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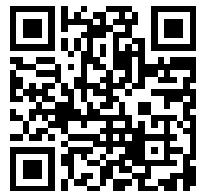
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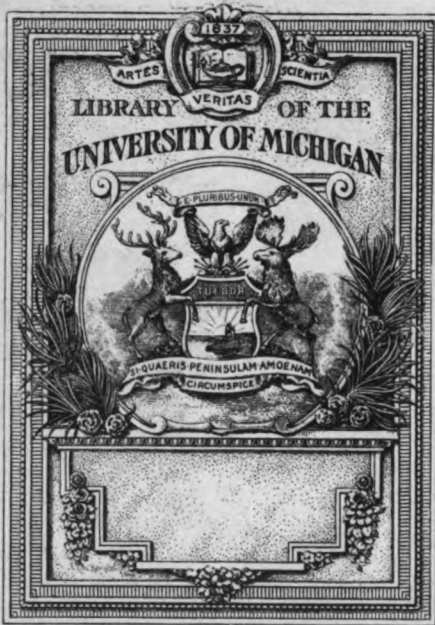
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Institutes of Medicine.

TREATMENT OF PATIENTS BY CORRESPONDENCE.*

OLIN M. DRAKE, M. D., BOSTON, MASS.

LEARNED COLLEAGUES AND FRIENDS: This evening, in compliance with your courteous and inspiring invitation, I will address you upon the subject of prescribing by mail. For nearly twenty-eight years I have made a specialty of treating sick people through the post, and I have no hesitancy in affirming that over eighty per cent of the acute and chronic cases committed to our care, can be cured without seeing those who apply for our ministry. This opinion is not founded upon the treatment of a few or a score of cases, but upon many hundreds, and covering a period of time extending over a quarter of a century. From nearly every State of the Union, and the British Provinces, my services have been sought after and very few of these patients have I ever seen. They wrote out a description of their cases, often most incompletely, and yet the great majority were relieved or cured by our benign, God-given homœopathy of Hahnemann.

Very early in my professional career I became convinced that we could place in the hands of a patient some written hints or suggestions which would enable him to send a fair report or description of his case. With the object of giving practical effect to my conviction, I corresponded with the older members of the profession, and collected all the literature on the subject, from

*Read before the Benninghausen Club, Nov. 11, 1897

every source available. I ascertained that many physicians had published instructions for the use of their patients, and these I obtained. The majority consisted of a multiplicity of questions, concerning every region of the body, more or less puzzling to the average layman. Some had questions which were numbered, with the request that each indication be given, its aggravation and amelioration; others consisted of a list of characteristic symptoms, with the request that the patient mark with an X the symptoms noticed. The main thought in the latter was to secure three or more characteristic symptoms, or Hering's three legs for our prescription stool to stand upon. I gathered from my conversations and correspondences with my professional brethren that their methods varied and their successes likewise. Where a few acknowledged success the majority confessed that their practice by correspondence was most unsatisfactory. Now, there must be some fundamental reason, I thought, why there should be such a marked difference in the success of true and skilful homœopaths. In the case of our mongrel homœopath, or as he delights in calling himself, the modern homœopath—and the world is full of them—this woeful failure in the treatment of chronic diseases, does not surprise any one here present; but for the Hahnemannian, "that is another story," as Rudyard Kipling says. But to return to the various guides secured from colleagues and publishers, I sent them to patients; they seemed helpful in one way or another. Still I believed they could be improved upon, and I think I will demonstrate it to you before we will have parted this evening.

I think it was in 1870 or '71 that Smith, of New York, sent me a copy of Dr. Hering's "*Instructions for Patients*," as published in his *Domestic Physician*, and revised by Dr. Hills. About this time I happened to receive a letter from a patient residing in Nova Scotia, and I sent her these instructions. In due time I received her reply consisting of some fourteen pages of closely written foolscap filled with an interminable string of symptoms which completely bewildered and disgusted me.

The indispensable in treating a patient, in order to cure him is, of course, to obtain the totality of his symptoms. Without it successful prescribing is impossible, or nearly so. Now, the next question is, how can this be most easily and most satisfactorily secured? It is an easy matter to obtain a good or faithful picture of the ailments of a patient if he be acquainted with

what we consider essential, and he has the requisite mental powers besides; but the task is a difficult one indeed, if homœopathic methods are not familiar to him or only partially known.

The written instructions which I now send my patients embody the crystallization of long and varied experience, and are necessarily different in many respects from those I sent years ago. It is my hope that you will find in them just what you think necessary in your own practice. In this case you are perfectly welcome to them; if, on the other hand, they fail to meet with your requirements, perhaps you will be good enough to point out their shortcomings or faults, and supply suggestions upon which to build a better and a more useful edifice.

Without further preliminary remarks I will now submit to you in full these instructions, and further on comment upon certain passages:

INSTRUCTIONS TO PATIENTS.

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“Give your name in full, and address, age, married or single, complexion, color of hair and eyes, and occupation. Mention size, large or small frame of body; height and weight; constitution, feeble or robust; inherited family diseases; diseases you may have had in the past; injuries received; and habits, such as use of liquor or tobacco, tea or coffee. Give a full and minute description of your present complaint or disease; its exciting cause or supposed exciting cause; when it began, subsequent symptoms *in the order in which they appeared*: in other words, specifying, which first, which next, and which last, and method of treatment, and medicines used. If you have ever used ointments or “washes” in skin diseases be particular to state the fact.

Do not forget to mention every symptom, *no matter how trivial*—everything deviating from the natural, and every disturbance of the functions of the body. *Let me judge* whether the symptoms are of importance or not. When you have written all the symptoms, *read over your report carefully* and see if there are not circumstances or symptoms or conditions you have omitted.

In relating your symptoms *you never should omit* those respecting the state of your mind. A patient may endure pain or affliction patiently, or it may cause him to weep, be morose, passionate, despairing, or anxious. The mental symptoms in every case of disease are of the utmost importance, no matter of what nature, and should be made known. If the memory be weak, or impaired, it should also be mentioned.

In giving a description of pains and sensations, or in describing a tumor, ulcer, or eruption of the skin, state *precisely their location*, on which side of the body they are seated, and how large a space they cover. If the pains extend in any particular direction or if they shift about, do not forget to mention it. You will make use of the accompanying figure of the body and indicate by an X the exact spot where they are located. When describing a cancer, tumor, ulcer, warts or swelling, be particular to state if it feels hard or soft, if painful to the touch, if attached solidly to the deeper parts or if movable, if the skin and parts over

it are attached or loose, if there is any discoloration of the skin, or if an indentation is left after pressure with the finger. *No matter what the symptom, pain, or sensation mentioned may be, always describe its location and under what circumstances, or conditions, or time it is worse or better.*

The greatest difficulty in prescribing by mail is when patients give only the name of their disease and the most troublesome symptoms. Often patients will say in their report: "I have told you everything I know," when really they have given nothing but generalities. For instance, a mother writes that she is very anxious about her little daughter, who is suffering from catarrh of the head, and has headaches. She should have mentioned the color of the discharge and the odor, if any; if the child were sensitive to cold or heat, or affected by atmospheric changes; what part of the head ached, whether the pain was worse at certain hours of the day or night, lying down or moving about, etc. There are no two cases of disease precisely alike. You may have two patients, in one family, sick with erysipelas, and while both cases may be apparently alike, it is probable that they will vary in many respects. If we analyze the symptoms of these two cases we are likely to find in one, the skin of the part affected of a bright red color and smooth, with high fever and delirium, throbbing headache, thirstlessness, sleepiness but inability to sleep, and aggravation of all symptoms at 3 P. M.; while, in the other case the surface of the parts affected may be of a dark bluish color and covered with water blisters which burn and itch; no headache, but dizziness; much thirst, with a dry brown tongue; diarrhoea with involuntary stools; loud weeping during sleep and aggravation of all symptoms during rest. Now, the medicine indicated and demanded, under Homœopathy, in the first case would be entirely wrong for the second. *It is just these details which individualize one case from all other cases of the same class, and which I should know, in order to treat you successfully. Every symptom should be given, with its conditions of aggravation or amelioration.*

There are two kinds of symptoms, *objective* and *subjective*. The objective symptoms are those seen by the physician, attendants, or friends, such as the general appearance of the patient and his actions, eruptions, sweat, rapid and short respiration, palpitation, etc. Any symptom which comes under the visual range is an objective symptom, whereas, those pains and sensations which are felt by the patient are subjective symptoms. Only the patient can describe the subjective symptoms, for he alone feels them. He alone can tell us that he has a stitch in the side, he alone can point out its location, the direction it takes, what provokes and aggravates and what relieves it. Disease manifests itself by the presence of symptoms; when these have all disappeared no disease exists. The objective and subjective symptoms constitute the whole case.

As regards diet: Avoid all medicines except what I shall give you, also mineral waters, plasters, ointments, washes for the skin, gargles, snuffs and nasal douches, alcoholic stimulants, coffee and green tea, meats or fish preserved in brine or vinegar, sharp acids, such as vinegar, lemons, pickles, spices and condiments of all kinds, (except salt in moderation) pork and articles fried in pork, cake and pastry, food prepared with saleratus or cream of tartar, etc. You may eat fruit, if it agrees, especially in the morning; fresh meats, fish, eggs, butter, vegetables, bread and farinaceous food; drink cool water (not iced), milk, prep-

arations of cocoa, weak black tea, wheat or barley coffee. As a rule, when not hungry or food is distasteful, do not eat.

Before you have used all the medicine sent, please report. *Be particular to mention any change that may have taken place for the better or for the worse, since your last report, and give the symptoms present at time of writing, describing especially any and all new symptoms. If you have ever noticed any of these new symptoms in your case before, be sure to report them.* All your reports are kept on file, and are always referred to before prescribing anew.

If you should be worse during the first part of the treatment let that not discourage you, for it is generally the beginning of a cure."

You will have noticed, I am sure, that the directions contained in the above "Instructions" are plain and simple and to the point and cannot puzzle or mystify the average claimant for our services. The general character of the information sought to be elicited will greatly facilitate our prescribing, as you will see should you use them.

As it is possible that the relating of some of my experiences in the treatment of patients by post may interest you, I will do so. You may think my request for the full name of the patient is hardly necessary, but when I tell you of what happened in my early years of practice, you may think differently. Twenty-six years ago I treated a woman by letter for a tumor of the breast, and cured her too. In all of her reports she had used her husband's initials unknown to me. It was nearly two years afterwards that I received a letter with the same name and initials. The symptoms given were, among others: A constant dull ache across the back low down, with a continual bearing down, as though the whole bowels would protrude. A profuse discharge, yellow, thick and very offensive, and occasionally bloody, worse standing or after fatigue, and withal a frequency of urination. In sending the medicine I remarked that on looking over the records of her case, I found no indications of any uterine trouble, which I thought a little singular, since she stated in the letter just received that those symptoms were of some duration. You can understand better than I can tell you, my mystification, when, in a few days, I received a letter from my ex-patient's facetious husband. He wrote that he had seen fifty six summers come and go and during that interval of time had had his full share of sickness, consisting of rheumatism, pneumonia, etc., but now he had concluded to "set his house in order" and prepare for "the suffling off of this mortal coil," for he knew he would not be able to pass through successfully a severe attack of

"womb trouble!" His case proved to be one of internal slimy hemorrhoids.

The stupidity and carelessness of some people is something amazing. I am reminded at this moment of a very odd predicament I found myself in, in 1873, upon the receipt of the following letter, post-marked Colorado, but the name of the town I could not decipher:

"*Dr. Drake, Dear Sir:*

I am told that you can cure piles. For many years I have been a great sufferer, and for the enclosed \$5.00 I want you to send me some medicine that will cure me."

That and nothing more; not even the name of the writer or date. I have kept this letter, so that if the opportunity ever offer, I should be able to return my absent-minded patient his money, or offer him an equivalent in professional services. Frankly, I think I prefer the latter.

The age of the patient is often of much consequence, and as you are aware, frequently a decisive point in the selection of the remedy. The fact of the patient being a child, or at puberty, or at the climaxis, or advanced in years, are all invaluable guides to us. If they are married or single, it behooves us to know too. Often have I been led to prescribe *Apis*, *Conium* and *Phosphorus* in complaints of widows; and *Camphora*, *Kali bromatum* and *Pulsatilla* in those of widowers. The matter of complexion, including color of the hair and eyes, is of moment too. In the brunette we more often find such medicines as *Causticum*, *Ignatia*, *Nitri acidum*, etc., called for, whereas in the blonde, *Bromium*, *Calcarea*, *Graphites*, etc. Black eyes frequently demand *Causticum*, *Nitri acidum* and analogous remedies; blue eyes, *Calcarea*, *Pulsatilla* and others; dark eyes, *Iodum*, *Lachesis* and such like. Black or dark hair calls for *Causticum*, *Nitri acidum*, *Bryonia*, etc.; blonde or light hair, *Calcarea*, *Phosphorus*, *Bromium*, etc., whereas the sandy or red hair will more particularly necessitate *Pulsatilla*, *Phosphorus*, *Rhus toxicodendron* and others. And it makes also a great difference whether our patient's complexion is pale, florid, freckled or sallow. Size, large or small frame of body; height and weight; if the patient be dwarfed or stunted; large and obese; tall and thin or very lean and emaciated, are also factors in choosing our medicine. As regards the constitution, feeble or robust is about all the patient will give in his report; but if we can learn that he is of anæmic, gouty or rheu-

matic, lymphatic or plethoric, scrofulous, sycotic or syphilitic constitution, it proves a great help; and likewise if he tells you of any hereditary affections. It is also essential to know of the diseases and injuries he has had in the past.

No one here present this evening but knows the value of determining the occupation of the patient. The sedentary, generally calls for a different class of remedies than the public speaker, as the clergyman, actor or singer; and the worker on stone will make you think of medicines that are not frequently indicated in the diseases of the mariner.

Likewise much may be gathered deserving consideration, concerning the patient's habits. It is essential to ascertain if he uses liquor or tobacco, drinks much tea or coffee or if he be a high liver or the reverse; if he uses patent medicine, or if he has been a subject, upon whom our allopathic neighbor has exhausted his skill. As to temperament, bilious, choleric, melancholic, nervous, sanguine, phlegmatic, etc. I say nothing in the "Instructions," strictly speaking, thinking it best to obtain this detail in connection with the symptoms of the mind.

The mental symptoms are of course always paramount and generally decisive in every prescription, but they are, in my experience, the very hardest to get from the patient you do not see personally. I therefore depend upon the progress of the case and repeated reports, to see them crop out. Still, as you have seen, I urge that nothing should be withheld in that respect, reminding the patients of their great importance.

Let us now recapitulate what I have thus far requested from my unknown patient: the full name and address; age, married or single; complexion; color of hair and eyes; large or small frame of body; height and weight; constitution, feeble or robust; diseases and injuries experienced; hereditary affections, occupation and habits and mental condition. Thus far, there is not one question that a person fifteen years old could not answer, and what a mine of information is placed within our reach, if they are properly answered! Not infrequently a successful prescription is made from this general knowledge alone. We have been told that many of the old masters of the materia medica were frequently able to name the remedy or remedies that were or would be indicated in a patient, without asking a question. There was no other way for them to know this but from these

general details which their keenness of perception enabled them to take in at a glance.

If I learn from my first report that the new patient has been severely drugged and there is nothing to counter-indicate it, I send *Nux vomica*; likewise *Sulphur*, if external treatment has been resorted to for an eruption, or skin disease. This was the routine practice of our older contemporaries. I object to it as a rule, for reasons I have fully explained in a former paper before this society; but still I am often obliged to follow it, not knowing what else to do. I must, however, confess that I have often secured results from this practice that have bordered upon the marvellous.

I have long since given up the idea of securing a true picture or obtaining all the symptoms of any chronic case from the first report, or even in some cases after many. Very few patients are so mentally equipped as to be able to give a good description of their maladies in one or even more reports; but an experience of over a quarter of a century satisfies me that frequently you will receive such general knowledge of the patient's condition as will make an intelligent prescription possible, at any rate sufficient to begin the treatment, or if that be an impossibility, a few more additional questions will elicit the lacking symptoms. It is true that the cases treated by letter often illustrate the zig-zagging into health, alluded to by the late Dr. Ad Lippe, but generally with the aid of such instructions as are embodied in my guide you will finally cure the majority of cases entrusted to your care.

After I have secured the general details, as outlined above, and whatever other symptom the patient may have volunteered besides, I place them on record. Occasionally you will receive some new symptoms in a later report which would have changed your prescriptions from the very first if you had known of their existence. This is one of the many difficulties encountered in prescribing by mail, but this often happens too. With the patient who consults you personally who understands the "Instructions" and answers them fully, it is the exception when this happens. The date of the beginning, the duration of the patient's illness and its supposed exciting cause assist in the treatment; but the order of succession of the symptoms, if it can be obtained, aids greatly in predicting the curability or incurability of a case. As we all know, if the symptoms appear, for lucidity's sake I will say, in the order of one-

two and three, then a cure may be safely foretold, if they disappear in the inverted order of their appearance, that is to say, first three, then two and lastly one.

In no class of diseases is the benign effects of homœopathy better shown than in the old chronic disabilities, the result of the suppression of some former trouble. With the allopath or one of our modern, self styled homœopaths, if a symptom disappears it is considered cured, but generally it is only suppressed. It vanishes from one part of the body, to re-appear sooner or later in some more vital part of the system. As Prof. Kent says: "Certain results of disease can be removed after the patient is cured, but not before. So sure as the results are removed before the patient is cured, another part will be attacked." And this is truth itself.

Very many are the cases I have seen, in which this truism is elucidated; such as head troubles improving after the reappearance of suppressed hæmorrhoids by operations or by local treatment; cancer of the stomach after the suppression of skin disease, a marked instance of which I am happy to say I cured.* I also have had cases of recovery from lung affections after the reappearance of "cured" fistula of the rectum; cures of skin affections and rheumatism after the reappearance of gonorrhœa suppressed for years,† and many other instances pointed, establish the above facts.

The most striking case of the serious danger of suppressing symptoms I ever witnessed was the following: A woman, 28 years of age, apparently in the last stages of consumption. Her history was. At the age of 18 or 19, she became afflicted with a chronic ulcerated throat, accompanied with loss of voice, for months at a time, but after the local application of nitrate of silver for many weeks, she was pronounced cured. At 22 she married and within a year she complained of a leucorrhœa, which was mild at first, but ere long became very profuse and most horrible offensive. Her old friend, the allopathic doctor, considered it his worst case of ulcerated womb, and began his manipulations with speculum, tampons, injections and his old reliable standby, the nitrate of silver, *ad libitum*. In some four or five months, she was once more declared, by this exponent of allopathic methods, a well woman; and she remained in apparent

* Vide First Prescription, Homœopathic Physician, Vol. XV, p. 9.

† Vide Homœopathic Physician, Vol. XV, p. 164.

good health until 27 years old, at which time she began to be troubled with a hacking cough, followed in due time by all the symptoms constituting the first, second and finally the third stage of consumption. Her allopathic physician could not stay the progress of the disease, although he resorted to inhalations, carrying out the idea of local treatment to the end; but his administrations were futile. And next homœopathy was called in, in the person of you humble servant, as a last resort, but with very little hope held out by him. Now, there is not a true follower of Hahnemann that does not know what a patient in this condition must pass through, and the order of the disappearance of her symptoms, if recovery is to come about. She did recover and is, or was in perfect health four years ago, but it took over four years to accomplish this result. Her symptoms left in the reverse order of their appearance; first she got better of her lung symptoms, then her leucorrhœa returned. This was cured comparatively easy; but when the old ulceration of the throat made its appearance, it was exceedingly obstinate. So, I say, if you can get the order of succession of symptoms, it will help you very materially, and especially in forming a prognosis.

The method of treatment and medicine used is of no little consequence, especially if we can ascertain what medicines were taken, but it is the exception when this information can be obtained, for, frequently the last remedy is unknown.

The location of pains or sensations is of no little moment. When patients write that they have a pain in the side, a distress in the stomach, or a troublesome aching in the chest, you cannot well base a prescription upon that symptom alone. The pain in the side may be anywhere from the haunch bone to the arm pit, or the distress in the stomach anywhere from the pubic to the collar bone, and the aching in the chest will often prove to be actually in the hypochondriac region. And when your patient informs you that the trouble is located in the liver, kidney or ovary, the chances are that the information is just as misleading.

