experience of the kind, in which Dr. Lippe had told him to give *Phosphorus*^{um}, and in which the prescription not only relieved, but was of long lasting effect.

Dr. Grant was reminded of Dr. Fincke's question to the young physician, who excused an operation by saying: "After giving the *right* remedy with no *effect*," etc. Dr. Fincke asked: "How do you know that you gave the *right* remedy?"

Dr. Grant found that he liked the word "potency" better than the words "dilution" and "attenuation." He thought that action

was developed in the vital dynamis in proportion to the height of the potency. Therefore, he asked why the higher potencies were not the more active. He also found that chronic, together with grave acute diseases, were more quickly and easily affected by high potencies.

Dr. Nash thought that Dr. Hoyt had made a good point in "treating the patient, instead of the disease." He related an instance. The patient, a maiden lady of mature years, had suffered from dysmenorrhœa and local treatment, until the cervix had closed, and the menstrual flow had several times been removed with the catheter. At last even that became impossible. When she came to the doctor she presented a perfect picture of *Sulphur*, and received one dose of that remedy, with the promise of a visit and an examination at her next period. When the time came, the doctor and his wife made the visit, and found the patient receiving callers. She told him that she had no need of his services, as she was *flowing*, and felt more comfortable than for years!

Dr. Stow was reminded of a peculiar case of dysmenorrhœa, in which a woman who was fat and heavy, greatly desired children. She had long been under allopathic treatment, without relief. She came to Dr. Stow with the following symptoms: bloating; thirst without appetite; burning feet; coldness, flushes, etc.; a perfect picture of *Sulphur*, which was given in one dose, high.

A short time afterward, the doctor received a note from the patient, who said that she had passed one menstrual period comfortably, and was then perfectly well and *pregnant!* The allopathic physician called upon Dr. Stow to learn the prescription. Dr. Stow assured him that this remedy would surely fail, unless it were indicated by its peculiar train of symptoms.

Dr. Grant, referring to the case of Dr. Nash, pointed out the fact that the Old School physician had much the more profitable time; first, he plugged the uterus, then he opened it, and, during the entire period of treatment, he pocketed the fees.

Dr. Grant then moved that the office of the president, left vacant by the death of Dr. A. J. Brewster, be left open for the balance of the year. The motion was seconded and carried.

Dr. Grant then moved that a committee be appointed to prepare suitable resolutions upon the death of Drs. Seward and

Brewster, the committee to be composed of Drs. Stow, Nash and Leggett. The motion was seconded and carried.

Dr. Carr moved that the Society accept the action of this committee and empower it to place the resolutions upon the records of this meeting, and to forward the same to the medical journals and to the friends of the deceased members. The motion was seconded and carried.

The essayists appointed for the June meeting were:

Organon, 245-251, Dr. Gordon W. Hoyt.

Clinical subjects, Drs. V. A. Hoard and Leslie Martin.

Surgical subjects, Dr. M. E. Graham.

There still being uncertainty as to the time of the meeting of the I. H. A. and some members desiring to include the meetings of both Societies in one journey, it was moved to adjourn to Rochester, with the time subject to the call of the Secretary. The motion was seconded and carried.

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

RESOLUTIONS.

The Central New York Homœopathic Medical Society mourns the loss of its highly honored members, Dr. Stephen A. Seward, who died at his home in Syracuse, N. Y., on Feb. 8, 1897, at the age of 87 years, and Dr. A. Judson Brewster, who died also at his home, in the above-named city, on Feb. 20, 1897, at the age of 72 years.

As "the fatal asterisk" is set against the names of the newly deceased and lamented physicians, the Society recalls with sorrow its long death roll, and the personalities of its other members who, since its organization in the early fifties, have passed over to "the majority:" Drs. Clary, Bigelow, Hoyt, Mera, Spooner, Miller, Brown, Southwick, Benson, Potter, Munger, Hawley, McManus, Richards, Pool, Gardner and Wells.

Therefore, at a moment so fraught with memories at once painful and consoling, the Society has adopted the following resolutions:

Resolved, That the Central New York Homœopathic Medical Society has lost, in the death of Dr. Stephen A. Seward and Dr. A. Judson Brewster, the services of skillful physicians, the wise counsels of sincere friends, and the example of men of honor whom it will ever hold in grateful and loving memory.

Resolved, That the deep sympathy of this Society be extended to the family and the relatives of its deceased members, Drs. Seward and Brewster.

Resolved, That these resolutions be placed on the records of the Society, and be published in the *HAHNEMANNIAN ADVOCATE* and *Homœopathic Physician*, and that copies of them be sent to the families of Drs. Seward and Brewster.

T. DWIGHT STOW,	} Committee.
E. B. NASH,	
S. L. GUILD-LEGGETT,	

Society of Homœopathicians.

THIRD DAY—AFTERNOON SESSION—3:00 P. M.

THE INFLUENCE OF MIND OVER DISEASE, AND THE PRESCRIPTION.

F. O. PEASE, M. D., CHICAGO, ILL.

“A periodical contains an incident that occurred in a hospital. A Zouave was admitted, who had sustained a wound in the foot of so serious a nature as to necessitate amputation. He consented to and bore the operation well, only asking permission to write a letter to a young lady to whom he was engaged to be married, who lived in Paris. Cicatrization was progressing favorably, and he was almost able to walk about, when he received a reply to his letter, in which his lady love begged to be excused from marrying a man with only one leg, and refused point-blank to keep her part of the engagement. The Zouave said not a word, but let the letter drop from his hand. From that moment the wound began to inflame, got worse, gangrene set in, and in a few days he died.”

It was while reading this and thinking of similar incidents, that the idea of presenting a paper on this title was determined upon.

Members of our profession are too often indifferent to the importance of considering the internal or mental aspect of disease manifestations. There is no doubt that, as a prescriber at least, he is frequently forced to acknowledge this mental or emotional aspect and its influence, especially when he comes to the selection of the remedy, and more especially still, if he is a true homœopathician, and wishes to really cure and not “palliate.” Many of you have seen just such marked results as the above episode indicates, viz., unmistakable physical or tissue disaster intimately associated with psychic or emotional shock.

Before giving my line of argument, or rather my generalizations, I wish to indicate by a few observations the real motive of this paper. There are, we know, vast fields of research opening be-

fore the physician of the 20th century. From study of much of the literature on diseases of the sexual sphere, one is reminded of the "old saw," "Fools rush in where angels fear to tread." Perhaps our school is wise in having but little literature on the subject, but I am persuaded that we are neglecting to give the interest which belongs, especially to the psychic side, of the very large and increasing host of diseases in that class of patients who are in the toils of physical ultimations of every degree of psycho-sexual ignorance, misunderstanding and perversions. I approach the subject with diffidence, and this effort is more in the spirit of asking for discussion, than to assert or claim anything new; more of an appeal to the present and coming generations of homœopathic prescribers to give more careful study and consideration to the emotional aspects of psycho sexual disease, and their duty to the laity as educators, in the "preventive medicine" of the future.

We frequently meet with mental diseases, which are of themselves apparently separate and distinct from or unattended with physical disease, and would also seem to be true mental alienations. These we know are, in many instances, amenable to homœopathic treatment. Chronic physical diseases are often associated with allied mental distortions, and the question will obtrude—where is the primary distunement, in the mental or physical? In these doubtful cases I often exclaim, it may be possible that the trouble began in the emotional sphere, and on this possibility set about learning the state of mind of that patient. If the case is one presenting obstinate physical symptoms, and the mentality is not in apparent relation with these, or the patient does not show a reasonable interest in my efforts to ascertain the cause, and the unique symptoms of the case do not account for the mental attitude of the patient, I know that I have not "got the case," and that I am failing to do my whole duty as a physician. It is from these obscure cases that I have learned most, but not until I have been able to "get behind the scenes," inside the mental and emotional defenses held up by the patient. I am thus led to conclude that we fail to cure many times because we do not know or try to learn the psychic attitude of the patient, or pay most attention to the external material, and least to the internal emotional states of the mind. The patient either wilfully or ignorantly refuses to divulge his carefully guarded habits of emotional thought, or the doctor does not in-

terrogate farther than to use his various and impressive engines of physical diagnosis. The patient may, cheerfully or not, undergo these physical inquiries, mentally smiling and congratulating himself on an escape from a searching invasion of his "amour propriæ," where the very center of his most exquisite sufferings and experiences are. Human nature is prone to various and strong likes and dislikes, and the average man or woman has a strong affection for self, and also knows how best to gratify that affection.

The observing physician has but little difficulty in discovering that his patients are often in critical need of health, because of this affection and its modes of gratification. Many a patient will tell you of his aches and pains, but be silent as to his mental conditions, and certain mental preserves he guards with every care. He or she is silent from various reasons; they conceal that which, confessed, will expose a self-acknowledged weakness or fault, what they realize is a disorderly or distorted emotional habit or appetite. More frequently than is supposed, there may be a peculiarity in the manifestation of the sexual instincts, and a perversion of his or her methods of gratification of longings and impulses having their origin in the sexual-mental sphere. In this sphere or plane of emotional or psycho-sexual instincts there is a valuable field of symptomatology, which is sadly neglected by the prescriber in his search for causes. Therein he will find the emotional productions and reproductions, from whence is ultimated the sensuous excesses that are so prolific of degeneracy in both sexes of all ages and conditions of adult life.

I have been most emphatically surprised, startled indeed, at revelations that have come in response to careful and tactful questioning. A most interesting and remarkable case of Nymphomania I was able to discover and subsequently cure, because of a revelation of the mental and emotional experiences disclosed in response to a question interpolated at the right time and connection. She was reciting her history of "asthma" and "nervous spells," from which she had sought relief in various countries and all schools of medicine during the last few years. The question surprised her into an admission that led me into her mental preserves, or the defences, which she had built around the real, and to her, horrible state of her sexual mind and insatiate physical longings. This phase of her sufferings she had never divulged; her doctors had never asked concerning it; and

she did not dream that it was a disease that could be cured. For several years her sufferings, mental and physical, had driven her at times almost to suicide. From the totality, which I was able to construct from a knowledge of the emotional and sexual-mental attitude of this lady (for she is a lady), I was enabled to restore harmony, and the power of life resumed its orderly sway. The "asthma" and "nervousness" disappeared with the Nymphomania and she is now a useful member of her family and a champion for homœopathy.

Hahnemann in the *Organon, Chronic Diseases*, and all through his writings, had much to say concerning the relation of mental states to physical disease and its treatment. In paragraph 210 and following he gives us clearly his conclusions. From them we learn much of the utmost value in applying the principles of the law of cure. The foremost and most successful homœopaths have urged, written and demonstrated the importance of depending upon the psychic elements of disease in their work. Many practitioners do not progress in understanding, knowledge and power because they fail to appreciate the intimate relationship between the emotional and physical; or, as I hope to show, cause and effect. They pay more attention to the material and pathological results, and are led away from an investigation of the most important causative forces belonging to the psychic sphere. Because of this materialism, they often flounder in the heights or depths of their imagination, fail as prescribers, and thus demonstrate the effects of mental mismanagement. That the doctor's imagination is too frequently the basis of his diagnosis of disease and remedy than real knowledge, is evidenced by the conflicting opinions of a group of doctors in consultation around the bedside of some poor sufferer. When these have percussed, auscultated, and otherwise demonstrated their knowledge (?) pathological, they proceed to render opinions as various as their names. (I hope this does not apply to members of this Society; fortunately we may felicitate ourselves on having for our guidance a law that demonstrates the difference between the antique method of guessing, and the Hahnemannian method of orderly and reasonable certainty).

There must be a first cause of disease; to know what that cause is becomes a serious matter, and it is certainly advantageous for the patient and physician to know it also. Man, or the Scientist, cannot comprehend the Essence of one even of the

seventy eight Elements, but he can prove the existence of that essence by demonstrating its qualities, which are the material evidences of its existence. The subjective and objective symptoms of the patient tell us where the physical effect is located, but that is not enough; our investigations should go farther. True knowledge of the case is shown by the physician when he is able, from these symptoms, to form an idea of, or find indices upon which to formulate a method of therapeutic procedure, which will lead to curative results. Until he is in some way rightly acquainted with the essence of the disease, he is confessedly in the dark.

To say the diseased mind is caused by a lesion of brain tissue does not aid in a search for the cause, and seems to be a reversal of the probable order of events, or a misstatement of them. Would it not be more logical to say, within the mental began the primary lesion, and as a sequence, the tissue modification has supervened, and thus has become an ultimatum of the mental lesion on a physical plane; while the symptoms, objective and subjective, are but circumstantial or direct evidence of imperfection or unfitness of the instrument, or combination of instruments (the body and its members and functions), that manifests the mental activities.

The therapist must consider the two sides of the symptomatic question, psychic and physical, in order to arrive at a prescriber's conclusion. Paul, 1900 years ago, had a clear idea of the intimate relationship of the mental and physical when he said, "There is a natural body, and there is a spiritual body." The natural body is a combination of the material elements, which are found in nature, and these are and can be classified by the scientist. This combination receives its "power of life" (from which comes all functional and physical development and activity) from the spiritual body, the soul. To that power of life, vital force, vital principle—call it what you may—belongs the activity, or rather the mode of expression of the desires and emotions of the resident spiritual body, and as a sequence, the natural body with its activities, is an ultimatum on the material plane of the spiritual body, or essence. So long as the natural (material) body is in harmonious relationship with the spiritual, then this power of life is able to, reciprocally, carry the impulse to do or act from one to the other. From internal (spiritual) to external (material) by this power of life the soul can express

itself in an orderly manner, by using its instrument, the body and its members. From the external world the imprisoned spiritual body receives its perceptions of, or becomes acquainted with external things, using the material senses of the body, still through the power of life. From these premises we are brought to a logical conclusion that since the material, elemental body receives its *animus* through the power of life from the spiritual body (essence), because that essence is within it, therefore, the influence of that internal essence must be greater and of higher order, or quality, than the external material, even as life and action is greater than inaction and death. This power of life should be carefully studied, for it is, I believe, the place or sphere through which is manifested the expression of all the phenomena that can be comprehended by our finite powers, of the relationships between the soul and body. Without it, there could be no ultimatum, no expression of the Ego. It is to me that "debatable land" which divides the spiritual from the natural; it is the bridge over which there is constant interchange, harmonious or discordant, between the soul faculties and the material sensuous faculties of its human prototype. When the body, its members and senses become unfit, or imperfect from any cause, this wonderful power of life is unable to respond to the faculties of the soul in an orderly manner and we have disease, and if it becomes wholly unfit, then separation, or death, as we call it, is the inevitable sentence. In a departure in any measure from the orderly or functional relationship between the internal and external, there must follow a corresponding modification of the processes of life, resulting in organic or tissue change, which the power of life at once reports to both spiritual and material forces and the result is an ultimatum of that disturbed relationship on either the material or psychic plane, or both. Because this ultimatum is evidence of disorder, we must conclude that somewhere and somehow nature's laws have been violated, and that the limitations that surround us in this environment have been trespassed upon.

To the physician belongs the task of learning whether the violation has been from the psychic or material side. By a close observation of this power of life, he will be able to make a shrewd guess at least, especially if he be fortunate enough to use his power of life rightly. By obeying well trained faculties, he will learn more often than not that there has been a mental or

emotional violation of some of the laws of our limitations, preceding the phenomena that has called for his services. There is use for a doctrine of reciprocal action, because we have to deal with a host of manifestations due, primarily and apparently, to traumatism and other external excitants, *e. g.* the various conditions that are classed as mechanical lesions, belonging to the domain of surgery. But even in these diseases, as surgeons, we are brought very soon face to face with mental peculiarities that do not belong to, or emanate from the excitant, but which are potent factors in the indications for treatment and diagnosis of remedial measures. This is why we are more successful in prescribing when we study the mental peculiarities and idiosyncrasy of the patient, giving but little weight to the symptoms that come "as a matter of course," or the natural effects of the traumatism or excitant. The prescriber who makes a "center shot" and a cure results by thus depending on the mental or emotional indications, should learn from and appropriate to himself this evidence that, the internal or spiritual does respond to the dynamis of the remedy, through the power of life. The doctrine of reciprocal action may be applied also in the Zymotic diseases, but here again, the doctor is strongest when he prescribes on the mental peculiarities. The concomitants and complications are often but further evidence of emotional departure from the normal. At least, we know that emotional elements have much to do in these cases with our success in prescribing and with the mortality rate. We who have had opportunity to study epidemics have recorded and observed that mind in Zymotic disease is not secondary when we apply the law of cure. If there is any truth or evidence that there is a dynamis in the potentized drug, something which brings about a change from abnormal to normal relationship of the forces of life, or what we call cure, there is also reason why all Hahnemannians try to select the simillimum, if possible, in a potency which shall correspond to the plane of action of the disease. This power of life is the only element through which we can make that selection. Since it has been demonstrated that the potency or dynamis is not material, and in the absence of proof, that it is not "spirit-like," we must conclude, from unmistakable evidence of its action, that there is something—let us call it an "Essence"—then we are safe in accounting for its action upon and through the power of life. Whether that action passes to the psychic and thence to its re-

sultant physical body, or "mould of clay," or the reverse, is immaterial.

Theories are valuable only as they lead us in the search for truth; they become of greater value if they lead us to facts that are evidence of the truth. One theorist says, "molecular vibration is the force from whence comes all phenomena of life and its environments," but he does not satisfactorily account for the potential energy back of the vibration, *i. e.* first in the chain of events. That the mind is the important factor in disease, as in health, is suggested, if not proved, when we investigate disease as met with in the various stages of development of man from infancy to old age. By mind is meant, I wish you to understand, the operation of the spiritual faculties that constitute the internal, spiritual man, the process of thought, or conation of those faculties of which Judgment, Reason and Will are the most important.

In man, the highest, these faculties are developed more highly than in the lower orders of animals, hence his greater intelligence. In the diseases of infancy, when the faculties are not yet awakened, we find but little evidence of mind except as temper; that natural combativeness, or struggle for existence common to all creatures, is aroused by denial or offense to physical or vegetative desires or appetites. Even in cases where we note delirium it occurs in those who are designated as precocious. The infant is, we know, often seriously and physically affected by drawing its milky food from an angry or frightened mother. This is evidence of the mediate instrumentality of the mother's emotions as a cause of the change in her milk and its disturbing action in a separate existence. The doctor has learned the value of the mental condition of the mother when making his prescription, and giving her the medicine, is rewarded by seeing the salutary effect on both mother and child. As the infant develops into childhood there is mental as well as physical growth and in this stage we note disease has more mind, more complications, and is more obstinate and difficult to cure. Measles, a disease of childhood, when present in an adult becomes often a formidable disease. Is not this because of the greater influence of the more highly developed emotional faculties?

Thus on through the stages of emotional, mental and physical growth, disease manifestations are more complex as they approach adult life, when the troubles of the adolescent period are

left behind. Diseases of the adult stage being, as we know, full of all manner of mental, emotional and monomaniacal distortions and perversions and their attendant physical evils. If the physical is so profoundly under the sway of the distuned power of life as to be unable to express even the delirious mental activities, how difficult it becomes for the prescriber to follow the advantage which homœopathy gives him, you who have struggled with stupefaction, coma, convulsions, asphyxia, etc., have a realizing sense.

You have all observed mental states and types of mind in persons who might truthfully be called **Mental Emaciateds**, in whom you could trace all degrees of leanness and weakness, from the really deficient mental skeleton, or "freak," to the bony, tremulous derelict on the waves of humanity, a menace to the mental equipoise of healthy minds of family and friends. Close to this type belongs the **Dyspeptic Mind**, the self-depreciatory hypochondriac, out of sorts with himself and all about him, unable on that mental stomach to retain a wholesome thought or emotion, and those he does retain are alike burdensome to himself and the community in which that mind lives. And there is the **Corpulent Mind**, mental œdema, so to speak. It is puffed up with mental flatulence, full of sickly and watery emotions, oppressed with that heaviness, or "tired feeling," which is, to its community, an ultimatum of an unwieldy inmate. Is it any wonder that these several communities of nerves, muscles, stomachs, and livers should "pool their issues" and strive to rid themselves of such unhappy tenants?

What a variety of distorted and misshapen mentalities we find in that immense class, whose name is legion, the **Erotic Mind**, the sexual perverts of all nations, color, sex, and degree of servitude. That prolific field from whence comes all our moral, mental and physical degenerates. You have met them, seen, felt and studied them, in hospital, dispensary, private practice, and at large in the streets; unfortunate, unhappy, but like all of God's creatures they are worthy of every possible help, and thanks to homœopathy, you and I know they can be cured. Is it unreasonable to assert that these mental, emotional degenerates and monstrosities are in the near internal neighborhood of every disease that has place in our nomenclature?

In the marked freedom from disease of animals, as in the lower grades of human life, speaking from the view-point of

mental development, civilization and intelligence, we find that disease is more simple as we pass from the higher to the lower planes of intellectuality. Where there is little development of the faculties, therefore less mental concentration, there is less difficulty in prescribing successfully. In animals disease is the exception, and in the proportion of "the survival of the fittest" to the limit of their allotted time is greater, the more closely they remain within the environment or limitations the Creator placed them in.

Given a people who are most highly civilized, are given most to mental or emotional concentration, living in communities that are most given to the "moil and turmoil" of hurried endeavor for place, wealth, or ambition, you will find more mental alienation, moral and mental decrepitude and distortion, with all degrees of attendant and sequential physical degeneracy and disease of insidious and startling effects upon the physical body. Mental plagues and epidemics feed upon the victims, who blindly struggle to gain the "will o'-the-wisps" of their fevered and selfish imaginations. Look at the results of mental concentration among the scientific and emotional professions; how many instances of mental and moral wrecks, nervous and physical paralytics do we find among them! Investigate, *e. g.* the professional chess player. History tells us, almost without exception, they have finished their shortened lives in the mad-house. Why? Because they have, by mental concentration, destroyed their mental balance on the battle-field of pawn and castle, knight and bishop, and were "check-mated" by the four square nothingness of empty and useless endeavor. Where is the popular preacher, the great lawyer, the statesman (I should say politician, the statesman is obsolete), and even an occasional doctor? You will find many of them victims of high pressure ambition, or the struggle to gain a large bank account. They are vainly seeking for just a little more of that health and strength, which at middle life is departed; they are dropping off from suicide, "heart-failure," "drug habits," and "nervous prostrations," or are suffering the restraints of mis-fit straight jackets, and you would be confounded should you investigate the relationship of sexual perversions and excesses to these sad spectacles of fallen humanity.

Another example of psychic influence is shown in the Hindoos. For centuries they have imbibed, from the superstitions and im-

aginations of a misguided and fanatical priesthood, not only their wrong vegetarian or rice-eating dietary, but have universally and for centuries continued the practice of mental concentration. As a result, their original birth-right of natural appetites, and deprivation of required physiological food, has made of them a puny, short lived people, a nation of two hundred and fifty millions of weaklings, controlled by a few thousand boiled beef and cabbage eating English soldiers.

Introspection is a salutary and uplifting mental exercise, when tempered with reason and conservatism, but when, as by the devotee of Brahma, Mahomet or Budha, the faculties are turned or concentrated on the idea that Allah is within, in an "ecstasy of contemplation" of the ideal or imaginary God, no wonder that plagues, famine and war should be glutted, and that the victims should fall by thousands, to enrich their rice and poppy fields.

Let me turn to another aspect of this psychic influence over disease. I would call your attention to the effects of psychic therapeutics, as practiced under the guise of Hypnotic suggestion. Whether we call these various modes by different names, the force is the same in all of them. Hypnosis, Auto-suggestion, Christian science, or Spiritualism, all are in their effects, psychic in nature, whether by the largely advertised Professor of Hypnotism, or the hypnotist who calls himself a christian scientist or mental healer. The Medium is but a self-hypnotized neurotic, his "familiar spirits" are but the creatures of his mentally concentrated imagination, and his physical health is too often an illustration of the "Wizard" he has invoked. Our *Cannabis indicus*, the Oriental's Hascheesh, can affect the power of life in such a manner as to astonish the Professor of Hypnotism himself. What is to be the result of this universal misunderstanding and misuse of the faculties given us by a bountiful and all-wise Creative Providence? If we look abroad over the world to-day, we find a great reaction has begun. It is in a travail of universal upheaval. Economic palsy, political colic, ecclesiastical flatulence and internecine war are racking the nations as never before. It would seem that the prophecies are being fulfilled. Daniel saw in his vision (XII, 1st and 4th), and told us that, "There shall be a time of trouble such as never was, since there was a nation, even to that same time;" and "Many shall run to and fro, and knowledge shall be increased."

In this search for knowledge, Paris, New York, Boston, Chicago,

and the larger cities of the world, are establishing Esoteric extension societies, India and China are coming to America to teach us medicine and morals, and England goes to Darkest Africa to distribute civilization and store clothes; Japan and China, Spain and Cuba, Turkey and Greece, India and the Plague (and there are others on the list), have been surgically and otherwise operating upon each other more or less successfully. The Powers are now "in consultation" over "the sick man of the east" and, as usual, are disagreeing. Our own country is suffering the pangs and torments engendered of political, commercial, and money-grabbing monopolies, from whence come our distrust, discontent and distress. As an example of some of the results allow me to quote: "The number of suicides in the United States in 1890 was 2,040; in 1891, 3,521; in 1892, 3,860; in 1893, 4,436; in 1894, 4,912; in 1895, 5,759; and in 1896, 6,420." What relation has this increase of mortality rate, in an acute mental disease, ultimating in suicide, to do with the mental or emotional states of the people during these times of economic disruption and political upheaval? What is the harvest to be? Let us hope that the grand result shall be a return to a more temperate and preservative purity of thought and action, natural and wholesome living, spiritually and physically; then with clearer atmospheres we can live and breathe in freedom, so that "the wilderness (of sickness and misery) shall blossom as the rose." What is the remedy to be? First, there must be a large amount of reconstruction. To the medical profession belongs much of the reconstructive work of the age, but first there must be a work of purification in the ranks. Not only should there be "a higher standard of medical education," but a higher quality of men, women, and morals in the profession; those who are spiritually erect and clean, in all respects free from moral or emotional crookedness. Then will the physician be more worthy of his high calling and the responsibility resting on him would more worthily be carried.

Self-confidence in the doctor begets the confidence of suffering humanity. With clean morals and a high appreciation of his prerogatives, and his relationship to the patient, spiritually and professionally, added to this "higher medical education," will give him that self-confidence, which will not hesitate to instruct humanity in methods of right and righteous living, and thus will be worthy of the sacred confidences so necessary to his under-

standing of, and ability to afford, to suffering humanity the help of which they stand in need.

DISCUSSION.

Dr. Adams—This is a very important paper, and I think it very interesting. During the past year as a result of Dr. Close's remarks I have paid even closer attention than ever before to the matter, and have found in a number of instances that the condition of mind of the physician at the time of the prescription seemed to react upon the patient. Even in our good Toronto we have many cases of sexual perversion, although not carried to extremes, as the Oscar Wilde type; *i. e.* not to my knowledge.

Dr. Thurston—I think we can truly say, that this is an age of mental and nervous diseases. There are many reasons for it. The medical profession is largely to blame. We know that disease progresses from within outwards, and that it seeks an outlet upon the most external planes. Maltreatment tends to suppress these manifestations of disease, which withdraws interiorly to ultimate itself upon higher planes. "Local" treatment, surgery and the various "isms," have had much to do with producing mental and nervous diseases. Our civilization and mode of living, the advent of the locomotive, telephone, telegraph, and the various forces that have brought humanity into close relationship, develop great activity in the mental and social spheres; likewise corresponding evils. Man inclines to natural, rather than to rational things, whereby he becomes self-centered and selfish. He finds delight in gratifying his animal propensities, which lead to hideous deformities of the will and understanding, while the various forms of lust, crime, insanity and suicide are their legitimate offspring. Is it not true that the doctor, and the preacher also, are in a great measure responsible for man's abnormal states?

Dr. Kimball—In regard to sexual perversion, I presume there is nothing of the sort practiced now that was not practiced even by more vicious methods among the ancient Egyptians, Greeks and Romans. Whether it was due to the extreme mental development which was certainly present at that time, or to its perversion, it might be difficult to find out, but I believe it is a fact that none of the hideous sexual perversions of the present time but were known and even more extensively in ancient times.

Dr. Morgan—Are not a large amount of sexual perversion due to venereal diseases?

Dr. Thurston—Are not venereal diseases the ultimate expressions of perverted affections in their descent from above downward?

Dr. Sawyer—I will go back of that a little to see where these sexual perversions come from. Let us trace this back. It seems to me that back of all, the whole thing, these moral, spiritual and sexual perversions, lies a rotten religion,—that whenever we shall have a true religion we shall necessarily have a rational religion, a just religion, a religion that shall stand the test of science, of reason, of common sense, that whenever that religion is taught and believed, the natural fruit of that will be moral and spiritual health.

Dr. Thurston—Consequently physical health.

Dr. Sawyer—To be sure, physical health. There is nothing surer in my mind that these so-called sexual diseases are the fruit of lust. I have no shade of doubt that if you could clean the world as if by magic of all these so-called sexual diseases, leaving the human forces as impure as they are, that they would reproduce the sexual diseases in a short time,—that they are an effect, and not a prime cause. Hahnemann, Boëninghausen and all the great men whom we regard as masters, have laid great stress upon the mental symptoms of disease as a guide to the selection of the remedy, and why? Because they are right from headquarters, right from the dynamo, right from the life source, and not only the mental symptoms we find in our waking hours, but our dreams should be considered, and do not receive the attention they should in the selection of the remedy. There is hardly a day but what the dreams of my patients, more than any one thing assist me in differentiating the remedy. I lay great stress upon that and work hard to get at their dreams. Most of the patients will dodge if they can, but I pin them right down to it and make them tell their dreams. In that way I often find out what drugs they abused or used formerly. That is one of the ways I am enabled to arrive at the drug miasm. I remember having a patient in my clinic whose dreams were characteristic of carbolic acid poison. In taking the list of drugs I asked her, "Have you ever used *Carbolic acid*?" "No." "Do you not have it about the house as a disinfectant?" "No." "Have you ever used any *Carbolic acid* salve on your lips?" "No, sir." "Never used it in any way?" "No, sir." I was fool enough to believe her and made my prescription accordingly,

which was a poor prescription, did not do what it should have done. She had the same dreams precisely. I resumed the subject again and dug for history of *Carbolic acid*. Finally I discovered she was using ink well saturated with *Carbolic acid* to preserve it, and had a habit of putting the pen in her mouth. I gave her a high potency of *Carbolic acid* and not only changed the dreams, but everything else that was wrong. We made a distinct advance that time. I do not think the importance of this subject can be overestimated, and the more time, thought, discussion and exchange of views on this we can put in, I think, the better.

Dr. Kennedy—I would like to ask one question, Dr. Sawyer. I gathered from what you said that the case to which you just referred pointed most decidedly to *Carbolic acid*.

Dr. Sawyer—That one phase of it did.

Dr. Kennedy—I wanted to bring that out because I was led to infer that the reason you did not give it at first, and the reason you did not give it later, was because you could not find that she had used the *Carbolic acid*, and finally you found that she had used *Carbolic acid*. The point I wanted to bring out was, whether you followed the totality of the symptoms or whether you were led to give the remedy as an antidote to the drug which had been used.

Dr. Sawyer—I was treating a sick person. I was trying to follow Hahnemann's teachings as I understood them, and to my mind, one of the most important, if not the most important things, that Hahnemann ever taught that was Hahnemann's, was that great cardinal principle, that you must take the greatest miasm first if you expect to cure your patient. I found drug miasms present which I have no shade of doubt were vastly greater than the natural miasms, and I was trying to clear these out first. I was hunting for miasms as I went along for a guide as to which of these drug miasms I should attack first, or in what order, and as one drug miasm would be cleaned out I would take the case again, keeping that thing in view, which drug miasm which is known by the history of the case to be present, is most active and most potent at the present time.

Dr. Thurston—We learn from this "antidotal" doctrine, that the organism imbibes every drug miasm with which it comes in contact, and that it remains in the system, a disease-producing cause, until "removed by art." It is claimed that no *cure* is

possible until all the crude drugs which the patient has taken in one or another form during his life-time, are first "antidoted" by high dynamizations of the same substances. This, we all hold, is homœopathy, because it is based upon Hahnemann's instructions to first attack the "strongest miasm." This is a strange perversion of the Master's teaching! It is true, that Hahnemann said in the treatment of chronic (natural) diseases, to first attack the strongest miasm. It is also true, that Hahnemann regarded many cases as incurable, because of allopathic drugging. But where is the legitimate application of these principles to this "antidotal" philosophy? Hahnemann demonstrated the law of similars to be *the only law of cure*. If the "antidotal" method be true, then we have another law of cure, viz., *the law of identicals*. This, however, is impossible, since *no two laws can govern the same forces, to produce the same results*. Otherwise we might conceive of two laws of gravitation, of chemical affinity, of light, heat, etc. We are informed that the patient is often *cured* before the list of drugs to be "antidoted" has been furnished, but if perchance there should be symptoms of disease remaining, the law of similars is to be employed. From this we learn *that all disease conditions are removed*, as well as the hypothetical drug miasms. If these "disease conditions" antidote (*as generally happens*), the taking of crude drugs, *what relation exists* between them and the "antidotal" remedies? We all admit that the causes of disease are dynamic, and that they can be removed only by dynamic forces. How then can *crude drugs*, existing in the system as causes of disease, be removed by *dynamic force*? Forces to be reciprocal, must act upon corresponding planes, and crude drugs and high dynamizations are *not* upon the same planes. Crude drugs when taken into the system act chemically, mechanically or dynamically (so-called physiological action, being dynamic, though on a low plane) and forces to effect their removal must correspond to their form and plane. Potentiation, or dynamization, *only raises the dynamic to higher planes, and increases its sphere of activity*, BUT DOES NOT CHANGE THE NATURE OF ITS GENIUS. The genius of *gold*, for instance, is the same, whether in the crude form or in the millionth potency, and this is equally true of all substances; (hence the folly of administering potentized "nosodes," for the pathological conditions producing them. Nosodes, like all substances, are useful when proved and prescribed according to the law of similars). Does it not,

then, seem fallacious to attempt the removal of a force from the organism by employing the same force? If good results are obtained by the "antidotal" method, are not its hypothesis and facts sadly at variance? Why is man made sick by natural and artificial diseases? Because he presents a *susceptibility* to these miasms. What is susceptibility? It is an abnormal state of the system, owing to the presence of certain morbid forces (generally inherited) which have the quality of attracting other and *similar* forces, and whose activity is in direct ratio to the lessened systemic resistance. Drug forces in the organism follow the same law as acute morbid forces (when uncomplicated), in being self-limited. When drug forces produce an effect upon disease conditions, it is because there *exists a certain degree of similarity between them*. Drugs aggravate, ameliorate, or change disease conditions when they have reference to quantity, degree of similarity, and plane of action, while the high dynamizations, instead of antidoting the effects of crude drugs, more nearly comply with the conditions of the sick-producing causes. Man is never made sick any length of time by a drug force unless he presents a susceptibility to its action, and this only proves a similarity of the drug to his condition, which may be curative in the proper potency.

Dr. Kimball—Dr. Sawyer stated that he laid the greatest stress, in prescribing, on the dreams of the patient, not only on their mental symptoms when they were awake, but also when they were asleep. That being so, of course the dreams would take a high place in the selection of the remedy. Now in this patient who had dreams, she had dreams which indicated *Carbolic acid*. He searched to find whether she had ever taken *Carbolic acid*. Not finding out he disregarded that important mental symptom and prescribed another remedy which did not help. When he did finally trace the *Carbolic acid* to the ink, he then prescribed it to the relief of his patient. My point is, that the proper thing for him to have done was to have given *Carbolic acid*, if indicated, whether she had taken it in the crude form or not.

Dr. Sawyer—I am surprised to hear Bro. Kimball prescribing *Carbolic acid* on a single symptom. It was a complex of symptoms. That was only one. We are selecting the remedy that covers the most of them, and this did not yield to the *Carbolic acid*.

Now as to Dr. Thurston. It is the custom with a just

judge to decide the case after the evidence is *all in*. It is also universally conceded that conclusions drawn from false premises are necessarily incorrect. Our friend here is a fine illustration of that. He is largely off in his facts. His assumption that the life force can expel the minerals or their impress upon the vital force without the aid of art is utterly wrong. Now I undertake to assert that the life force can no more expel the effects of crude *mercury* unaided than it can Psora, Sycosis or Syphilis, and that as sure as anything in this world, that impress will remain as long as the patient remains on the earth unless it is removed according to the law of similar. I have tried thousands of experiments along this line, and have demonstrated that to my own satisfaction. I will also assert right here that at least eighteen-twentieths of all chronic disease found in these patients have disappeared. I have tried that as an experiment, attacking the drug miasms only until I could eradicate the drugs. The results have been perfectly astonishing, incredible to any one who has not tried it. I have found that the impress of *Aloe* even, showing itself eighty years after it had been administered. They used to call it "Pickery," and gave it in masses of the crude substance for "liver complaint." I have found people seventy or eighty years old that they had taken it in childhood by symptoms still remaining.

Now about this *Belladonna* business. The idea that *Belladonna* removed susceptibility to scarlet fever! Does it do it? It does not. It never did, and never can, and we can prove it by the fact that children who have taken *Belladonna* for other diseases have had the scarlet fever afterwards many times. In the cases that Hahnemann cites they were under the impress of *Belladonna at the time*. That is all there is about it. They had taken their dose *in advance and as the miasm struck them, it met its simillimum*, and was thrown off without disturbance. It was a cure by simply giving the remedy in advance. It was not an immunity at all; it was simply a simillimum. That is the point. In the past year I have treated between four and five hundred cases of morbid growths. In the last fifteen months I have buried precisely seven, less than two per cent. In every single instance we have attacked the drug miasm first, and these only. When the drug miasms are out of the way, then you can prescribe for the totality of the symptoms, and you can get at them. Another assertion is that the totality of symptoms is the only

guide. I deny that. In the natural diseases uncomplicated by drugs, that is absolutely true. There is no question about it, but when you have natural diseases complicated with drugs we have absolutely no guide in this world except a high potency of the same. That is our guide. When we have provings of all the mixed prescriptions that the traditional school has shot into humanity, then we can follow this law of being guided by the totality of symptoms, perhaps, but until we have them, we certainly cannot. Such prescribers as Lippe for instance. He did his mortal best for two solid years for a patient, and utterly failed to cure or approach a cure. I do not think our friend there will deny that Dr. Lippe was well qualified to get the totality of the symptoms and select the remedy that corresponded to the totality that he did get. Yet he utterly failed, miserably failed. The first dose that the patient got was a high potency that had been administered long before the patient came into Dr. Lippe's hands. What was the result? The first dose did what Dr. Lippe had failed to do with his totality business for two whole years, and so we might go on multiplying cases.

Dr. Pease—Yesterday Dr. Kimball called up the history of the Greeks in speaking of their one time high civilization, and I think he also spoke at the same time of their being given to sexual debauchery. I was in hopes he would go on and tell the finale of that. What is the Greek nation to-day? When did their downfall begin? Right there where the Psycho-Sexual took charge of that nation and inaugurated their rapid decadence. I would like in this connection to quote from one of Bœninghausen's aphorisms. "The cause of all disease lies in an internal, immaterial, purely dynamic change of the vital force which may affect only single organs, or extend itself to the entire organism. If heterogenous or corrupt substances make their appearance, they should be regarded merely as products caused by the disturbance of a healthy vital force, but never looked upon as the first cause of disease." This was another reason that helped me in some of the deductions of my paper. Another element which I think is well worthy of our consideration is, that we know that drugs, whether deliberately proven on the healthy or given in the hap-hazard methods of empiricism, produces at first symptoms, or at least more or less permanently affect the psycho or emotional spheres. Such drugs as *Hyos.*, *Opium*, *Platinum*, and of the numerous drugs that are abused, such as *Cubeb* and *Copper*

and that class of drugs. In studying their pathogeneses, we know that they permanently affect the psycho-sexual sphere. Who shall say that in the artificial miasms the mental or spiritual, if you please, is not very seriously affected in such a way as to ultimate these effects upon the physical?

Dr. Sawyer—Just one word about the importance of the mental symptoms. I had a patient whom I prescribed for and palliated his case from time to time. For a while he would seem to be well. I knew there was something I did not get hold of but I could not find it. Every time he came I told him there was something he had not given me, for I had not the totality of the case. He protested every time that he had given me the whole case. At last one time he said, "Doc, you always said I had not given you the whole case. I shall have to own up; I have not. I am scared now, and will have to tell you all about it. For years I have had the feeling that I must strike the one who is near me, no matter who it is, without a particle of feeling of anger. That feeling is so strong that it is almost irresistible, and I am afraid I shall kill somebody. Now can you help me?" I took the case, as I usually do. I went for everything I could get, objective, subjective, historical, and all the rest as usual. The result of the labor was that *Hepar sulph.* seemed to fit the totality of the symptoms nearer than anything else I could find. He got one dose of *Hepar sulph.*, highest potency, an abundance of *Placebo* (?), to be taken with great regularity, and that not only removed the mental symptom, but the whole outfit. In ten years he has not needed a single prescription, showing, you see, the trans-endent importance of the mental symptoms, even for the cure of the disease expressions on the lower plane.

Dr. Thurston—In regard to Dr. Sawyer's reference to Hahnemann's instructions concerning the use of *Nux vomica*, Hahnemann never intended to say that *Nux* was a general antidote. It is an antidote to certain drastic drugs, and to the effects of tea, coffee and wine in the *Nux* type of patients, because this class of persons are *particularly susceptible* to these things. *Nux vomica* does not antidote the drugs, but their effects, by attacking the underlying condition which made it possible for the patient to be made sick. If you will consult *Nux vomica* in the *Guiding Symptoms*, you will see that the remedy has been verified in this respect a great many times. Dr. Sawyer thinks that in my previous remarks I drew my conclusions from false premises, being

as he says, "largely off in my facts." I have talked with the gentleman many times during the last few years, and believe I have stated his position correctly.

Dr. Sawyer—Where in Hahnemann do you find the statement that where a patient comes to you having abused certain drugs, that he says give *Nux vomica* if the patient is a *Nux vomica* type?

Dr. Thurston—I did not say that *Hahnemann* used the words "*Nux vomica* type." That was my expression.

Dr. Sawyer—Dr. Thurston stated at the last meeting that any remedy to be a true antidote and not a palliative must act in a similar manner, and along the same lines. Now I would like to ask the question,—What two remedies in the whole *Materia Medica* do act in the same manner and along the same lines?

Dr. Thurston—I still am of the same opinion. Can one conceive of a true antidote acting in any other way than "in a similar manner," and on the same plane as the drug to be antidoted? No two remedies have the same individuality, but many drugs may produce sicknesses in the same individual by reason of *partial similarities* to the morbid state.

Dr. Davis—Dr. Sawyer asked a question which has not yet been answered,—What two drugs do act along the same plane in the human system and in a similar manner? Are there any two drugs that do act in that way?

Dr. Kimball—As I understand Dr. Thurston he means to state that the high dynamization of the same drug that has caused the disease does not cure the man, or does not antidote the drug that was given in the lower dynamization, but cures the man's susceptibility to that lower dynamization, which would not have affected him if he had not been susceptible to it.

Dr. Pease—I would like to ask, how long *sulphur* had been used as a crude drug and applied for the supposed cure of disease, irrespective of Homœopathy? I think *Nux vomica* also appears in ancient prescriptions, going back many, many centuries. Another question,—If morbid drugs must be potentized and proven upon the healthy before they can be used as homœopathic remedies, what are we going to do with that valuable class of symptoms put down in the books as clinical symptoms incorporated in all our *Materia Medicas* as legitimately belonging to the list of symptoms that are to be used as guides in prescribing? Dr. Thurston, you will remember, in his remarks on

the use of the nosodes, said that we must prove the drug before we can *use it*. It seems to me that in using not only the proven symptoms on the healthy, but the clinical symptoms, we are only following out the same principles of building and using *Materia Medica* as we would if we used only the crude symptoms on so-called healthy (?) provers. At least if we removed from practice the indices shown by these clinical symptoms we certainly would be robbed of a very valuable class of potentialities; therefore, I think Dr. Thurston's position seems to be rather lame.

SECTION 18, OF THE ORGANON.

J. R. HAYNES, M. D., INDIANAPOLIS, IND.

There has been made a number of translations of this section of the *Organon*. Each translator seems to have followed his own ideas and has given it to us as he sees it, or has conceived what it should represent. So I have taken the liberty to translate this Section 18 and give to it the rendition as it appears to me, regardless as to the rendition of what others may have given to it.

Section 18. "From this unquestionable truth, that besides the totality of the symptoms (*der sammttheit der symptoms*) in disease it is impossible to find any other manifestations which could give expressions or point out the needed relief. Hence (*dass bloss Inbegriff aller*) the pure sum total entire (of the symptoms) in every case of disease must be the only guide to indicate to us the choice or selection of the *simillimum*." In Section 5, Hahnemann tells us we must enquire into all of the minutia of the sufferer both objective and subjective, so as to find out and remove the cause, so far as it is possible, of the disease, or to alleviate them to the best of our ability.

In Section 16 Hahnemann tells us that disease is dynamic and that the remedy must be potentized so that it should correspond to the dynamized, or spirit-like state or condition of the disease.

In Section 153 Hahnemann tells us what symptoms we should give the greatest importance—the unusual, striking, singular, extraordinary, peculiar and common—for it is from these latter symptoms that the similar for those created by the medicine and which must correspond to be the most similar and suitable for the cure; that many symptoms will appear in every case of sickness, and therefore should be considered when taken collectively of

less importance, when making up the totality, for it is from the former that the similar symptoms must be looked for, those created by the medicines should correspond to those of the disease to be the most similar to the disease to cure.

A great deal has been written and said upon and about this Section 18; some have gone so far as to assert that we have no good proof (inductive) that there is such a law of cure (yet pretending to teach and practice Homœopathy); that disease is self-limited and the giving medicines are useless; that we have no proof that medicines cure, or shorten the attack of disease; and to really settle the matter, every case of pneumonia and typhoid fever in the hospitals should be given no medicines, but carefully watched and recorded reports of the cases kept for references, and in that way we could arrive at positive facts in about a thousand years, or thereabouts.

Conrad Wesselhœft, M. D., of Boston, at the *Materia Medica* Conference, held at the meeting of the American Institute of Homœopathy at Detroit last June, 1896, asked the question, "Has the law of similars ever been unequivocally demonstrated by general practice, and do we not require its more formal proof by inductive experimental research?" He says that the only inductive experiments made by Hahnemann were those made with *Peruvian bark*, of which he took half an ounce twice a day. He (Hahnemann) says, "My feet, fingers, etc., became cold, then my heart began to throb, my pulse became hard and rapid; an internal anxious trembling (without rigors), a lassitude was felt through every limb; then throbbing in the head, thirst, redness of the cheeks, in short all the symptoms of intermittent fever peculiar to me appeared successively, but without rigors. Every time I repeated the dose, the paroxysms always appeared and lasted two or three hours, but when I omitted it was well."