I was once consulted by an old lady, who after her first salutation made the announcement that she was a great sufferer from liver disease. Upon my asking her how she knew that her liver was affected, she looked at me with some exhibition of indignation as well as disgust, and exclaimed: "Should not a person know when she has such distressing pains in the liver, that she

is almost out of her mind! Well, I guess!" I asked her to place her finger upon the precise spot of her pains. With the vigorousness of a much younger person, she sprang from her chair, threw back her shawl and placing her hand over the left inguinal region, cried out: "It is right there, and you have lots to learn if you don't know it." Turning myself in my swivel-chair that I might, upon the pretence of looking out of my office window, catch my breath and smooth my countenance, I asked for the particulars of this singular liver disease. She told me that the attacks would come suddenly, without perceptible cause, consisting of cutting, drawing, contractive sensations, made worse by motion or pressure. Otherwise she had nothing to complain of, unless it was a marked nervousness of the lower extremities. I was fortunate in my choice of the remedy. *Zincum* relieved her of "her liver disease" very shortly. The good old soul, ever after, neglected no opportunity of informing her associates that "Dr. Drake, as a liver doctor, took the bun!" There may be something worth considering in the old adage, "where ignorance is bliss, 'tis folly to be wise;" but misleading statements will offer obstacles to a cure.

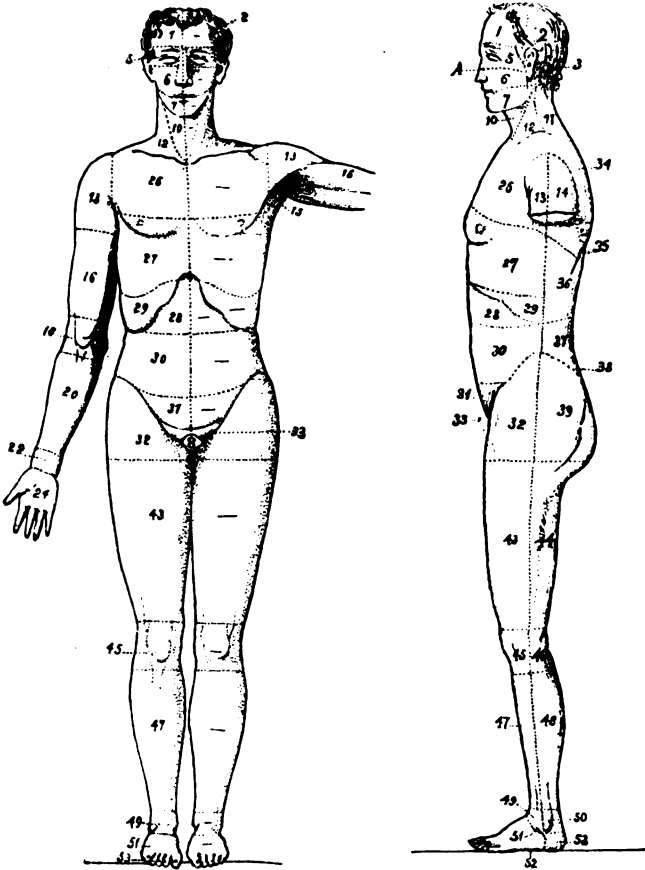
Upon the back of each certificate used by the United States examiners for pensions are the outlines of the human figure, giving front, back and side views. While I was examiner for the government, I was in the habit of sending these cuts to my patients, in order that they might locate precisely the seat of their troubles. They often proved a very great help to me. I have recently had made something similar, to be used in connection with my "Instructions," and I herewith produce them.

There is one more very important circumstance connected with every case of disease, no matter of what nature, and which, if the patient knows nothing of homeopathy, he almost invariably neglects to mention. I refer to the aggravation and amelioration of symptoms. It is often necessary to remind the patient in your letter that such details are most essential, and should never be overlooked. And, in truth, without them it is frequently impossible to find the curative remedy, or *simillimum*.

I also urge the patient to be particular to mention every symptom, no matter how trivial. It is often the simple, trifling symptoms which prove the keynote to our prescription. Who among us has not had a hitherto complicated, puzzling case, suddenly become as clear as noon-day after the discovery of some simple,

trifling symptom?*" If it did not seem like taking coals to Pennsylvania I would now relate several important cures in illustration of the above.

I refrain, as you will have observed, from asking any questions

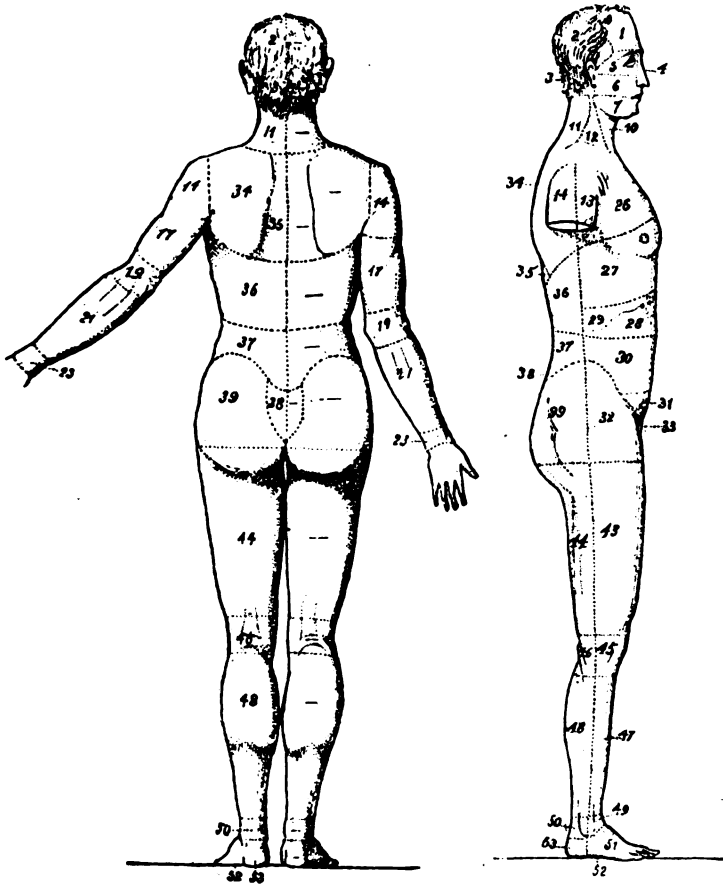


pertaining to the functions of any organ, like the stomach, liver, kidneys or sexual system. I prefer to leave all this to my patients. I want them to tell their own story, in their own way, and, after their first report, as I have already stated, if there be anything more I wish to know, I write.

It is well to request the patient to read over his letter before

*For an interesting case by the author, vide "First Prescription," *Homeopathic Physician*, Vol. xv., p. 7.

posting it, so as to make sure that he has not omitted some circumstance or symptom which it may be necessary to know. I have endeavored to convey an object lesson by describing a few hypothetical cases, and, many a time, I have been told that they



were of great use to the patient in giving him an idea of what I actually needed of him.

Many years ago I corresponded at some length with an old school physician who was under my care, as to what we homeopaths meant by the term symptom. After that I inserted in the Instructions a definition of the word symptom. Some may question whether it should find its way into the *Guide*, but so

many patients have thanked me for inserting it, that I have thought it best to leave it. These explanations help them to describe their cases.

My experience in the matter of diet is, that it is often a very difficult matter to tell a patient just what he should or should not eat. We often advise a certain article and afterwards find, owing to some peculiarity or idiosyncrasy of the patient, that it was one of the worst things we could have ordered. I well remember a case of chronic indigestion in which nothing could be eaten but pork and beans, while the most delicate food would occasion agonizing spasms of the stomach. This patient would get up in the middle of the night and eat a pint of beans and a large piece of salt pork, half the size of a man's fist, and this too without the least discomfort. I also remember another patient who could not eat anything except hard boiled eggs, and he lived upon them for many months. He was so extremely emaciated, that had he possessed the necessary strength, he could have made his fortune posing as a living skeleton. All of you could relate similar cases.

Discrimination and good judgment about diet are as necessary as in everything else pertaining to medicine. If we were to draw such inferences or conclusions in our practice as that celebrated fictitious Doctor Sangrado, in Gil Blas, did in the cases of a carpenter and shoemaker he had under his care, we might lay ourselves open to suits for manslaughter. The carpenter whom he was depleting too much by repeated venesections, and starving besides, rose from his bed and in spite of the doctor's orders partook of a hearty meal of *pate de foie gras* and recovered almost immediately. At about the same time Sangrado was attending a shoemaker who was suffering from typhoid fever, and being impressed with the good effects of the pie in the first case ordered it, with the result that his patient died the same night. The doctor did profit by this experience, for an entry was found in his journal which read as follows: "*Pate de foie gras* good for carpenters, but fatal to shoemakers."

In answer to the invariable question. "Doctor, what shall I eat," I generally tell my patient to eat any plain food that seems to agree best; but if the patient is one who is reckless or imprudent, and I do not know but what he would just as soon sit down to a bowl of carpet tacks, as he would to a cup of mutton broth,

I put him upon a rigid diet, mentioning the articles only that are permissible.

I am particular to forbid the use of mineral waters, plasters, etc., because patients yearn for the "flesh pots of Egypt." They are very unhappy if deprived of their favorite pill or douche for the different avenues and cavities of their body. Many patients are positively wretched unless they are taken something daily to keep the bowels open. You may have been treating a patient for a week or more for diarrhoea during which he has averaged a stool every two or three hours, and perhaps too he has often asked you, in amazement, where it all came from, as he was eating so little. And yet this very patient, when his movements cease, and the bowels remain in a quiescent state for more than a day, he becomes very unhappy and anxious.

I once had an Irishman come to me, whose wife was under my care, to tell me that "his woman must have an operation on her bowels!" I said: "Very well Mike, you get a syringe and give her an injection of warm water, well soaped." The next day my patient informed me that in her opinion, "Mike should have been a doctor for he had been very successful in giving her the injection." Mike was present and he wished to show me his "squirt gun," which he said had worked "as slick as a whistle!" You can imagine my surprise when he exhibited a large size horse syringe, which he had borrowed of a neighboring veterinary.

I had an experience in my medical student life which establishes the fact that sometimes, a good sized enema will work well in more senses than one. My old preceptor, a much respected and successful practitioner of this city, who was among the earliest pioneers of Homoeopathy, is now the senior practitioner of our system in New England, and who did no little, at one time to advance and make popular its cause—Dr. O. S. Sanders, had a patient, a colored man.

If any of you are familiar with the noted characters in this city thirty years ago you may recognize this patient as I sketch him. He was a man of some note, well provided for in this world's goods and a prominent member of the Baptist denomination. He was always neat in his person, and well dressed, good looking, tall and of commanding presence, and wore gold spectacles and a white man's wig. He was a bachelor and kept house. His right hand man and servant was a very short, corpulent, duck legged darkey, as black as the ace of spades, whom he called

George Washington. His great bug-bear, that haunted him while awake, as well as in his dreams, was, "the tremendous sluggishness of his bowels," as he described it, and nothing made him happier than to have a copious daily stool, and nothing would depress him more than to be twenty-four hours without the much desired operation. During an attack of slow fever, he once had, he would daily greet my preceptor with the remark, "Oh! Doctor, my sluggish intestines." My preceptor would tell him that he had nothing to worry about on that score, that as soon as his appetite returned and he could eat something of a substantial nature, his bowels would act as of old; but this was all to no purpose. George Washington was eternally turning up, like Banquo's ghost, at all times of the day and night at my preceptor's office to announce that Mr. Q. had sent him to say that he felt "he must have a movement, come what may." On one of these occasions my instructor called me, while I was wrestling with the anatomical intricacies of the sphenoid bone, and asked if I could give a patient an injection. Now, it was instilled into me from boyhood, that "if you do not think well of yourself, no one else will," and I promptly answered, I could, although I had then been studying medicine for only three weeks, excluding Sundays, for upon the Lord's day, I was required to read diligently Bunyon's Pilgrim's Progress. As a matter of fact I then knew full as much concerning injections, as a paroquet does about cleaning a watch; but for all that, armed with an Essex syringe, I started on my first professional call. When I reached the patient's bedside, I told him that the doctor had sent me in his place to give him an injection. Well, without much ado, I obtained the necessary water and soap, got my patient into position and administered what I considered a moderate injection. After he had yawned and expelled the contents of the bowels, he rose from the invalid's chair, glanced into the receptacle, looked at me steadily for a minute or so and then observed: "I am afraid young man, such an injection will not be of much account;" but I assured him that after a little while he would be much more comfortable.

Upon my return to the office, my old instructor inquired what my success had been, and I replied, very good. However, when I informed him that I had used only about half a cup full of water, he looked at me for a few seconds and exclaimed, "Half a cup full! well, you tackle that sphenoid bone again and see if

you can understand that any better than you do injections." I might have been at my studies forty minutes or so, when I heard my preceptor call me and in a tone of voice which boded ill. Upon reaching his office, he most peremptorily ordered me to go and give Mr. Q. an injection that would amount to something. When I asked how much water I should use, I received the instructions to use all the bowels would hold. The patient appeared very much pleased to see me return so promptly. I immediately repaired to the kitchen and interviewed George Washington. He showed me a wash dish and a two quart pitcher, but I told him that neither was large enough. After hunting around for a little while, I found a keeler tub which held about eight gallons. I set George Washington filling it with water; when it was full he remarked: "Mr. Q. has had his bath today, Doctor." That was the first time I had ever been called doctor, and at first I felt like tipping him, but I changed my mind and looked at him, with the same expression of countenance, as near as I could imitate it, that my instructor had shown when I told him that I had used about half a cup full of water for the enema. We took the tub into the sick man's room and placed it upon a box by the side of his bed. The patient raised himself upon his elbow, adjusted his gold spectacles and took a look at the tub, then at me and enquired what I intended doing. Upon informing him that the Doctor had instructed me to inject all I could, he once more looked at the tub, took his position, and I began proceedings *secundem artem*. After a perceptible lowering of the water in the tub, the patient said faintly: "Perhaps that is enough, doctor;" but I thought not. As the water was now being thrown back around the pipe, I requested George Washington to hand me a towel, which I wrapped around the pipe and succeeded in plugging him up so effectually that there was no leak. I sat there serenely pumping on until Mr. Q. complained that he was full up to his throat, and he could taste the soap in his gullet. I accepted that evidence as a reliable signal to desist. After removing the pipe and packing, I found that I had a ceaseless playing fountain in operation before me. When the man attempted to get out of bed, a stream the size of a small hose was ejected about five feet. George Washington had neglected to place the vessel in the invalid's chair, and my patient had to get down on all fours to seize it from under the bed and during those movements of his body, that stream swished in every direction.

When the chamber was finally placed in the chair and the patient had seated himself, then began a succession of explosions and splutterings I can compare only to those I have heard when an old hand tub fire engine was drawing water, as well as air, from a shallow well. In a very short space of time the receptacle was full, then the box-chair and from the overflow the floor was being flooded. I concluded then, that it was time to leave and bade Mr. Q. good bye, telling him I must hurry for possibly the doctor might want to send me elsewhere to give another injection. As I left the poor old fellow, he looked at me over the top of his gold spectacles, with an expression of countenance, I can liken to nothing else but that of a bull-dog I once saw, after he had run two miles, with a tin kettle tied to his tail.

Upon my return to the office, my old teacher, concernedly enquired about my success. With much self-satisfaction, I assured him that it had been perfect, or rather was working perfectly when I left the patient, and, in my opinion, would be completed by the time the next Baptist conference met. Upon his asking me why I did not remain with the patient longer, I gave for reasons that I did not have my rubber boots on, and further, that the air in that neighborhood was not redolent of the perfumes of Arabia. When I had finally given him all the particulars, he simply pulled his glasses down off his forehead, adjusted them correctly and looked unutterable things. But not only did the enema flush the old colored gentleman's colon pretty thoroughly that day, but never afterward, in any subsequent illness, did he ever complain, to my teacher of his "sluggish bowels." He however told the doctor that it might be well that I should be cautioned against giving injections too freely, or I might meet with an accident. "I nearly burst after the one he gave me," he confidentially remarked. Yesterday I read my dear old preceptor these notes, and he laughed so that his whole frame was violently shaken and tears streamed down his cheeks.

In prescribing by post as well as in person, the selection of the second prescription is of the greatest moment, as all Hahnemannians know. I mean by second prescription, not necessarily the one following the first, but the one which has to be selected after a remedy has proved partially curative. A long article could be written on this subject, but I have not the time to do so. I will say only, if a remedy proves effective and belongs either to the anti-psoric, anti-sycotic or anti-syphilitic classes, I await the ter-

mination of that case with the firm conviction that a cure must ensue, and often have I seen the cure completed without any change of remedy; but, on the other hand, if the remedy which has helped does not belong to the miasmatic class, I watch the patient with no little concern, for I know that a deeper acting remedy will soon have to be found or the case will not progress further. And thus the next step, the selection of the second prescription, is a matter of much consequence. If a wrong remedy be selected, it may lead to such an entanglement of symptoms, through the appearance of combined disease and medicinal symptoms, that it may be almost impossible to find the simillimum. Even such cases, can, of course be zig-zagged into a cure, but the task is a much greater one than before the case was complicated by the administration of a partially indicated remedy. Therefore, the second prescription should not be made, without every precaution has been taken, and the conviction, that we have at command, all the necessary symptoms for a satisfactory selection. In many cases, I am sorry to say, we only find the similar remedy, and consequently the recovery or cure of the patient is slow, while if we had been more skillful and had given the simillimum, a brilliant and prompt cure would have been gained, to our great credit and that of Homœopathy.

I have had a patient under my care for the last four months, under one single prescription. She has been rapidly improving in health, but still it is likely that before long I shall have to select another remedy for her. I fear to make the change. This patient has been in the hands of many doctors, and some five months ago was told at the leading hospital in her native state, that she had an interstitial fibroid tumor of the womb. She was solemnly informed that if she did not immediately submit to an operation she would die. Her condition was pitiable; she was extremely emaciated and almost bloodless, the tumor gave her the appearance of being four months *enceinte*; and she had frightful attacks of metrorrhagia, occurring from four to ten days apart, compelling her to keep in bed most of the time. Improvement began soon after I prescribed for her, and in her last report, which is before me, written several days since, she says, the dropsy is entirely gone; bowels are perfectly regular; tumor has very much diminished in size, which is easily perceptible owing to her extreme emaciation. She has had but one flowing spell for six weeks, apart from her menses. She has increased in weight 28

pounds, and the color has returned to her cheeks; and she now does her own housework, with the exception of the family washing and scrubbing. The day before her last report was written, she had walked one and a half miles and felt all the better for it, and lastly she mentions that her appetite is so great that it mortifies her and causes "guying" remarks from her family. She asks if I think it can harm her to eat too much, when she feels no discomfort and digests her food well.

Well, gentlemen, I gave this woman *Helonias*, and she has been under its action for nearly four months. So far as we know, this remedy is not an antipsoric, but the future may prove that it is. If the decided improvement manifest in my patient continues, of course, I shall make no change, but if it remains stationary, I shall have to seek another remedy from the group of remedies referred to. I shall make this change with no little hesitation for the reasons above enumerated.

I fear I may have overtaxed your patience with the length of this article; but the importance of the subject is my excuse. The "Instructions" under review have yielded me ample satisfaction of a practical character so far, as I have already said; but if you can help me to make them more complete, I shall be greatly indebted to you personally, and besides you will place many of the adherents of our school under great and lasting obligation.

In concluding, allow me once more, learned colleagues and friends, to thank you for your flattering invitation to appear before you this evening, and for your very kind attention throughout the delivery of this essay.

Society Reports.

CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

ROCHESTER, N. Y., June 28, 1897.

The quarterly meeting of the Central New York Homœopathic Medical Society was held at the Rochester Club.

The officers being absent, Dr. T. Dwight Stow was elected chairman, *pro tem.*

Members present: Drs. Stow, Carr, Graham, Sayles, S. G. Hermance.

Visitors present: Mr. Dake.

The minutes of the March meeting of the C. N. Y. H. M. S. were read and approved.

The resolutions offered by the committee upon the deaths of Drs. Stephen Seward and A. J. Brewster were read and approved. There was no report from the Board of Censors.

There was no reading of the *Organon.*

A paper was presented by Dr. Stow, upon:

PUERPERAL METRO-PERITONITIS.