This took place in 1790. He then came to the conclusion, and by the study of statistics formulated the law.

Now let us look at this matter and see how it will correspond with the facts. After the taking of the *bark* experiment we find Hahnemann making provings of a large number of drugs. He began by taking large doses (for he had not yet discovered the efficiency of small doses), and which he afterwards reduced, and by the symptoms which he thus procured, he proceeded to administer them to the sick. This he continued up to 1796, when he published his first paper in *Heufland's Journal*, giving his ex-

periments on the relations of drugs to disease on the human system. His experiments did not cease here but were still continued. Eight years later he published his further experiments and views in two volumes in Latin, giving an account of his investigations. It took him six years longer experimenting and investigating before he announced the law of cure by similars, when he published the first edition of the *Organon*. Here we find that he had studied and investigated the subject for twenty years before he announced that Homœopathy was the law. This does not look as if he came to a very sudden conclusion upon the subject matter.

In Section 18 Hahnemann tells us the totality of the symptoms must be our guide for the selection of the remedy. His totality is not the enumeration of the largest number of symptoms, but to arrange the symptoms to accord with Section 153; that the totality must be arranged carefully according to the value of each symptom, after the removal of the cause—Section 5—and to arrange the general symptoms according to their value and giving those of little or no value a lesser position. It is the characteristic symptoms of the remedy that must be similar to the characteristic of the disease symptoms to cure. I think that all will admit that this will be the most difficult part the prescriber will be called upon to perform. It will require a trained observation, a diligent study of the law and a knowledge of the pathogenesis of the remedy.

In Section 16 Hahnemann tells us the remedy must be potentized so as to correspond to the dynamic state or condition of the disease to be efficacious for the removal of the disease and cure; that we should be able to distinguish the morbid manifestations from the true symptomology; between symptoms of disease for diagnostic purposes and those which are essential for the selection of the remedy, and while the diagnostic symptoms are of little value or of little importance for the purpose of the selection of the simillimum, they may become guiding symptoms when attended with the modalities and concomitants. It is the symptoms that affect the general organism which are of the greatest value or importance.

It seems to me that we need no further "inductive or unequivocal, demonstrative or experimental research" than which we already have had, to thoroughly establish "the law of similars." Is it not demonstrated to us every day and beyond a doubt

that it is universal and unchangeable? that it only remains for us to learn to make the proper application to procure the desired effect of the law?

I presume that there is not a physician here who has not been called to an acute case where a sudden attack had appeared; the patient was suffering the most acute agony and continuing to grow worse from the very start; that when selecting the simillimum and administering a dose, to have the patient in less than five minutes tell him "I am better, that has gone right to the spot."

Then again, in old chronic cases which have continued to grow worse day by day for years, but as soon as the simillimum was administered to see improvement commence and continue until perfect health was completely restored. This was done by Hahnemann over one hundred years ago and has been done by thousands from that time up to the present and will continue on until the Genus Homo learns how to live when our occupation will be gone.

Is it not rather late in the day to make the attempt to prove that the law has not been "deductively proved" and established, as well as the sum total (totality) of the symptoms is requisite for the selection of the simillimum?

Can any Homœopathician doubt these facts? Does not these growlings come from those who do not want such a law because they could not practice or understand it (the law) because their minds are so completely filled with empirical nonsense that there is no room for anything else? Can such give the proper attention to the law of similars to make it practicable? They have no time for such work and want something that is easier to understand.

DISCUSSION.

Dr. Thurston—It is very singular that any one practicing Homœopathy should say with seriousness that it requires new proof to establish in the minds of men that Homœopathy is based upon a natural law. But there are men incapable of recognizing the truth when they see it. There are others who persistently close their minds to a perception of the truth, to worship something that emanates from their own self-love. It is refreshing to hear such a paper, and I am thankful to Dr. Haynes for this contribution. If we ever give up the law of similars and the deductions of Hahnemann, we are certainly lost as a school.

Where is our anchorage, and what shall we do if we ignore the instructions which Hahnemann has given us in the *Organon*. We do not accept the doctrine of Hahnemann from any principle of hero-worship, but because in his teaching we perceive the foundation of eternal truths.

Dr. Pease—I would like to have listened longer to just such language as Dr. Thurston has given us. I for one am grateful to Dr. Haynes for this expression in his paper, and I think when we get to our homes and are able to compare that translation with the translation we have, we will probably find a clearer exposition of Hahnemann's ideas, and as Dr. Thurston has said, better than I can. I will have to quote from Hering, who said, "If we ever depart from the deductive method of Hahnemann, we are lost." In our study of the ways and means for arriving at results as Homœopathic physicians, we cannot depart from the lines laid down by the Master, but it seems to me that in order to arrive at deductions we are certainly warranted in investigating in different directions, and without wishing or intending to bring up my own paper for discussion just now, I would like to say as an explanation for my paper, that I had in my mind while writing it that very expression of Hering's and others like it by Hahnemann, by Bœnninghausen and others foremost in our school. In the 16th and 18th Sections spoken of by Dr. Haynes, and from that he referred also to the method of taking the case in Section 153, and when we read that Section and then turn to Section 210, I believe, if I remember correctly 193 or 197 also has something to say about mental aspects of disease, and especially 210 and following, that I felt warranted in taking the position I did in my paper. I will confess that the paper was probably hastily written, and yet it did not seem to me that it was so, at least, I find in this paper of Dr. Haynes much encouragement to prosecute my own line of thought as expressed in my paper.

Dr. Sawyer—Is it not barely possible that we have forgotten or misunderstood some of the teachings of Hahnemann? If I remember rightly, Hahnemann in speaking of his researches on chronic disease acknowledges that he found it necessary to make another study after he had already announced his law of cure. What for? The law of cure seemed to be all-sufficient. While making these studies he discovered that certain miasms were in the way of a cure, that it was necessary to know something more

than to simply take the symptoms and prescribe according to the law of similars, to cure in some cases, and as an evidence of this I wish to call your attention to a few facts. In the treatment of Syphilis when complicated with Psora he says you must attack the Psora *first*. If all we need to know is the totality of symptoms to prescribe accordingly, what use was there in making that statement? There was one case where he practically acknowledged that it was necessary to know something more. Again, when we have applied this law of cure and prescribed for the totality of symptoms he acknowledges that we run ashore. When the simillimum has been selected with extreme care for each succeeding prescription that we fail. Then, what does he tell us to do? He tells us then to give *Sulphur* or some other anti psoric remedy.

What is the need of saying that if all we need is just that law of cure and the totality of symptoms, and he does say in a certain class of cases to give *Sulphur*? Why? Because the totality of symptoms call for it? Not at all. Is that Homœopathy? There is not a man here but what knows it is not. Again, he has told us that when a case comes to us that has been badly drugged to begin that case with *Nux*. Is *Nux vomica* the simillimum of all the possible poisons of all the drugs known? There is not a man here but what knows better. Is that Homœopathy? That is not Homœopathy. That is a rank violation of the rule, that the only basis for the prescription is the totality of the symptoms that can be found in any case. The Homœopaths swallows the whole thing without a question, and yet if some other man says instead of giving *Sulphur* for those cases he knows that the worst drugs, the most malignant and most deep acting, the most long acting drugs have been given to that patient, that it is a violation of Homœopathy to give a high potency of those drugs. There is a positive indication for the remedy. I do not hesitate a moment to say that. Hahnemann is not the only discoverer in our school, and it does not show any lack of respect or love for the man to say it. He exhorted us to go on and try to add to, complete and perfect what he so grandly set afloat. Through the periods of experiments extending over many years, I have discovered that the highest dynamis of a drug is the simillimum for the lower dynamis when found present in the human system, sometimes when a wave of self love sweeps over me I feel sorry for ever having mentioned it to a human

being. But when I reflect a few moments and remember the immense benefits I have seen resulting from that and announcing it to others, when I remember the lives it has saved, that I know it has saved, and will save, I am comforted to some extent. Some of you know that this is true. There was the—— case where this law was faithfully applied. For six long months Mr.—— was going rapidly and surely to his grave. By the application of this law of cure of drug miasms he was speedily, pleasantly and safely restored to health. I can multiply these cases by many hundreds where this same thing has taken place. For that reason I feel somewhat compensated for what it has brought upon me to announce this discovery, and I want to say right here and now that what is generally understood and practiced as being guided by the totality of symptoms, is not sufficient, and I think I have proved it from Hahnemann's own published statement.

Dr. Thurston—In a general way the totality of symptoms is absolutely essential in stating the requirements of the law of similars. Hahnemann recognized the difficulties attending this and has given the necessary qualifications. He did not intend that the first statement should apply when there were two or more miasms present. He says distinctly that the symptoms of these miasms must be separated and that the first prescription must be directed to the stronger or strongest miasm. Again, he qualified it by referring to the relative value of symptoms, saying that the characteristic and peculiar symptoms of the individual and remedy must agree, giving little or no value to the so-called common symptoms. I cannot accept Dr. Sawyer's claim to a new discovery. I do not deny his results. That is not my contention. My objection is to his philosophy, his method of procedure and calling it Homœopathy.

Dr. Kimball—No one here begrudges in the slightest degree whatever good results Dr. Sawyer obtains, but I cannot agree with him that it is necessary to antidote every mineral or metal the patient has ever taken, unless symptoms are present indicating the necessity for that mineral or metal. One of the symptoms may be a susceptibility to the drug in the crude form or in low potencies, but there is a difference between prescribing for symptoms and the mere fact that the patient at some time had taken the drug in a crude form. I understand that the remedy which finished the case of Mr.——, was a prescription of *Tobacco Smoke*, which caused an intense aggravation of his sufferings when used in the crude form, thus showing the susceptibility of the organism to that drug and the relations existing between them.

Dr. Sawyer—My argument was that the *Tobacco Smoke* helped him in the potentized form, and demonstrated the truth of my claims.

Adjourned to 10 a. m.

Editorial.

DISEASE AND DRUG ACTION.

While much has been written advancing various theories, explanatory of medicinal drug action, more especially in the dilute preparations, it now appears that the only tenable theory as to the *presistence of things*—that is the universe—and surely mankind is part.

Every medicinal drug embodies a distinctive force—energy—which can be transferred to other substances and by the law of semiology applied to the healing of the sick—that is to *restore* the correlation of forces—energies—*lost* in the sick.

In functional cases correlation established, health is *restored*, where pathological lesions exist, *consequent physiological action* heals the lesion.

The impression of the exact homœopathic prescription is psychological resulting in physiological change.

This indicates that the only medicinal action of a drug is its direct or primary action and that the more dilute the dose *that cures* the more stable the cure.

The purpose is to disabuse the mind of the mechanical theory of things, enlarge the scope of expectation in regard to drug action and lead to purer practice.—W. S. TALCOTT, M. D.

We are under obligations to Dr. Talcott for the comprehensive manner in which the above aphorisms have been expressed and take pleasure in using the same as a foundation for this editorial. It is claimed for the law of similars an universal application. This law has been expressed under the term of chemical affinity, vital force, energy and *dynamis*; but many physicians employ their remedies as though they thought the individual cells of the body depended upon the immediate presence of the medicine in actual contact before any remedial effect would or could be observed. They are willing to concede that every medicinal drug contains a distinctive *force* or *energy* and that every living cell is possessed of *its* distinctive *force* or *energy*, but insist that disease is brought about by the *presence* of bacteria, or ptomaines which must be destroyed either through the direct agency of germicides or the development of antagonizing germs through the agency of anti-toxins, or that the deterioration of tissue must be repaired by the use of such chemical food as is capable of supplying the cells with their essential constituents. All of which differ from the one theory given us by Hahnemann; for if there is one thing made emphatic in the teachings of this master of healing art, it

is that retention of ptomaines, the presence of bacteria, pathological changes in tissue &c., occupy the relation of *effect* to disease-cause and never that of *cause* for disease; for he says in foot note to section 31, the Organon, "it can be proved that diseases are *not* and *cannot be* mechanical or chemical alterations of the material substances of the body and are not dependent on a *material* morbid substance, but that they are merely *spiritual dynamic derangements of life.*" Disease, therefore, begins and ends with disturbance of the relation existing between the dynamis or life force and the organism over which it has control. That health is simply restoring harmonious relations between this life force and the organism over which it has control. Its restoration may be brought about by the simple removal of the exciting cause, provided, a condition of health existed prior to the recent disturbance.

The employment of remedial agents is called for where there existed a *predisposition* or *susceptibility* to disturbance in certain directions and the remedy or remedies will have completed their work when this *susceptibility has been overcome*, when such pathological lesions as are amenable to the benign influence of the normally directed vital force will be removed, not by the direct action of the remedial agent, but through the repairing influence of the normally restored vitality. It rests with the physician to so accurately study the phenomenon exhibited in the departure from health as to be able to select an agent capable of affecting the vital force in a manner *similar* to that of the previous disturbing influence, thereby establishing a closer relation between the dynamis or distinctive force of the drug and the dynamis or distinctive force controlling the organism than exists between the said vital force and the disturbing influence already dominating its action. It is important in this connection, that caution be employed in the selection of the remedial agent, in order that the new relationship existing between the dynamis of the drug and the vital force be not so great as to create a new but permanent perversion, instead of a temporary and thereby beneficial change. It is for this reason that Hahnemann admonishes us to err on the side of caution, and to give the least amount of medicine necessary to accomplish a given result. Under the mechanical theory of things, the tendency was to overwhelm this vital force by the excessive, and therefore unnecessary amount of drug force employed; but the natural trend of the scientific investigation of

the day, points toward that development of energy which enables the operator to more carefully gauge and thereby control the agents employed by him for the accomplishment of his specific work. The more definite the knowledge of cause and effect, the more accurate will be the adjustment of the same, and the consequent accomplishments of maximum results with the expenditure of minimum force.

NEWS ITEMS.

The Transactions of the International Hahnemannian Association are ready for distribution. Members desiring copies of this valuable work will see that their dues have been paid.

The Cook County Medical Society held a profitable meeting, Tuesday evening, Nov. 30, at the Clifton House. The following papers will show the nature of the work done. The Pathology of Bryonia, Dr. Duckett; Comparisons and Antidotes, Dr. King; Characteristics, Dr. Carder. Dr. T. S. Hoyne is President and W. B. Hunt, Secretary.

Dr. Annie Lowe Geddes, has moved from Glen Ridge to 69 Fullerton Avenue, Mont Clair, N. J.

Dr. E. M. Halliday, of Chicago, succeeds Drs. Waggoner in their practice at Larned, Kansas. The former patrons of Drs. Waggoner, by this arrangement, will not suffer from this change. Dr. Halliday is to be congratulated on securing so desirable a location.

There has been a gradual change taking place in the center of Medical Education. According to the latest statistics, Chicago ranks first in order with over 2,500 medical students; Philadelphia second, with over 2,300 students; New York shows a decrease in attendance from 1889 of almost 200, giving her the third place with 1,900 students; St. Louis ranks fourth, having passed Baltimore, Cincinnati and Louisville, and has about 1,400 students; Baltimore has 1,300 students and occupies the fifth place; Louisville occupies the sixth place, showing a decrease, having 950 students in attendance. The almost unlimited clinical facilities for Chicago with the brilliant array of medical talent found within the walls of its various colleges accounts for its wonderful growth in medical education.

Dr. S. L. Guild-Leggett, of Syracuse, N. Y., has returned from

her delightful vacation in Europe and as a result, we publish her interesting report of Central New York Society.

The Enchanted City.—Chicago had her "White City" and the Trans-Mississippi Exposition have christened their exposition as the "Enchanted City." Very elaborate preparations are being made in every direction and the indications point to an artistic grouping of the buildings, second only to that of the World's Fair.

Already the Local Committee on arrangements for the American Institute of Homœopathy are thoroughly organized and hard at work. At a banquet recently held, to which the physicians of Nebraska and Iowa were invited, it was determined to make this meeting surpass that of any preceding meeting, both in attendance and in the excellent character of the work performed. Already, plans are being laid for excursions to the Rocky Mountains, Black Hills, Yellowstone Park and other places of interest, which will prove drawing cards for physicians in all parts of this great country. The different chairmen of sub-committees are as follows: Excursions, Dr. H. A. Warley; Press and correspondence, Dr. D. A. Foot, Omaha; Halls and places of meeting, Dr. H. J. Quinby; Railroads, P. W. Connell; Hotels and Alumni banquets, Dr. C. H. McDowell; Receiving and locating guests, Dr. F. E. Teal; Information bureau, Dr. Martha Clark; Introductory exercises, Dr. J. E. Mann; Finances and exhibits, Dr. H. E. Hanchett. Dr. O. S. Wood is chairman of the local committee of arrangement, ably assisted by his secretary, Dr. D. A. Foot. The exact date of the meeting has not been settled, but probably will be sometime in June.

Every physician who uses electricity should send for a copy of *The Electro-Therapeutist*, a monthly journal devoted to electrotherapeutics for the general practitioner. Write the editor, Wm. F. Howe, Indianapolis, Ind., mentioning this journal and he will send you sample copies gratis.

In reply to Dr. D. Wishart's question in the October number of the *ADVOCATE*, with regard to the proving of *Hyssop*, I would say that the proving will be found under the head of "*Gratiola officinalis*," in *Hering's Guiding Symptoms*.

Fraternally,

Philadelphia, Nov. 11, '97.

C. CARLETON SMITH.

THE DOCTOR, THE PATIENT AND THE BACTERIOLOGIST. So far as city health boards are concerned, this is the day of the bacteriologist. To the laboratory is left the final test and conclusion in regard to the presence or absence of disease. The culture tube says the last word. It decides, for instance, whether or not a patient has diphtheria. It has to be consulted, and has to pronounce him cured before the board will disinfect premises and remove its warning placards from doors. If the bacteriologist was always right, if he had reached the culmination of knowledge and the ultimate limit of discovery, there would be no disputing his conclusion. But a good many physicians find that their clinical experience does not always agree with his testimony, and sometimes they are compelled to believe that he is at fault.

A New York physician, writing to *The Sun*, tells a story of experience frequent there and in other cities. He says that bureaucratic and official interference in cases of contagious and supposed contagious diseases is fast becoming intolerable, both to patients and to physicians. He says that in some cases proper diagnosis and treatment of cases have been discredited and patients have been declared to be sufferers from contagious diseases, when in reality their disorders were of other character and they were receiving proper attention from their physicians. He says that in undoubted cases of diphtheria it has sometimes happened that bacteriological examinations report negative results, and that, on the other hand, cultures from the throats of healthy persons have been reported as showing the presence of true diphtheria. In two cases in his own experience bacteriologists have reported as sufferers from consumption parents who in two weeks' time entirely recovered. "Similar experiences, which are by no means rare," he writes, "have led to a widespread skepticism and distrust of diagnosis resting entirely upon laboratory examination, and as this appears to be the crucial test upon which action of the Health Department is based, not a few physicians are reluctant to report mild or doubtful cases of contagious disease, in which interference of the health inspectors is dreaded by the family. When it is remembered that the smaller salaried positions of the Health Department are largely recruited from the ranks of recent graduates and unsuccessful practitioners, this assumption of authority, with not always courteous bearing, is at least unwarranted when opposed to the clinical experience and judgment of the family physician, who has watched the patient at the bedside."

Of course, there are some physicians who do not understand their business, but there are others who do, and who, in their treatment and observation of their patients, have better opportunity to decide what is the trouble than the men who examine secretions in laboratories. The evidence of the latter is invaluable for use in connection with other information about the condition and the symptoms of the patient and the history of his case. But it is not absolutely final and complete in itself. It ought to be a help in the discovery and the prevention of disease. It may readily be exalted too high when it is made a fetish.

Obituary.

Dr. Hugh Cameron, died in Killin, in Perthshire, Sept. 20. He was an intimate friend and student of Dr. Quin, the founder of homœopathy in England, and one of the eight charter members of the British Homœopathic Society. He became a licentiate in the College of Surgeons in Edinburgh in 1831. As a practitioner he was a strict Hahnemannian, taking notes of every case he saw, whether at his home or visiting, devoting much time every night to elaboration of the brief notes he had made during the day, carefully studying his cases and verifying the accuracy of his prescriptions by comparison with his *Materia Medica*. It is said that these notes would fill many volumes. His devotion to the principles of Homœopathy have been transmitted to his grandson, Dr. Hugh Cameron, who, after graduating from Old Hahnemann, of Philadelphia, continued his studies in the Post-graduate school of Philadelphia, and is now thoroughly and honorably identified with the latter institution.

Our Monthly Review.

The Uses of Aluminum. In reply to the query of practical men as to uses of this new metal, the manufacturers say that it is adapted to a thousand purposes for which strength and durability, combined with extreme lightness, are essential requirements. It serves, for example, as a sheathing of vessels. It will be remembered that on the American racing yacht *Defender* aluminum plates 12 feet long, 5-18 inch thick, and from 22 to 30 inches in width were used above the water line; these plates had a very slight alloy of copper. The serviceability of aluminum in salt water has not been fully tested. Owing to the action of alkalis on the pure metal, an alloy is required. Aluminum is also well fitted to serve as roofing material. Bulk for bulk, it is already as cheap as copper and cheaper than nickel or tin. It lends itself readily to the various processes of stamping or spinning. The greater part of last year's output was sold in sheet form. Aluminum has entered to a considerable extent into the manufacture of bicycles, having been successfully used for almost every part of the bicycle in which metal is employed at all. One company casts the entire frame of the machine of an aluminum alloy, and it is said that the strength of the frame thus made is only surpassed by that of the highest grade of nickel-steel frames. The various parts and fittings of bicycles are made from aluminum by several manufacturers, and many tons of the metal have been consumed in bicycle factories. Probably the most important use to which aluminum will be put, at least in the immediate future, will be for culinary and household utensils. Besides being very light, and hence far less cumbersome than any other metal of equal strength and durability now used in cookery, aluminum is practically incorrodible; Prof. Jamieson asserts that no food now known to man can affect this metal in the slightest degree. It is wholly free from every form of poison and it will not taint food. These are qualities that are possessed by neither iron, copper, tin, nor lead. Furthermore, it is a better conductor of heat than either of the other metals.—(From "Aluminum: A Newcomer Among the Metals," in *American Monthly Review of Reviews* for October.)

Chicago's Great Ditch. The city of Chicago is so remarkable in every way that we have ceased to view with surprise any undertaking which it may assume. After its White Wonder, risen like a dream from out of a bleak morass; after its thirty-story sky-scrappers floating on the unstable foundations of a bog, we can in no wise marvel that it should build a drainage sewer to carry a volume of water as large as the Ohio river, and costing \$30,000,000. But the import of the Chicago Drainage Canal has been obscured by its name. Few, besides engineers, realize that its unique contrivances, its monster machines and novel methods of construction, were to show this nation how it might be possible to build a canal which would carry a boat from New York, at the mouth of the Hudson, 2,000 miles inland, to the base of the Rocky Mountains. The canal is in reality a huge artificial river. Its functions as a sewage carrier promise to become as relatively unimportant to its larger use for the

urpose of navigation as the Mississippi at St. Louis or the rivers which wash Manhattan. Primarily it will be Chicago's harbor. It will be 28 miles long, and with a depth of 26 feet and a surface width of 800 feet it will admit any vessel which sails these inland seas. It is here that Chicago has exhibited a long foresight. The Federal Government has now practically completed the work of opening a 20-foot channel from the further end of Superior and of Michigan to Buffalo; but there are as yet no harbors on the lakes of similar draft. It is just this that the drainage canal will provide for Chicago, with an inevitable stimulus to its lake carrying trade. Already the Western metropolis is the greatest inland port in the world, and in point of tonnage the world's third port, inland or seaboard. The new harbor will be the finest and the largest on the lakes and afford unlimited water frontage and dock room. More than all this the canal must eventually form part of a broad channel from Lake Michigan to the Mississippi and the Gulf of Mexico. With an extension of 66 miles from the present terminus at Lockport it will carry navigation to the Illinois river and pour into the latter such a stream as will multiply its present volume sixteen times. It will make the river navigable to craft of fourteen feet draft from its junction with the canal to its mouth.—“From the Lakes to the Sea,” by Carl Snyder, in *American Monthly Review of Reviews* for November.