Puerperal metro-peritonitis is a grave malady. Grave, not only on account of a certain percentage of mortality, but also, because of the liability to structural changes of the peritoneum and uterus, which harass the women more or less for months, and, in time, give rise to organic changes often requiring surgical interference, or terminating fatally. On this account, it is of first importance, to take such measures during gestation as are calculated to prevent the development of the malady in question; or, else, by the early recognition of its existence, and by prompt treatment, to bring the case to a favorable termination. And, it is in just this class of cases, that the benign and beneficial effects of homœopathy are to be seen.

Puerperal metro-peritonitis is not of very frequent occurrence; it generally appears singly, but, at times, it occurs epidemically, and, in the latter event, it is attended with peculiar and alarming fatality.

The causes of metritis, or of metro-peritonitis—not epidemic seem to be local, and often to be due to faulty drainage of the uterus after delivery, or to be abnormal involution—too rapid on the one hand, or too tardy on the other,—causing retention of worn out plasma, or blood-corpuscles, in the walls of the uterus, and consequent inflammation with or without abscess, ulceration, or sepsis.

During an *epidemic* of metro-peritonitis, it is reasonable to infer, that, in addition to the local causes just mentioned, *an external miasm, or external forces*, have an influence upon the vital force of parturients so depressing as to prevent healthful reaction, and to hasten severe lesions of peritoneum and uterus, or fatal sepsis.

Great care should be taken to ensure to the parturient woman, the best possible conditions, both hygienic and physiological. Persistent cleanliness, a healthful regimen, pure air and plenty of rest are among the first things to be considered. It is often the case that an early recognition of the patient's condition, and the exhibition of indicated remedies, are of greater value than post-partum treatment.

It will not be necessary herewith, to give the diagnosis, or symptomatology of metro-peritonitis, as this will be covered by the description of a recent case of puerperal metro-peritonitis.

Case Illustrative.

Mrs. H——, a young woman of 26 years, stout, weighing about 160 pounds, of florid complexion, and sanguine temperament, passed through a period of gestation lasting 290 days, (according to her own date). On May 31, 1897, she was delivered of a ten pound boy. Nothing unusual occurred, until the last month of pregnancy, when the patient had a partial hemiplegia, affecting sensation mainly, but motion lightly, from which attack she recovered within thirty-six hours. Labor began at 12 noon, was natural, terminated at 5 p. m. the same day, and was comparatively easy. The secundines were cast off in due time, and in more than ordinary quantity. The patient had considerable hemorrhage of bright blood. At midnight of June 2, I was summoned to see her. I found her in a very anxious mood, fearful and predicting the time of her death. She was restless from pain and anxiety, with frontal headache, hot skin, a great thirst for cold water—taking half a glass at a time—flushed face, short

hurried respiration, nausea with gagging. A sharp chill had preceded the condition at about 11 p. m. In addition, she had much aching soreness, and, when moving in bed, sharp, lancinating pain in the fundus of the uterus, the sensitiveness of which region was so great that she could not bear pressure upon it. The vagina and os-tinæ were hot; the lochia sanious, of putrid odor, and considerably lessened in quantity; pulse 136; temperature 105.

Such was the picture of her condition. I gave *Aconite*, 6th, in water, every hour, until morning, when she was much easier. At 6 a. m., I made the intervals two hours, instead of one hour. I left her at 7 a. m., and called again at 2 p. m., finding her so much improved and in such profuse perspiration that I discontinued the *Aconite*. Kept her on water, until 9 in the evening. At that time, her temperature was 102°; pulse 112; less thirst, anxiety and restlessness. She still had soreness on pressure, and a broader area of the peritoneum was tender to touch; the lochia was freer, brighter, and not quite so putrid. She was sensitive to noise, to light, to any jarring of the floor, or the bed. I left *Belladonna*³⁰, in water, to be given every two or three hours, until the next day, but not so to disturb quiet sleep. During the early morning of June 3, she was quite delirious, and had some tympanic distension of abdomen and increase in the size of uterus. On June 4, she was considerably better, and during the preceding night, she had slept four hours. From that day, she continued to improve, the process of involution was resumed, and now, she is thoroughly convalescent.

This case corroborates others in the past, and will bear favorable comparison with the mixed, slovenly, burdensome treatment of similar cases by the old school.

T. DWIGHT STOW, M. D.

The paper was presented for discussion.

Dr. Graham reported a difficult, obstetrical case delivered by instruments, three weeks previously, and followed by symptoms similar to those reported by Dr. Stow. The labor had continued three days, os undilated, pains slow, moderate, and persistent, allowing the patient to be up about the room. *Gelsemium* had been given during labor, without hastening delivery.

The lack of milk on the third day, the increase and height of temperature from the fifth day, on, the lack of soreness in the uterus, appendages or abdominal walls, and, at one time, the

greenish tint of the lochia, were mentioned by the doctor. He stated that, since labor, *Puls.* and *Sep.* had been administered under counsel, without materially reducing the temperature, which then stood from 99° or 100 2-10° in the morning, to 102° or 103° in the evening.

Dr. Stow's experience with the forceps led him to use them only when the cervix and vaginal membranes were patulous.

Dr. Carr said that *Gelsemium* was not the only remedy indicated in the conditions, described and suggested remedies that would probably have hastened a safe delivery. He also believed *Sepia* to be the remedy needed at the time of discussion.

REFLEX TROUBLES CAUSED BY OVARIAN DISEASES. OVARIOTOMY.

It is not my purpose to describe the technique of this operation, but rather to give some reasons why the ovaries should be removed, and to describe the effect they have, when diseased, upon other organs, through the reflex nerves.

I shall offer a case for your consideration, which has been extremely interesting to me, owing to its varied conditions, both before and after operation.

Miss M., age twenty-three, hysterical since puberty (which made its appearance rather early), has suffered from many troubles, both functional and organic. Her education is somewhat limited, and therefore, perhaps, her mind reaches out to the world and its lusts, rather than to things ennobling and elevating. I have no reason to say that she has been an immoral girl, but through self-abuse, her mental faculties were materially impaired, and she had lost self-control. At each menstrual period, her pain in the ovaries was very severe, she became an hysterical maniac, and required constant attention. She suffered for years with ovaritis, which gradually increased, until 2 years ago she had retention of urine. This at first was not constant, lasting only a few days at a time. But it soon became continuous and had to be relieved with a catheter, every twenty-four hours and sometimes oftener.

When my skill as a physician had failed to cure her, I suspected that the retention was due to reflex irritation, and hoping that the amateness might be lessened, I decided that *Ovariectomy* was the only remedy promising relief. I therefore removed both ovaries with the fallopian tubes; finding one ovary much enlarged,

and with an ulcer, while to the other were attached several small cysts.

The patient rallied from the operation, and, on the same evening, for the first time in two years, voluntarily passed her urine, which she has continued to do ever since—now a period of four years.

This result shows what irritation of the ovaries may produce, through the sympathetic nervous system.

The sympathetic nerve is so called from the manifest sympathy which exists between the various organs. Its series of ganglia on both sides of the vertebral column, extend from the tri-facial nerve at the base of the skull to the coccyx.

These ganglia are united by nerves running from one ganglion to another, and at each ganglion there is a branch received from the spinal cord. In this way, the whole organism is in sympathy with any diseased part.

The cardiac plexus supplies the chest, the solar plexus the abdominal viscera, and the hypogastric plexus the organs of the pelvis, these being the largest of these organs. It becomes easy to understand how the urinary organs, or the urethra, may become functionally affected by a diseased ovary, when we know that the same plexus of nerves is distributed to both organs. Such affections are frequent in hysterical women in whom the nervous system has become weakened by constant irritation.

In piles, the urinary organs are often affected, and, after operation for piles, catheterization is very frequently necessary. These conditions are sympathetic disturbances.

It is the rule and not the exception that pregnant women are miserably annoyed, during certain months, with nausea and vomiting. This is, of course, caused by the direct connection between the great solar plexus and the hypogastric plexus. So it is not so difficult to understand how the pelvic viscera sympathize with one another, since the same plexus supplies them all.

The nerves are composed of both fibre and cell. From such composition there result so-called reflex phenomena. When a nerve fibre is irritated, this irritation is transmitted to cells more or less distant, and from the cells to the peripheries. The irritation transmitted from a centripetal fibre to a central cell which reflects it by a centrifugal fibre to another organ. Thus, we see that the reflex centers present complicated phenomena; at one

time, they are centers of diffusion; at another, they are centers of co-ordination of the memory, movement, etc.

The office of the nerves is essentially that of conduction. The nerves may be compared to a complicated system of wires carrying an electric current. A knowledge of this system is more essential to the physician, since he so frequently encounters its reflex workings.

It has been the general belief among the laity and even among physicians that removal of the ovaries deprived a woman of all amateness; that it made her masculine and sluggish. This is not true, but if it were, her husband would prefer this state to the trials which he is made to endure, if she suffer from ovarian disease.

In the patient mentioned in the opening of my paper, I found the worst case of self abuse that I ever witnessed. Nor has the removal of the ovaries lessened that tendency to any perceptible intent.

Although the young woman is cured of the great pain in the region of the ovaries, of the urinary retention and of the hysterical fits, and although her general health is very good, yet the evil tendency remains, which fact goes to prove that the ovaries have nothing to do with sexual desires, or sensations.

I certainly cannot conceive how a woman can have less of sexual desire when she is well after ovariectomy, than when previously to the operation, she is suffering constant pain, I therefore believe that when a physician has treated a case of ovarian disease until he is satisfied that he cannot cure it, he should give the surgeon a chance to cure the patient, rather than allow the woman to suffer on indefinitely.

There is one point in the dressings, and after treatment of my laparotomy cases, that I wish to mention. I endeavor to make my operations aseptic, or as nearly so as the surroundings permit; for I believe that asepsis, if properly carried out, is just as effective as antiseptis.

After the incision is properly closed, I seal it with colodion simple and pure, containing no iodoform in it, or any other ingredients, either medicinal or antiseptic. The colodion protects the wound from the atmosphere and keeps it aseptic, which is all that is necessary to produce rapid union by first intention. For five years, I have treated my cases in this way, which, without exception has been successful.

I never open the dressings until the sixth day, when I find the incision healed, and I remove the sutures.

If asepsis has not been perfect and any stitch abscess occur, the pus will raise the colodion at the point of exit, and the incision will not be infected with the pus; as it is so perfectly protected by the colodion. This fact makes the colodion doubly useful; sterilized gauze and cotton are used as dressings (externally to this).

From my experience with colodion, I must say that I doubt very much whether it can be improved by iodoform, or by any other antiseptic agent.

M. E. GRAHAM.

The paper was presented for discussion.

Dr. Stow thought that morbid conditions of the kind described would produce nymphomania, and that such a peculiar cerebration was a morbid condition.

Dr. Graham thought many conditions of the kind were due to unfortunate up-bringing.

Dr. Carr moved that the paper be received and published in the usual manner. Carried.

Adjourned.

S. G. HERMANCÉ, Sec'y *pro tem*.

Intelligence. MENTAL SCIENCE AND HOMŒOPATHY.—Eliza Calvert Hall comments upon two articles appearing in the transactions of the American Institute for 1896, bearing the following titles, "The Metaphysical the Permanent Element in Science" Dr Gray, of Minneapolis and "Has Suggestion a Legitimate Place in Therapeutics," by Dr. Sherman of Kalamazoo. She says his definition of disease is thoroughly in harmony with metaphysical teaching. She says, disease must mean an affection of the unity we denominate man. It is a modality of his being, of his essential self. It exists as a form or a manifestation of him and cannot be treated. The essential self of man is his mind, and not his body. Disease is a form, a state or a point of view of this essential self. The medical system that denies the entity of disease, that boldly declares that disease cannot be treated, and that looks upon man as a mind or immaterial being or spirit-like, self-acting vital force, must eventually triumph over any system, no matter how long established, that makes disease an objective affair and regards man as a body to be drugged and dosed without reference to his immaterial being. Ignorance and stupidity may find occasion for laughter at the Hahnemann theory, that there is a spiritual dynamis in every drug and plant, and that this spiritual dynamis can be directed to the healing of the essential ego in man. The Homœopath who slights mental therapeutics is thrice a fool, for in so doing, he strikes a blow at the theories of Hahnemann himself. The beauty and ingenuity of Hahnemann's ideas will commend themselves to every mental scientist as a matter of course, but advocates of mental healing will doubtless continue to prefer the spiritual dynamis that is taken into the mind by the direct path of thought, to one that can reach the essential ego only through the circuitous trip through the digestive and circulatory system.

Clinical Verifications.

W. A. YINGLING, M. D., EMPORIA, KANSAS.

Gall-stone Colic—Colocynthis.

Mrs. B., aet. 58, dark complexion.

Oct. 23, 1897. Attacked with gall-stone colic. Has an attack every two or three months. Sitting up in bed with arms folded across upper abdomen, pressing over seat of pain and weaving back and forth in the greatest agony; doubled up; cannot straighten up nor lie down. Much groaning and grunting and great excitement from the excruciating pain. All her actions indicate great suffering. Says, "the pain is dreadful—such a pushing and boring; it will surely kill me; I just can't stand it." Suffering too severe to get all the symptoms, but the picture is plain.

Colocy^{3m} (F.) in water; spoonful five minutes apart till better. In twenty minutes, after three doses, says, "there! I can stand it now." In a few moments more she lies down. Pain gradually lessening. Nearly all gone in half an hour, and inside of an hour she went to sleep and slept all night. The next day she was very sore across upper abdomen and over region of liver, but this gradually wore away and she was in usual health in twenty four hours.

Six weeks before she had an attack and was attended by an old school doctor. The usual morphine in repeated doses failed to relieve. She suffered excruciating pain for nearly twenty-four hours, and was sick for ten days after, she says from the effect of the morphine and drastic medicine.

Gall-stone Colic—Belledonna.

Mrs. D., aet. 27, medium complexion.

May 8, 1897. Attacked with gall-stone colic. Came on very suddenly. Tossing and throwing herself about in the greatest agony. Throws arms up, and bends backward. Much worse bending forward. Says, "the awful pain is right there," placing her finger over the region of the gall duct. Is unable to describe the pain and hardly able to

do anything but cry out in distress. There is a very sudden and quick intensification of the pain at times, yet there is a continuously severe pain. Wild look. Declares she cannot endure the pain. All her actions are quick; quick in change of position and in tossing about. Has had frequent spells in the past, and usually lasts from six to twelve or more hours.

Bell.^{cm} (H. S.) two doses five minutes apart.

In about ten minutes, pain eases up so she can endure it easily, with but two or three of the intensified spells, which were further apart and less severe. In less than an hour she turned over on her side and went to sleep for the night. By the next evening she was as well as usual, the tenderness in hepatic region passing away.

Gall-stone Colic—Belladonna.

Mrs. R., age 53, dark complexion.

August 16, 1897. Attacked suddenly with gallstone colic. Excruciating, continuous pain in region of liver; a boring or pushing pain; soreness in the whole of the right side. Quick, sharp, intensified paroxysms of pains at times. Grunting and crying out with the pains. Keeps moving and changing position while sitting up in bed. Bends backward and toward right side. Face flushed, and perspiration from the hard work to contain her feelings and the motions she is compelled to make. No position gives relief. Hot applications have done no good. Rather quick in her actions.

Bell.^{cm} (H. S.) two doses five minutes apart.

In ten minutes she quiets down and says the pain is not so intense. The paroxysms are less frequent and much less severe. In half an hour is nearly free from pain and can lie quietly in one position. In about forty-five minutes I leave her asleep.

Next day she has great soreness in the liver, tenderness over right side, and some fever. Has strong indications of bilious fever. In thirty-six hours after the attack of colic, she receives a dose of *China*^{52m} (Desch) which cleared up the case promptly.

Appendicitis—Bryonia—Pyrogen.

Mrs. H., age 60, dark complexioned.

July 20, 1897. Has been unwell for a day or so and has had some diarrhœa.

Hot skin and feverish. Pulse 96.

Tongue white. Thirsty. Mouth and throat dry.

Nausea or squeamishness, < from movement.

Aching all over, more in limbs and back; worse from motion which starts the severe pain; pain eases up when quiet.

Mouth bitter and dry.

Dizzy when rising up, or when on her feet.

Diarrhœa light yellow, worse from motion.

Frontal headache.

Generally better when quiet.

Eyes sensitive to the light.

*Bry.*²⁰⁰ (B. and T.) in water, three doses two hours apart.

P. M. Less pain. Pulse 100.

Pushing out in left ear as if swollen.

Squeamish at stomach.

Mouth dry and bitter, but no special thirst.

Sharp pain in lower abdomen, worse on the right side where she has had trouble for some years.

Some desire for lemonade.

Gapping and some chilliness.

Lips are parched and dry.

Restless, tossing about, can find no easy position; temporary relief from motion; keeps changing position every moment or two from restlessness.

Bed feels too hard.

Head feels big.

Pyrogen^{cm} (Swan), two doses, two hours apart, unless better on the one dose.

July 21. Took but one dose of *Pyrogen* which quieted her, and she rested till 1 a. m.

Head feels full and aches.

Stool sudden and urgent, can't wait; scant, frothy looking, brownish water, dreadful odor, very slightly bloody, slight pain before stool with sudden urging.

Was better for awhile. Weakness.

Misery in lower abdomen, > on right side in ileo-cæcaj region.

Not so restless. No nausea. Pulse 80.

Feels worse after sleep.

S. L. (*Pyrogen*, as above, when decidedly worse).

July 24. Had to take two single doses of *Pyrogen* when feeling worse, otherwise a gradual improvement and was able to be about the house on fourth day of her sickness. Feels that she has been saved from a severe and long spell of sickness.

A rapid and complete recovery.

Tonsillitis.

Miss E. H., age 18, dark complexion.

Dec. 10, 1897. Subject to sore throat for about three years.

Began yesterday on left side, now both tonsils and fauces are greatly enlarged and inflamed, filling the throat.

Choking feeling; burning; feels hot. Painful swallowing food, drink or saliva. Choking on swallowing liquids. Desires to swallow saliva frequently; pain shoots to left ear when swallowing.

Has fever. Has some hives. Some headache.

Face purplish-red and hot.

No appetite. No thirst.

Slight pain in left ear.

Left side of throat sensitive to pressure.

Lach.^{cm} (F.) two doses two hours apart unless better.

Dec. 11. Throat worse. Felt some easier for a short time.

Very red and congested in fauces, soft palate and tonsils; much worse on left side.

Feels like a knife cutting.

Desire to swallow, painful. Can swallow neither solids nor liquids.

Throat pains when talking.

High fever last night; now feels hot.

Very dizzy rising up.

Some thirst. Tongue coated white.

External throat under left jaw and up to the ear very sensitive.

Throat feels very dry, yet mouth is full of saliva and desires to spit often.

Bell.^{20m} (F.) in water, three doses two hours apart unless better.

P. M. Throat less swollen and less inflamed.

Not so painful to touch and swallows much easier.

Feels better generally.

Some phlegm in the throat.

S. L.

Dec. 15. Has been nearly well, feeling much better; went to school and became chilled in the cool room.

Now somewhat worse, and the left tonsil feels as if a pin or splinter was sticking in it.

Generally not so well.

Hepar.^{9m} (F.) two doses two hours apart.

The sticking feeling in tonsil left at once and a rapid cure with no return.

It may seem strange that *Lachesis* failed in this case and that *Bell.* cured so promptly. Though a left sided case in the Guiding Symptoms, it was a mistake to give *Lach.* at all.

Tonsillitis—Belladonna—Bryonia.

Miss L., age 17, fair complexion.

Dec. 12, 1879. Sent to the office for medicine.

For a day or so has had headache in forehead.

Face hot and flushed. Head hot.

Tongue white. Thirst for a little.

Mouth dry. Feverish.

Throat sore. Aches all over.

Rather costive. Pain in the back.

Bell.^{20m} (F.) three doses two hours apart unless better.

Dec. 14. Tonsils red and enlarged.

Tickling in upper part of trachea about Adam's apple.

Thirst with > for a few moments after drinking.

Face hot and flushed each afternoon.

Headache in forehead, > quiet; when coughing feels as though the head would burst.

Dizzy rising up.

Generally > when quiet, < moving about.

Throat not painful, except when swallowing solids, less so swallowing saliva, and none when swallowing liquids.

Bowels costive. Pain in abdomen, sharp, > when quiet, < moving about.

Some sweat about the mouth, nose and forehead.

Backache in small of back, > lying on back.

Poor appetite.

Urine burns slightly.

Faint on rising up.

Bry.^m (F.) three doses two hours apart unless better.

Dec. 15. Throat much better last evening, but worse this morning on arising; better again by 9 a. m.

Tonsils and fauces less red and inflamed.

The principal trouble is at Adam's apple; painful on swallowing only.

Pain in forehead and occiput; worse in the afternoon; sharp shooting pain from forehead to neck.

Tongue coated thick, dirty white.

Some dizziness on arising.

Aching in small of back and shoulders.

Mouth dry. Throat dry. Thirsty.

Bry.^m (F) one dose.

Dec. 16. Much better generally. No trouble to speak of. No further treatment needed.

From the standpoint of a true homeopath, these last two cases do not seem difficult, but in the hands of the mongrel or allopath they continue sick for some time. These prompt cures have brought me considerable prestige, especially as the brother of Miss H., with the same trouble, had his tonsils removed and was sick for a long while.

ACUTE MANIA, FOLLOWING SUPPRESSED SCARLET FEVER.

F. H. LOCKWOOD, M. D., CHICAGO.

Prof. Nervous Diseases, Dunham Medical College.

G. B., age 11 years. Brown hair and eyes, naturally bright mentally, large for his age. Oct. 3, '93, was called, when I learned the following history, that came very near adding one more inmate, to the already overflowing insane asylums from the scientific (?) treatment of the opposite school of medicine.

The history given by the mother is as follows:

Last winter had scarlet fever, the eruption came out beautifully at the time, naturally the fever was high, the brain seemed clear most of the time.

The attending physician ordered a cold bath to reduce the temperature, which order was carried out by the nurse according to instructions. This was followed directly by the disappearance of the eruption, (naturally) and with violent mania, striking and biting at attendants, it being almost impossible to control him.

At one time during the mania, he stole out of bed and was about to strike his mother with a chair, which the nurse prevented just in time. This condition would last until the effects of the cold bath had worn off, when the eruption would return with relief of the train of symptoms.

This sort of treatment was continued daily for several weeks, always with the same result, until finally the eruption was suppressed permanently and the patient pronounced cured—**WONDERFUL!** I found the patient in this condition:

Severe frontal headache, radiating over the entire head

< from light, the shades drawn and the room dark.

Extreme restlessness, particularly when the headache was worse.

Headache constant, but at times more severe with acute mania, which resembled that already described.

The aggravation lasting about five days.

No regularity as to recurrence, but always from one to two attacks a month, lately seem to be more frequent, since beginning school.

Always brought on by excitement.

Puffiness of eyelids, both upper and lower.

Vomiting of food and drink, can retain nothing on the stomach during the aggravation.

No thirst.

Bloating of the abdomen, full and tense.

During these attacks, a pimply eruption makes its appearance, each pimple surrounded by a white areola.

Itching not relieved by scratching, but which seems to aggravate.

Relief by washing with ammonia water.

Eruption mostly on chest and arms.

Bowels constipated.

Urine scanty, high colored, thick and strong odor.

Frequently, goes a day or more without passing urine.

Sleep poor, waking often from frightful dreams.

During the aggravation, no sleep from severe pain and delirium.

Preceding an attack, cross and irritable.

Naturally very bright, but now gets confused easily; loss of memory.

Pulse full and strong.

Head hot, eyes congested and staring.

Oct. 4, p. m., prescribed *Belladonna*^{1m}; one hour after went to sleep.

During the night profuse sweat on the head, standing in beads on forehead.

Complained of head during sleep, but when asked said it was all right.

Woke in the morning without pain.

Asked for food which remained on stomach.

No more vomiting from this time.

Urinated this morning, about the same in color and odor, but larger quantity.

Oct. 6. Two days after the *Belladonna*, a typical scarlet fever eruption appeared, which by night was fully developed.

With the appearance of the eruption the brain symptoms cleared up.

From this time the patient made rapid recovery, the eruption beginning to fade on the fifth day.

As the eruption disappeared the dropsical condition subsided.

He has remained well to this day, a large, strong, healthy boy, attending school and learns as rapidly as ever

No other remedies were given, except one dose of *Sulphur*^{1m} some weeks after. It is now four years, which seems long enough to be positive proof of a complete recovery.

The one thing I am unable to account for, is, how it happened he lived through the scientific (?) treatment, to come under my care.

A SURGICAL VIEW OF SUPPRESSION.

HOWARD CRUTCHER, M. D., CHICAGO.

Prof. Principles of Surgery, Dunham Medical College.

By "Suppression," I understand the interference with the expressions of disease, such, for instance, the driving in of an acute eruption from exposure to cold, as the application of vio-

lent chemicals to the urethra for the purpose of cutting short a profuse gonorrhœal discharge. The condition is one that has long been recognized. Wood (*Practice of Medicine*, 1868) speaks of a case of psoriasis being driven in by a harsh astringent, the result being an acute attack of endocarditis. Many other authorities refer to the part of suppression, but do not appear to attach much importance to it, until we come to the writings of Hahnemann and his followers.

There is a surgical suppression, as true as a medical suppression. As true physicians, we have but to assist the methods of nature, for nature is something so wasteful and destructive that the patient is destroyed in the effort to get rid of the product of disease. This is a subject of great practical importance, and is of prime interest to the surgeon. The terrible sufferings in cystitis often arise from nature's inability to discharge a calculus through the urethra. The stone lies in the bladder, a great mechanical irritant, and the proper method of giving relief lies in opening the bladder and removing the *suppressed* stone.

In another case, a suppressed stone will be found in the pelvis of the kidney, or in the ureter, or, it may be in the urethra itself. In any case of the kind, nature's efforts at ridding the system of a burden have been suppressed, and the resources of the surgical art must come to the patient's relief.

One of the most fatal conditions, if left untreated, is known as obstruction of the bowel, whereby the fœcal current is suppressed, generally by a tightening adhesive band. The systemic response is very rapid and threatening, and unless the condition be relieved by surgery, or by some happy accident of nature, death speedily follows.

An abscess might be defined as suppressed pus. But one remedy is to be thought of, and that is the prompt relief of the suppression—doing, in a word, in one minute what nature would not do in a week, and might not accomplish at all.

Nature never gives a dose of *Aconite* or *Mercurius*, any more than she plunges a scalpel into a collection of pus, but she lays down the rules to be followed in both cases. Nature indicates a lack of water by thirst, but she never gives a patient a drink. It is by imitating the plan of nature, and assisting her through weak places, that we attain ideal results.

CASES OF SUPPRESSION.

EDWARD CRANCH, M. D., ERIE, PA.

On being asked for cases illustrative of the ill effects of suppression of eruptions, I am struck with the fewness of such cases that I have to note; whether this arises from the facts, or from my own imperfect observation of them, I do not pretend to decide, but truly I can think of only the following, in a review of my records for several years back.

I. C., child of lithæmic parents, showed general, but not strictly universal, eczema, about three months after birth. It was washed with sulphur soap, and the skin very soon cleared off, but the child then had convulsions. Recovering from these, the rash again appeared, to be again washed with sulphur soap! Again there followed recession of the eruption, and again convulsions. This time the rash did not return, and the child died within the year, of marasmus, with convulsions. There are three other children in the family, the oldest has had frequent attacks of asthma, for which he had his nose "tunnelled," but in vain, being finally cured by *Antim. crud*¹⁰⁰⁰. Another child had a very tedious convalescence from typhoid fever, with threatened atrophy of one limb, but finally recovering; while another child was marasmic and pot-bellied, but is all right now.

II. Miss Hart, aged about 21, had some sort of eruption on her face, which obstinately resisted allopathic salves and washes.

She herself, her vanity being enlisted, was still more persistent, and the rash finally fled, but in a short time she became insane. I was called on as a supposed expert in insanity (though there is no class of cases of which I have more horror), and I gave the best prescriptions I could select, including *Sulphur* and *Zinc &c.*, but without effect, and she was sent to an asylum, where she has remained, now these fifteen years, mild, but uncured, although in excellent physical health. Other members of the family, among whom I still practice has showed no marked peculiarity of constitution.

III. Mrs. J. S., age 60. Had frequent sore throats, without swelling, marked by a patch of vivid red on either side of the fauces.

This alternated with slight patches of eczema on the hands and arms. *Sulphur*, and *Hepar* were her principal remedies, and *Gelsemium* and *Coffea* good coadjutors, when one day, about two

years ago, she came with a true "eczema universale," but remarking that she "felt splendid."

She got very little medicine, some *Clematis* and some *Sulphur*. There was no remedy used locally, so far as I am aware, except oil of sweet almonds, which I often employ in similar cases, as an emollient. After three or four months, the eruption slowly subsided (not suddenly), and some of her old languid feelings returned. About three months ago, fully two months after the subsidence of the eruption, she had a slight stroke of paralysis affecting the left side of face and left arm and hand. There was great debility, nervousness and wakefulness. Stools lumpy and watery, tongue very white. Says paralysis is common in her family, two brothers and her mother have had it. She got *Ant. crud.*, and soon recovered from the paralysis, and now has her old sore throat back again, and is slowly recovering her usual health.

This might be called a case of metastasis, since no ascertained cause of suppression intervened.

IV. As an illustration of another form of suppression, I will give a chapter in a case I reported to your journal (THE ADVOCATE) last year. It was a case of fatty heart, with dropsy, leaking from the limbs, with impossibility of lying down. He recovered under *Phos.*¹⁰⁰⁰ at long intervals, so that his dropsy wholly disappeared, and he can now sleep all night in bed, walk over town, shovel snow, and attend to a little business, and breathes well. A good case for one over 78 years of age! Well, a few days ago he came into my office saying he has had an exhaustive diarrhœa for several days, but had not liked to do anything to stop it, but now he was utterly done out. I asked him about breathing, etc. and prescribed *China*¹⁰⁰⁰. In the evening I was sent for, he had great distress of breathing, regular "Cheyne-Stokes," such as he has had in his days and nights of dropsy, and he stated that he had "not another stool." I gave him one dose of *Phos.*¹⁰⁰⁰, and called in the morning, to find that he had slept well all night, and had a natural stool in the morning. No more bad breathing, and no other complaint. Hence, no medicine.

Here was a case, of which I believe there are many, not always noticed, where the sudden stopping of one symptom develops others. Sometimes such treatment seems needful, as in hemorrhages, with the resultant head-ache, or in syphilitic iritis, with threatened blindness, even though a new sore on the body fol-

low, as I have witnessed, or in threatened apoplexy, treated by *Glonoine*, with resultant, (or consecutive) sciatica, and perhaps in other cases.

Always, where possible, we should avoid sudden and profound effects upon the mind or body, but "break it to them gently" not like the messenger who announced a death by bringing along a coffin, saying it would be handy to have when the next party came in!

One lesson we can learn from modern pathology, is the probable identity of Hahnemann's "Psora" with lithæmia or gout, with which at least one third of the human race is afflicted, and which accounts for all the symptoms of "Psora," except those belonging to pure tuberculosis. Here we have the explanation of these metastases from and to the skin, that often seem so obscure, when a customary outlet for morbid matter (not merely a dynamis) is closed, and another has to be supplied.

The essential dynamic nature of disease is not questioned, but the part played by the excretions must be fully recognized.

This subject is too extensive for further treatment here and now, but I wish to go on record as affirming that "Psora" of Hahnemann, and gout, are essentially the same thing.

PLUMBUM.

FRANK R. WATERS, M. D.,

Prof. Diseases of the Thorax and Phyc. Diag., Dunham Medical College.

Mrs. A., aged 50 years. Light complexion, brown eyes, light brown hair, small, bowed, fleshy.

About twelve years ago while in company with some lady acquaintances was kindly (?) given a formula for the complexion as follows: (quantity not remembered)

Flake White.

Rose Water.

Mix.

Off and on applications to the face were made up to 1895.

She has been my patient since Aug. '91 and in that time had not discovered any evidence of such an article being used.

The symptoms have called for *Bell.*, *Lyc.*, *Sulph.*, *Chel.*, *Graph.*, *Puls.*, *Rhus.*, *Bry.*, and *Apis*.

May of '95 had a condition that I called lumbago—severe pains upon moving, though obliged to move—situated in the

lumbar region. Scanty, high colored urine, tenesmus, and a rise of temperature to 100 3-5°. *Rhus* was the remedy.

In about a month after this, she began to loose the use of her arms and hands. Could not raise her hand to head to dress her hair, nor hold a cup to raise it to her lips. Inability to take hold of anything without spreading fingers apart and slipping the article between them.

I knew nothing of this condition for perhaps six months. When happened to call and found the condition of complete "wrist drop" and also that she had acquired the "Dispensary Habit" and was now taking Fowler's Solution. Tried to persuade her out of that treatment.

She was now reduced in weight fully thirty pounds, and condition generally pitiable—even her tongue was thick in talking, pains in forearm, especially right extensors; left almost as bad, (began in right went to left) almost total loss of use of both hands. Legs and feet to end of toes pained as if pricked with needles. Could hardly walk.

Not feeling inclined to be prescribed for, told her, would send her some medicine by mail and she could do as she choose about taking it.

Had not seen her for nearly a year, when she walked into my office a picture of good health. What went through my mind as to the probable cause of the cure, am not quite positive, for I expected to see her again soon if the medicine sent her had done its duty.

Her story was that the medicine she had been taking had given out about the time my powders arrived, she had taken them. The improvement commenced immediately and continued, had taken no medicine since all symptoms had disappeared with the exception of a slight numbness in ends of fingers—usual weight had returned. Remedy was *Plumbum*^{10m}.

CLINICAL VERIFICATIONS.

W. W. GLEASON, ATTLEBORO, MASS.

Robert C., 8 years of age. Worms.

Aching in forehead.

Restless sleep.

Grating teeth at night.

Starting from sleep at every noise. *Cina*^{cm} one dose, cured.

- Mrs. N., four months pregnant—fourth child.
Feels as if she don't want to know where her husband's razor is, for she is so discouraged, she would as soon die as live.
Irritable, gloomy.
Constant aching from vertex to eyes.
(Diagnosis: misplaced foetus.) *Puls.*^{mm} one dose cured.
- Mrs. P., three months pregnant—fourth child.
Varicose veins of right leg excessive.
Constant aching of varices (no other symptom).
Arn.^{cm} one dose cured.
- Eugenia M., 13 years of age, never menstruated.
Constant headache, can't bear light, can't read or study.
*Puls.*²⁰⁰, four doses.
In two months menstruated. Headache cured.
- Ernest E., Intermittent fever. *Had it a year ago, same month.*
Podromic: Sleepy, yawny, weak, vertigo.
Chill: 2 p. m. Thirst for small quantities frequently.
Better from heat of stove.
Heat: Mostly internal. Restless. Thirst same as in heat.
Sweat: Drank large quantities of water. Cold clammy sweat. *Ars.*²⁰⁰, four doses, cured.

TWO CASES OF DIABETES MELLITUS CURED BY
SULPHUR.

R. E. BELDING, M. D., TROY, N. Y.

Mrs. H., aged about 65, for many years a sufferer from a variety of complaints, under Allopathic treatment, came to me in the condition outlined below. She is short and very fleshy, with dark hair and eyes and is of an obstinate disposition. She is always disposed to make light of her sufferings. She is very weak, scarcely able to drag herself across the room. She is losing flesh and haggard. For a year or more she has had intense burning in the stomach and œsophagus, worse after eating. Her appetite is very poor but she drinks water by the gallon. Cannot eat rich food. Much gas in the stomach and has nearly constant nausea. Tongue red and irritable with a white coating in the middle, with very dry mouth. Dislike for sweets and meat. Much pain across the region of the kidneys. Pain is

somewhat relieved by leaning against something hard. She fell two or three years ago and hurt her back. She used to have much brick dust sediment in the urine, but now it is clear, profuse and analysis shows a specific gravity of 1042 and sugar to the amount of 16 grains to the ounce. Her sleep is broken by pain in the stomach or back. She wakens regularly from 12 to half past twelve, remains awake until 4, then sleeps until 6 o'clock, when she has to hurry from bed for painless, loose stools of which she has 5 or 6 between that time and 10 o'clock a. m., having no farther trouble with them until next morning. The abdomen and limbs are dropsical. She received *Sulphur*^{1m} in water, five doses, two hours apart, on May 24th, 1897. On July 4th, analysis showed specific gravity 1032, and sugar a little over five grains to the ounce. A little pain in the stomach and back is very weak, allowing her to walk but little. *Sulphur*^{81m}, one powder, dry on the tongue. July 26th she is better every way except that the back is still weak and lame, perhaps as a result of the fall before mentioned. There is no trace of sugar and the specific gravity is normal. She looks much better, is gaining flesh, has a good appetite, sleeps well, bowels regular and has no unnatural thirst.

CASE TWO.

Fred H., age 35, thin and a little stooped, a clerk, married and the father of two lovely girls, smokes moderately. Urine cloudy with a flocculent sediment, specific gravity 1035, sugar 4 grains to the ounce about normal in quantity. Two years ago there was deposit of uric acid followed by rheumatism in all of the limbs. Has traces of it yet. He chills easily and likes heat. Back ache nearly constant, in lumbar region. Suppurating pimples on the back and shoulders, sore to touch. Had piles a year ago which disappeared by the use of ointments. After *Sulphur*^{1m} two powders 12 hours apart, the symptoms all disappeared.

Obstetrics.

PURIFICATION AFTER CHILD-BIRTH.

JOHN CAMPBELL, M. D., GREEN ISLAND, NEW ZEALAND.

The Mosaic law was holy, just and good. One part of that law viz: Leviticus ch. 12th, though railed against by some, yet has in it many valuable hints for gentiles as well as jews, to which we might do well to take heed.

It was not designed for the benefit of the Most High art, but for them, for the nation of Israel to whom it was given.

It is a mistake to fancy that the law as given by Moses was merely ceremonial or moral, or religious. It was all these, and yet it was a great deal more. It was physical or physiological law that went right down into the every day life of the people. It took cognizance of their dietary laws, prescribing what they might eat and what to avoid. To fast at least one day in the year, and to eat bread, unleavened bread for one week in the year. It included sanitary laws of life and health, and sexual laws for both married and single. They are a treasure house of knowledge, unknown, neglected and despised. They are looked upon as obsolete, having passed away, never to be renewed or enforced again. But even this belief is another mistake, for very much of that law will be incorporated into the laws of life in the age to come.

When the law of Lev. 12th is carefully and studiously read, it can be seen that this is a sexual law for the married. A law treated slightly and passed over with small comment, because it was given to the jews, and not for the gentiles. Indeed, so far as this chapter is concerned, the learned commentations and the prominent church goer see so little in it, either as a sexual or typical law, that it is very seldom dealt with or enlarged upon. I would feel honored in bringing this law out of its long past and present obscurity, pressing its claims upon those whom it may concern and upon the medical faculty.

Here then we notice that its provisions, primarily, are in connection with maternity, and the laws of childbirth. "If a woman

have conceived seed and born a man child, then she shall be unclean 7 days." This however is not a fiction uncleanness, but a proper and natural description of the state and condition of the mother, during this period when she was separated or sanctified "according to the days of the separation for her infirmity" shall she be unclean. She was set apart 7 days for a boy and 14 days for a girl. But here we ask, was this law merely ceremonial or arbitrary? If a divine law, shall we not rather repeat that it was "holy, just and good." Not only a physical law, but in the best interests of the mother and children to come. It established a difference between boys and girls, for which reason, experience and more exact knowledge in thus differentiating between the sexes has yet to be made. This point is not unknown I admit, and was known in ancient times especially, the other time period given as 33 and 66.

We might say at least that He who made man in the beginning and who appointed the laws pertaining to reproduction. He knew the calls of nature to be absolute, with no sensible variation, say that the mother in this law designed for her welfare, recovers sooner after a boy than a girl. So we say that the creator and designer of the sexual apparatus, and the God of Israel, gave to his people a law for their to study and observance, and all for the conservation of the health, energy, beauty and spirituality of the mothers in Israel—to lay up for a week or a fortnight as the case might be, and then only visible to female friends. But does a mother recover sooner after a boy than a girl? We answer, yes! There are both physiological and sexual reasons involved in this law which gave us the meaning of this difference. It observes in woman's nature, and nature's Law-giver just points it out and emphasizes it in this chapter. Rest is essential after childbirth, and this rest of a week or a fortnight might be pointed as correct by all who understand the subject. At a week old, or on the 8th day, the boy is circumcised. The very best time for this to be done. But here we enter upon another allotted period. The mother is thereafter to "continue in the blood of her purifying three and thirty days." Eight and thirty-three would make forty-one days in home isolation.