Critique. One by one medical magazines, who have won for themselves both reputation and position in the field of medical literature, have been led to exclaim: “What's in a name?” Little more than the letters that compose it. And have dropped everything which marks them as exponents of the law of similars. With the issue of October 15th the *Denver Journal of Homœopathy* disappeared from human eye and in its stead we receive the *Critique*. The previous issue of this journal contained some valuable expositions of the law of similars, but the first issue of the *Critique* contains but one article having any reference whatever to the subject for which the journal was published.

Medical Era. Members of the homœopathic staff of Cook County Hospital went before the Board of County Commissioners, presenting the following facts: At a recent meeting of the Commissioners of Cook County, a mortality rate in the homœopathic wards in the Cook County Hospital is three per cent less than in the wards where the patients received allopathic or electric treatment. The figures were made up after an examination of the Hospital records covering a period of five years and the treatment of fifty thousand cases. The superior results of the homœopathic treatment if the entire number of patients received the benefit of it would be equivalent to the saving of three hundred lives per year and in the five year period, fifteen hundred lives. In the treatment of tetanus, pneumonia and typhoid the homœopaths have always had a record better than that following any other treatment. On the showing an appeal was made for an increased percentage of the patients. When the matter was presented one of the commissioners exclaimed: “By gad, sir, they ought to have it all.” But at the present time we know of no change in the percentage of cases allotted to the homœopathic hospital staff.

SHREWD BUSINESS TACT. A physician in attendance at one of our western societies was handed the following dispatch: “Baby has swallowed three quarters of the pills from bottle that you left. Come at once or wire what to do.” The doctor was equal to the emergency and wired immediately: “Give

baby one drop camphor on small lump sugar every two hours till midnight. No harm will follow." The people were satisfied and no perceptible harm done.

Medical Arena. FRATERNITY THE WATCHWORD. Secretary H. Z. Gill, of the State Board of Health, recently called a joint meeting of the three societies for the purpose of establishing a more fraternal spirit and thereby securing much desired legislation. This meeting was informal and resulted in the calling of a regular meeting for the first Wednesday evening in May next when the following papers will be read and discussed: "Medical Legislation," "Medical Supervision," and "The Relation of Disease to Crime." Drs. Hutchinson, Ryder, Menninger, Lowry and Jenney represented the homœopathic society at this preliminary meeting.

DR. A. CUVIER JONES SECURES A LICENSE. Early in October the Arizona Territorial Board of Examiners held a meeting in Phoenix and examined five candidates. All were rejected except Dr. Jones, who lately located in Tucson. This speaks well for the doctor, a representative of homœopathy. We trust the climate of Arizona will serve to build up his shattered constitution.

Minneapolis Homœopathic Magazine. YELLOW FEVER. DR. R. B. Leach, the man from Texas of *Arsenization* fame, has long been an advocate of the preventive treatment of general epidemic diseases and in the November number has an interesting article on yellow fever. In this he compares the case of reasoning employed by the two schools in their treatment and says in our research of the method employed in the two schools in their treatment of this fever, the old school pays particular attention to the probable and possible causes, studying the patient after he has ceased to be a patient, that is after he is dead, so that while he is replete with pathological life and priori reasoning he is a little short in treatment and the homœopathist laying greater stress on the *modus operandi* of his alleged curative as found in the provings, naturally makes more headway in eradicating the effect, but in doing so curtails his speculations as to the probable cause. This is one reason why few homœopaths have studied preventive medicine as persistently as their allopathic colleagues, although the law of similars is exemplified in the prophylactic effects of vaccine virus against smallpox and *belladonna* against scarlet fever. The course of yellow fever is rapid and lasts from three to ten days, consists of three distinct stages, which may be described as follows: Febrile stage—Fever high, ranging from 103 to 107 degrees Fahrenheit, preceded or not by a chill, with extremely severe pains in the occipital region, in the back and limbs. Restlessness and malaise, accompanied many times with fear of death, vomiting; suffused countenance, sleeplessness or stupor. Delirium, sometimes violent or muttering. Skin hot and dry. These point to *aconite*, *veratrum ver.*, *camphor*, *belladonna* or *bryonia*, and abundance of water by mouth and per rectum. Second stage very dangerous, because with the disappearance of fever there is a craving for all sorts of food, which must be absolutely prohibited, because following this our patient passes into a stage of vomiting, with severe epigastric pains with tenderness of pressure over the liver. The vomit is usually of a black or coffee ground character indicating disintegration of tissues; this may be followed by vomiting of blood, with black stools, and black blood oozing from the gums, eyes, ears, nose, uterus, vagina, or rectum with a complete suppression of the urine. Such symptoms, or a part of them, soon indicate *arseni-*

cumi, kreosote, lachesis, crotalus, carbo veg., phosphorus, rhus tox., baptisia, etc. In this stage the persistent use of copious *enemata* is to be recommended, unless the trouble be arrested. The stage of collapse which follows resembles that of asiatic cholera, and here we find *arsenicum, secale cor., hydrocyanic acid* to be the simillimum. As a prophylactic, *sulphur* is very frequently indicated.

Calcutta Journal of Medicine. *Lycopus virginicus*, so far as we have been able to ascertain, has not yet been used in our school for bowel complaint as such, although the Electics use it for both diarrhoea and dysentery. The following symptoms suggest some valued indications for this remedy:

Constipation.—Constipation after papaceous or watery stools.

Fæces hard, dark, scanty, passed with straining and consequent bleeding.

Constipation succeeded by softer and freer motions, of peculiar shining yellowish brown.

Diarrhoea.—Increased action of bowels; could have had a passage any time of day, but had perfect control of sphincter ani.

Motions loose, light in color.

Watery stools. Stools slimy, peculiarly dark shining brown, offensive, gushing out.

First part of each motion being solid and natural, second part slimy, peculiar shining brown, but much less offensive.

Stools shiny, peculiar grayish brown, as if mixed with ashes.

Motion slimy, of a shiny yellow color, offensive.

During past few days fæces partly solid and natural passed with much straining, partly soft, of peculiar shining brown, passed freely. (26th day).

During Stool.—Straining (hard stool). Gushing out.

Rectum and Anus.—Bleeding from hæmorrhoids which came on from constipation.

General Symptoms.—Difficulty in concentrating attention and thought. Giddiness with tendency to stagger. Frontal headache.

Eye full, painful, and pressing outwards. Constant pressure in eyes and front head. Painful pressure in eye balls.

Tendency to toothache, first in right molars, then transferred to left. Sharp pain in right lower molars, passing to right temple, then to left lower molars then to left temple, then returning to right lower molars, then settling in lions, with frontal oppression.

Burning in palate. Pain in pharynx increased by deglutition.

Persistent nausea, rising from back of fauces, relieved by eructations, which taste of tea and drug, succeeded by persistent giddiness while sitting, with staggering to right on walking. Nausea, with faintness, when walking in open air, not relieved by eating.

A circumscribed pain and compression in epigastric region. Stitch like pain in stomach, causing an exclamation. Throbbing pain in cardia.

Tenderness in left hypochondrium. Dragging pain in spleen. Rumbling of bowels with colic. Excessive flatulence. Tenderness in abdomen. Continuous aching along inguinal canal.

Tenderness in bladder. Dull pain in left lumbar region. Bladder feels distended when empty. Urine deposits excess of mucus. Diminished sp. gr. coming down so low as 1004.

Acute pains in testicles, first left, then right; recurring and lasting the whole evening, with aching in inguinal canals. Sharp darting pains through left testicle (epididymis) several times repeated, passing to right testicle, leaving dull aching.

Constriction of larynx, with return of giddiness. Sighing and yawning. Oppressed respiration, with sighing. Dyspnoea as from bronchial cold.

Constricting pain and tenderness around heart. Beats of heart more distinct on right side of sternum. Cardiac depression, with dull heavy beating. On waking frequent intermissions, and labored cardiac action. Cardiac distress most marked at apex. Palpitation on slight exertion. Pulse irregular and intermittent, especially when lying, quickened at each inspiration. Heart's sounds indistinct, systole running into diastole.

Unsteadiness of hands, rendering writing somewhat difficult. Left lower limb feels full *one half* inch shorter than the other, and the foot sounds on the sidewalk as if this was positively the case.

Night very restless, sleep full of troublesome dreams.

Increased mental and physical activity; ready for any amount of work. General debility, especially on walking. Rheumatoid pains, erratic, but returning to original location.

Prickings as if bitten by insects. Troublesome urticaria.

PLAGUE IN BOMBAY. A summary of the observations of the various scientific commission makes it evident that there are at least three forms, if not four, of this plague:

1. The "bubonic" form. This was most frequent, and was characterized by great enlargement of lymphatic glands.

2. The "septicæmic" form, characterized by the absence of any obvious enlargement of lymphatic glands and by the presence of high fever, delirium, and early collapse (German Commission).

3. The "pneumonic" form, in which there was no obvious enlargement of the lymphatic glands, but in which the symptoms of broncho-pneumonia were present (Childe).

4. The 'intestinal' form? Only one case of this possible form was brought to our notice, but symptoms were so characteristically intestinal that it is possible that further observations will show that it belongs to a separate class. Briefly, the case was that of an European, whose illness began suddenly with fever—frontal headache—sleeplessness and delirium. The tongue was furred, gurgling and tenderness in the right iliac fossa were present, and several ochre-colored diarrhœic motions were passed in the twenty-four hours. Tympanites set in, and the case progressed to a rapidly fatal issue. Prior to death buboes appeared in both inguinal regions.

Pacific Coast Journal. Dr. N. B. Campbell presented an interesting article on ALCOHOLISM AND INSANITY. He says from a sociological as well as from a psychological standpoint that heredity in alcoholic insanity is of unusual interest and importance. The influence of heredity in alcoholism was the subject of a successful prize essay which was read by M. Paul Sollier at a late session of the Medico-Psychological Society of France, wherein he laid down the following classifications: "First, Dysmaniacs are heredity drunkard, who are not always intoxicated. Second, Acquired drunkards, non heredity

who are always intoxicated. Third, Heredity drunkards who are always intoxicated." In these classifications he shows that alcohol is more baneful to the hereditary classes than those in whom it is acquired. Le Grain states that, first, cerebral inferiority, the direct cause of the excess in strong drink has its origin almost always in heredity, that is excessive drinkers are degenerates; second, alcohol is one of the most powerful causes of mental degeneration, that is, the sons of inebriates are degenerates. Symptoms of alcoholic insanity are manifested by a train of degenerative derangements susceptible of wide variations, simulating parietic dementia, in some respects, with which it is frequently confounded when the motor changes in alcoholism are prominent. The differentiation is as follows: In the alcohol dementia, headache is frequent and the pupils usually dilated. There are illusions and active hallucinations. Sleep is disturbed and often absent for prolonged periods. In parietic dementia there is generally no headache, pupils contracted and often unequal. The understanding is weak and the perception and conception are greatly impaired. The alcoholic has ideas of persecution, is depressed and has a tendency to suicide. The parietic has ideas of grandeur, self importance, great wealth and power or expansive delusions. In alcoholism there is a marked enfeeblement of the inferior limbs, which is usually equal on both sides. The hands and arms tremble which symptom is worse in the morning. The parietic has fibrillary twitchings, and tremors, but not marked trembling, while the incoordination of the superior extremities frequently exists.

Dr. Florence N. Ward in speaking of the CLINICAL ADVANTAGES ABROAD says, that it is important that the student concentrate his investigations upon one line of work getting thoroughly saturated with the atmosphere of each good worker in that branch, clearly assimilating each days work, at the end of the trip there is a vivid impression, clear and unshaken and the power to speak with authority upon one branch at least. It is necessary to plan your trip, so as to meet the flood of work in each section. In Germany the months of March and October are the most favorable, the length of each course is four weeks and the fee averages about \$10. In Paris the work begins in November and subsides during the holidays, becoming active again in January. Short vacations of three or four months are better than longer for two reasons: first, after seeing others work for any length of time gradually the keen zest diminishes and the power of assimilation becomes impaired prolonged just as sight seeing after a time ceases to be a pleasure and becomes a bore. Paris is unfortunate in some respects for clinical study, though the clinical material is very great, the number of physicians who frequent the hospitals are very great, because the medical instruction is free and open to all. The Parisian hospitals are situated far from each other and as the operations take place throughout the city at the same hour one day has to be given to each operator. On the contrary, Berlin as many as four or five surgeons may be seen in a day, some beginning at seven in the morning, engagements follow rapidly until well into the afternoon and each professor is at his place promptly at the appointed time. In England the spirit of conservatism is very marked. In Germany we find the finest work and most perfect asepsis and the finished technique and the careful attention to detail are the chief characteristics.

JAUNDICE. Dr. J. M. Selfridge reports the following case. W. T., tall, not fleshy man, age 69. Was under the care of an allopathic physician for six weeks,

who had done everything in his power to start the bile, but had failed. Patient had become very weak, had not strength enough to sit. Conjunctive were yellow, the skin a light bronze, urine color of light coffee and stools were clay colored and like pipe stems. The liver enlarged with some tenderness on pressure. Complete loss of appetite. Everything taken into his stomach was vomited in about half an hour. Was cheerful but his mind was sluggish and his sleep disturbed by horrible dreams. Proosphorus cc in water teaspoonful every two hours. No improvement on next day except that he did not vomit so frequently. Further examination gave evidence of mercurialization and it was found that the doctor had been given him calomel in small doses for a week. The vomiting was entirely relieved on the second day, but his gums were not only red, swollen and spongy, with fetor of breath, but the saliva was flowing freely. The doctor here gives nitric acid 6x every three hours for sixteen days when in all probability a single dose of *mercury dulc.* would have eliminated all evidences of mercurialization allowing the previous indications for phosphorus to have called for that curative agent.

North American Journal of Homœopathy. MASTURBATION AND INSANITY. Dr. Kellogg in his recent work on mental diseases says, that not one case of insanity in one hundred can be attributed solely to self abuse and only half of all the insane during some of their insanity masturbate. That if masturbation caused insanity, the whole race would long since have passed in a state of mental degeneration. For the practice is equally prevalent in both sexes, women being more secretive in the habit than men. While it is true that masturbation may in a very small percentage of cases induce insanity, it will be especially noted that the constitution in these cases was impaired before the habit of self abuse had been acquired. The most injurious effects of the practice is along the lines of the moral development of character because physically it is less exhausting on the brain centers than sexual excess of the normal sort. Self abuse favors spinal disease, while natural sexual indulgence leads directly to cortical degeneration of the brain.

CICUTA VIROSA CC IN ACUTE MENINGITIS. Dr. Henry Von Musits, presents the following verifications. J. N. R. aet 43, male, married, bookkeeper, a user of tobacco. After the intense summer heat, convulsion, distortion of limbs, head turned backward, trismus, froth from the mouth, biting his tongue, oppression of breathing, entire loss of consciousness and power of swallowing. Convulsions following by complete exhaustion. Stupor, swelling of face, inability to move tongue.

OPIUM 1M IN ATELECTASIS. F. E., aet 4 weeks, male child of healthy parents. Patient lies in a motionless position on back. Is very irritable when aroused, but soon falls back into a comatose state. Eyes half open, arrest of breathing for some time changing to anxious respiration with great heaving of the chest. Eyelids and wings of nose livid. Constipation. Pulse very weak. *Opium* 1m three doses per day, cured in eight days.

ANTIMONIUM CRUDUM IN BRONCHO PNEUMONIA. Child aet 1^o months. Temperature 103 $\frac{3}{4}$. Sounds could be heard all over the chest. Very cross and irritable, but would not sleep unless rocked. Cannot bear to be looked at. Improvement immediate. Dr. H. K. Leonard.

The Hahnemannian Advocate

A MONTHLY HOMŒOPATHIC MAGAZINE.

Vol. XXXVI

CHICAGO, DECEMBER 15, 1897.

No. 12

Materia Medica.

SCUTELLARIA LATERIFLORA.

Nat. Ord. Labiatae.

(COMMON NAME, MAD DOG SKULL CAP)

GEO. ROYAL, M. D., DES MOINES, IOWA.

Professor Materia Medica, Iowa State University.

This remedy acts upon the nervous system, sensorium, kidneys, liver and intestinal canal. In making up the schema we have added the proving found in Cyclopædia of Drug Pathogenesis to those of the nine provers whose day-books appear in the foregoing pages.

No symptom has been recorded unless experienced by two provers. When experienced by two provers and not often repeated, the symptom is recorded in common type. When often repeated in two provings is found in italics. When often repeated in three provings or found in four or more, the symptoms appear in black type.

MIND.—**Inability to study or fix the attention on one's work.**
Confusion of mind. Apathy. Irritability.

HEAD.—**A full or throbbing sensation in head; a dull, heavy headache, mostly in the forehead and temples.** Sharp shooting pain in the head. Pain in the occiput. Headache relieved in the open air. Headache relieved by eating. Headache aggravated by motion.

EYES.—*Aching in the eyeballs.* Eyeballs painful to touch. Eyeballs feel too large.

FACE.—Flushed.

MOUTH.—*Bad taste; sour; bitter.*

THROAT.—Sensation of a lump in throat which could not be swallowed.

STOMACH.—**Nausea. Sour eructations.** *Poor appetite.* Vomiting of sour ingesta, hiccoughs, pain and distress in stomach.

ABDOMEN.—**Gas in bowels.** *Colicky pain in abdomen. Fullness or distension of abdomen. Uneasiness in abdomen. Pain in the abdomen.*

STOOLS.—**Diarrhoea.** *Light colored. Stools preceded by colicky pain in abdomen.*

URINARY ORGANS.—**Quantity of urine diminished. Biliary salts increased.** *Frequent micturition but quantity small.*

CHEST.—*Pain in chest.*

HEART AND PULSE—**Pulse rate irregular.**

BACK.—*Pain in back.*

UPPER EXTREMITIES.—*Sharp stinging pains. Aching.*

LOWER EXTREMITIES—**Weakness. Aching. Uneasiness.**

SLEEP.—**Restless. Unrefreshing. Disturbed.**

GENERAL SYMPTOMS.—**Restlessness. Tired, weak feeling. Uneasiness. Languor.**

The remedy seems most suitable to persons of a nervo bilious temperament. All the symptoms seem to be aggravated by work or excitement and ameliorated by sleep.

RELATIONSHIP OF REMEDIES—BENNINGHAUSEN'S SCHEME.

The following will so perfectly voice the experience of many readers of the *ADVOCATE*, the place is given to the inquiry with the hope that it bring out the results of other investigators. When the testimony has all been presented, the question will then be summed up in an editorial. Will the readers of this article consider this a personal invitation to send in their contributions at an early date.—ED.

In an editorial in the last number of the *ADVOCATE*, you touch upon the relationship of remedies. I have studied, re-studied, and studied again Benninghausen's "Relationship in Remedies," in the volumes of his *Therapeutic Pocketbook*, and I am about as far from understanding that part of the book as I ever was. Can you help me out? For instance under *Aconite*, it is given as follows:

ACONITUM.

Mind:	CANNABI.	BAPTIS.	<i>Anac.</i>	Bry.
Localities:	APIS.	AESC.	<i>All. c.</i>	Apoc. c.
Sensations:	BELL.	APIS.	<i>Aesc.</i>	Arum T.
Glands:		BELL.	<i>Sul.</i>	Bry.
Bones:		MERC.	<i>Bell.</i>	Calc. c.
Skin:	MERC.	APIS.	<i>Ars.</i>	An. c.
Sleep:		BRY.	<i>Ars.</i>	Anac.
Blood:	BRY.	BELL.	<i>Ars.</i>	Arg. n.
Aggrav:	BRY.	LYC.	<i>Apis.</i>	Aesc.
Other Rem:	BELL.	APIS.	<i>Cact.</i>	Aesc.

Will you kindly tell me, as regards this scheme, what you mean when you say we should, "in the treatment of chronic diseases, showing natural tendency toward one of the tissue remedies, (complicated by a mass of symptoms incompatible with the primary disturbance) customarily begin with this basic remedy and carefully outline the relationship existing between it and other remedies according to the Benninghausen scheme; then to make the record obtained from the patient show the relationship between the different disturbances, so that it might be compared with that of the aforesaid scheme." Will you please explain your meaning, and will you please explain the Benninghausen's scheme of relationship of remedies as you understand it?

W. W. GLEASON, Attleboro, Mass.

Society of Homœopathsicians.

THIRD DAY—MORNING SESSION—THURSDAY, JUNE 24, 10:00 A. M.

BUREAU OF CLINICAL MEDICINE.

OLIN M. DRAKE, M. D., CHAIRMAN.

NOCTURNAL ENURESIS. A VERIFICATION OF ASPARAGUS.

EDMUND CARLETON, M. D., NEW YORK, N. Y.

A case of nocturnal enuresis is sometimes encountered, that gives the attending physician much annoyance before it can be conquered. Harsh measures are of no avail. Attention should always be given to food, drink and habits. The cool, salt bath sometimes favors the drug that is similar to the malady, shortening the time that would otherwise be required to effect a cure. Some cases persist until circumcision has been performed and then get well promptly. This fact I have demonstrated in the practice of a number of careful Hahnemannian prescribers. A knowledge of the reflex influence upon the bladder that may be produced by a tight prepuce, has led to unwarranted operations. It is to be feared that unworthy motives have sometimes had influence in deciding this step; for the natural greed of man is seen even in the medical profession, and some physicians are incompetent, or lazy, or cowardly when it comes to selecting the right remedy and sticking to it in the face of a clamoring household and the lapse of time. Certain it is that amputation of the prepuce has been resorted to in many cases among Gentiles, where no malformation existed, and without influencing in the slightest degree the urinary difficulty.

The following case was very perplexing to me; and as it was finally cured with a medicine not often employed, you may care to listen to a brief statement of details.

Max M., ten years old, had a very careful mother, who regulated his meals with care, did not allow much of liquids to be im-

bibed late in the day or in the evening, kept his skin active, clothed him properly and had him taken out of bed to urinate before she retired to sleep herself. Notwithstanding all this, the bed was usually found in the morning to be drenched. The urine was rather high colored and had a rank odor. This odor was peculiar and described in different ways. I studied the meagre symptoms—for the boy seemed well otherwise—carefully; and thought each time I made a hit, when prescribing *Benzoic acid*, *Calcarea*, *Cina* and other remedies; but the result was palliation only, show a faulty selection. A feeling of self-disgust gradually came upon me. No malformation could be found. To my amazement the family stuck to me. At length the mother sent this word: “*Doctor, it smells like cat's urine.*”

How quickly the books came down from my shelves, is left for you to imagine. I could find but one remedy in the repertory that had urine smelling like cat's urine, and that was asparagus. In Hering's Guiding Symptoms, these symptoms of Asparagus were found to correspond to those of the boy: “increased urine, beer-brown, without sediment; urine of a peculiar odor; urine of an unpleasant odor. Second day, urging to urinate—urine of strong smell; urine smells like cat's urine.”