But that is not all—during those 6 weeks, she was still living in sexual separation. Again, "she shall touch no hallowed thing, nor come into the sanctuary, until the days of her purification be fulfilled." Of course, this law was to her a religious disability

and time here was an essential element of her state and condition subjectively. She was passing through a process of blood change, of blood purification and of womb change as well (including all the sexual apparatus), on to a natural or normal blood life, back again, to her own sexual blood life and state as before conception. To effect this, time is needed. This Mosaic law defines that time to be for a boy, full 41 days, or say 6 weeks; during this time, the husband was not to seek conjugal rites or privileges. They were thus set apart sexually, until the time of her separation was fulfilled. This tended to the crucifixion of the flesh, on the one side and sometimes with both. But such restraint was good. Then she would go to the Tabernacle or to the Temple, to be cleansed of her issue of blood—to be washed or baptized in running water as Jewish mothers do today after they are clean. Let it be on the 42d day, for that completes full 8 and 33 days. Then the mother offered an offering unto the Lord as described in the last verses.

This too under the sanctifying influences of maternity, was so good, for it brought up and exalted the religious faculties in the husband and yet more in the wife and mother, when the emotional part of her nature and all her religious instincts were active and her whole nature we might say in full sympathy with her religious obligations. When she had thus become "clean" Mosaicly and duly prepared by those holy exercises at the Place of the Name. We say, when husband, wife and child returned from this service, the marriage was renewed. Both have waited the expiration of the legal period. The mother now and not before was morally, spiritually and sexually fitted to enter upon this feast of love, and to stamp her offspring with the same high exalting religious emotions, as fitted herself—and not only so, but of conceiving seed the more readily, just at this point of time at the end of these 42 days, or possibly *on the 50th day*, if we allow a week for further certainty as to cleanness. See Lev. 16: 28; then she might close the circle of her separate state with the beginning again of loves privilege. Observe our contention is—not before this time had elapsed. It meant abstinence according to law on the part of husband and wife and the subjection of the will human and the will divine and the law of the flesh to the law of the spirit. As a mental exercise and a physical gain, (oh, how much to the wife and mother) it strengthened the organ or faculty of the will, as it strengthened and excited amativeness

when the time of mutual restraint had passed and they were then legally free to come together again. Now, if we but considered that the mother requires this full time for recuperation, for restoration, as applying to her whole sexual organism, then we might say how sinful, how exceedingly sinful to break this law, as much so to-day as when this law was given.

This is the meaning of the 12th chapter of Lev. A gracious law for all mothers, and placing the husband on the plane of the lover for the past six if not seven weeks (on the 50th day) after giving birth to a boy.

But if a girl, the time is doubled—here my lady doctor friends, might extend the scope of this paper—no handshaking, nor kissing for a fortnight—not to be touched during these two weeks of restful isolation from the husband. Then she was to count 66 days after that, or 80 in all. Here too I suggest another week for cleanness or more likely 2 weeks, or double the time of separation for a boy i. e. 100 days before she is freed from this injunction. The Jewess mother does this at the birth under the synagogue. We should mark well this difference between the time for a boy and a girl, and to see that continence and self denial is a gain and not an evil, which if it were known and strictly observed as its importance deserves, would enlarge the sphere of human happiness give strength, long life and good health, and would make our Sarah's *good* looking and joyous to an advanced life.

Courage, cheerfulness, and a desire to work, Moleschott says, depends mostly on good nutrition.

By a recent act of the Connecticut Legislature, the marriage of epileptics in that State is forbidden.

There is no doubt that physicians charge for their services in accordance with the means of their patients, and none are refused treatment. If physicians would volunteer to treat the poor of their respective circles, their would be no need of dispensaries.

REMOVAL OF BLOOD STAINS.—According to Dr. Blenkiser, in the *Scalpel*, surgical instruments, sponges, the hands of the operator, and other blood stained articles, may be readily cleansed by washing them in a tepid solution of tartaric acid, and then rinsing in water without soap.

Correspondence.

BOSTON, MASS., Dec. 20, 1897.

H. W. Pierson, M. D., Editor Hahnemannian Advocate.

Dear Doctor:—Will you kindly publish the following corrections of the remarks in the discussions of the *Society of Homœopaths* in the November number of the *ADVOCATE*. The corrections were sent you, but by some mistake, evidently were not made according to the revised proof.

Page 678. Dr. Kennedy's second remarks, third line, should read "you did give it later."

Page 679. Dr. Thurston's remarks, third line, "all held" should be "are told."

18th line, "furnished" should be "finished."

22d line, "antidote" should be "antedate."

8th line, from bottom of page "dynamic" should be "dynamis."

Very truly yours,

S. A. KIMBALL, Sec'y.

BENNINGHAUSEN'S REPERTORY.

Am in a similar dilemma, with Dr. Gleason, quoted in last number as to *relationship* in BENNINGHAUSEN'S REPERTORY.

It seems to the uninitiated a blind and irrational scheme—to illustrate, *Aconite* under head of *MIND*; *Apis* has second place.

Apis under head of *MIND* gives *Aconite* fourth place. How can the relationship be different, when two remedies are compared under *LOCALITIES*? *Apis* gets first place under *Aconite*, *Aconite* gets second place under *Apis*.

Does this refer to succession. *Apis* being in such a ratio, more likely to succeed *Aconite*, or what interpretation are we to put upon it?

We need all the help of the fathers in Homœopathy, but often wish that we understood their meaning better. Any one who can unravel this, will confer a favor.

Am very much interested in the sharp prescribing of the ex-

perts in our ranks, but would be pleased to know at times the means by which they arrive at their decisions as to remedies. The query now in my mind is, what led Dr. Haynes to prescribe *Baryta iod.* in the cancer case.

I do not ask in a spirit of doubt or criticism, but from a sincere desire to be able to do likewise. Although a practitioner and student for many years, I cannot follow his steps and reach the remedy in that case.

Yours truly,

Madison, Wis.

E. A. BROWN, M. D.

A WORK ON COCA.

504 W. 146 St., NEW YORK, Jan. 17, 1898.

My Dear Doctor:—For some time I have been preparing a work on Coca, which will aim to exhaustively present in an impartial manner, all that is known of this remarkable plant and its application.

The marvelous tales with which we are familiar—of the wonderful sustaining powers of Coca, would alone indicate some inherent property of inestimable value. But either from prejudice or neglect,—possibly from the greater interest directed to its alkaloid, Coca has been overlooked and has not received that attention which through its physiological importance it is entitled.

To supplement data already at hand for this work, I addressed many representative physicians, asking their experience with Coca. While this collective investigation was commenced on the supposition that the remedy was little known and less understood, the replies have impressively emphasized this. They also have generally expressed a desire to more fully learn the true properties of Coca.

I ask that you will kindly further this work by answering the enclosed queries, and also by calling the attention of your readers to this inquiry of common interest, with a request to forward to me the result of personal observation or experience in the use of Coca, as a therapeutic agent or as a food.

Very sincerely,

W. GOLDEN MORTIMER, M. D.

People's Department.

A CASE FOR CONSULTATION.

M. E. DOUGLASS, M. D., BALTIMORE, M. D.

Frequently seeing articles with the above caption in our medical journals, I think I will report a case that came to my notice the other day.

A tall, raw-boned, very black country negro, about forty years of age, came into my office and wanted to know if "dis you was mister Dugges." I told him my name was Douglass. "Youse de man Ise lookin' fur. I cum ter git yo' ter tole me wha's de mattah wif me. Mister Robberson dun tole me youse a pow'ful good doctah, sah, an I feels miserable all ober, an' I don' no wha's de mattah." Well! tell me how long you have been sick, and how you were first taken; how you have felt ever since, and what you have taken, how you felt before you were sick, and—"Hole on doctah! how's I gwine ter tole yo' dat ar?" Do the best you can, and don't talk too fast, for I want to write down what you say. "Wha' yo' gwine ter do wif it?" Keep it for reference. "Ise gut a pow'ful mis'ry in mah side, boss, rite hyar," laying his hand over the region of the spleen, "an' Ise gut anudder mis'ry in mah hed dat trubbles me mos' all de time, but am pow'ful bad 'er nites. Dere's a noise in mah hed like a pile 'er wheels all gwine sizzity-zip; an' I has de staggers pow'ful bad, sah; seems if Ise gwine roun' an' roun' all de same as 'er top. Den dose wheels will go blam, an hit 'pears like mah hed gwine ter bus' rite open. Den times I gits kinder blind like, sah, an I ain't got no sense no mohr fur er long time. Den, doctah, Ise gut sich a pow'ful mis'ry in mah stummick, pears like I swallowed a lump er ir'n, hit hurts pow'ful bad. An' boss dis yere mis'ry dat goes plum frum mah grine clar down ter mah ankle are pow'ful bad; it jis' gits easy like, an' I tinks it am gwine way foh shure, wen, blim, it goes down er leg like er stroke er litnin', an hit mos' maiks one holler out. I don' plane er nuffin else, sah. Ise got a pow'ful apertite, sah. Ise fraid I dun bin tricked boss: deris a ole niggah woman dat dun pizen me, Ise mity feered. She

am a pow'ful bad niggah sah." What have you been doing to her? "I ain' dun nuffin to her sah, only jes druv her ole cow offen my lan', an her pigs 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, cant say as I did perzakly dat ar way! Yo' see, boss, twas dis yere way. I jes druv her ole cow cross de crick inter de woods erbout er mile er two maybe, whar she don trubble me no mohr dat ar day, an' she kinder git lostes out dar."

When did the cow come home?

"Well, boss, twas erbout er week."

How about the pigs?

"Well, boss, dem pigs am pow'ful mean pigs, jus de mos' meaninest pigs yo' eber seed; pears like dey was allus gwine ter git inter trubble all der time; an' one day Ise jes dribin ob dem pigs outen mah cohn, kinder easy like, an I hit one er dem wif a stick, an he tumble ober, and squele, an den he say no mohr. Ob corse Ise pow'ful sorry dat I dun hurt one of dem pigs, but 'twant no mannah er use ter waist er good pig, so I jes bled him sose de meat be good for sumfin."

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 kick up er pow'ful shinny, an sides boss, er dade pig ain' no count ter nohow."

So you left that pig lying there for the buzzards to eat, or until the woman found it?

"No, boss, dat ar pig look pow'tul nice arter he war dressed, an I jes tote it home an' he maik mity good eatin' sah."

Let me see that rabbits' foot you have in your pocket. Just what I thought; this is the right foot, and you ought to have the left one. And you ought to pay the poor woman for her pig that you stole, and apologize to her for driving her cow away. I am afraid you are a bad man sir, and ought to be arrested for your meanness. This old woman has done nothing to poison you, but your own natural meanness has poisoned you through and through. You wont live much longer unless you make reparation for the wrongs you have done unto your neighbor.

"Well, boss, I gwine ter do jes as yer tole me; Ise gwine ter git anudder rabbit's fut, an Ise gwine ter gib dis hyar one ter de ole ooman, and I ain' gwine ter kill no mohr ob her pigs nudder."

After getting this promise from him, not one item of which he has the least intention of carrying out, except the procuring of the rabbit's foot, I gave him some medicine, and sent him on his way with an admonition to change his ways.

WHAT THE PEOPLE SHOULD KNOW.

All who know and desire the benefits of the homœopathic system of medicine, or art of healing, should acquaint themselves with the customs of the strict practitioners in order to avoid the deception of pretenders who are willing to imitate for diminutive fees, having no consideration for the patient nor the art of healing.

There are physicians who call themselves homœopaths, but are so only in name, as they do not follow the methods worked out by Hahnemann. They give two medicines in one glass or alternate in two glasses, or in some cases give medicines in three of four glasses. They do not conform to Hahnemann's rules in taking the case and writing and preserving full records of the cases. The people who are unacquainted with these facts cannot protect themselves against impositions. The false and the true pervade experiences and conditions of life, and the unenlightened and simple suffer by the deceptions of the false. The time has come when the followers of Hahnemann should furnish information to the people in order that they may recognize the genuine if they desire the benefits of the homœopathic art of healing.

It should be known, first of all, that true homœopaths write out the symptoms of each and every patient, and preserve records for the benefit of such patient and the art of healing. A moment's thought must convince any person that human memory is too uncertain to be trusted with the long record of symptoms, even in a small practice; then how much more does the busy practitioner owe it to his patients to keep accurate records of their sicknesses? No physician is competent to make a second prescription if the symptoms upon which the first prescription was made have not been recorded with fullness and accuracy. Often in such a case the neglectful physician has forgotten the remedy given, even the one that has caused great improvement, but as there is no record of the case as to remedy or symptoms, and many of the latter have passed away, there is nothing to do but to guess at a remedy, which generally spoils

the case or so confuses it that the case seldom ends in a cure, and the sufferer always wonders why the doctor, who helped her so much at first lost control of the case. Many cases that should end in a perfect cure, result in failure from the above negligence. Under such circumstances, when the physician has made a bad guess, he goes on spoiling his case by guessing and changing remedies to the disgust of the patient and injury to the art of healing. Such failure leads to that experimentation and temporizing which ends in disgrace. The people should be able to know whether a physician is what he calls himself, or is of another sect. The temptation is very strong to be "all things to all men."

The people should not expect to obtain homœopathic results from a physician whose methods are not in accordance with the nonœopathic art of healing.

If a person wants mongrelism, regularism, polypharmacy, etc., by knowing the methods of the homœopathist, he will be able to discriminate and select the kind of his preference, and it is reasonable to suppose that if he does not want a homœopathist he will be glad to know how to shun him. Nothing is more humiliating to a Hahnemannian than to be called to the bedside and find that the people do not want him, but want one who gives medicine in two glasses because some old family doctor did so. Therefore, this information is as useful to him who would avoid a homœopathist as to him who desires one.

Homœopathic patrons going abroad and those far removed from their own physician, often ask for the address of a good Hahnemannian. Such address cannot always be given, yet there are many reserved, quiet Hahnemannian physicians scattered over the world, but they are sometimes hard to find. As far as possible, traveling homœopathic patients should carry the address of Hahnemannians. In the absence of this, a test may serve the purpose. Go to the most likely man who professes to practice after the manner of Hahnemann and tell him you want to consult him; but unless he writes out all the symptoms of the case as directed by Hahnemann, and continues to keep a record for future use, you cannot trust your case with him, as you have learned to have no confidence in the memory of the man. If he refuses to do this because of lack of time or ignorance, he should not be trusted, and it is best to bid him "good day" at once. If he be what he professes to be, he will be delighted to find a pa-

tient that knows so much of his system of practice, and the patient and physician will become fast friends.

There is another matter that the people should know about: that the homœopathic physician cannot prescribe on the *name* of disease; also, that names are often the cover of human ignorance; also, that two sicknesses of the same name are seldom given the same remedy. If a physician could prescribe on a name there would be no necessity to write out the many pages of symptoms that some long cases present.

The people should also know that when such a record is on paper it is in such form that the patient may become the object of great study. In no other form can a likeness of his sickness be presented to the understanding of the true physician. Any physician who sneers at this plan shows how little he values human life and how much he falls short of a Hahnemannian.

The people should also know that the true physician may now compare such a record of facts with symptoms of the *Materia Medica* until he has discovered that remedy most similar of all remedies to the written record. And when the patient has become intelligent, he will say to his physician: "*Take your time, Doctor. I can wait until you find what you think is the most similar of all remedies, as I do not want to take any medicine you are in doubt about.*" This statement makes a grateful doctor, as he now knows that he is trusted and known, and has a patient intelligent and considerate. Under such circumstances the doctor can do his best and such patients obtain the best and most uniform results.

People who are not thus instructed become troublesome to the physician, and even suspicious, when they need to inspire him with full confidence, and sometimes they even change physicians and do the one wrong thing that is against the best interest of the patient. It is possible and desirable for the people to be so instructed that they may select the safest physician and know when he is working intelligently. People who are instructed do not intrude upon the physician's sacred moments, but, on the contrary, aid him with trust and gratitude.

Only the ignorant suggest this and that in addition to what is being done, and the more ignorant the doctor the greater is the number of things resorted to to make himself and others think he is doing something. The intelligent physician does what law and principles demand and nothing more; but the ignorant one

knows no law and serves only his wavering experience, and appears to be doing *so much* for the patient, in spite of which the patient dies.

The physician must often long for a patient so well instructed as to say: "*Doctor, if you are in doubt about what to give me, don't give me anything.*" Such words could only come from one who knows that there is a law governing all our vital activities, and that law must be invoked or disorder must increase to the destruction of all order in the human economy.

If it were not true that the human race is ignorant of the highest principles of science, mongrelistic medication could not find support upon the earth. It is true that if the people would study Hahnemann's *Organon* and thereby secure the safest medication for themselves and their families when sick, crude compounds and uncertain medication would not be the rule as it is at the present day. In all trades a man must be somewhat skillful in order to gain entrance to an intelligent patronage; but in the profession of medicine, personal tact excuses such lack of training and ignorance of science of healing.

People who know what homœopathy really is, should seek to introduce the principles among the most intelligent people by reading, and not by urging upon them a favorite physician.—*Hahnemann Advocate* of Rochester, N. Y.

Index for '97. Through an oversight on the part of the binder the index for Vol. XXXVI was omitted from the December issue and will be found inserted in the January number. It can be removed and attached to the volume already completed at the convenience of the subscriber. Any one failing to receive the aforesaid index will kindly notify the publishers when it will be forwarded.

Surgical Era. With the January issue we find inserted a sixteen page form entitled *Surgical Era* under the editorship of Prof. Charles Adams. At first we could not comprehend the motive which prompted the insertion of these pages in the midst of the journal, but find on examination that it has been so arranged that they can be separated from the rest of the magazine and bound by themselves, thus constituting a journal devoted exclusively to surgery. This will undoubtedly prove a valuable innovation to modern journalistic efforts.

Editorial.

Attention is called to the first article appearing in this number — *Treatment by Correspondence*. Every physician who has been requested to prescribe for some absent patient, has felt their inability to make a suitable prescription, because of the difficulty in securing a report that clearly pointed to any curative remedy. If their work has been somewhat extensive in this direction they have been compelled to formulate some *Instructions to Patients*. We have found nothing more satisfactory than that found in *The Organon of the Art of Healing* § § 84-89, also § § 206-209 modified, so as to be intelligent to the patient; but Dr. Drake has so faithfully elaborated these simple instructions, as to put the readers of the *ADVOCATE* under great obligations to him for this practical expression of his own experience. We would suggest that the doctor have the same put in suitable form for sending direct to the patient and supply the demand that will undoubtedly follow the reading of this valuable article.

A number of articles appear in this issue, illustrating some of the effects resulting from *SUPPRESSION*. In these several reports the suppression has been through the ignorance of the attendants or the misdirected efforts of some old school physician, but cases almost without number may be cited, coming from the hands of so-called followers of the law of similia. It does not necessary follow that the *force* employed must be *strong*, in order that the results may be *serious*; for the most difficult cases to treat are those whose disease manifestations have been persistently *suppressed* by repeated but misdirected doses of *potentized remedies*. The vital force becomes so irritated or sensitive by reason of the *nagging* efforts of those who through ignorance of the nature of the disease manifestations, *try* first one remedy and then another, without waiting for any of them to complete their action. The law of similars is a wonderfully comprehensive *art of healing*, but few there be who comprehend its powers or know how to utilize the same.

APOLOGY FOR COMBINING HOMŒOPATHY WITH ALLOPATHY.

"I believe that opportunities for advancing the interests of homœopathy are very frequently lost for the simple reason that we have no accurate definition of the immediate end sought for in any given practice of homœopathy. How frequently we are charged with inconsistency in that we identify ourselves with the name homœopathy, while cultivating not only homœopathy but also whatever else than homœopathy is good in medicine. I believe that one cannot in the best possible way refute this charge without accurate definition of the cure sought in any given practice of homœopathy."—(Dr. Mack in *New England Medical Gazette*.)

The author says that there are many physicians in the old school who, dissatisfied with their own practice, would investigate the practice of homœopathy were it not for the *inability* on the part of members of the homœopathic school, who employ anything and everything that will help their patient to answer the following inquiry: "*How can you consistently call yourself a homœopath and at the same time cultivate whatever else than homœopathy is good in medicine?*"

He says he feels sure the answer that will prove most satisfactory to many of these investigators involves an accurate definition of that cure of which *similia* is the law. This law he defines to be:

"Such modification of the quality of vital processes and their effects that whereas these processes and effects are abnormal, they shall, as the immediate effect of the medicine used, become normal, or approximately so."

This is a very fair statement of the cure brought about by the application of the law of similars and when contrasted with the reasons given for the employment of other agencies ought to be sufficient to condemn the practice from whatever standpoint the question might be viewed. For example, he says:

"In all practice, other than homœopathy, ends entirely distinct from that of cure are being sought for. For instance a patient has typhoid fever, the physician seeks a homœopathic remedy, so as to effect immediate cure above defined as that of which *similia* is the law, but he may attempt the practice of killing the typhoid germ, or he may attempt the practice of chemically destroying ptomaines, or he may adopt the practice of stimulating, or he may adopt the practice of cold pack or cold baths, or he may combine two or more of these practices and at the same time administer a homœopathic remedy. The immediate end sought for by the homœopathic remedy is as different as that he sought for with any of the other practices as is the immediate end he would seek with a stimulant from the immediate end he would seek with a germicide.
* * * * From the definition above given it is evident that the cure of

which *similia* is the law ranks above any cure that we may attempt to make in any other practice."

"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."

THE USE OF HIGH POTENCIES.

At the British Homœopathic Congress, Dr. John McLachlan presented the following reasons for the employment of remedies in highly potentized form:

1st. The use of high potencies seems to me to be but a natural corollary from the main proposition (*Similia Similibus Curantur*), for if a given drug can produce such a state of suffering in a healthy person, *i. e.* a person whose vital force has no tendency in the direction impressed upon it by the drug in question, how much easier must it be for this same drug to produce its effects in the sick man whose vital force has a tendency to go in the same direction, therefore how much less of the drug must be required. In the first case, that of the healthy man, it is like two forces acting along the same straight line in opposite directions, where the resultant is equal to the difference between them, and has the direction of the greater component. Now the drug will always form the greater component, and so it has first to bring the other force (health) to rest, as it were, and then impress upon it a force causing it to move in the opposite direction (away from health).

In the second case, that of the sick body, it is like two forces acting along the same straight line in the same direction and the resultant therefore is equal to their sum. Now it is evident that a very much smaller force will be necessary to produce the same change of velocity in the second case than in the first case, *i. e.* a much smaller dose will be required.

2nd. Disease is not a material entity, but only a derangement of the spirit-like immaterial vital force. If we, therefore, oppose to this deranged immaterial vital force, massive material forces or low potencies, can we be said to be carrying out our principle *similia similibus curantur*, for we are opposing something that is immaterial with that which is material?

3rd. In the physical universe there are but two things, *matter* and *energy*; to these two either separate or combined we must trace all phenomena. Now *matter* is *indestructible*; again it is *perfectly impassive*, and can neither *originate* or *change anything*. On the other hand *energy* is associated with everything in the physical universe, and in fact is the *active* part of the universe and all change is due to it. There is *conservation of matter*, for on this fact chemistry is based; there is also *conservation of energy*. *Matter*, therefore, has *weight* and *property*. *Energy* we cannot perceive by our senses, except in the act of transformation from one form to another. Now, as chemists we have to do with matter beyond everything else, but as therapeutists we have to do with energy for the healing power; that the healing with drugs must be a form of energy.

The doctor elaborates these several reasons for employing remedies in the potentized form, and then comes to a practical demonstration of his principles by citing three cases.

1st. Eczema since birth, < hollow of joints, legs, neck, face and in the right hand; worse in spring and autumn. Itches intensely < about the neck; worse in the evening; better on undressing; worse when warm in bed. Much smarting after scratching. Two years ago to this was superadded asthma; worse before and during menses; worse about 3 a. m.; had to sit up in order to be able to breathe at all. Very difficult to be sure whether or not the itching was < or caused by heat; but this difficulty may have been caused by her previous free use of *arsenic*. The medicine seemed to me to be either *arsenicum* or *sulphur*, and I tried both of them, very diligently at various times, never going above the *thirtieth* potency. I had come to the conclusion that *sulphur* was the remedy and was therefore very much disappointed at its partial success. Was advised to give *one dose of sulphurmm and let it act a long time*. I sent her one dose of this potency and told her not to be in any hurry to come to see me. The progress was slow, but steady and with an occasional dose of the cm potency of *sulphur* she was discharged cured at the end of a year and a half from her first visit. The marked connection between asthma and eczema is peculiar, either alternating with one another catarrhal inflammation of the skin with catarrhal inflammation of the lungs. I have known some rapidly fatal cases of catarrhal phthisis to follow cases of eczema cured (?) by external applications. Nature nearly always sends chronic diseases to the least fatal situation, *e. g.* eczema to the skin surfaces, but the dermatologist tries his very best to drive it from that surface; if unfortunately he succeeds, in many cases there is no harm done, but in many others it means death. I believe that in all cases of such cures or suppressions, although they may escape immediate evil results, a depraved constitution in some form or other will result, which will be transmitted to their children and their children's children. This way of looking at the matter is of the greatest practical importance in considering the important question of pre natal medication. Such mal treatment is, I believe, the origin of the psoric constitution. To treat a diseased skin successfully and safely we must treat the body that produced it. The skin eruption is merely an effect, the outward and visible sign of an internal dynamic derangement. A perfectly healthy body must possess a perfectly healthy skin and a diseased skin cannot possibly exist upon a perfectly healthy body. I doubt if such a thing as a disease of the skin can exist *per se*. In the treatment of skin diseases, as in other diseases, the *totality of the symptoms* must be our guide and that includes everything that can be learned by every sense we possess about the patient and his disease, not only subjective but objective as well, together with its cause and all that can be known of its pathology and pathological anatomy, so far as these can aid us in effecting a cure.

2nd. Lady 56 years of age. Frequent attacks of sore eyes, especially the right one. The treatment for years had been to keep her in a dark room for weeks at a time, together with frequent applications of a *zinc* lotion and *atropine* drops. It was of frequent recurrence and getting worse and more frequent every year. Worse in spring and fall. Eyes very red; photophobia intense. Discharge profuse, acrid, watery. Surface of cornea cloudy and opaque (like

ground glass) covered with capillary blood vessels. During these attacks when the photophobia and pains were at their worse, she always had a *peculiar rushing noise in her ears*. In Hahnemann's *Materia Medica Pura* we find under *arsenicum*, *roaring in the ears at each attack of pain*. And then as a foot note: *The occurrence of other symptoms during the pains is quite peculiar to arsenic*. *Arsenicum* at different intervals, but never above the thirtieth potency and the improvement following its use never lasted very long. It was only when I used *arsenicummm* that permanent and steady improvement began to show itself, and it is now a year and a half since she received this potency.

3rd. A woman in her fifth pregnancy consulted me concerning lactation. Her chief complaint was that hitherto all her children had refused to suckle her, and some would not even attempt it and others if they did try it once after long persuasion they could not be beguiled into doing it again. She said her milk was watery and blue, that it was apt to run away of its own accord and disappeared altogether soon after she got about at the end of the first month. She had a genuine desire to be a real mother to her children. She wanted to know if anything could be done to correct this abnormal state of affairs. I explained to her that while one could not be absolutely certain, I believed it were possible and in any case it was well worth trying.

History. Menses profuse, lasting too long, followed by white of egg like acrid leucorrhœa during the rest of the menstrual month. Pressure and burning on the top of the head. Burning of the hands and feet. Heavy, exhaustive sleep.

Basing my hopes of success upon the teaching of Hahnemann in regard to psora, or the previous suppression of chronic affections by external methods of cure not in herself, for I could not discover any such sign in the history of her case, but almost certain in the parents or grandparents. I decided to give in the few months at my disposal, *sulphur*, *calcareæ carbonicum*, *calcareæ phos.*, and *silica*.

The indications for the *sulphur* are given above.

Calcareæ carb. Profuse secretion of watery milk, which the child refuses to take. Milk disagrees with infant. Milk has a disagreeable, nauseating taste, the child will not nurse, but cries much. The same remedy has also galactorrhœa.

Calcareæ phos. Child refuses the breast, milk has a saltish taste.

Silica. Aversion to mother's milk, child refuses to nurse and if it does nurse it vomits.

Sulphur was given in the dm potency, two or three doses during the first two days and then allowed to work undisturbed for the rest of the month. All the other remedies were given in the 200th potencies. The result was far beyond anything I had dared hope; for not only could she suckle the child, while he on his part never showed any sign of refusing the breast, but in size, general build and health he far surpassed all her other children, and this was well shown at a later period when he produced a crop of healthy teeth.

There can be no time so appropriate for the eradication of evil constitutional tendencies and for building up a sound constitution as the time when the body is actually in the process of formation, and by adopting such simple means, I believe we would gradually sweep such scourges as phthisis, cancer, etc., from the face of the earth. I consider pre-natal medication well worth a prominent place in any system of therapeutics.

AMERICAN INSTITUTE OF HOMŒOPATHY.

Anything endorsed by the west is sure of success, because they carry with their endorsement enthusiasm that is untrammelled and a determination to succeed born of the necessities which have enabled them to create magnificent empire within the present knowledge of man. The great Mississippi Valley has practically never been brought within the range of the American Institute and to-day there are thousands of earnest, energetic homœopaths who are being fired with enthusiasm for the coming meeting. It is almost certain to be a record breaker, so far as attendance is concerned, but what is of greater importance is the almost certain fact that the power of this body will be a potent factor in shaping the future of this representative body of homœopathy. As a result of the agitation of the past year many suggestions, good, bad and indifferent will be brought to the attention of the Institute and changes calculated to promote progress and harmony will undoubtedly be incorporated in the general policy of the Institute. Everything that will serve to elevate the cause of homœopathy should have, not only the endorsement, but hearty approval of all the followers of Hahnemann.

 THE OIL TREATMENT IN APPENDICITIS.

Dr. M. O. Terry, a surgeon of great prominence, makes the statement in the *Medical Times* for November, that in fifty-one cases of appendicitis, he has treated forty-nine exclusively with internal remedies and been compelled to use the knife in but two cases. He believes that the appendix has a very important mission to fulfill. That it is intended by its position and by its unusually large solitary glands to act as a lubricating can for the ilio-cæcal valve, thereby tending to keep the fæces thoroughly lubricated and thus facilitating their passage through the intestines. Acting upon this theory, as soon as he comes to a case presenting the characteristic indications of appendicitis with evidence of unnatural dryness of the intestines and consequent impaction of fæces he gives a tablespoonful of castor oil with two tablespoonfuls of sweet oil, followed by a glass of hot water; this is to be repeated in three or six hours, according to the urgency of the case. In connection with this treatment colon enemas are used every three or six hours. In the first instance

four ounces of glycerine is injected, followed by bicarbonate of soda and water, using one drachm to a quart of water. In subsequent enemas six to eight ounces of sweet oil injected after the enema of the water, the patient having the hips well raised. Fomentations of flax seed poultices are kept applied to the abdomen and hot sweet oil is poured over the abdomen before using the same. The skin and abdominal muscles will rapidly relax under the oil, fomentations and heat. This reduces the inflammation and prevents gangrene of appendix. Internal indicated remedies may be selected for the individual peculiarities of each case.

POTASSIUM IODIDE IN THE DIAGNOSIS OF TUBERCULOSIS.

Dr. Vetlesen, of Christiania, suggests the employment of Potassium iodide for determining the existence of tuberculosis and bases his recommendation upon the cough and expectoration resulting from a tablespoonful of the one and a half per cent solution three times a day for two or three days; as a result of this he found the cough and expectoration increased and on auscultation sonorous rales were heard where there had been no previous physical signs. He further states that Kock bacillus could be found in this expectoration and that it was absent in every case in which there was no aggravation brought about by this action of the drug. In the proving of *Kali jodatum* we find under chest: "Dry cough mornings and evenings and with soreness of larynx, short, hacking cough from rawness of throat. Respiration difficult, on awaking at night with loss of voice. Cough with expectoration like soapsuds is said to be very characteristic of this drug. Sticking pains as if cut to pieces in various parts of the chest." In the clinical notes, many cases of pneumonia with pleuritic effusion and of phthisis have been reported cured, when associated with exhausting night sweats, salivation, etc.

PROVING OF CANNABIS INDICA IN LARGE DOSE.

Dr. Robert C. Bickness reports in the *Therapeutic Gazette* of January 15th, the following proving of Cannabis indica. At 5 p. m. he took three grains of the English extract.

No effect was noticed until nearly three-quarters of an hour had passed, when a slight frontal headache was felt, dull in character and lasting only a few

minutes. At 5:45 I was writing, when at the end of a sentence the right hand was suddenly jerked upward, slightly impairing the symmetry of the writing. A slight haze now became perceptible about the margins of the field of vision; the pulse was noticed to be somewhat accelerated, full, and strong. On being spoken to there was a perceptible interval before complete comprehension of the words, the mind seeming to halt a little time before acting. Answering speech was also slow, and after a short time was somewhat confused, not greatly so, but words would become transposed in a sentence, requiring two or three trials to get them in their proper places. The haze gradually grew centerwards, until by 6 p. m. only the object looked at could be seen, all the surrounding field being dark as by a shadow from the circumference. Looking at my hands the fingers seemed enormously long and quite large and were moved with perceptible effort—the movement following an interval, and with a jerk, as if the impulse was delayed in transmission and reached the extremity all at once, not gradually as is usual.

With the beginning of the impairment of vision the muscles at the back of the neck began to be painfully contracted, the contraction beginning with those attached to the occiput, gradually extending downward, and including the muscles of the back until marked *opisthotonos* resulted. The contraction was tonic and relaxed only when violent friction was applied over the affected muscles.

The pulse was now 100, temperature normal, the respiration slightly hurried, though this may have been owing to some nervousness which now became manifest. There was a sense of extreme tension all along the spinal column.

There were no visions up to this time, and no pleasurable sensations whatever were experienced throughout. At this time I began to have an impression of duality. I was fully aware that I was going through this experience, yet could not rid myself of the impression that I was witnessing it in another. Gradually I got farther away from reality, occurrences being given an interpretation quite foreign to their actual significance. For a long time I could bring myself back to a full realization of everything by an effort of will, a stronger effort being required each time until finally occurrences—all except the most pronounced impressions—were wholly lost sight of. Until after 6 p. m., walking was perfectly steady, and everything directly looked at could be seen, though near objects seemed quite far away. The sense of the duration of time also became altered; a minute seemed as long as an hour almost, and the passing of the minute hand of the clock from one figure to another seemed to require an interminable time.

At 6:15 I lay down, and surrounding objects and subsequent sounds became merely a part of a confused series of visions, many quite vivid for the time but disconnected and too numerous to describe. I recall that at one time I saw the earth free in space, and comprehended all the laws which maintained its position in the universe with its numerous relations to other bodies, and perceived the result of every act, however trivial, even to the ultimate end of time. Every result, direct and indirect, was perfectly clear with but slight mental effort. Mixed with these ideas were other impressions; views of the room in which I was, and of the people about me, and trains of thought doubtless started by occurrences which I did not notice. Much of the imagery was quite fantastic, though the sensations were rather of a painful and disagreeable nature. I was aware of any violent movement or loud noise during the whole time. The

teeth were firmly set, it being impossible to force liquids into the mouth, and frequently strong convulsive movements affected chiefly the upper extremities, occasionally involving all the muscles of the trunk.

I regained rational consciousness about 7 p. m., remaining drowsy and dazed for four hours longer, though I comprehended all that was passing during this time. At 11 p. m. I went to sleep, waking at 7 a. m. next morning feeling none the worse for my night's experience.

A SUGGESTION TO BE USED IN ABDOMINAL INCISIONS.

Dr. Henry J. Scherck, in the *Therapeutic Gazette* for January 15th, offers the following valuable suggestion:

In performing laparotomy I have noticed that after the abdominal incision has been made it frequently occurs that from the constant introduction and manipulation of the fingers through the incision the peritoneum becomes separated to a greater or less extent from the muscular tissue; and appreciating the fact that several complications can arise from this condition of affairs, the idea suggested itself to me to introduce a stout ligature through the center on either side of the incision about half an inch from the margin of the wound, this ligature being first tied snugly, and a loop of from four to six inches allowed to remain beyond the first knot. We accomplish by this procedure two results: first, we prevent the separation of the peritoneum from the tissues overlying; and second, we have two retractors which take up no room and cause less traumatism than the ordinary metal retractors. When the operation is completed the ligatures are clipped and removed, and the wound brought together according to the method adopted by the surgeon.

Alaska, Its Neglected Past, and Its Brilliant Future.

By Bushrod Washington James, M. D., Philadelphia. Published by the *Sunshine Publishing Company*, Philadelphia, pp. 444, price \$2.00 net.

Alaska has become the one point toward which the eyes of the world have been turned, on account of the marvelous outpouring of gold along the many streams in this arctic region. Dr. James has been an enthusiastic student of this neglected portion of the globe for many years and has sent out many urgent appeals, through the public journals, for a more thorough investigation of the wonderful resources of this land; the enthusiasm being developed by a personal visit and a thorough study of the land in its many aspects. The entire book is written in that calm, deliberate style so characteristic of the author and so convincing, by the very simplicity of the narrative. It contains in maps, charts, illustrations and text practically all that is needed upon this subject and the reader will have the conscientiousness that there was no ulterior motive in writing the book, and that he can depend upon its general reliability.

Book Reviews.

Cutaneous Medicine. A systematic treatise on diseases of the skin by Louis A Duhring, M. D., Professor of Diseases of the Skin in the University of Pennsylvania, Author of Practical Treatise on Diseases of the Skin, etc. Illustrated. J. B. Lippencott Company.

Volume 1 of this valuable work met with a favorable reception from the profession at large and part second cannot fail in increasing the favor already shown this new work on disease manifestations peculiar to the skin. The description of these various lesions, combined with the illustrations, are all that could be desired, every variety being illustrated by full page half tone engravings from photographs that almost make the text superfluous. In speaking of the etiology of eczema the author says:

"It attacks people in all spheres, the rich as well as the poor, and may appear at any period of life from infancy to old age. In some cases it is hereditary, the term being used to indicate that a predisposition to its development to it is handed down from parent to child. All temperaments do not seem to be equally liable to the disease, for individuals with light hair and florid complexion suffer more frequently than those with dark hair and dark skin. There are, moreover, persons so peculiarly constituted that their skin is ever ready to manifest signs of eczema upon the slightest provocation. With reference to the effects of suppression, the consequences resulting from suppression of eczema and from metastasis have long been the theme of discussion, pro and con, among scientific observers." * * The French dermatologist, Rayer says: "That it is dangerous to cure eczema too rapidly in the case of infants and old persons. In a period of two years he has seen the rapid cure of eczema by mild application of the *oil of cade* followed by very grave consequences. One died in convulsions, another broncho-pneumonia, the third was attacked by a dangerous form of enteritis."

The author relates a case in his own practice in which he says:

"The disease was a persistent virulent pustular eczema, occurring in a nun aged 19, otherwise in average health. The virulence of the pustulation and its extraordinary persistence struck me as being remarkable. The case was under observation for several months and resisted all treatment with singular obstinacy, no remedies used reduced the pustulation which undermined the entire scalp. She was confined to the room, but nevertheless contracted ominous pneumonia with oedema and died in a few days, the eczema having rapidly disappeared with the advent of the pneumonia."

It is singular that these careful observers cannot recognize and appreciate the significance of this experience and refrain from their universal application of ointments and lotions. Their persistence in this treatment can only be accounted for by the fact that the victims of this pernicious treatment pass into the hands of the general practitioner or some other specialist instead of returning to the dermatologist, because the disease on the skin has been so effectually suppressed that it fastened itself upon some other portion of the body and there completes the work of destruction begun by the dermatologist.

The Hahnemannian Advocate

A MONTHLY HOMŒOPATHIC MAGAZINE.

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No. 2

Materia Medica.

REPERTORY OF NEWER REMEDIES—NERVOUS SYSTEM.