Asparagus two hundredth, a powder every night until relieved, wrought a speedy cure.

ADDENDUM.—In writing to acknowledge receipt of my paper, the excellent chairman of our committee called my attention to the following: “The symptom, urine smells like cat's urine, is found under *aspar.*, *borax* (according to Jahr & Possart), *cajuputum* and *jacea* or *viola tricolor.*” That led me to inspect the books once more, with this result:

Unfortunately, my copy of Jahr & Possart makes no mention of the symptom. Hering's Guiding Symptoms do not give it under borax; cajuputum is not in print; and jacea reads thus: “urine offensive, smelling like cat's urine; very turbid.” (My patient's urine was not turbid.) Allen's Encyclopædia does not have the symptom under borax; cajuputum reads as follows, “urine dark-red, and smells like that of cat's (after eighteen hours) (my patient's urine did not wait eighteen hours or fraction thereof); and *jacea*, under the name of *viola tricolor*, is the same as in Hering.

I am disposed to let asparagus have the right of way. E. C.

CLINICAL CASES.

J. R. HAYNES, M. D., INDIANAPOLIS, IND.

Case I. On March 2, 1895, Mr. B. called upon me wishing me to send his mother in-law some medicine; saying she had been sick for the past ten years, that she had been in the hands of every doctor in the vicinity, and among them were two Homœopaths (?). They had, all of them, given her up and said that she could live but a few days at farthest; they had given her every thing that could be imagined, but what, he had no idea, except quinine, which she had swallowed by the ounce; her skin was as yellow as it could be, she had a chill every morning about half past seven, which would last up to twelve or one o'clock, when a violent fever would set in and last until six or seven o'clock, followed by a drenching sweating which would drench her bed and clothing, so that every thing would have to be changed; as soon as the sweating was over then another chill would begin, so that there would be no apyrexia; there was a severe itching of the skin all over from head to foot from which she could get no relief, this condition had lasted week after week and she was reduced to skin (if you could call it skin) and bones; she could take no nourishment, for as soon as she took anything into her stomach, it would give her such violent pains, unless she could throw it up again; that it took the entire time of his wife to attend to her, she was so weak that she could not get off from the bed alone, and must have help to turn over in bed. He could give no further particulars; said that his wife would be over in a few days when she could tell me more as she was with her nearly all of the time. I sent her *China* ^{cc}, one powder to be dissolved in half of glass of water and one teaspoonful given every two hours, and, as there was no apyrexia to give it during the whole day; to tell his wife to be very careful and notice every thing connected with her case so as to tell me when she came over.

On the 10th she came, but could give me but little that would help out the case; she thought that the chill was a little lighter and the fever was about the same, the sweating and itching was just as bad as it was before. The skin was a real bronze yellow and if rubbed it did not relieve the itching, but caused a severe burning, that just made her wild; was somewhat thirsty, but cold water aggravated the chill so she gave her warm drinks, said her

stomach was in a fearful condition, she wanted something to eat but soon after eating a very small quantity, it would give such severe pains that she was afraid to eat anything. The pain in the stomach would pass down into the bowels, and a small evacuation would take place with great straining, but would get some ease for a short time when it would come back again; urine was scant and dark brown; was cross and hard to please in anything; she was very restless, aching all over during the whole paroxysm. The perspiration had a musty smell, and her night clothes had to be changed nearly every night. She says, "Doctor, she is my mother, she is everything to me, I am willing to make any sacrifice to have her cured, and I want you to do your best to give her back to me." I sent her *Nux vom.* ^{1m}, to be taken as before; I told her to get some whole wheat flour and make a nice loaf of bread from it, just as she would white flour, and when one day old to cut off a slice, put it in the stove oven and brown it; get a nice piece of beef and boil it thoroughly, turn off the soup, slightly salt it, crumb the bread into it while hot and as soon as cool enough, give it to her in small quantities at a time.

On the 21st she wrote me that she had followed my directions, that her mother was much better after eating the soup and bread, but was beginning to want something else, was stronger; the chills, fever and sweating was some better, but the itching was just as bad as ever; had taken a severe cold, nose stuffed up, coughing very hard and sneezing; cough coming on in paroxysms, had to sit up in bed when coughing; was better natured; was sorry she had taken such a cold; had been as careful as she could; sent her *Merc.* ^{1m} to be taken as before when awake, but if asleep not to disturb her.

March 29, wrote, mother is much better of her cold, her chill is lighter and fever less, does not sweat so much; but that dreadful itching just *drives her wild*, her skin looks as if it was clearing up; after scratching it smarts and burns like fire, and in a few minutes the itching is as bad as ever, she can get no ease whatever. Sent her *Rhus tox* ^{1m} to be taken as before; which was one *grand* mistake, as it did her not the least particle of good.

On April 6, she wrote the itching is just as bad as when I wrote before; the chill, fever and sweating is just the same as it was; she will start up in her sleep, says she can't breathe, but it will pass off after awhile; if she goes to sleep again the same will occur several times during the night. I sent her *Lachesis* ^{1m}

to be given the same as before when awake, but not to disturb her if asleep.

April 22, is decidedly better in every way, does not itch but little, has missed her chill for two days; is up and about the house; wants butter milk, which she can have and any plain food that she may crave. *Sac lac* as before.

May 28, she wrote, her mother had dizzy spells if she attempted to stoop down, would think that she was going to pitch head long on the floor; could not lie down unless her head was propped up high; if lying with her head low she would smother up so she could not breathe; urine was scant and high colored, otherwise seemed to be doing just as well as she could. Sent *Bryonia*^{1m} as before.

June 6, she wrote that her mother could lie down as well as ever, her appetite was good, had no trouble with her stomach; the chills, fever and sweating had disappeared; she slept well; urine was very scant, but her face was puffed up and her feet and legs were badly swollen, would go down during the night, but were as bad as ever as soon as she got up; her feet and legs felt cold, numb and lifeless, so clumsy that she could hardly walk without assistance. Sent *Apis*^{1m} as before when awake, but if asleep not to be disturbed.

July 10, she wrote that her mother was much better. Her feet were very little swollen yet, she was picking up nicely, was flying about like a young girl again; that she was so thankful for what you have done for her, she was so well. Sent *Apis*^{cm} as before. The next that I heard she was entirely well, and has remained so since.

Case II. On the 18th of March, 1896, the same son-in-law sent for me to see him, he had been laid up for several days in bed with rheumatism. He had some medicine that some Homœopath (?) had given him for his rheumatic troubles; he had been taking it, but as he got worse instead of better, he sent for me. He did not know what he had been taking. He was traveling for a house in the city and did not want to lose the time or job. On some of his trips he exposed himself when heated up to cold drafts, when his old friend made its appearance in earnest. His fore arms, hands, lower portion of the thighs, knees, legs and feet were badly swollen and tender to touch, greatly aggravated by motion, but slightly flushed; tongue heavily coated white, showed the imprints of the teeth; clammy, sticky taste in the mouth, some

thirst, but water made him sick and tasted badly; dizzy through the forehead, aggravated by motion, pulse 84, temperature normal, urine scanty, brown color with a strong odor; the dead, heavy aching in the limbs made him very restless, could get no sleep, a little cross and very blue. *Bryonia*^{cm} in half glass of water, one teaspoonful every two hours.

March 19 a. m. The first salutation was, you have given me *Bryonia*, I neglected to tell you that I could not take *Bryonia*, after taking a few doses I stopped taking it, as it made me much worse; every symptom in his case was greatly aggravated, his legs, feet, arms and hands were more swollen and the aching and restlessness was increased, said he did not get a particle of sleep until after day light when he dozed a little, but it did him no good. *Sac lac* in water as before.

March 20, slept considerable, felt better, wife came to take care of him, which made it all right.

March 21, still improving. *Sac lac* as before.

March 22, was up in a big chair with a blanket wrapped around him; could walk some around the room. *Sac lac* as before.

March 23, was up and dressed, soreness and swelling nearly gone. *Sac lac*.

March 24, been out on the street, says that beats everything; it has always taken me from six to eight weeks to get out, I have always had this trouble ever since I was a boy ten years old. Went to work at the store instead of traveling; some days after he came and said that the bottoms of his feet were very sore; it was his old complaint, the soreness would run up the ankles and hurt him so that he could hardly walk, or stand on his feet. A few doses of *Fagopyrum* cured it up. He had no rheumatic attack the past spring or since it was relieved in 1896, says he is very happy to escape the trouble.

DISCUSSION.

Dr. Sawyer—It seems to me that Brother Haynes here has unconsciously practiced the highest possible Homœopathy. It seems that his patient knew the effect of the crude *Bryonia* by former experience. Very likely his patient was suffering from the effects of that same *Bryonia*, hence, his high potency of *Bryonia*, other symptoms not contra-indicating, was the scientific prescription founded on the bed rock principles taught by Samuel Hahnemann, and explains to my mind the brilliancy of his

success at the first round. Again, we all know that the eaters of buckwheat, if there is a susceptibility, had probably been repeatedly poisoned with it, hence the success of the high potency in clearing up the case. It will explain a great many other brilliant successes. How about the first case. It seems to me that Brother Haynes reeled around pretty badly on that case. There was clearly a history and confirming of symptoms of *Cinchona*, and I want to remind you that every single remedy that he gave there from first to last are palliatives for that *Cinchona*, or what some call antidotes. Now I have no shade of doubt if he had given a very high potency of quinine and came at the thing straight and direct, he would have hit the centre, and would not have had to dodge around over all these remedies to have palliated his case until he got it on foot again. Even his toast which was roasted in the oven, and undoubtedly brown more or less; the *Carbo. Veg.*, crude as it is, is one of the palliatives or so-called antidotes to quinine.

Dr. Kimball—I cannot agree with Dr. Sawyer. In the last case the patient said he had this trouble since he was ten years old. We do not know that he had always taken *Bryonia* but, he was evidently susceptible to its action. *Bryonia* symptoms at this time were present and Dr. Haynes was perfectly justified in giving *Bryonia* for *Bryonia* symptoms.

I have eaten buckwheat cakes for a number of years and my feet are not sore yet. If they were sore and the symptoms were covered by buckwheat, the remedy would be buckwheat, because the symptoms indicated it, not because I had eaten it.

Dr. Kennedy—Do I understand that Dr. Haynes gave *China Officinalis*, and not *China Sulph*?

Dr. Kimball—Yes.

Dr. Thurston—In Dr. Hayne's second case, why was the man given *Bryonia* in the first place? Because he was sick. Why did the *Bryonia* produce such an aggravation? Because the sick condition called for *Bryonia* principle, but it was given in an unsuitable potency, and made the patient worse. When that remedy was subsequently given by Dr. Haynes, it was upon a higher plane, and corresponded to the plane of the disease. The patient was cured, because the remedy fulfilled the condition of the susceptibility. The lower potencies of *Bryonia*, were only partially similar, enough to aggravate but not to cure. The remedy made him worse by reason of its unsuitableness in potency, but

when the remedy was raised to a corresponding plane of the disease, it became the simillimum, satisfied the susceptibility, and the man got well.

Dr. Sawyer—Brother Thurston calls attention to the fact that the low potency in the first place had not been on a proper plane, and was a mistake as demonstrated by the aggravation. We had the same aggravation with the cm. The logical deduction from that is, that that was also a mistake, because he had been made worse. If that is your guide, the fact of the story is, as it presents itself to my mind, that the *Bryonia* was selected when the low potency was given, that it had obliterated the disease for which the low potency had been administered, but had left in its place the drug miasm which was removed by an extremely high potency. Why do I think so? I have had a great many cases where the correct remedy had been administered by the allopath in the crude dose, many times repeated. The patient seemed to be uncured, because he had the same symptoms present for which the Allopathic brother had prescribed; on administering an extremely high potency, as the crude medicine had been applied, the patient was well. Why? Because I had given her a different remedy? Not at all, I had removed the sickness the man really had, which was not the original sickness at all, but the drug malady in its place.

Dr. Thurston—It was not the *aggravation* that made the cure. The patient was made worse by both potencies. But what was the result? Under the lower potencies the patient continued sick, but after the administration of the higher potency the man recovered. That is just the difference. The sick condition requires the simillimum of potency, as well as the simillimum of remedy. The plane of force demands it.

Potentization cannot change the *nature* of a drug, otherwise its individuality, or a genius would be changed. It only raises its plane of action, and enlarges its sphere of activity. When a drug by potentization corresponds to the plane of the disease, it destroys the so-called susceptibility of the organism to the sick making morbid and drug forces.

Dr. Sawyer—I am sorry to hear a champion of Hahnemann on this floor disputing Hahnemann point blank. Hahnemann when speaking of the product of *Psora* said, that when highly potentized, it is so changed in its nature, that it becomes the simillimum. That is what the master says. While it is true

that the low potency or the crude contain all the elements dynamic and otherwise, within it that can ever be developed, they are figuratively speaking, asleep. When highly potentized they are very wide awake, and attend strictly to business when properly applied. It seems to me that this question as to whether a high potency is the simillimum for a lower dynamis of the same, could be settled by a few chosen experiments. If I have ever seen anything or know anything about the action of Homœopathic remedies, I have seen the higher dynamis remove the lower thousands of times, and I have never seen it fail. I could relate cases here without end. A case of epithelioma of the tongue for instance which was breaking down, where chlorate of potash had been outrageously abused in the crude, closed up with one single dose of chlorate of potash in the 100,000th potency in six weeks.

Dr. Kimball—Were any of the symptoms of chlorate of potash present?

Dr. Sawyer—They were not marked. It was an experiment.

Dr. Kimball—How could it have effected the condition of the tongue if it were not homeopathically indicated, and how could it have been indicated if the symptoms were not present, or have cured if it was not indicated?

Dr. Sawyer—It could not have cured unless it was indicated, and there certainly must have been symptoms that did indicate it, and there were, and *chief among those symptoms was the fact that it had been abused in the crude.* There were some other symptoms, but I cannot recall them, but there were also symptoms calling for other drugs, if you reckon them by number, especially, that would have led up to the selection of another remedy, if that symptom of the administration of chlorate of potash had been omitted. I want to get this idea that I am prescribing on a single symptom, out of the way, because it is not true.

Dr. Kimball—Now that is just the point. You do seem to prescribe for the single symptom that the drug has been taken, and it does not seem to me that you are justified in so doing unless other symptoms are present that indicate the drug, and not the simple fact that it has been taken or abused.

Dr. Sawyer—Well, Hahnemann's contemporaries thought he was very untrue because he stepped outside of the record and made some experiments. For one I am not willing to go it on faith anywhere. I cannot do it. I have got to *know* if it is pos-

sible for me to do so, especially as long as I am held responsible for human life, and to me it seems *wicked* for any Homœopathic physician to be willing to go on *faith* where it is *possible* to have *positive knowledge*. I have been carrying on a series of experiments for a number of years and am still at it. If anyone had seen my case of records 15 years ago, and seen *Blue Mass* down there or *China Sulph.* or *Morphine*, he would have thought I was a queer sort of a Homœopath. He would have jumped to the conclusion at once that I was the worst sort of a quack, not knowing what I was up to. But I was trying experiments which I had a right to do, which I shall certainly continue to do until I am perfectly satisfied in my own mind on doubtful questions.

Dr. Dickerman—It may seem presumptuous in me to criticise the prescribing of such a brilliant Homœopath as Dr. Haynes, but it seems to me that that last prescription of the buckwheat was entirely uncalled for and really did no good. Here was an old symptom which reappeared in the proper course of treatment, showing the curative process was proceeding, and which symptom if let alone would have retired of itself without any buckwheat.

Dr. Kennedy—We would be glad to hear these criticisms, but in justice to Dr. Haynes it would seem best to refrain. It is at least unfortunate that he is not present to reply. We of course can only judge by what we have on paper. Presumably if Dr. Haynes were here he would explain. While recognizing that the criticisms are just, I have no doubt that Dr. Haynes understands what is right.

Dr. Davis—There is a paragraph in the *Organon*, stating that in repeating the drug in the efforts to prove on a healthy person its action, that subsequent doses to the first dose do remove the symptoms already brought out by the first dose. Hahnemann so states it in about so many words. That would seem to settle the point raised by Dr. Thurston that the drug or potency was incapable of removing the symptom produced by the same drug. I was very much surprised when I first read that paragraph, because at that time I was very much set against Isopathy or principles resembling Isopathy, but there it is in black and white from the lips of Hahnemann that he has seen that done. The *Organon* also states that experience in practice is the sure guide to the truth, the sure verification of our work. We must stand by the evidence of experience, anyway, although it may seem to disrupt

our former beliefs. If experience, as Hahnemann there statesit, gives evidence that the same drug remove the symptoms previously brought out by its use, we shall have to let it stand by this proof.

Dr. Pease—In regard to what Dr. Sawyer says about faith. Faith without knowledge it seems to me is nothing more than an opinion. An opinion many times is a great deal as Deacon Hill describes, "Opinions is like fleas, you don't know how you git 'em, and you aint easy until you get rid of 'em." Now it seems to me that in a good many of these discussions that are indulged in by physicians (and I do not apply this to you gentlemen, not all of you) that many of these arguments are brought up simply as opinions. They oppose or seem to oppose many of the expressions of Dr. Sawyer, which are founded on facts of observation and experience, and the kind of experience that Hahnemann insisted upon, just as Dr. Davis has reminded us. I can second much of Dr. Sawyer's experience, and not only from my own work, but from being rather closely associated with him in his private practice and in his clinical work. I am satisfied that the Doctor fails, in his earnestness and from his standpoint of actual knowledge to express himself aright. He does not seem to succeed in making the profession understand this one particular point—they get an idea from what he does say that he prescribes a potency on the simple indication or fact of that patient having sometimes taken that drug in the crude substance, when we say the drug has been abused. I think, just as he said, that experiment in the direction of investigation is certainly warranted, and if in these investigations or experiments, cure results under the influence of a high potency, it seems to me that that fact, that cure, is certainly a proof of performance or result of the law of cure. I do not understand from any of Dr. Sawyer's words, or I do not see how others can get the understanding that it is not in accordance with the principles that go to make up the law of cure.

Dr. Adams—We must bear in mind that by Dr. Sawyer's so-called method wonderful cures are made, that a cure can only be made by the simillimum covering the totality of symptoms. Therefore, whether always and invariably seen by Dr. Sawyer they were there present, and we must bear in mind that none can judge of the totality of a patient's symptoms as well as the physician taking the case. Many symptoms appeal to our inner con-

sciousness, which we are at times unable to describe. My position is, as I said before, that as no cure was ever made outside of our law, Dr. Sawyer's success must be evidence that he sticks close to our law, "for by their fruits, ye shall know them." Only last week I received a letter from a family, formerly patients of mine in Toronto, who had moved to the gold regions of British Columbia, stating that they feared the mother of the family was developing a cancerous tumor, and asking if I knew of Dr. Sawyer of Chicago, so that I could recommend him. The reason was that a neighbor who had suffered from a malignant growth of the breast had been cured by this Dr. Sawyer, and if my opinion was favorable they were going to the expense and trouble to take the mother to Chicago to consult him. That is only one case, but it comes from a great distance, and it must have a bearing on the record.

Dr. Sawyer—I want to make one more attempt to state my position, and see if I cannot make it so plain that those who are willing can understand me. Those who are abusing my position it seems to me are insisting on basing their prescriptions on a *portion* of the symptoms in any given case, omitting the *most important* symptom. What I insist upon is that the prescription shall be based upon the totality of the symptoms, including what to me are exceedingly important symptoms,—namely, drug poison. Do not know whether that is clear or not, but it is not worth while to say anything more.

Dr. Kimball—Dr. Sawyer, you say you base your prescription upon the totality of the symptoms. Now in that case in which chlorate of potash was given you said there were many other symptoms which the chlorate of potash did not cover, but the fact that there were one or two symptoms of chlorate of potash, plus the fact that chlorate of potash had been abused led you to make that prescription. That does not seem to me to be upon the totality of the symptoms.

Dr. Sawyer—I say I tried to cover the totality of the symptoms. What case of chronic disease of long standing that has ever been treated has the totality of symptoms been covered by one remedy? A case of chronic disease comes to you with many symptoms. You see prominent characteristics of two or three, or possibly more remedies, and they seem about equally indicated by the number and gravity of their symptoms. You discover that one of those groups has back of it a history of drug

poisoning, corresponding to that group. That would turn the balance in favor of that group. That is what I mean.

Case III. Some little time after the patient in Case II recovered, he came in and said, there is a young man in our place who has a cancer, or what the Doctors call it, and they have completely destroyed his nose; he is a good, honest boy, but he is very poor, has nothing but what he has to work for. Now I want you to send him some medicine and see if you cannot cure him up. My reply was, I shall do nothing of the kind. Well, he says, I shall bring him over and have you see him. Don't you do so, as I do not want him at any price. He cannot come to see me every few days and I cannot go to see him, so let him be where he is, they will soon kill him off. The reason for giving the two first cases was to show how this case came into my charge. To me it is one of the most astonishing cases I have ever seen or heard of; I can find nothing on record like it.

On July 3d, 1896, this same Mr. B—, brought this Mr. P—to my office to see me, he said here is the young man that I was talking to you about with the cancer on the nose; I replied, I told you not to bring him, as I do not want to have anything to do with it, you better take him out and drown him. He says, I shall do no such a thing, but you are going to cure him, he has nothing to pay you with, but we will help him to make it up for you. But how am I going to see him? He has no means to come to see me, and I should want to see him every few days. Well, he says, we will send him over when it is positively necessary to do so.

Mr. P—, 23 years old, brown hair, fair complexion, blue eyes, would have been a very well built man, if he had any flesh on him; now very poor, he was so weak that he would stagger if attempting to walk alone. His nose was done up with pieces of muslin and held on with a piece of sticking plaster. Upon the removal of them, there was a large plaster of what I took to be chloride of zinc and lard, he said that he put that on fresh twice a day, and for some four hours it gave him the most agonizing pains, after which it would ease off into a dead, heavy ache, with sharp shooting stabs all through the sore and face, so that he could get but little sleep or rest in any way. Upon removing the dressings, the nose was all gone, the right side down even with face and the left side considerably below, the bones, cartilages, muscles were all destroyed, not a vestige of either remained, the periosteum was completely gone and in their place a foul,

putrid ulcer of a sickening, nauseating odor, which one would like to get rid of as soon as possible; I wiped off the sore with the raw edge of a piece of old muslin, very carefully then took three specimens and gave them a thorough microscopical examination. In each I found distinct cancerous cells, so there was no doubt whatever as to what I had to deal with; whether it was cancerous in the beginning I do not know, but it was distinctly so now. There was a piece of dead bone up against the os frontalis; you could see the anterior surface of the posterior nares of which the floor was all destroyed. My prognosis was doubtful, we might stop the sore from going any further, but if it should heal we could not build him a new nose, as there was nothing to support it and it would fall down flat and display a horrible figure, all the rest of his life, and I would prefer to have nothing to do with it, but they would not hear to it.

His symptoms were very meagre, he said the glands of his neck used to swell and get hard and sore, also the sublingual glands would give him some trouble, but had not, since this cancer had become well developed; had never had any private disease of any kind, or eruption of the skin that he knew of; had always been very well up to this attack; it came like a pimple on the left side of the nose, was hard around it but did not give him much pain until the Doctors (?) got at him. They told him that it was a cancer and must be destroyed by eating it out and made the applications of the plasters; he had a four ounce vial of black looking stuff of which he was to take a teaspoonful every two hours; I do not know what it contained, nor did he. I thought his case a sure failure, or I should have paid more attention, perhaps to what he had taken, at any rate he did not know.