M. E. DOUGLASS, M. D., BALTIMORE, MD.

- APOPLEXY.**—Coma and a., sub-arachnoid, arising from passive congestion, with nervous exhaustion. *Gels.*
- ASPHYXIA.**—Hysterical epilepsy, after suppressed menses, lasting an hour or two; so severe was the spasm of the glottis that a. seemed inevitable. *Gels.*
- BURNING.**—Prickling numb sensations in the extremities, with b. and prickling of left side of face and head. *Bapt.*
- CEREBRO-SPINAL-Meningitis.**—C., ushered in by a severe chill, accompanied by evident congestion of the spine and brain, etc. *Gels.*
- CHILLS.**—Nervous c., in which, with shivering and chattering of the teeth, there is no sensation of chilliness. *Gels.*
- CHOREA.**—C., of a purely nervous origin. *Scutell.*
C. in a boy of fourteen. *Calab. bean.*
C. in a girl of twenty. *Calab. bean.*
C. of the right side; the tongue seemed too large. *Calab. bean.*
- CONGESTION.**—Cerebral congestion. *Hydrob. ac.*
- COMA.**—Coma and apoplexy, sub-arachnoid, arising from passive congestion, with nervous exhaustion. *Gels.*
- CONTORTIONS.**—Spasmodic contortions of the extremities. *Solan.*
- CONTRACTIONS.**—C. of the flexor tendons as though they would hop about. *Solan.*
- CONVULSIONS.**—Epileptiform c. *Calab. bean.*
Puerperal c. in the last stages of labor. *Chlor. hydr.*
C. and spasms; they stretch their hands during the spasms, as if they would grasp something. After this the hands are carried to the mouth, and they chew and swallow. *Solan.*
C., with moaning and coma. *Solan.*

- Convulsions. *Thasp.*
 Tetanic c. afflicting mainly the muscles of the trunk, with predominant opisthotonos. *Passiflora.*
 Violent tetanus, in opisthotonos, trismus, and c., in a chill. *Passiflora.*
- CRAMPS.—C. in the calves. *Solan.*
- DISSIPATION.—Hysterical erethism of nervous woman, who suffer from the effects of social d. *Hydrob. ac.*
- DRAWING.—D. in the fingers. *Solan.*
- EPILEPSY.—*Thasp., Gels.*
 Hysterical e., after suppressed menses, lasting an hour or two; so severe was the spasm of the glottis that asphyxia seemed inevitable. *Gels.*
 E., preceded by dull feeling in the head and vertex, and some pain and fullness in the region of medulla oblongata. *Gels.*
- ERETHISM.—Hysterical erethism of nervous women, who suffer from the effects of social dissipation. *Hydrob. ac.*
- FRETFULNESS.—Nervous f. of children, when teething or from heat, even when feverish, when *Aco.* and *Coff.* are not efficient. *Hydrob. ac.*
- GRASP.—Convulsions and spasms; they stretch their hands during the spasms, as if they would g. something. After this the hands are carried to the mouth, and they chew and swallow. *Solan.*
- HYSTERICAL.—H. erethism of nervous women, who suffer from the effects of social dissipation. *Hydrob. ac.*
 Hysteria and h. spasmodic affections. *Scutell.*
 H. epilepsy, after suppressed menses, lasting an hour or two; so severe was the spasm of the glottis that asphyxia seemed inevitable. *Gels.*
- INTOLERANCE.—I. of pressure on any part of the body—it causes soreness. *Bapt.*
- INVERSION.—I. of the feet. *Solan.*
- IRRITABLE.—Nervous, i., with prostration of the whole system. *Iris v.*
- IRRITATION.—Spasms and nervous i. in teething children, or when the nervous system is irritated from disordered bowels. *Scutell.*
 Reflex nervous i. from uterine ovarian disease. *Scutell.*
 Sleeplessness from mental or emotional i. *Hydrob. ac.*
 Cerebral i. from overwork and business worry. *Hydrob. ac.*
- JACTITATIONS.—Nervous j. and tremors (in typhoid fevers). *Scutell.*
- LARGE.—The hands felt l., and were tremulous, with a peculiar thrilling sensation through both hands and feet, somewhat like going to sleep—a want of circulation. *Bapt.*
 Chorea of the right side; the tongue seemed too large. *Calab. bean.*
- LARYNGISMUS STRIDULUS.—*Gels.*
- MANIA.—Neuralgia; sleeplessness, with great restlessness and suicidal mania. *Passiflora.*
- MENINGITIS.—Uncontrollable sleeplessness from pain in the head in children with m. *Valer. of Zinc.*
- MUSCULAR.—Progressive m. wasting. *Calab. bean.*
- NERVOUS.—N. fretfulness of children, when teething or from heat, even when feverish, when *Aco.* and *Coff.* are not efficient. *Hydrob. ac.*
 N. chills, in which, with shivering and chattering of the teeth, there is no sensation of chilliness. *Gels.*

- N., irritable, with prostration of the whole system. *Iris v.*
N. jactitations and tremors (in typhoid fever). *Scutell.*
Spasms and n. irritation in teething children, or when the nervous system is irritated from disordered bowels. *Scutell.*
Reflex n. irritation from uterine ovarian disease. *Scutell.*
- NERVOUSNESS.—N. from reflex irritation. *Hydrob. ac.*
- NEURALGIA.—Neuralgia, pain excessive in inferior maxillary and left temple. *Valer. of Zinc.*
N. of the ovaries. *Valer. of Zinc.*
Sciatic n., with great nervous erythema. *Valer. of Zinc.*
Spinal n. *Valer. of Zinc.*
N., sleeplessness, with great restlessness and suicidal mania. *Passiflora.*
N.; absence of organic lesion, with indistinct or double periodicity. *Gels.*
- NUMB.—N. sensations all over the body. *Bapt.*
The left hand and arm entirely numb and powerless. *Bapt.*
Prickling numb sensations in the extremities, with burning and prickling of left side of face and head. *Bapt.*
- NUMBNESS.—N. and prickling, followed by temporary paralysis of the left side of the body. *Bapt.*
- OPISTHOTONOS.—Tetanic convulsions affecting mainly the muscles of the trunk, with predominant o. *Passiflora.*
Violent tetanus, with o., trismus, and convulsions, in a child. *Passiflora.*
- OVERWORK.—Cerebral irritation from o. and business worry. *Hydrob. ac.*
- PAINS.—The severe pains in neck, spine and elsewhere, in the sequelæ of cerebro-spinal-meningitis. *Valer. of Zinc.*
General uneasiness, with twitching of the muscles, and sticking pains in various parts of the body, occasionally extending up along each side of the forehead. *Scutell.*
Acute, sudden, darting pains, evidently along single nerve branches, in almost any part of the body and limbs, sometimes so sudden and acute as to make me start. *Gels.*
Neuralgic and rheumatic pains. *Chlor. hydr.*
- PARALYSIS.—Sensation of p. of the eyelids. *Bapt.*
Numbness and prickling, followed by temporary p. of the left side of the body. *Bapt.*
General p. of the insane. *Calab. bean.*
- POWERLESS.—The left hand and arm entirely numb and p. *Bapt.*
- PRESSURE.—Intolerance of p. on any part of the body—it caused soreness. *Bapt.*
- PRICKLING.—Numbness and p., followed by temporary paralysis of the left side of the body. *Bapt.*
P. numb sensations in the extremities, with burning and p. of left side of face and head. *Bapt.*
- PROGRESSIVE.—P. muscular wasting. *Calab. bean.*
- PROSTRATION.—Nervous irritable, with p. of the whole system. *Iris v.*
- REFLEX.—R. nervous irritation from uterine ovarian disease. *Scutell.*
Nervousness from reflex irritation. *Hydrob. ac.*

- RESTLESSNESS.**—Great restlessness; violent, convulsive r. *Solan.*
Neuralgia; sleeplessness, with great r. and suicidal mania. *Passiflora.*
- RIGIDITY.**—Tetanic r. of the whole body. *Solan.*
- SLEEPLESSNESS.**—Neuralgia; S., with great restlessness and suicidal mania.
Passiflora.
Uncontrollable s. from pain in head in children with meningitis.
Valer. of Zinc.
S. from mental or emotional irritation. *Hydrob. ac.*
- SORENESS.**—Intolerance of pressure on any part of the body—it causes soreness.
Bapt.
- SPASMS.**—Convulsions and s.; they stretch their hands during the s., as if they would grasp something. After this the hands are carried to the mouth, and they chew and swallow. *Solan.*
S. and nervous irritation in teething children, or when the nervous system is irritated from disordered bowels. *Scutell.*
- SPASMODIC.**—Hysteria and hysterical s. affections. *Scutell.*
- SUNSTROKE.**—Chronic symptoms arising from s. *Scutell.*
- TETANUS.**—Violent t., with opisthotonos, trismus and convulsions in a child.
Passiflora.
Traumatic tetanus. *Calab. bean., Chlor. hydr.*
Tetanus, from various causes, and trismus. *Chlor. hydr.*
- TINGLING.**—T. in the extremities; preceding the convulsions. *Solan.*
- TREMORS.**—Nervous jactitations and t. (in typhoid fever). *Scutell.*
- TREMULOUSNESS.**—T. and twitching of the muscles in various parts of the body. *Scutell.*
- TREMULOUS.**—The hands felt large, and were t., with a peculiar thrilling sensation through both hands and feet, somewhat like going to sleep—a want of circulation. *Bapt.*
- TRISMUS.**—Tetanus, from various causes, and t. *Chlor. hydr.*
Violent tetanus, with opisthotonos, t., and convulsion in a child.
Passiflora.
- TWITCHING.**—Tremulousness and t. of the muscles in various parts of the body.
Scutell.
General uneasiness, with t. of the muscles and sticking pains in various parts of the body, occasionally extending up along each side of the forehead. *Scutell.*
- WASTING.**—Progressive muscular w. *Calab. bean.*
- WORRY.**—Cerebral irritation from overwork and business worry. *Hydrob. ac.*

Society of Homœopathsicians.

THIRD DAY. AFTERNOON SESSION, 3:00 P. M.

CLINICAL CASES.

WM. L. MORGAN, M. D., BALTIMORE, MD.

TUMOR IN THROAT.

Case I. July 3d, 1893. Saw Miss M. H., maiden lady, age about 40. Small, slender, dark complexion. Had suffered most of her life with indigestion. She asked me to examine some thing in her throat, which was easy to do. Just behind the right tonsil was the base of a peduncle, which suspended a neat round tumor as large as a cherry, the same color of the other mucous membrane. I was much tempted to cut the stem and save the specimen, but investigated symptoms, viz: Perspires very easily about the head, often at night. Cold feet as if damp stockings. Constipated stools; large at first, latter ends tapers down, putrid smell, light color, hard to pass. Sweaty hands. A great deal of itching. Too clear a case to spoil by cutting. *Cal. car^{cm}* and *S. L.* Tumor gone in 30 days. Excellent health ever since. gained flesh. I learned since that she had taken lime water in milk for indigestion and sour stomach for many years.

ECZEMA—GRAPH.

Case II. August 16, 1895. Called to see Willie, the 7 year old son of my laundry woman; color pure black. His head was a solid crust of scab and hair; watery pus dripping from under the crust or cap, for it was all over his head, a hard scab with pus underneath. A fair appetite. Bowels variable, often hard balls, at other times formed lumps with muddy, pasty, sticky fæces all mixed together. Much itching. Same kind of eruption about the elbows. *Graph^{cm}, S. L.*

Sept. 8. Great improvement; bowels natural; but for a few days the suppuration or discharge worse. *Graph.^{cm}, S. L.*

No more treatment. In two months the boy had a clean head and remains well to the present, June, 1897.

Case III. June 1, 1896. Saw a two year old son of Mrs. S. B., white; with head half covered with crusts, watery pus continually running from under them; eruption on knees and elbows. Filthy, pasty, and hard mixed stools; much itching and crying. *Graph^{cm}* one dose, completely cured in a month.

AN IDENTICAL SIMILAR.

Case IV. March 20, 1897. Saw Rev. DeR. P., rector of a fashionable church. Master of seven languages; had been a missionary, and found him a very intelligent gentleman. He was lying on a couch, beside which was a small table loaded with many bottles of drugs and washes, which gave his wife employment making numerous applications, without any relief to arms, hands, legs, or feet, which were thickly covered, palms and all, with fine watery vesicles, which constantly reminded him of his duty in warning the people to keep clear of Hades, but it reminded me of a bad case of poison oak, *Rhus tox.*, but he assured me it was nothing of that kind. It burned like fire; itched intensely aggravated by heat. *R. Rhus^{mm}* one powder and *S. L. Q. S.*

March 21. Was soon easy. Slept well at night, and vesicles drying up, feeling well. Pres. con.

March 4. Apparently well.

March 6, was called again; same irruption out all over, only a little redder than before. Same torture but greater. *R. Rhus tox^{mm}* one powder and *S. L. Q. S.* Better in one hour. Cured and well ever since. Subsequently learned he had been poisoned by *Rhus tox.* some years before and had frequently showed signs of it since.

The lesson in this case is that the symptoms was an exact picture of *Rhus* and that it had in all probability been a secondary outbreak of a real *Rhus* poisoning.

A FINE OPERATION SPOILED—WITHOUT FAITH.

Case V. Mrs. W., age 66 years, weight 185. Good family, intelligent—a poetess. Excellent company. Feb., 1896. Had chronic diarrhœa for 20 years, and taken drugs ad nauseam. Now a mental and physical wreck, with melancholia, and loves to deride Homœopathy. She was getting blind very fast, asked me

to look at her eyes. Left eye totally blind. Right eye all but a small opening in the outer side of the pupil. Could only see sideways. I advised her to go to an oculist, which she did. He disclosed to her that it was a cataract, and that an operation was the only resort, and she must wait a year. I advised her to do as directed, and that I would give her some treatment to try to stop the progress, and get her health better, so she could stand the operation. I told her daughter what I wanted to do, and she became interested, giving me assistance in getting symptoms, dates not kept, which was the well known: hurry out of bed in the morning with other corresponding symptoms. *Sulph^{cm}*, two powders, one night and morning, stopped the diarrhoea for two weeks, the first stop for many years.

Then it reappeared the same. *Sulph^{cm}*, one powder night and morning. It stopped two weeks; then it returned in the morning while dressing with a pour, as from a spout. *Phos^{so}* night and morning; diarrhoea then suspended for several months; soon after perspired easily, cold damp feet and hands, as if with wet stockings. *Calcar^{cm}*. Another attack in July. *Phos^{mm}*, one powder. August 11, 1896, the daughter died of apoplexy, after which she got *Ign^{cc}*, for two weeks, and another show of diarrhoea. *Sulph^{mm}*, one dose. January, 1897, symptoms again called for *Calcar^{mm}*, she got one dose.

February she came into my office to tell me that she could see to read with her right eye, and could tell day from night with her left eye. A very happy woman and a thorough convert; mentally and physically restored, the left eye still improving. We learn from this that to cure the patient the morbid growths will disappear or never appear. The vital disease that caused the diarrhoea, also caused the melancholy, and next the cataract. The simillimum is better, surer and safer than the knife.

A SURGICAL CASE CURED.

Case VI. March 6, 1896. Called to see Mrs. C., age 45, widow, and the mother of five children, two grown. She has been a long sufferer from prolapsus uteri, with sensation of falling out, must sit down and cross limbs to prevent it. Painful weight in large abdomen now extreme torture, with protruding, bleeding, and very painful hemorrhoids, passing large quantities hot flatus, slimy stools with lumps like jelly. Sharp pains shooting from piles to region of umbilicus. Could not stand on

feet; must lay on couch. Weakness in chest, and short breath. Seeing a complete picture of the remedy in the symptoms she got *Sepia*^{cm}, one powder and *S. L.*

Six months after she called to thank me for giving her such prompt relief and said she was easy before I had gotten a square from the house, and that the trouble was entirely well. She has remained well ever since on "the one dose." Spoilt a job for a surgeon!

The indicated remedy in high potency, gave prompt relief after years of experiments with palliatives, and the prolapsus and piles disappeared.

Case VII. This case is interesting for its history, its complications with the abuse of drugs, and heredity. The wonderful rapidity with which the symptoms indicating one remedy would give way and show a full train of symptoms for another, which, in turn would yield to the similar remedy and reveal symptoms for another. Each change of remedy made, after carefully consulting Bœnninghausen, Knerr, Gentry, and Guiding Symptoms, where every symptom was clearly expressed in each change of remedy too numerous to detail in this paper.

I saw Miss C——, January 15, 1897. Tall and slender. Intelligent. Literary habits. Very amiable. She had been suffering with asthma from childhood. At 2 a. m. she was wakened from sound sleep with a violent attack; had to be propped up in bed, could not lean forward; had to smoke a preparation of stramonium leaves, nitre, and anise seed for relief. Stubborn constipation. Consumption and gout in family. All symptoms indicated *Nat. mur.* she got it ^{cm} and *S. L.*

January 19. Clock-like regularity of asthma, otherwise improved. *Cedron*^{30cm}.

January 21. No improvement. No new symptoms. All sulph., *Sul*^{45m}.

February 8. Some improvement. Symptoms *Arg. nit*⁶⁰⁰, but symptoms not clear for anything, and advised her to look for something more to guide me. The next day her sister called to inform me that Miss C——, had discovered a polypus in her nose. On examining found both nostrils obstructed, and polypus showing plainly. She then told me she had three operations in two, four and six years, before. And that she had great dread of the torture of having them torn out, as it was a rough business: She appeared depressed, but much relieved when I told

her that no operation was necessary; that she only had to take powders for a few weeks, and the polypus would disappear, and that this encouraged me to think she could be cured of all her troubles, and live comfortable. Careful investigation led me to *Mercury*³⁰⁰, four doses, one a day.

February 17. Other changes showed *Calcar.*, I gave *Calcar*^{cm} and *S. L.*

March 19. Polypus much less, same remedy, *Calcar*^{cm} Skinners.

March 29. The polypus, a shriveled lump of mucous membrane slipped down into her throat and was hawked up. The asthma continued to return, and I continued following symptoms the best I could, viz: *Nat. mur.* and on April 29th, *Lyc*^m.

May 12. Violent pains through head down back to feet, must bend to painful part or press it. *Colocynth*^{cm} and *S. L.*

May 17. Somewhat better. Pains in paroxysms like lightning from above down. *Nux*^{cm} and *S. L.*

May 25. Pains all gone, asthma still the same. Paroxysms 2 a. m. I now learned that the least move of even a hand or foot made the asthma worse. With all the other symptoms then present made a full picture of *Digitalis*, *Dig*^{cm} and *S. L.* A light attack that night was the last.

Feeling so well she undertook a severe job of entertaining visitors, with exposure to weather; took cold affecting head and chest. A real case for *Bryonia* which did good service, but no asthma. I still look for hidden miasms to yet develop in this case.

I will now invite attention to the relation between the remedies required by symptoms in treatment, and the drugs formerly directed by Allopaths.

Sulphur. Used to open bowels during infancy, also psora.

Nat. m. Salt used as bath, gargle, and many other ways.

Arg. nit. SUPPOSED TO BE THE THING used in local womb treatment.

Colocynth. Had been in a compound prescription.

Nux vom. Lapacta pills for constipation for 10 years composed largely of strychnia.

Calcar. Lime water for sour stomach for infants.

Digitalis. Had been used for heart.

Mercury. Often used for stomach and liver.

I will be glad to hear the opinions of this Society as to the re-

lation between the symptoms requiring these remedies, and the drugs used years before, which is the principal object in presenting this case.

What drug caused the polypus?

It will appear strange if there does not yet appear the horny head of others that have not been noted in this report, especially the *Sulphur* and treacle of earlier childhood, which show the same signs.

These remedies were not selected because the drugs had been used for asthma, but from the totality of the symptoms as they came most prominent, and after very carefully comparing with Boëninghausen and the proving in Guiding Symptoms.

My object in presenting this case is not to show a polypus or asthma cured, but as a case where so many different remedies are indicated one after another by the symptoms, and the symptoms being the same as are produced by the abuse of the same drug many years before; and now, when these symptoms appear, the high potency of the same drug, removed that part of the case.

DISCUSSION.

Dr. Kimball—I would like to ask Dr. Morgan, why, when he found he must look for other symptoms to guide him and found a polypus, he gave *Mercurius*.

Dr. Morgan—There is where I made a mistake, I was impressed with that and wanted to hear the opinion of the Society. I will mention why I used *Mercury*. Hahnemann had advised preceding *Calcar.* with *Mercury* given in second quarter of the moon, and *Calcar. Carb.* at the full moon for absorbing growths. I have lost sight of it and have not thought of it for many years, but some seven years ago an old German lady who was quite intelligent, told me that was Dr. Hayne's special practice when he was in Baltimore years ago, and she had seen it work wonders, and I think I was troubled with an anxiety to see that thing work and the time just suited. I think that was the cause of my doing so, which was perhaps a mistake. I would like to hear expressions about this.