Upon looking over this case, the nearest simillimum that I could think of was *Baryta iod*, which was given in the sixth potency, I gave him ten powders (small ones) one marked powder of *Baryta iod* and nine of *Sac. lac.*, to dissolve the marked powder first in a half glass of water and to take one teaspoonful every two hours, the next day to take one of the other powders in the same way; to carefully wipe off the sore with the raw edge of old cotton cloth, to be very careful so as to not make it bleed, then to apply a piece of muslin over the sore, one, two or three thickness; and when attempting to dress it, if stuck fast, not to pull it, but to cut it off as close to the sore as he could, and let it alone until it would come off of itself, I would like to have this

done twice each day and to report how he got along, and under no circumstances to use or apply water to it or anything else, but the dry muslin. I objected to take this case as I could not see him often, as he lived forty miles away.

On July 29, (the first heard from him) he wrote saying that he had followed my instructions to the letter; that a few days before writing, the piece of dead bone had sloughed away and the sore did not pain him very much, that he felt better every way. Sent *Baryta jod*³⁰, to be taken in the same way as before, one marked powder and nine of *Sac. lac.*, to use the same precautions as directed at the first.

August 21, a letter saying that he was feeling better and the sore was healing and the odor was gone. *Baryta jod*³⁰ as before.

September 18, received a letter, saying that he had cramping pains in his stomach and bowels, with a straining diarrhœa, and was troubled with piles and what should he put on them, I told him nothing. I suppose that there had been some error of diet and sent *Nux vom.*^{1m}, one powder to be taken just as he had done before and to let me know how he was.

Oct. 20, received a letter, saying, that his stomach, bowels and piles were all right, but the sore was irritable with dull aching pains all through it with sharp shooting stabs, *Baryta jod*^{cc} same as before.

Dec. 14, another letter, saying, the sore was better, was healing, but very sensitive to the cold air; *Baryta jod*^{cc}, one marked powder and nine powders of *Sac. lac.*, to take the marked powder first, and to protect the sore as much as possible from the cold air.

Jan 13, 1897, says, the sore is getting smaller but was still very sensitive to the cold air, which he was compelled to be out in; *Baryta jod*^{1m}, one marked powder and nine powders of *Sac. lac.*, to be taken it the same way as before.

Feb. 5, letter saying, the sore was getting smaller, did not pain him, except when out in the cold; *Baryta jod*^{2m}, one marked powder and nine powders of *Sac. lac.*, as before.

March 12. Doing well; *Baryta jod*^{10m}, one marked powder and nine powders of *Sac. lac.*, as before.

April 12. Has taken a severe cold, cough loose at times, at others very tight, can raise nothing, sometimes spasmodic; *Dulcam*^{1m}, two powders and nine powders of *Sac. lac.*, as before.

May 15, cough was cured, was feeling well, but whether the

sore would ever completely heal up he could not tell, there was an open place yet, but it did not pain him; was tender to the touch; *Baryta iod^{cm}*, one marked powder and nine powders of *Sac. lac.*, as before. I wrote him to come over, as I wanted to see him and see what I could do for the sore; as I had not seen him since the first examination. He came over on June 1, looking like another man altogether, he had walked up from the depot 11 squares, instead of taking the street cars, I told him to set down and rest for a moment when I would look at him. When I removed the little rag from the sore at first, I could hardly believe my eyes, I thought that there must be some mistake; yet here was the same man that I examined on the 3d of July; for he had a very good looking nose on his face, says that he had strictly followed my directions in every particular and done nothing but



what I had directed, although he had lots of advice from others, but told them he had a Doctor directing his case. A new vomer, turbinated bones, new septum cartilages, new muscles, and new skin had been formed. It had completely healed for three-fourths of an inch from the forehead and as far from the tip and not a vestige of a scar was visible. The right side had grown past the center, and some distance down the left side; the open space was about five eighths of an inch long, and the widest place not over the one eighth of an inch in width, and tapering down to a point at the ends. Here were new bones, cartilages, muscles and skin formed where the others had completely sloughed away, not leaving the least vestige of the periosteum, new alæ nasi as natural as ever they were. The sense of smell is returning. About two weeks ago, I received a letter saying, the sore was healing

very fast, I can see no reason why the sore should not completely heal, when he will have a much better nose than any surgeon could possibly make for him, for it will have the bones, cartilages and septum to support it, together with the sense of smell, as they ramify the whole new structure.

Can you wonder at my complete amazement? Have any of you ever heard of such a new structure taking place? If there is I should be pleased to have it pointed out to me. I would not have believed such a thing possible if it had not been before my eyes. I received a letter to-day saying, that the edges of the sore had united and only a little, long scab was now visible. I replied, not to remove it under any circumstances, but let it fearfully alone, until it would fall off of itself, when there will be no scar to show where the sore had been.

I never saw a more pleased young man in my life, and well he may be, for he was a most horrible looking cuss when the sore was in full bloom.

I made a mistake in not having a photograph made of it at the time, but I send the inclosed photographs taken after he was cured, and altered to represent his condition when he came to me, with sworn statements of men who knew him then.

To whom it may concern:

We, the undersigned state that we have been well acquainted with the person above represented as Mr. R. for years, and that the above is a good representation of his condition when he was taken to Dr. J. R. Haynes on the 3d of July, 1896.

The skin, muscles, cartilages and bones of his nose had been completely destroyed by what several doctors pronounced a cancer.

S. E. BUCHEL.
A. S. LEAVELL.
* R. R. PASSAGE.

STATE OF INDIANA, }
COUNTY OF HENRY. } ss.

Personally appeared, S. E. Buchtel, A. S. Leavell and R. R. Passage, who is represented above as Mr. R., and signed and sworn to before me this 24th day of November, 1897.

[SEAL]

A. L. HARRISON,
Notary Public.

DISCUSSION.

Dr. Sawyer—*I have no shadow of doubt of the truth of Dr. Haynes' report from start to finish. I have long regarded him as the greatest living healer. I do not believe he was sur-*

* I am the person represented above as Mr. R

passed by Hahnemann, if equalled. I think that case there demonstrates it. I will just simply say, that notwithstanding the restoration of that nose he may not be cured yet. The sore is cured, that one expression of disease is cured. But is he cured? I do not believe it, but I can say that this is the greatest cure I have ever heard of.

Dr. Davis—At the last year's meeting, our noble Dr. Biegler cited a case bearing somewhat upon this one, wherein the remedy given for the secondary breaking out of a cancer of the breast removed every vestige of the scars of the previous operation. I forget the remedy. In this case of Dr. Haynes' we have as deep an action in a restorative sense, calling forth wonderful recuperative action of the vital force. We know that in the animal kingdom among a certain of the lower animals, if they lose a limb it is speedily reproduced. This case of Dr. Haynes' is the first I ever heard of, where it has been possible to human kind. If a limb should be amputated and grow out again, it would be no more astonishing than the fact of this feature of the face being reproduced.

The following telegram was received from Dr. Biegler.

ROCHESTER, N. Y., June 23, 1897.

SOCIETY OF HOMŒOPATHICIANS—THE MATHEWSON.

Your greeting and kind wishes appreciated. Let not proposition or question divide you. Hold Sawyer's new method in abeyance, that time and due deliberation may determine it; if not good, he will acquiesce in its fall. Am with you in mind and spirit, and feel sure that I will meet you again with renewed health and vigor.

JOSEPH A. BIEGLER.

A motion was made and carried, that the sympathy of the Society be extended to Dr. Biegler, together with its wishes that he might soon be restored to his full health and vigor.

GENERAL REMARKS UPON POLYPOID GROWTHS, WITH REPERTORY.

OLIN M. DRAKE, M. D., BOSTON, MASS.

I have had occasion during my professional career to treat several cases of polypi. Some of them yielded to remedies prescribed promptly enough, while others proved very obstinate. I have devoted no little time to the study of the *Materia Medica* in quest of remedies for the cure of the morbid growths, or, in the language of Hahnemann "psoric manifestations," and I wish,

gentlemen and colleagues, to give you the result of my labors, imperfect as they may be. Now, if every one of us, in turn, should contribute a monograph on similar or kindred subjects, much would result to all, individually and collectively, and I venture to express the hope that this idea will be carried out. In the course of time we could thus accumulate material that would be invaluable to our success as homœopathic practitioners and be the saving of many long hours of research, when perhaps time did not permit.

Before entering upon the repertory part of my task, allow me to make some general comments, which, although familiar to you, will bear repetition. In prescribing for a polypus, whether aural, uterine or nasal, it must be our aim, as the master so often urges us to do, to endeavor to secure the totality of the symptoms upon which to base the selection of the curative remedy. We must ever bear in mind that the morbid growth or tumor is but one symptom of the dyscrasia or miasm prevailing. It is simply a visible, outward proof of the endeavors of the vital dynamis to throw off the effects of the internal miasm. And for its removal, a remedy must be found in the *Materia Medica*, which will correspond with the whole image of the disease present. In seeking for a remedy for the treatment of polypi, it must be remembered too, that none of our drug provings have been carried to the extent of producing tumors or pathological changes, such as we often meet in our patients, and consequently we have "to read between the lines," as it were, in our search for the simillimum.

As Dr. Lippe once pertinently said: "*Calcarea* has never produced a tumor, nor has *Silicea*, yet both remedies have cured them." It is true that clinical experience often aids us here, but there are many remedies that have not been tested in the treatment of polypi and which nevertheless might cure.

This reflexion brings to mind a case which aptly illustrates this fact: Some 12 or 15 years ago, a woman, passing through the climaxis, consulted me for a swelling in the right ovarian region, first noticed some 15 months previously, and steadily on the increase. The patient was of very spare habit, making it very easy to define the outline of the abdominal growth; it was the size of the two fists of a man. The most marked and characteristic symptom, in her case, was a troublesome itching in the swelling. She thought the itching was relieved by scratching, rubbing, or

digging into the parts. The only remedy I could find, having itching in ovaries was *Prunus Spinosa*, but Allen, in his encyclopædia states, that relief was not afforded by the act of scratching. However, as her other symptoms were covered fairly well by this medicine, I gave it. *The itching was the first symptom relieved*, and in the course of five months, the tumor had entirely vanished. This patient now 60 years old is still living and well. Now, *Prunus* never has produced a tumor of the ovary, to our knowledge, but it has caused a sensation, in a healthy woman, of the same nature that my patient complained of. To follow out the homœopathic law and principles, as promulgated by our Master, there was nothing for me to do but to give this drug, and the result verified the accuracy and reliability of his counsels.

As I have already stated; in seeking the simillimum for a polypus or any tumor, no matter whether a medicine has or has not in its pathogenesis or clinical history the identical morbid disease, if the symptoms elicited in the prover covers the totality of the symptoms of the patient, that is the remedy for that individual case. But with more assurance still, should we prescribe a remedy which we find to cover the symptoms, if it be found recorded in the accompanying repertory. In that respect this repertory may often be found decidedly useful.

Our colleagues in the allopathic ranks frankly admitted that all internal medication for the cure of polypi is useless and that surgical procedures alone will avail, and even then seldom permanently. Yet in our therapeutical works and journals will be found very many cures recorded, and quite a number among subjects who had been unsuccessfully operated upon by surgeons.

Professor Kent's remarks on this subject deserve being recorded here. In his excellent article on *Calcareo carbonica*, he says, "Let me tell you that anyone who is conversant with the use of homœopathic remedies need never twist out a polypus; there is not a case of polypus on the face of the earth, in any kind of an ordinary constitution, that will not recover, even when the catarrh will not get well. Should the patient be so bad that he cannot be cured, these polypoid growths will nevertheless fall off under the properly selected homœopathic remedy. Sometimes it is *Thuya*, sometimes it is *Calcareo*, sometimes it is *Sulphur*, sometimes *Graphites*, sometimes one and sometimes another, just as the symptoms agree." Everyone of us can vouch for the truthfulness of these statements. Dr. Kent further says, "Many a time

have I had a patient come into my office and say, after taking a remedy three or four weeks, 'Doctor, what are these things I have just blown out of my nose?' They were small shrivelled, whitish polypi. I have had them suppurate, when they were too big to get out of the nose, when they had become wedged in, and giving out the most horrible stench before they could be hawked out of the nose. They often suppurate like enormous seed warts and shrivel up and go away, and nobody knows where they have gone, any more than anybody knows where they came from. They do it under homœopathic remedies."

I believe, with Professor Kent, that most cases of tumor will be found amenable to homœopathic treatment, and yet, occasionally, a patient will recover his or her usual health, without the tumor disappearing, however. In such cases, where the vital force cannot be sufficiently aroused to bring about absorption or destruction of the tissues, it may then become a debatable question whether surgical procedures should or should not be resorted to. I recollect a case which came under my care some twenty-five years ago. The patient at times, suffered most excruciating pains in the left ovarian region from a tumor located therein. Under the action of homœopathic remedies I gave her, she was relieved completely. The tumor, seemed to decrease in size at first, but afterwards no further objective changes were perceptible. Still she lived for twenty-five years longer and finally died of pneumonia. It was just such cases Dr. Lippe had in mind, when he said, "But if the tumor has ceased to increase; if the disease is checked; if, in all other respects, the patient remains well, and yet the tumor declines to disappear, because the constitution, or, as it may be called, nature is not powerful enough to dispose of the deposit of a diseased production; if such a case occurs, then it might become a question whether the removal of this deposit by mechanical means, that is, by surgery, would not be advisable."

Some practitioners, in our school, say remove the polypus by an operation and then cure the dyscrasia, the underlying cause of its appearance. From the Hahnemannian standpoint, this is entirely wrong, since the tumor is only the outcome, or part manifestation of the disease. We must first eradicate the condition which has brought about a "distunement" of the vital force, and then its product will melt away, "as if by enchantment." In other words, a polyp is only one of the symptoms of the patient,

its forcible removal will cause a retrocession, a localization of the disease upon more vital and more deeply seated parts of the system, with possibly increased activity of the disturbed vital force. But when it disappears, after the administration of the simillimum, we know that is the end of the patient's troubles and that he is cured to all intents and purposes. There is this further objection against the use of the knife, ligature or snare, that the prescriber is deprived of a valuable guiding indication in the selection of the remedy. Like all true Hahnemannians, I have found it absolutely reliable to follow all the directions of the Master, and no one has, as yet, to my knowledge improved upon the rules which he has so wisely laid down for our guidance.

I believe that not seldom we cure unwittingly or unknowingly prominent objective or subjective symptoms in our patients, the existence of which was intentionally or heedlessly withheld from us. Many a time patients have told me after they had been for awhile under my care, that to their surprise certain old conditions or states had disappeared, which they had omitted mentioning. This must inevitably be the case if the simillimum has been administered. *Apropos* of this allow me to cite the following: Some three years ago, I had the occasion to prescribe for an aggravated case of stomacace, in a man 80 years of age. His symptoms led me to give him *Theridion*. About a month later he informed me that he had a house-maid's knee on the right patella, which made its appearance some four years previously. It had given him little or no trouble, beyond a feeling of fullness, until a short time after the medicine I gave him, since which he had felt, from time to time, some sharp twinges of pain in the swelling. Upon examination, I found a hygroma, of about the size of a large orange. As the patient had begun to improve under *Theridion*, I did not change my prescription and in the course of a month the dropsy of the synovial pouches was a thing of the past.

Again, I once had under my care a woman, forty years of age, the victim of secondary syphilis. She seemed to be doing well under the action of *Mercurius iodatus ruber*, when one day I discovered, by accident, that she had a polypus of the nostril, (I cannot now recall upon which side). When she blew her nose, the growth entirely obstructed the anterior nares, of the affected side, causing much discomfort, and only by forcible insufflation or snuffing could draw it back into the posterior nares. Owing to the

improvement in her general state, I did not change my prescription, although at the time, I did not know that *Merc-iod-rub*, had ever been given for polypus of the nares. In a short time afterwards, the polypus disappeared, and quite likely by absorption. for the patient had no knowledge of the time when it came away.

It is generally claimed by the followers of Hahnemann, and I believe it to be true, that among the people whom we have attended from infancy, polypi or any kind of tumor is the exception. Under homœopathic treatment there should be no sequelæ to acute affections. If any should present themselves, the treatment must have been faulty, a similar and not the simillimum had been given.

Upon the authority of our *Materia Medica*, the following remedies have been found indicated in polypi, and it has been demonstrated clinically that many cases have been either cured or benefitted by these medicines: *Alumen.*, *Ambra.*, *Am. m.*, *Ant. cr.*, *Apis.*, *Ars.*, *Arum. m.*, *Aur.*, *Bell.*, *Berb.*, *Bro.*, *Buf.*, *Calc. c.*, *Calc. i.*, *Calc. p.*, *Calc. s.*, *Cannab. s.*, *Carb. a.*, *Caus.*, *Cepa.*, *Con.*, *Fl. ac.*, *Grap.*, *Hekla.*, *Hep.*, *Hydrs.*, *K. bi.*, *K. br.*, *K. mur.*, *K. n.*, *K. sift.*, *Lach.*, *Led.*, *Lyc.*, *Mar. v.*, *Merc. c.*, *Merc. i. r.*, *Merc. sol.*, *Mez.*, *Na. m.*, *Nit. ac.*, *Nx. v.*, *Petrol.*, *Pho.*, *Pho. ac.*, *Plat.*, *Pul.*, *Rhu. t.*, *Rut.*, *Sang.*, *Sang. n.*, *Sec. c.*, *Sep.*, *Sil.*, *Stap.*, *Sul.*, *Sul. ac.*, *Sym.*, *Thu.*

Modern nosologists divide these pathological growths according to their composition or microscopical structure, but throughout our works on the subject, we find them generally classified under the respective terms of fibroid, gelatinous, granular and vascular.

In the FIBROUS form of polyps, in which I include, cartilage-like, elastic, fleshy and hard varieties, the subjoined remedies are indicated, *Apis.*, *Ars.*, *Calc. c.*, *Calc. s.*, *Carb. a.*, *Con.*, *Led.*, *Lyc.*, *Mar. v.*, *Merc. sol.*, *Nit. ac.*, *Petrol.*, *Pho.*, *Pul.*, *Sep.*, *Sil.*, *Stap.*, *Thu.*

It appears that under the action of *Carb. a.*, cartilage-like polypi undergo retrograde metamorphosis and the fleshy also, but more slowly, the mucous polypi however are not at all acted upon by this remedy (Hering).

In the MUCOUS form, comprising follicular, gelatinous, granular, raspberry-cellular, soft, spongy and vesicular: *Calc. c.*, *Calc. i.*, *Cepa.*, *Hep.*, *K. br.*, *K. mur.*, *K. n.*, *K. sift.*, *Lyc.*, *Mar. v.*, *Merc. i. r.*, *Merc. sol.*, *Nit. ac.*, *Pho.*, *Sep.*, *Sil.*, *Stap.*, *Sul.*, and

Thu., have all symptoms pointing to their usefulness in such growths.

In the SARCOMATONS will be found indicated: *Calc. c.*, *Lyc.*, *Merc. sol.*, *Nit. ac.*, *Pho.*, *Stap.*, *Sym.*, and *Thu.*

ACCORDING TO THEIR LOCALITY.

Polypi of the Antrum of Highmore, (see Highmore, antrum of).

Bladder: *Ant. cr.*, *Calc. c.*, *Con.*, *Grap.*, *Lyc.*, *Mar. v.*, *Merc. sol.*, *Pho.*, *Pul.*, *Sil.*, *Stap.*, *Thu.* Polypous masses in the urine: *Calc. c.*

Conjunctiva: *Calc. c.*, *Caus.*, *Con.*, *K. bi.*, (upper eyelid), *Lyc.* (outer canthus of right eye), *Stap.*, *Sul.*, *Thu.* Small polyp excrescences upon the globe of the eye and eyelids, in animals: *Caus.*

Ear: *Calc. c.*, *Calc. i.*, *Caus.*, *Hydrs.*, *K. bi.*, *K. mur.*, *K. slft.*, *Lyc.*, *Mar. v.*, *Merc. sol.*, *Petrol.*, *Pho.*, *Stap.*, *Sul.*, *Thu.* In both polypi of the ear and nose and more particularly in the case of aged women: *Mar. v.*

preceded by, ulceration and granulation, with very offensive discharge: *Calc. c.*

, bleeding: *Calc. c.*, *Merc. sol.*, *Thu.*

, cerumen, with increased: *Petrol.*

, color, pale red: *Thu.*

, deafness, with: *Calc. i.*, *K. slft.*, *Thu.*

, meatus, blocking the passage: *Calc. c.*, *K. slft.*, *Merc. sol.*, *Thu.*

fungus excrescence: *Merc. sol.*

, middle ear: mucous membrane, ulcerated, granular and exuberant: *Hydrs.* granular condition, with growths condylomatous in appearance: *Thu.*

, mucous membrane of ear, raw and swollen, and very tender: *Merc. sol.*

, measles, a sequelæ of: *Merc. sol.*

, otorrhœa, with: *Calc. c.*, *Calc. i.*, *K. slft.* *Merc. sol.*, *Thu.*

, muco-purulent: Merc. sol.,
Thu.

, offensive: Calc. c., Calc. i.,
K. slft., Merc. sol., Thu.

, brown, K. slft.

, decaying meat, of the
odor of: Thu.

, watery or purulent:
Thu.

, yellow and thick: Calc. i.

, yellowish white: Merc.
sol.

, pain with shooting: Thu.

, side, left: Calc. i., Thu.

, right: K. slft., Merc. sol.

, wax, see cerumen.

Heart: Bro., Cannab. s., Lach., Stap.

Highmore, antrum of: Hekla., Mar. v., Sym., (see
Hom. Recorder, Vol. XII, p. 91). Polypoid
growth originating in the antrum Highmorii
and acquiring such proportions as to cause
bulging out of neighboring structures and con-
sequently much deformity of the face. The
eyeball was forced upwardly, lid everted, and
the nostrils so blocked that breathing and mas-
tication were rendered very difficult: Hekla.
Polypus reaching up to ethmoid bone into
choanæ and also into the antrum of Highmore:
Mar. v.

Larynx: Berb., K. bi., K. br., Sang. c., Thu.

, upon the vocal cords: Berb., Thu.

Nose: Alumen., Apis., Arum. m. Aur., Bell., Calc.
c., Calc. i., Calc. p., Caus., Ceba., Con.,
Fl. ac., Grap., Hekla., Hep., Hydrs.,
K. bi., K. n., Lyc., Mar. v., Merc. c.,
Merc. i. r., Merc. sol., Nit. ac., Pho., Pul.,
Sang. c., Sep., Sil., Stap., Sul., Thu.

, in children of a psoric diathesis: Pho.
women, old and middle aged, more par-
ticularly: Mar. v.

of either recent or chronic character: K. bi-

- in subjects who have suffered from many attacks of coryza, badly treated, or otherwise: Mar. v.
- bleeding: Calc. c., Calc. p., Mar. v., Pho., Thu.
- color, grayish, reddish: Aur.
 , gray: Calc. p.
 , greenish white: Mar. v.
 , red, pale: Mar. v.
 , reddish: Sul.
 , yellowish white: Merc. i. r.
- , Nostrils, in both: Aur., Calc. c., Calc. p., Mar. v.
 , first in the left: Calc. c.
- left: Alumen., Apis., Calc. c., Mar. v., Merc. i. r.
- right: K. n., Mar. v.
 , increasing in growth after every attack of headache: K. n.
- , protruding from anteriorly: Aur., Calc. c., Mar. v.
- or nose, so large as to cause distension: Hekla., K. n.
- pain: pricking and itching, after being touched or handled: Con.
 shooting: Thu.
 stitching, when touched: Sul.
 sensitive to touch: Aur.
- blow, could not, the nose without experiencing acute pain and some bleeding: Mar. v.
- , painless or insensible to touch: Mar. v.
- , with stoppage of nose: Aur., Hekla., Mar. v.
 of the side upon which he lies: Mar. v.
 , breathing difficult, cannot close his mouth during exercise: Hekla., Mar. v.
 continued stoppage,

- after removal of polypi: Mar. v.
- , sleep, during snores and chokes: Mar. v.
- , smell, with loss of: Calc. c., Pul. abnormally acute: Con.
- , orbit extending into behind eye, pushing the ball one-half its diameter over to left external angular process of orbit, and forcing it out of its socket, nearly one-third of an inch: Merc. i. r.
- .turbinated bone (upper), attached to: Mar. v. nasal cartilage, causing absorption of: Aur Calc. c.
- , accompanied by despondency: Aur. discharge, offensive: Aur., Calc. c. purulent: Con. mucous, watery: Mar. v. headache: Alumen., Hekla. nose, bleeding: Hek., Mar.v. stuffed: Aur., Calc. c., Hekla., Mar. v. sneezing and profuse flow of mucus: Calc. c. skin, rough and dry over face and body: Alumen. large red pimple under right nostril, near septum, sensitive and smarting when touched: Mar. v. nose, after blowing, squeak-sound, as if air were forced through mucus: Mar. v.
- Polypi of the nose: aggravation, during damp weather: Mar. v. rectum: Am. m., Calc. c., Calc. p., K. br. Mar. v., Nit. ac., Nx. v., Pho., Rut., Sang. c. , with proctitis: Pho. , with an accompanying constant diarrhoea and escape of blood through rectum.

During the evacuation there was more less tenesmus. During stool, or upon bearing down, there would extrude several elongated bodies, not unlike earth-worms in appearance and shape, but of a brighter red. They were soft and vascular looking. There was also a yellow and very offensive discharge from the anus; much flatulent distention of the abdomen; flattened fæces, and the patient was very anæmic looking: K. br.

- uterus: Ars., Aur. Bell., Buf., Calc. c., Calc. p., Con., Hydrs., K. br., Led., Lyc., Mar. v., Merc. sol., Nit. ac., Petrol., Pho., Pho. ac., Plat., Pul., Rhu. t., Sang. c., Sec. c., Sep., Sil., Stap., Thu.
- , with metrorrhagia: Bell., Calc. c., Con., Led., Lyc., Pho., Plat., Rhu. t., Thu.
 - , with metrorrhagia, constant draining away of blood: Led.
 - , with pain in left groin and a distress in the left iliac region which extends up the loin, rendering locomotion and riding difficult: Thu.
 - , with weight and sharp pains in uterine and ovarian region, spreading to the lower part of the abdomen and also to hips and back; during stool appearance of a foreign body at vulva; abundant and often recurring uterine hæmorrhage; leucorrhœa reddish in hue and putrid: Con.
 - , and hæmorrhages, after seabaths; uterus low down in pelvic cavity and flexed backwards; posterior wall of uterus softened and swollen, occupying apparently nearly the whole of the interior of the pelvis; os dilated and cicatrized in spots, from which continually

oozes thin blood; leucorrhœa acrid and
 urine cloudy: Rhu. t.
 , on cervix uteri: Ars.
 vagina: Calc. c., Mar. v., Merc. sol., Petrol., Pho.
 ac., Pul., Stap.
 , smooth, pedunculated and pear-shaped
 polypus of the vagina, escaping three
 inches outside of the vulva: Mar. v.
 vulva: Lyc.

DISCUSSION.

Dr. Davis—In regard to Dr. Drake's most interesting paper, I can say from my experience with polypi, I have only cured one case of a nasal polypus which was in a young lady, giving the indicated remedies. She was not cured by one remedy, but I think three, *Calc. carb.*, *Phos.* and *Pul.* The polypus disappeared by absorption, and the patient knew nothing about its disappearance.

Dr. Pease—I would like to offer a case in evidence of one part of Dr. Drake's statement, that symptoms disappear under treatment for which we do not especially prescribe. I have in mind a case of an old lady some 60 years old, who came to me to relieve her of hemorrhoids. I cannot recall the symptoms, but I remember that my first prescription was *Natrum mur.*, followed by *Borax*, and while under the action of *Borax*, the piles disappeared, and she reported to me and brought in a paper, a shriveled, stinking mass, that had been forcibly expelled from the left nostril, and told me of the remarkable relief she had since expelling that mass. Her breathing had troubled her for years and she had always felt an obstruction there. The polypus was as much a surprise to her as to me. I could speak also of another case. No polypus in the nose, but under treatment for nervousness and neuralgia. A very large wart growing on the thigh, first became sore, inflamed, very dark red, finally shriveled and dropped off.

Dr. Sawyer—Brother Drake's cases are peculiarly interesting to me, and I am delighted with the paper. There is sad need among poor suffering humanity for just such work, and I have done my level best to try to interest and encourage others to make a special study of these horrors that the traditional schools and the progressive (?) Homœopath fails to benefit. Thousands

are dying annually in the United States alone for want of just such aid. A thousand such men working exclusively on that class of disease expressions could not near fill the field where they are needed. I hope the time will soon come when Brother Drake will have all he can do on these lines. There is no time in all these years when I have not had cases of polypus under treatment. I find them wherever there is mucous membrane, and I do know that the highly potentized simillimum *does* remove them, that there is no need of the knife in a single one of these cases, unless it might be in the air passages. I have known of a very few of these polypoid growths coming in the larynx, and of course even to attempt to make a cure, the surgeon must come first if they prevent sufficient inspiration. Of course, whenever there is a mechanical condition that requires surgical aid, we must call one. Outside of that we do not need them, and the man who practices true Homœopathy will very *rarely* need their aid.

Adjourned to 3:00 p. m.

THE HOME OF THE SATANS.—The greatest natural wonder in Java, if not in the entire world, is the justly celebrated "Gheko Kamdka Gumko," or "Home of the Hot Devils," known to the world as the "Island of Fire." This geological singularity is really a lake of boiling mud situated at about the center of the plains of Grobogana, and is called an island because the great emerald sea of vegetation which surrounds it give it that appearance. The "island" is about two miles in circumference, and is situated at a distance of almost exactly fifty miles from Solo. Near the center of this geological freak immense columns of soft, hot mud may be seen continually rising and falling like great timbers thrust through the boiling substratum by giant hands and then again quickly withdrawn. Besides the phenomenon of boiling mud columns there are scores of gigantic bubbles of hot slime that fill up like huge balloons and keep up a series of constant explosions, the intensity of the detonations varying with the size of the bubbles. In times past, so the Javanese authorities say, there was a tall, spiral-like column of baked mud on the west edge of the lake which constantly belched a pure stream of cold water, but this has long been obliterated, and everything is now a seething mass of bubbling mud and slime, a marvel to the visitors who come from great distances to see it.—*London Public Opinion.*

Practice.

COLDS.

J. B. S. KING, M. D., CHICAGO.

"Colds" is a very general or comprehensive word, and includes a large number of various and different particulars. It might happen, for instance, that ten men of different temperaments, complexion, and proclivities exposed to the severity of a north-east storm with cold wind and rain, and thereby caught a cold. One man acquires a coryza, one a pleurisy, one a pneumonia, one a lumbago, one a sciatica, one acute articular rheumatism, one a bronchitis, one a cystitis, one a dysentery, and one nothing at all. Nine of these men all caught colds, but how different the result. The cold of each took a form according to the peculiar weakness or idiosyncrasy of each individual. While one healthy fellow, who was neither psoric, syphilitic, nor sycotic, caught nothing at all.

In this paper, owing to the shortness of life, we will restrict the term "cold," to its more common signification of coryza, or cold in the head. Coryza or cold in the head, although generally considered one of the slightest ailments, causes in the aggregate more discomfort, more misery and more suffering than do most severe diseases, just as the petty vexations of life, collectively, cause more misery and are harder to bear than the greater strokes of misfortune.

It is of all the kind of cases that come under our care, the most difficult to prescribe for and to cure, as it is the most frequent. Comparatively few physicians are called upon to perform operations of hernia magnitude, amputation at the knee-joint, resection of the knee, removal of the uterus, belong to the rarer happenings of professional life. But every physician in practice is called upon early and late, in season and out of season to cure a "cold."

To perform a capital operation, requires chiefly boldness, a knowledge of anatomy and a case of instruments, all easily acquired; but to cure a cold, requires faculties and abilities not so easy to acquire. There is nothing that so severely tests our skill,

our tact, our knowledge of human nature and our knowledge of the materia medica, as the homœopathic cure of a "cold."

These difficulties arise:

1st. Because the patient, regarding his ailment as slight, does not observe his symptoms carefully.

2d. Because for the same reason he does not endure the necessary catechizing with patience.

3d. Because the *peculiar* and *unusual* symptom of a cold are minute and obscure, and require keen observation to detect.

Let me illustrate. John Smith enters your office.

"Doctor, I want something for a cold."

"What kind of a cold have you?" you ask.

"Oh! just an ordinary cold"

"Yes, but how does it affect you."

"Why, it makes me feel miserable."

"Very true; so do all diseases, but tell me in just what way it makes you feel miserable."

"Why doctor, its the same kind of a cold I had last year about this time, you treated me for it."

And so he beats about the bush and leaves you entirely in the dark, as to what to prescribe for him. One such case that I had, dropped the remark that he felt exactly as if his windpipe was full of sulphur fumes. This was peculiar and not found in many cases nor under all remedies. Less than a dozen remedies have this symptom, and the case was soon narrowed down to *China*, which cured more expeditiously than he had ever been cured before. I believe, that if we have the courage and persistence to get the symptoms, that our success, both curative and financial, will be much greater than if we prescribe stock or routine remedies for coryza.

Allium cepa is very frequently indicated in my experience. You can almost tell a cepa case by simple observation. The patient's eyes are red and watery, the nose running thin water; frequent sneezing and dry cough that is evidently painful, because the patient holds the larynx when coughing.

Questioning will bring out that sneezing and the nose running are worse in entering a warm room from the open air, and that the cough is very painful, producing a splitting pain in the larynx. The coryza is acrid. No other remedy has this pain in the larynx, from cough in conjunction with acrid coryza. These

symptoms plainly show that *allium cepa* can never be indicated in the latter stages of a coryza.

Dulcamara. Dry coryza. Complete stoppage of the nose, < in the open air, > from motion. This is the usual coryza of dulcamara. It may be accompanied by headache and the whole case is worse in damp cold weather. There may be another kind of coryza, in which dulcamara is indicated, i. e. profuse running of nose with sneezing; least contact with cold air stop the running of nose, and produces stuffed up feeling in head.

Kali jod, resembles *dulcamara* in this, that its coryza is < in the open or cold air and in damp weather; but the suffusion to the head is more general. Many symptoms and conditions for which *K. i.* is indicated, are better in the open air; but the coryza is aggravated. There is both redness and swelling of the eyes, nose, throat and palate, eyelids bloated, especially the the upper; acrid thin discharge. Pains in nose and cheek bones.

Camphora indicated in the very first stages of a cold. Two symptoms are prominent, *chilliness* and *sneezing*.

Arsenic has coryza with sneezing worse in the open air. Chilliness and depression. The discharge is thin, acrid and profuse. Later the discharge dries up, leaving the nostrils full of scabs.

Mercurius. The discharge is acrid, but too thick to run down the lip. It therefore makes the alæ of the nose sore, also the discharge is fluent, corrosive with much sneezing, worse in damp weather and at night. Itching sores, crusty and scabby on inside of nose. Chilliness, yet a warm room in a warm bed aggravates.

Euphrasia. Running coryza, < in the evening with flow of tears. The discharge from nose is bland and does excoriate the nose, or upper lip, but the tears are acrid. This is just the reverse of *allium cepa*.

Pulsatilla. There is an alternation of dry and running coryza. It is apt to be stopped up in the evening, and to discharge a thick yellow or yellowish green mucous in morning, or it runs in the open air, and stops up the nose in a warm room, or the patient goes to bed with nose stopped up, and on rising in the morning flows a thick opaque mucous from the nose.

Nux vomica often indicated, during the early stages of a coryza. Frequent sneezing in morning in bed; on arising, fluent coryza. Nose dry and obstructed at night, running in the day time; nose completely obstructed out door, but fluent in doors.

Stoppage of nose in infants at the breast. Headache with heat of head and face, and obstructed nose.

Paris. Great sensitiveness to offensive odors, imaginary foul smells. Stopped up nose, stuffed condition and fullness at root of nose. Flows greenish mucous from nose.

Squills. Fluent, acrid, corrosive coryza in morning. Eyes run, nose run, both itch. Nostrils soon get sore, and eruption comes on upper lip, a regular general snizzle. Much mucous in mouth. Cough with sneezing.

Rhus tox. Dryness and stoppage of nose, soreness of nostrils. Thick yellow mucous runs from nose, or green offensive pus. Nose swells and becomes red and sensitive; fever blisters on sides of nose and under it.

China. Headache from suppressed coryza. Dry coryza with redness and heat of the nose.

Natrum muriaticum. Violent fluent coryza, lasting from one to three days, then changing into stoppage of the nose, making breathing through exceedingly difficult. Loss of smell and taste. Fever blisters around mouth and nose in acute cases. The discharge is apt to be thin and watery or like the white of an egg.

Ammon. carb. Stop of nose especially at night; dryness of nose. Nose bleed in morning.

Hepar. often indicated after *Merc.*, every draft of cold air, causes a new attack.

APPENDICITIS—ITS PROBABLE CAUSE.

G. W. BOWEN, M. D., FORT WAYNE, IND.

We may not always be able to define the causes that are the precursors of subsequent results, but it is natural for most of us to reason out as logically as we can, and decide on something to enter the charge up to. Later, after the lapse of time, we may find that the true cause was not definitely comprehended; or in other words, that our logic was faulty. Time and observation, such as may be obtained by experience, renders us better qualified to define what *results* may have been caused by. We often have been compelled to conclude certain forms of diseases are prone to visit us in the form of names, that may come, prevail for a time, then fade out and disappear for years, but to be followed by some one of a radically different nature. These reflections have come from recalling the disappearing of the old and familiar scabies, intermittent fevers, and others, and the intro-

duction of spino-cerebralis, rheumatism, typhoid fevers, diphtheria, la grippe, and still later by appendicitis, and lastly by heart failure, which now seems to be the prevailing type.

What caused these various invasions is perhaps the unknown factor in the logic we fabricate in our search for a solution. The latest fad, and one that seems to be satisfactory to the deluded seekers for causes, the Biologist, is the generation of some peculiar form of Bacteria. If they are willing to charge that *results* are *causes*, they are welcome to derive what pleasure or profit they may from their pleasing delusion.

In regard to one of the later invasions of a peculiar form of disease, that of appendicitis, let me place before my readers what seemed to be apparently its cause.

Its wave of invasion has nearly passed, and the time for forming a reasonable explanation for its visitation has probably arrived.

During the prevalence of appendicitis, or the appendicital mania, several other peculiar symptoms or conditions were unusually common, and the absence of others were notably marked. For the last three or four years it is to be questioned if a case of calcareous deposits occurred in the gall duct, kidneys, or bladder. At least, those cases are unusually rare, and have been of late. If not, why not? In those years more cases of incontinence of urine, or nocturnal enuresis, was called to the attention, and required medical assistance than ever before, and these cases were not alone confined to children where they are usually most common, but many adults suffered from the annoyance it caused them. In the month of January, 1896, my notes shown that twenty one cases were treated for that one trouble, the easy relaxation of that one set of constricting muscles. Of these, three were adults, and since then there has been an unusual number of cases and a larger proportion of matured persons.

If there has been an era of relaxed constricting muscles, especially in those leading from the gall duct, kidneys and bladder, it might naturally be supposed that other constricting fibers would be similarly, or at least sympathetically affected.

Of the four cases of appendicitis treated, or its obstruction by a mal deposit in that receptacle, two of them has made it seem to be apparently certain, that a relaxation took place there, that had never occurred before, even under the same or similar conditions.

One was a lady twenty seven years old, with more than the average of intelligence. She had eaten grapes and raisins from her childhood, and had never been taught the prudence, or the necessity of rejecting the seeds. Five days after the attack, (and it was a severe one in which fears were felt for her recovery) nearly half a teaspoonful of raisin seeds were passed from the bowels. The other case was a lady, but younger, that had never even heard that it was unsafe to swallow grape seeds, and of course did not fear that they might stop by the way. In her case it required six days to relieve the pain, subdue the inflammation, control the circulation, start up the reactions, and expel the useless and obstructing grape seeds. If in a long series of years and under so very similar condition, that *side gate* was not left open to catch something, or in other words, retard the progress of material transit, what was it, if not a special condition or an unusual occurrence?

There must have been a relaxation to allow an entrance into the appendix of a foreign substance, the presence of which would cause the pain, and later congestion and inflammation, that extends to the mesentery, which results in contraction, or relaxation, and perhaps death by natural or artificial means.

In this city, since the appearance of appendicitis, fourteen cases have been operated upon, and of these, ten or eleven are dead. So, evidently, by the aid of surgical means, the patient has not a guarantee of a prolongation of existence. But, from the above named cause (the appendicitis), the danger has apparently passed, and now we are confronted with a new form of departure. It is called, and perhaps justly, heart failure. Fifteen have died recently, here, in the last forty days, many not conscious of illness or the approach of death. What is its cause, for there must be one?

SOME HEART HINTS.*

T. C. DUNCAN, A. M., M. D., CHICAGO.

It seems to me that it is the duty of the specialists in the various lines of practice to present papers at our medical societies (made up as they are of general practitioners) that will be helpful to all. The specialist is supposed to be more conversant with the special pathology of the disorders he treats and to know

*Read before the meeting of the N. I. & S. M. Homeopathic Medical Association, Elkhart, Ind., Oct. 6, 1897.

more of the special therapeutics of the diseases he studies than any one else.

For years I devoted a large share of my time to the diseases of children and found that in their study the chief attention centered upon three points:—nutrition, respiration and circulation. Consumption was then believed to be a disease of mal-nutrition—many believe it yet. Defective assimilation, deficient respiration and rapid heart action are three conditions that attend or are present in every case of pulmonic tuberculosis. I like the word tuberculosis, for it seems to me to take us nearer to the pathology—the seat of the disease—tubercular genesis—corpuscular development. Given an atrophied lymphatic system we have early dyspepsia, mal-assimilation and consequently capillary absorption. The deficient blood stream necessitates increased circulation. That directs attention to the heart. The increased blood will interfere with absorption and the nerve-centers become drained of vitality. Irritation develops. The heart is forced to greater activity and temperature appears. All of this may take place before there is any bacilli present or any sputum or any cough if we except what is termed “a nervous hack.”

The time to prevent this chain of events—this disease tendency—is before the second year of infant life. The great anxiety of the physician should be to get that child and every child up to par if not a little above the normal. (See *How to be Plump*). In the fall of the year every child and every young persons in the teens, as well as every grown person, should take on fat. All should enter the cold months like the animals with an extra tissue protection.

Those who do not flesh up show a defective lymphatic system, which should give the family physician the deepest concern. In the fall he should take an account of stock. Feel the pulse (sitting, standing and lying), to see if it is normal,—manifest a reasonable interest in your people. Keep an annual record of growing children—height, weight and chest expansion. They should not be allowed to grow spare nor fat. Health is the golden mean. Spare people suffer with lack of blood (cerebral and spinal); spinal anæmia means spinal irritation and disturbed visceral functions—laterally. A rapid heart from pumping a thin blood stream means by and by hypertrophy and later dilatation and valvular trouble. When the engine goes wrong the

whole machine is disarranged. If phthisis develops in these subjects it will be likely of the fibrous form from *atrophia lymphaticæ*. Inordinate fat, or plethora on the other hand, imposes an extra duty upon the heart. The blood stream is dense, heavy—the capillaries are constricted, the blood vessels compressed and then hypertrophy, angina and atheroma may be encountered. In these subjects the hyperæmic spine gives rise to forced cardiac action and also visceral spasm. When tuberculosis develops in these cases we have lymphatic obstruction—cheesy degeneration. This form of it is termed caseous phthisis.

To correct these disease tendencies perhaps only a change in diet may be needed. We limit the diet in the fleshy, alkaline, plethoric hyperæmic subjects, but in the poor, spare acid anæmic patients nutrition should be encouraged. If obstinate our remedies can assist the good work. A forcible, excited heart may be quieted. Study the heart while the body is at rest (sitting), then again while active (moving about), then again while at rest (lying down). If the range is higher or attended with abnormal symptoms, as faintness, vertigo, flushed face with cold extremities, that heart needs attention. The trouble may be functional and again it may be central.

A legacy of the past is the large number of weak hearts (and heads) we encounter, due to former mercurial dosing. The number of excited hearts due to dosing with *Iodide of Potash* multiply. Alcohol, tea, coffee and tobacco especially are producing a crop of heart cases that will demand antidotal treatment. Every physician should be familiar with the cardiac effects of those common agents, so that the pulse may guide aright in diagnosis as well as in remedy selection.

It is worth considering and experimenting along the line of whether a high potency of either of those will antidote the primary effects, especially while they are being used. Alcohol would seem to be an exception as to potency, but perhaps a small amount may antidote the effects of large doses. Here it may interest you to know that *Strophanthus* has the reputation of correcting a hypertrophied, dilated, weakened, alcoholic heart, (as well as removing the alcoholic craving) even when given in dilution.

In this connection it may interest you to know that I have a case of weak heart from nervous prostration that alcohol in any form prostrates instead of stimulating. *Digitalis* helps this weak

heart and weak head. The longer I practice medicine the less I use stimulants, especially since I have given more attention to the diseases of the heart and their treatment.

Possibly you know that insufficiency of the pulmonary valve is rarely met. I have encountered two cases. Both had whooping cough and all troubled with winter cough—recurrent bronchitis. Here *Pulsatilla* is a valuable remedy. It helps the heart—right sided dilatation—and the cough disappears. This has impressed upon me the fact that whooping cough should be cured promptly or a diseased heart may result. Two remedies I would emphasize as valuable in this disease—*Chelidonium* and *Corrallia rubrum*. The former affects the heart. *Drosera* is a valuable whooping cough remedy, but I cannot find any *Drosera* “heart or pulse symptoms.” Have you noted any?

Another practical point and I close. In a study of the heart and drug effects thereon I am impressed with the importance of knowing the primary from the secondary action. To illustrate what I mean—*Digitalis* first stimulates the heart and increases the pulse, but subsequently it slows up the circulation, giving a weak heart and slow, irregular pulse. A homœopath should never follow allopathic custom and give *Digitalis* to “bring down the pulse,” for down it will come at a frightful rate. *Digitalis* is curative, the similia for a weak heart and slow, irregular pulse.

Allopathic reasoning cannot guide us in our practice—our regular friends are still being guided by the law of diet—*Contraria*.

Every physician in Russia is compelled to wear a silver badge, indicating his profession.

Prof. Vergely, of Bordeaux, heals burns by applying a paste of calcined magnesia, made with water, and allowing it to dry on the skin, removing it when it peels off.

Nouveaux Remedes describes a new ink that will write on glass, and can take the place of paper labels on bottles, etc., as it is indelible. It is made by dissolving 20 grammes of brown lacquer (not heated) in 150 cc. of commercial alcohol, and mixing this, a drop at a time, with a solution of 35 grammes of borax dissolved in 250 cc. of distilled water. It can be colored as preferred; 1 gramme of methylen violet, for instance, will produce a handsome ink.

Editorial.

1897.

We have entered upon an era of re-investigation brought about by the awakening of the Homœopathic profession, to the necessity for more intimate knowledge of the principles laid down by Hahnemann in his *Organon of the Healing Art*. The natural trend of medical thought was away from the underlying principles involved in the law of *similia similibus curantur*, and the logical result of this departure was shown in demands for a new *Materia Medica*, founded upon conditions that were contrary to the dynamic theory of disease and the application of a remedy capable of producing similar results. Little was left of the old principles except the name. This cry of alarm, which has been sounded, has been heard and heeded, and the demand for instruction along these lines has been carefully considered.

The HAHNEMANNIAN ADVOCATE, true to its name, has striven faithfully to supply such material as would satisfy the most exacting investigators. The increased number of faithful readers gives abundant evidence of the wisdom of the course adopted by this magazine, and also encourages us in making still greater improvements in the future. A large proportion of space has been devoted to the discussion of principles. For the coming year greater attention will be given to the practical demonstration of these principles in clinical illustrations. Several questions are being agitated at the present time which will receive careful consideration at our hands. For example, it is our purpose to devote one issue to the exemplification of Hahnemann's method for Taking a Case; selecting records for the illustrating different phases and by means of the graphophone showing *in extenso* the method employed for bringing out the details followed by an analysis giving the reasons for every step taken.

In other issues, cases will be presented illustrating the effects produced by *suppression* in its many forms.

Other issues will be devoted to the *discussion of nosodes, drug miasms, etc.*

In the future, as in the past, liberal space will be given to the discussion of the important questions of the day.

The fulfillment of every promise made at the beginning of the present year should be sufficient proof of our ability, not only to maintain the present standard, but to furnish a richer and more profitable course of reading during the year to come.

It is with pleasure and great satisfaction that the record for 1897 can be closed with the word; PROSPEROUS, and with hearty thanks to one and all for their support in the past, we wish you a HAPPY NEW YEAR.

NEWS ITEMS.

Cook Co. Medical Society (Homœopathic) is the oldest Medical Society in Chicago. It is now about a third of a century from its beginning and has a membership of between 200 and 300. Its light has been so hidden under a bushel that the profession at large had almost forgotten its very existence until within the past two or three months. It furnishes an interesting program—the study of the polycrests receiving consideration at the present time. The meetings are being held in the ladies' Dining Room of the Clifton Hotel, Cor. Wabash and Monroe, on the *last Tuesday of each month at 8:15 o'clock*. The program for the next meeting will be the study of ARSENICUM; Pathology—McIntyre; Comparison and Antidotes—Seymour; Characteristics—Johnson. Everybody welcome.

Dr. T. S. Hoyne has sold the *Medical Visitor* to Halsey Bros. and Dr. Wilson A. Smith has assumed editorial charge. The future policy of the journal cannot be determined until the initial number has made its appearance.

The regular holiday reception given by the Faculty, Thursday evening, December twenty-third, to the students of Dunham Medical College and friends, was one of the most enjoyable occasions in the history of this college. The occasion was made particularly bright by the return of the Dean, Dr. C. S. Fahnestock, from his forced absence from the College on account of ill health. The program was informal throughout the evening, dancing to the music of the Thomasco orchestra—cards—and light refreshments. One hundred and thirty were present to enjoy the festivities of the occasion.

Our Monthly Review.

Pacific Coast Journal of Homœopathy. TREATMENT FOR DYSMENORRHOEA.—Dr. Leora Norris, contributes an interesting article upon this interesting subject. She says that it is a striking fact that sexual organs that are removed daily as a matter of convenience in the woman are seldom attacked in man. With woman radical means are at once resorted to, while conservative means are adopted for the men. The disease is divided into six classes: obstructive, neuralgic, rheumatic, ovarian and congestive. The cause of a very large number of cases will be found in some obstruction to the free passage of the menstrual fluid. If obstruction be of a mechanical nature, remedies are of little value until the existing cause has been removed. For this purpose, postures are of much value in the different forms of version or flexion. The results of the following movements are sometimes remarkable. The patient lies backward on the floor, or a hard couch, with the hands tightly clasped over the head and pressing the crown, the feet drawn up until the heels are in close contact with the trunk, the soles of the feet resting on the floor, the knees and thighs being strongly flexed. By a moderate effort the patient raises the hips as high as she can or till the thighs and trunk form a straight line, the shoulders and feet only resting on the floor. Sustain the trunk a few moments in this position. The trunk is now allowed to fall back slowly to the commencing position. This should be repeated half a dozen or more times with a rest between of a few moments. This is practically the Trendelenburg position, and is particularly helpful in the ante-version, it should be employed several times every day. Another useful movement is for the patient to lie face downward, the elbows resting firmly on the floor and the arms perpendicular and supporting the upper portion of the trunk. The ankles strongly flexed, the toes like the elbows resting on the floor. By strong effort the muscles of anterior portion of the body are caused to contract, the knees straightened, and the whole body lifted from the floor and made to form a horizontal line, touching the floor at no point but the elbows and toes. After sustaining this position for a few moments the body is allowed slowly to resume the first position. Frequent employment of this method every day will accomplish wonderful results in retro-version. One more that is not to be forgotten may be mentioned. Let the patient lie on either face or back, as the case may be one of retro or ante-version, loosen the clothing and then have her climb the wall, or better still a step-ladder, resting the shoulders or chest upon the floor. The philosophy of all these methods is that the intestines fall away from the uterus from the force of gravity and the uterus is allowed to resume its normal position. If there be partial closure of the cervical canal of a permanent character, the use of mechanical dilatation must be employed. In the selection of the indicated remedy, it is the patient and not the uterus that is to be prescribed for.

North American Journal of Homœopathy. THE ELECTIVE AFFINITY OF DRUGS. The chairman of the section on *Materia Medica*, Dr. Deschere, read a valuable paper upon this subject at a recent meeting of the American Institute, in which he seeks to explain Hahnemann's idea of the homœopathic mode of cure as given in section 45, Dudgeons translation of the *Organon*. In the language of the modern scientist he says, that this mode of substitutive action as presumed by Hahnemann is readily understood by the observation of elective affinity. Here is the circle of action, a normally functioning cell group in any part of the body absorbs some irritant toward which it stands in elective affinity. Its normal functions become disturbed, a pathological process results until another irritant which we know likewise to have elective affinity to the same cell group, is introduced into the organism. If the affinity of the latter is stronger—and we know from experience the affinity of the drug is—displacement will occur at once. The power of the cell to produce chemical metamorphosis much easier with a body to which its affinity is stronger. The elimination of such a body is facilitated and normal cell function is restored. The living cell is the point of attack. May this be a nerve cell which governs the functions in remote districts or a cell in the tissue directly affected. From this central point of action effects will radiate throughout the organism, which we call symptoms. Most drugs having centers of elective affinity in tissue cell groups produce a multiplicity of symptoms. These symptoms are modified by the susceptibility of the organism experimented upon. The more susceptible the drug upon the cell group to which the latter stands in elective affinity, the more capable will that drug be of producing that characteristic symptom. These characteristic symptoms are the most important indicators pointing to the particular cell groups affected. If such occurs through disease producing agents and we know from our experiments that a drug that produces the same characteristic symptoms, we are positive that this drug must necessarily stand in elective affinity toward the cell groups affected by some morbid irritant. The drug administered, the elective affinity of which being stronger, displacements will soon be accomplished and after elimination of the drug by the vital activity of the cell, normal action or health is restored.

LYCOPODIUM 43m FINCKE—IN SUPPRESSION OF MENSES.—Sudden suppression of the menstrual flow from fright, with violent pains all over the abdomen and intense restlessness, rolling over bed from side to side. Could not keep her head still enough to have me to put medicine on her tongue, so I gave her the vial to smell, in fifteen minutes she went to sleep and in two hours was perfectly relieved. Menses did not return until eighteen hours after pains ceased. Dr. Milton Powell.

Monthly Homœopathic Review. SERUM THERAPY AND ITS RELATION TO HOMŒOPATHY.—Thirty-three pages are devoted to the presentation and discussion of this important subject. After carefully analysing the nature of the Serum and its action when injected into the human system, he presents the following deductions:

That the pure Homœopathic treatment before 1896 gave a lower mortality than the Old School treatment.

That the Homœopathic treatment combined with the Serum treatment, gives a lower mortality than an average Serum treatment aided by Allopathy.

He then goes on to discuss the action of Homœopathic remedy, stating that this remedy acts in some dynamic way upon the tissues of the body, more particularly upon the diseased tissues, and thereby either excites the cell to increased resistance against or antagonizes and cancels the morbid. In whatever way we look at it, therefore, the action seems to center around the protoplasmic unit, the cells of organism. He now presents, by comparison, a crude picture of the action of arsenic with that of the action of a product of Lœffler bacillus. Before entering upon a discussion of the subject, the author presents or gives a statement of his individual opinion in the words "That the whole principle of the action of Anti-toxins is Homœopathic, but its actual use sustains no relation with that of the Law on Similars." He draws the following conclusions:

1st. That the Serum Therapy in Diphtheria is an improvement on the ordinary treatment.

2d. That it is an improvement to a less degree on Homœopathic treatment.

3d. That the Anti-toxin itself, is not comparable to a Homœopathic remedy but that the Toxin is so comparable.

4th. That the Serum Therapy is based upon Homœopathic principles and should be classed as another example of the guiding precept, *Similia similibus curantur*.

The discussion brings out the fact that the Anti-toxin Serum afforded the very congenial medium for development of the Diphtheritic germ, but that no evidence has ever presented of its ability to reproduce diseased manifestations similar to that of Diphtheria; consequently, it offers no immunity, no protection against future exposure to this frightful disease. On the other hand, patients treated in accordance with the methods employed in Serum Therapy are found to be more susceptible to disease of a similar character than they ever were before.

Pacific Medical Journal. CONGENITIVE ABSENCE OF OVARIES AND TUBES.—Dr. W. S. Thorn presents photographs showing size and appearance of uterus removed from a woman fifty-five years of age, who had been married thirty five years, had menstruated from the age of fourteen until the fortieth year, never had any children or miscarriages. The operation was performed for a supposed obstruction of the rectum, and a tumor $3\frac{1}{2}$ inches in length by $2\frac{1}{4}$ at broadest part was removed. Its general appearance closely resembles that of a normal uterus. Examination showed the tumor to be a uterus having undergone fibrous degeneration. Congenital absence of both ovaries nearly always co-exists with absence or arrested development of pelvic organs, but in this case, the woman menstruated at the age of fourteen when the uterus should have reached normal size.

CONSUMPTION, ALCOHOLISM AND QUACKERY.—The Profession of the Pacific coast are in a turmoil over the action of some of their associates who have been inventing so called cures for alcoholism and consumption, and instead of seeking the publicity of the medical press, have sounded forth the praises of the new discoveries in the daily press. The San Francisco County Medical Society have taken up the subject and have preferred charges against Dr. D. Eyd-Evelyn.

Medical Sentinel. THE ASEXUALIZATION OF CRIMINALS.—Dr. Robert Fletcher in his address as retiring president of the Anthropological Society of

Washington, graphically portrays the scourge of the criminal and his rapid increase. "Thousands of unoffending men and women are slaughtered, millions of money, the product of honest toil and careful saving are carried away by the conqueror, and incendiary fires light his pathway of destruction. Who is this devastator whose deeds are not recorded in history? The criminal. Statistics usually trustworthy, show that if the carnage yearly produced by him, could be brought together at one time and place, it would excel the horrors of many a well tested battle-field. In six years, in the United States alone, 14,770 murderers came under the cognizance of the law. What has society done to protect itself against this aggressor? True, we have criminal codes, courts of laws, and that surprising survival of the fittest, Trial by Jury. Vast edifices have been built as reformatories, and philanthropic persons have formed societies for the instruction of the criminal, but in spite of it all, the criminals are becoming more numerous. Who breeds criminals? The taint is in the blood. Commenting on this, Prof. Morse says, "That in studying the criminal classes from the standpoint of anatomy, physiology, exterior appearance in the form of skull and facial expression, the criminal is a marked man." As a solution of this problem, Dr. T. C. Humphrey says, "We are doing society an injustice by allowing such persons to propagate their species and to swell the rank of criminals. It would be a blessing to have a law passed authorizing such a practice as would deprive this class of the power to produced offspring. Such a law well executed would immediately cause this class of people to emigrate to other cities and countries because they would regard such a law with terror and would rather take their chances against anything than having their pro-creative organs removed."

BACILLUS OF YELLOW FEVER DISCOVERED.--It is stated that Dr. Senarelli will receive the prize of \$220,000 offered by the Brazilian government to the author of a work demonstrating the existence of bacillus in Yellow Fever and the surest and readiest means of its recognition, together with the discovery of an effective treatment of the disease. None are so blind as they who will not see. The strict application to the law of similars demonstrated its superiority over that of any treatment ever discovered and we might safely say that nothing can be discovered which will equal its efficiency in this direction, but, of course, its adherents care nothing for the bacillus and consequently could not compete with the laboratory specialist in this field of work.

A DOCTOR'S ADVERTISEMENT.--Now that people are discovering that there are men of high skill and intelligence in certain lines who cannot make a figure in an examination on the three R's, the following extracts from advertisements, that a Puget Sound doctor prints on a private press are not without interest, says the *New York Independent*.

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Intelligence. MEDICAL SCIENCE AND MEDICAL ART.—Dr. Hartmann says almost any body of average understanding may become a scientific physician by attending a medical school and acquiring a certain amount of experience, but a real healer of the sick must possess a power within himself that can never be acquired from any school of learning. It is a natural gift with which certain people are endowed from birth but which may be developed from practice until they astonish the world by the wonderful performance of their art. This art is the inherent power for curing disease. It may seem to rest in his own personality, call it magnetism, mesmerism, clairvoyance, or whatever name you please. There may be impostors proclaiming the possession of this power. While on the other hand, there are very many practitioners of medicine without the least natural qualification, whose ignorance is sheltered behind a diploma from some college, and whose professional homicides are safe from prosecution because of said legal authority. It is not the purpose of the article to discredit medical science but rather, to insist upon the necessity for a combination of the two.

MIND AND BODY.—Prof. Ladd, of Yale College says, "We cannot deny the office of Physiological Psychology. No doubt, consciousness depends on the condition of the brain. Drugs may modify character. Insanity may be produced by the physical condition. The decay of the mind leaves no part of the consciousness free. The way to meet this class of facts is not by denial, but by showing another side of the same problem which makes as good a showing. While we believe that consciousness depends on the brain and on the health, an equally significant fact is that bodily state depends on the consciousness. The impressive thing is that bodily health is chiefly related to a state of mind. It is also more true that digestion depends upon feeling well mentally, than that feeling well mentally depends on digestion. If it is true that a hot iron burns flesh, it is also true that burn brands have been produced by hypnotic suggestion. It is a reciprocal union.

HYPNOTISM AS A CAUSE FOR DISEASE.—A baker's apprentice was put to sleep for his amusement. The lad became hysterical and had grave crises with attacks of ambulatory automatism. The most varied impressions, the sight of a brilliant object or of a person, or hearing a sound, would put him to sleep. He became a vertiable automation, psychically infirm.

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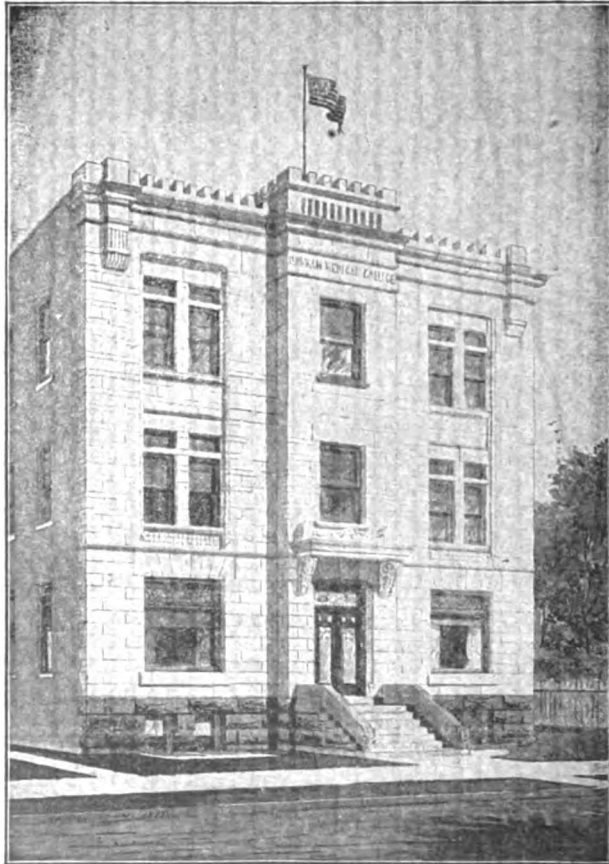
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The Hahnemannian Advocate

A MONTHLY HOMŒOPATHIC MAGAZINE

PRINTED BY THE

HAHNEMANN PUBLISHING CO., STATION O, CHICAGO.

H. W. PIERSON, M. D., Editor-in-Chief.

D. M. MAC MULLEN, M. D., Editor Publisher's Department.

AUTHORIZED AGENTS

ALFRED HEATH & Co., 114 Ebery St., London, Great Britain.

MAHENDRA LAL SINGAR, M. D., 51 Sankarlotota St., Calcutta, India.

D. WISHART, M. D., 63 Princess St., Dunedin, Australasia.

TERMS—\$3.00 a year, postpaid, United States, Canada and Mexico; 15s Great Britain; \$3.50 all other countries in Postal Union.

REMITTANCES—Should be made by draft, money order, postal note or registered letter, and payable to HAHNEMANN PUBLISHING COMPANY.

DISCONTINUANCES—Remember publisher must be notified, and *all arrearages must be paid.*

EDITOR—H. W. PIERSON, M. D., COR. 84TH AND STEWART BOULEVARD, receives all articles for publication, books for review, exchanges, etc.

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Office of James S. Kennedy, Physician and Surgeon, Chambersburg, Penn., July 14, 1897.

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I concluded to try it on myself. I had been hankering for a dish of young onions, so after making my will and attending to such business as is generally neglected until too late, I braced myself for the ordeal. I hid my revolver, locked up the poison case in my office, bid my family a tearful farewell and sailed into the onions. "It is the unexpected which always happen." So it was in my case. I ate and ate and ate expecting every moment to fall to the floor in the agony of cramp, but no, the Caroid was doing its work. Heaven has few pleasures equal to a dish which is fit to place before a king. That dish is onions and especially so when one has not tasted them for several decades. That was my case. I feel that now I can defy the pangs of indigestion and shake my fist under his nose with impunity, knowing that he has no terrors for me or mine. "The Lord love and keep you in the hollow of his hand" for discovering Caroid.

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JAMES S. KENNEDY.

Effect of Operations on Pelvic Organs for the Cure of Nervous Affections. A reaction has set in with reference to indiscriminate operations upon pelvic organs, especially ovaries, for the relief or cure of persistent nervous disorders. Statistics upon this question can be obtained only with great difficulty, because many of these cases pass from the observation of the surgeon after a comparatively short interval. And we get nothing but the immediate effect of the operation. But where these cases have been under close observation for a number of years the conclusions reached from close observation of 115 patients are as follows:

Forty-one with hysteria had healthy organs removed on account of the nervous trouble. Of these seventeen became insane, ten grew worse, eleven were unaffected, and three were cured. Eighteen suffering from hysteria had diseased organs removed. Three became insane, six were unaffected and nine were cured. Twenty-four after the removal of diseased organs became insane and two others became neuropathic. Twenty-four insane women had healthy organs removed for the cure of insanity; nineteen grew worse or were unaffected and five were improved or cured. In other words, only seventeen cases showed favorable results

Pneumonia Following La Grippe.

BY M. E. CHARTIER,

Docteur en Médecine de la Faculté de Médecine de Paris, Membre Correspondant étranger de la Grande Encyclopédie, Section de Philologie.

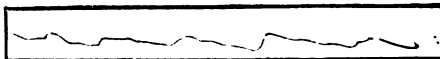
As a rule certain diseases prove more fatal, not only in given districts, but during certain periods of time, along particular areas of territory. We have La Grippe, decreasing in intensity for the present; it has been replaced by pneumonia, which is not only raging in the United States, but in European countries. The bacteriologists will have to explain this fact; the truth remains however, that the mortality from pneumonia in its various forms is now far in excess of any previous record.

Twenty years ago, and preceding the re-appearance of La Grippe in its epidemic form, pneumonia proved as dangerous as it does at the present time. Many cases fell under my personal observation, and I must admit that my Parisian confreres were at a loss, not for a remedy for the disease alone, but even for a logical line of treatment. Dujardin-Beaumez became so skeptical that he prescribed stimulants, regardless of the therapeutical conditions. The mortality in his ward at the Hotel Dieu proved that his patients fared no worse than the others submitted to the antiphlogistic remedies then en vogue.

At that time, I advocated in my treatise on therapy, the administration of sulphate of codeine in two to five centigrammes doses—one-

fourth to one-half grain. Codeine is the only remedy known to me possessing a marked and distinct effect upon the hypersecretions of the bronchial mucous membrane. What I then wished was an analgesic possessing antipyretic properties which I could safely use. This I have since found in antikamnia and I believe it can be exhibited safely, especially on account of its not having a depressing effect on the cardiac system.

Experimental doses of from one-half to one gramme—seven to fifteen grains—of antikamnia administered under ordinary conditions did not develop any untoward after-effect. The following trace, taken with the sphygmograph was made ten minutes after the administration of one gramme—fifteen grains—of antikamnia.



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The above trace shows plainly that unlike other coal-tar products, antikamnia has a stimulating effect upon the circulation. In this particular case the temperature was sensibly reduced—102° to 101 1-5°. The analgesic effect of the drug was satisfactory.

My conclusion is that in the treatment of pneumonia, antikamnia is indicated as a necessary adjunct to codeine, on account of its analgesic and antipyretic properties and particularly because it acts as a tonic upon the nerve centres. The tablets of antikamnia and codeine containing four and three-quarter grains antikamnia and one-fourth grain sulphate of codeine, to my mind, present these two remedies in the most desirable form. I also find one tablet every hour, allowed to dissolve slowly in the mouth, almost a specific for the irritating cough so often met with in these complications. For general internal medication, it is always best to crush the tablets before administration.

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and of this number only three were cured of hysteria or other nervous disturbances by the removal of healthy organs.

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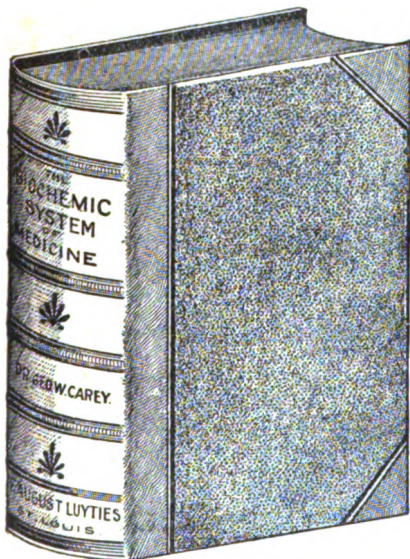
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