Dr. Kennedy—It seems to me that while the Doctor might wish to test the truth of Hahnemann's saying, that perhaps he was rather unfortunate in selecting this case, for presumably if he had left it alone an equally good result would have followed. However, that we will never know, but at least, it seems to me

that the Doctor's desire for information on that point was scarcely fulfilled.

Dr. Sawyer—It seems to me that we have had some remarkable cures here and a very small number of remedies used in each case. So far as I am able to judge they have been selected according to the laws of cure as laid down by Hahnemann, Paracelsus and Chiron, and I think they are cases to be proud of. Anyway, I should feel so if they were mine.

A SULPHUR CASE.

F. S. DAVIS, M. D., QUINCY, MASS.

Feb. 22, 1897. Mr. G., age 68. Much reduced in flesh. Eyes blue, large, but sunken. Face pale, pinched. Slight flush of cheeks. Lips and jaw tremble on attempting to speak, voice very weak and trembling. Lips red and dry.

Position on the back with head low. This was the picture presented to view on my first visit after patient had been sick one week with a severe attack of influenza. From her and her daughter I got this further outline.

Not well all winter, had several colds in head with some cough at times which was dry. Food not well retained; very little appetite. Only the simplest food would digest. Milk, fats and fruits disagreed.

A very little meat, oat meal and stale bread was all she dared to eat. Only a little cold water could be tolerated, it caused the stomach to burn, and occasionally this would rise up and be expectorated before the meal was finished. Felt nervous, could not endure excitement or noise; any unexpected noise or event caused perspiration to break out, and she would have a spell of diarrhœa. Often would have a few loose stools, mornings; yellowish watery, sometimes dark brown, painless; causing weak feeling in the abdomen. Occasionally this diarrhoea would disturb her from bed, mornings. Often would be easily chilled. Went out doors but little, could not walk well. Right leg nearly useless from injury to hip when she fell some years ago.

One week ago had a cold with feverish feelings, lost the appetite and began to feel very weak in a very short time. Aching in back and limbs. Some thirst but did not drink much through fear it would disturb the stomach. Weakness increased, became restless and sleepless; painful cough; soreness in middle of chest

after the dry cough. It hurt her all over to cough, could raise nothing. The loose stools soon came on scanty, painless, soon becoming involuntary, which confined her to the bed, and so greatly reduced her strength that I was telephoned for.

The temperature was 103, pulse irregular 100 to 120. The hands trembled very much, tongue red and dry. I asked her what bad feelings had last appeared or most troubled her, and she said the top of my head and my feet burn so, I must put my feet about the bed to cool them off.

These peculiar and most recent symptoms decided me to give *Sulphur*^{1m} (F) one dose dry.

Feb. 23. No worse, no better. *Placebo.*

Feb. 24. Said she felt more comfortable, but could not tell of any relief in particular; other conditions the same. *Placebo.*

Feb. 25. Slept better, feels rested. Burning in head and feet gone or but little noticed. A new symptom appeared, urine would not pass, until much effort was made; burning of the parts after urinating, must have the urine washed off at once. Stool not quite so frequent but involuntary. Urine colors the cloth pinkish. *Placebo.*

Feb. 26. Less fever, pulse better, stools less frequent. Pains in body and limbs less. Feels more rested. Hands tremble less, can speak better. Less trembling of lips and chin. *Placebo.*

Feb. 26. Evening. Called by telephone, no urine had passed since morning. Feels so much pressure in bladder, must have relief, which is given by passing catheter.

Feb. 27. Slept quite well. Temperature 102, pulse 90. Less pain in body, no burning on top of head; feet comfortable. Urine burns just as bad as ever, but is passed more easily. No appetite, mouth smarts and burns, looks very red. Can't keep vulcanite plate in mouth; can't take food, mouth is so sore. Tongue looks very red all over.

Feb. 27. Evening. Desire to pass urine but it does not flow, wishes catheter used but I advised waiting.

Feb. 28. Urine passed last night, after much effort which tired her very much. Urine continues to scald the parts, must be washed off at once. Stools less frequent, very small watery involuntary. Cough troublesome with lameness under angle of left scapula. Abdomen some sensitive to pressure of hand. Has felt some catches in muscles of left side from axilla to lower ribs. Temperature 102, pulse 92, other conditions unchanged.

Mar. 1. About the same. Urine causes more smarting, pains only after much effort. Can move arms better. Calls my attention to an eruption on inner surface of thighs, it is scaly, dry and itches intensely with burning. Has been coming out for several days.

Mar. 2. Cough easier. Pains in side is less. Rested better; urinary symptoms the same. Tongue and mouth better, can eat a little. Legs less lifeless, stools less.

Mar. 3. No change in feelings. Albumen is found in small quantity in urine.

Mar. 4. Very weak; less disturbed in sleep.

Mar. 5 to 8. No change.

Mar. 9. Urine thicker. More albumen, more burning after urinating. Can't get urine washed off quick enough.

Mar. 10. More difficulty in passing urine, the effort exhausts her very much, she desires to have it drawn by catheter.

Mar. 11. Says she must have relief of the intense burning from the urine. Give *Sulphur*^{1m} (F) in water, one dose.

Mar. 12. Feels less burning; had a better night's rest.

Mar. 13. More comfortable; stools more natural.

Mar. 14. Feels better. Voice stronger. Tongue less red and mouth less sore. Less burning of urine, albumen still present.

Mar. 15. Less burning from urine. Eruption in thighs scaling off very much. Itching of thighs less. Can move better in bed. Fever less.

Mar. 16. A very restful night, feels better every way. No fever. All pains less.

Mar. 17 and 18. Better.

Mar. 19. Stools normal. Tongue better.

Mar. 20 to 24. Much less burning of urine.

Mar. 25 to 31. Gaining all the time. Comfortable, except weakness, pains nearly all gone. Very little albumen.

April 2. Could sit up in chair; very little burning. Dry cough is the most troublesome symptom.

April 4. Can eat very well, tongue and mouth normal.

April 5. Feels much better. Less albumen in urine. Some cough mornings; a little expectoration, quite thick white phlegm.

April 6. Sits up, only cough is troublesome in the morning.

April 11. Has improved all the time, is dressed and sits up. From this time on to the present has continued to gain strength. At the time the eruption appeared on the thighs, I told Mrs. G.

that when she got about again she could eat anything in the line of food that she desired and it would not hurt her, and that she might yet become a fat old lady. My prediction is in part fulfilled, she can eat anything now and it does not hurt her.

The diarrhoea has never troubled since getting up.

The following symptoms which she had noticed almost constantly for 20 years, but which she did not tell me of until after she noticed they did not return. *Odor of stool clings to her in spite of every attention to cleanliness. When sitting at work could not bend over her work, if she did it caused a desire for immediate stool, which quite loose.*

Mouth and throat would get very dry while talking.

Profuse perspiration from excitement or any sudden noise.

Almost any article of food causes diarrhoea and pains in stomach with rising up of food, particularly eggs, fruit and fat meats, and nearly all vegetables. Cold water would often cause burning and smarting in the stomach.

DISCUSSION.

Dr. Pease—I would like to ask Dr. Davis if the symptom just spoken of, namely, the odor of the stool clinging to the patient in spite of all care was a symptom of late development under the *Sulphur*, or was it there when you gave *Sulphur*?

Dr. Davis—I guess the Doctor did not understand me. I stated that they were old symptoms she reported to me as having not returned. She had had them for twenty years.

Dr. Pease—I would like to call the attention of the Society to that symptom as belonging, I believe, to *Zinc Sulphate*. *Zinc Sulphate*, I think, has the same symptom, because in three or four cases upon which I have used *Zinc Sulphate* with astonishing and curative effect, that symptom has disappeared.

Dr. Sawyer—Would like to ask Dr. Davis whether the old lady had taken *Sulphur* and *Molasses*.

Dr. Davis—I did not know it at the time of prescribing, but I have recently found out that she had taken *Sulphur* and *Molasses* and *Cream of Tartar*.

Dr. Sawyer—There was no history of suppression of any skin disease?

Dr. Davis—I asked her and she said she did not remember. She had had this stomach trouble, and these peculiar symptoms for twenty years, but I did not know of them when I prescribed or her.

CLINICAL NOTES.

E. T. ADAMS, M. D., TORONTO, CAN.

Miss McS., aged 27. A school teacher and a bright child and girl.

Some five years ago, her friends noticed a change in her mental condition, becoming irritable and occasionally subjects to violent attacks of ill-temper, in which she lost all control. This state gradually increased until it became quite evident to her friends that something must be done. Living far back in a newly settled country, medical services were hard to obtain, but the best within their reach was provided for her, but without benefit. On the advice of a doctor, she was taken some one hundred and fifty miles to consult a specialist in mental diseases, who gave them no encouragement and advice, that she should be sent to an insane asylum for the insane, stating that she was in a condition to be dangerous to herself and others. But the friends could not make up their minds to this and took upon themselves the burden of a constant care and watchfulness. No change for the better occurred, her condition varying between idiocy and attacks of violent mania, in which she several times injured herself and on two occasions, her guardians. A young man, a patient of mine and a student of Divinity was sent into that region as a missionary. Pitying the miserable state in which he found the family, he induced them to write me. I undertook the case and never had more difficulty in obtaining information on which to prescribe. Finally I sent her a dose of *Nux vom*^{2c} (K) and *Sac lac.*, in quantity sufficient. This benefited her general health to some extent and so she went on for weeks. I trying to get the required information, they trying to send it and both failing. Finally when on the point of confessing that I could do nothing further. The sister who acted as my correspondent, mentioned that the patient's menstrual flow was black and stringy, a ray of light, but not enough to warrant a prescription. So I wrote enquiring as to the effect music had on the patient. The reply was a fragmentary proving of *Crocus sat.*, that she would when in her quiet stupid state, sing or croon to herself by the hour, that singing exerted more control over her than anything else, even when wild and dangerous. Often in the middle of the night, she would sing so loudly as to wake the family, then she never heard singing, but she would start and join or else go it alone in opposition according to the state she was in. Eureka!

I exclaimed and sent her a dose of *Crocus sat*^{cm} (F. K.)

Every two weeks I had a report and each better than the last, first becoming more gentle, then outbursts less violent and less frequent, then beginning to take interest in visitors. Next, began to join in conversation and to show that she understood and appreciated the subjects spoken of—and so it went on until in about three months, she was herself again—an object of wonder to all who saw or knew of her. This was about eight months ago, there has never been the slightest relapse; she is well mentally and physically, she enjoys life and is a subject for rejoicing to all who come in contact with her. The last complaint I had was that it was impossible to keep her from working, but in reply to question as to its effect on her, they write that she enjoys it and it agrees with her. Under these conditions I advised that they let her work. After the summer holidays she returns to her school teaching.

THE INDICATED REMEDY AS ASSISTANT TO THE KNIFE.

A few weeks ago I was called about 4 a. m., to a young man of 17 years who was suffering intense pain through bowels and in pit of stomach, abdominal muscles, rigid and firm as a board; pulse rather below normal and persistent vomiting of bile. Already his skin indicated lack of circulation. This was on a Saturday morning and he had been lying alone in his room in a large building, since the previous Wednesday, all his family being away, I gave a dose of *Podoph*^{cm} and found on my return that the pain had abated to some extent, with a lessened degree of rigidity in muscles. But the surface circulation as indicated by the color of skin, was worse and the pulse and patient weaker. (The vomiting ceased after the first and only dose of *Podoph*). So I ordered him to be sent to the hospital, which was accomplished by 10 a. m. Several surgeons saw him, but all gave a very unfavorable prognosis, still thought he, should have the chance of an operation. The abdomen was opened and a black rotten appendix, with surrounding omentum in like condition removed and the wound left open to drain. Before and during the operation, the pulse was thread-like and at times imperceptible. Immediately after it rallied somewhat and the boy was carried to his bed; little hope, if any being entertained of his being alive the next day. I saw him about two o'clock with no encouraging signs. Again about 5 o'clock when he presented a

perfect picture of a far gone case of *Arsenical* poisoning. You know the condition and symptoms as well as I. I gave a dose of *Arsen. alb^{cm}* (F) and saw him again about 9 o'clock. No change < if possible—sinking. We had a meeting of the full hospital staff that night, so soon after 11 o'clock fully half a dozen surgeons and physicians, tip toed into his room and out again, each and all gravely shaking the head and uniting in the opinion that he might have anything the nurses fancied he wanted. That he might be permitted to take any position his restlessness led him into and that he would be dead by 3 a. m.

Of course I told him of my prescription which all endorsed is being the only remedy possible—the simillimum.

At 1 a. m. when the final < to set in he changed magically for the better—quieted down—thirst abated, got some sleep, pulse rallied somewhat.

About 8 next morning, my telephone and a voice said “about F. W., Doctor.” “Oh! yes,” I replied, “at what time did the poor fellow die?” “He is not dead, but very much better and nurse wants to know what extra nourishment he can have.” You can imagine my surprise and pleasure. But he gradually improved without further medicine, but of course the greatest of care in nursing and food and he is now convalescent and almost ready for his discharge.

For the first few days the surgeon who operated and his assistants, gave the credit deserved to the prescription, admitting that while the boy could not have recovered without the operation. The operation could not have been successful without the remedy, but after the lapse of a week, the wonderfully satisfactory operation was spoken of and the remedy forgotten, except when I or physicians who saw the case, were present, when it always received a good half and I am uncertain, but it deserves more.

DISCUSSION.

Dr. Sawyer—These cases of Dr. Adams are beautiful cures confirmatory of what we all believe of Homœopathy. I have been thinking while listening of what Hahnemann said about taking the case. If I remember rightly he charges his followers to be very careful and get a history of the *drugs* that had been *previously taken so as to avoid giving the same remedy*. I do not remember hearing any case reported at this meeting at which there has been any record of previous drugging. If there has I have forgotten it.

Dr. Pease—Such a case as that and others that have been reported to-day will explain that kind of allegiance and enthusiasm which brings together from all parts of the United States and Canada believers in the law. I simply want to say in regard to *Arsenicum*, and I might include a number of other of these remedies that we have prominently in our minds in just such cases as this one, where the vital forces are at such a low ebb, and I want to speak of the relationship of these remedies to *Pyrogen*. It is a wonderful remedy in just such cases as this, and it seems to me that in it are many of the symptoms that are so common to the whole group or the several remedies that we have depended upon in collapse, prostration and other low states. I simply speak of this so that the members will have in their minds *Pyrogen* in just such places. I believe that many times, time is lost and vitality weakened by not thinking of *Pyrogen*. I have seen it work in all conditions where as to prescribing it is "touch and go" between several remedies, when, if the prescriber *knew* about *Pyrogen*, he could save himself the anxiety about making a mistake in the selection of remedies. I do not mean to make any criticism whatever on Dr. Adam's paper.

Dr. Adams—In response to Dr. Sawyer's remarks, I tried to get a history of the case. The sister spoken of drove many miles to interview the Doctor previously in the case, but merely got turned out of doors for her pains. They were illiterate, none had any experience in Homœopathy, and did not seem to understand what I wanted. I thought myself very fortunate in the end to get as much as I did.

Dr. Pease—I want to add to what I said a moment ago, that I have several times tried to account for this peculiar grouping of forces in *Pyrogen*, and I have wondered if it did not have within itself a combination of effects of several drug miasms. We know that it is a preparation from a morbid product, taken or collected from clots and other septic matters, and I have wondered if the reason back of its power in such cases as I am speaking of, is not due to the combined results of drug miasms in the patient which furnished the substance first proved. I would like to ask Dr. Sawyer if he thinks that is true.

Dr. Sawyer—I will just add one word. I have seen *Pyrogen* when indicated about typhoid fever. It is a remedy that I have used a great deal and have learned to depend upon it. I have

long been convinced of the truth of what Dr. Pease said, that *Pyrogen* given early in septic conditions would prevent their ever reaching the dangerous stage calling for *Arsenic*. Swan considered it the greatest "anti malarial" extant, and there is certainly some evidence confirming that theory.

Dr. Kennedy—It strikes me, however, that that is rather dangerous ground, for it seems wonderfully like the argument used by our friend the enemy. I think, while there is undoubtedly truth in what has been said regarding *Pyrogen*, we as Homœopaths can never feel sure of our ground in prescribing a remedy on any other foundation, for any other reason, than that it is indicated by the symptoms. I believe we will find, however, in the proving of *Pyrogen*, which as yet is meagre, when it is proven more fully, a great many other symptoms combined that are found under various other remedies. I have used *Pyrogen* a few times only. I have not used it because there was, I may say, a septic condition, but because the symptoms called for *Pyrogen*. I cannot recall them now, but the fever is peculiar, and other things which would lead one to infer that there is that pathological condition from which perhaps *Pyrogen* was taken, and I have no doubt but what it will prove itself, in fact I think it has already proved itself to be a valuable remedy, but, as I have said, until we have a very thorough proving I believe we should go cautiously.

Dr. Sawyer—I have taken it for granted that the listeners here would understand the reason I have given it in septic cases was, because those cases did correspond to what I understood the nature of *Pyrogen* to have been proven by previous provings and clinical experience. I forgot that it is thought here that I prescribed empirically.

Dr. Pease—In my remarks I said not a word about empirically prescribing *Pyrogen* in such cases as this one Dr. Adams reported and in conditions for which we have in our minds a group of remedies. I simply wished to present *Pyrogen* as a remedy belonging to the group of remedies. In regard to your statement, Dr. Kennedy, that you believed that if the remedy was further proven we would find certain of these symptoms, I wish to say, I have thought that there was quite a full proving of *Pyrogen* published in the *Medical Advance* some years ago. If I remember rightly you will find in that proving many of the symptoms belonging to such remedies as *Arsenicum*, *Carbo veg.*, *Camphor*,

and *China* already in the group. I did not for a moment suppose I was understood as favoring the empirical prescribing of *Pyrogen* in stages of collapse, only on symptoms when indicated.

Dr. Kimball—I believe that the *Pyrogen* potentized by Dr. Swan, and from which the grafts have all come, was made from the pus of a septic abscess of the thigh, which extended from the trochanter to the knee. I think it was a case of Dr. Helmuth, but I do not know whether the patient lived or died.

Dr. Kennedy—Probably as a result of my inability to understand I did not get the right idea, but I gathered the idea from the remarks by Dr. Sawyer that it was a good thing to prescribe *Pyrogen* in certain cases that seemed to us would eventually come to a condition where *Arsenicum* might be required. I failed to get the idea that we would find in these cases *Pyrogen* indicated from the symptoms. It seemed as though he was advocating it from the pathological standpoint. I feel that we cannot as members of this Society be too careful, because there are a great many who will read our transactions, and not getting a correct idea, will run away and say that a member of the S. O. H. recommends in certain pathological conditions a certain remedy—ergo—where is the Homœopathy?

Dr. Pease—The reason I spoke about *Pyrogen* was to bring *Pyrogen* not only before the members of this association, but to all who shall read the proceedings, but if Dr. Kennedy will turn back to my first remarks on the remedy he will remember that I said, "If he *knew*," or "With knowledge of *Pyrogen*" With knowledge of the remedy you will see *Pyrogen* indicated early in those cases and prescribing it will be saved the awful conditions that remind you of such remedies as *Arsenic* and *Carbo veg.*

A CASE OF PHLEGMON.

S. A. KIMBALL, M. D., BOSTON, MASS.

Mr. —, 63 years of age was seriously injured in the spring of '96, by being struck in the left side with the shaft of a heavy wagon, a rib was probably fractured.

In September of the same year, he was thrown from his carriage striking upon his head and shoulders which caused much pain for some time in the dorsal and lumbar regions.

Nov. 23d of the same year, after great mental anxiety, he had a chill with shaking, which in a few days developed into a double

quotidian, *Arsenicum*^{cm} (F) relieved this, so that by Dec. 1, he was up and dressed.

He remained weak with considerable pain in his back, where he was injured by his last accident, and about Dec. 11, a small swelling came in the perineum, hard and painful. This was soon followed by swelling of the testicles and cords, which in a few days involved the whole scrotum with painful urination. There was also a profuse gleet discharge from an old stricture, which accompanied the increasing swelling.

Several remedies were given without apparent effect.

The swelling continued with increasing redness of the parts, until Dec. 21, when his condition was as follows:

A swelling in the perineum as large as two fists, extending into the left inguinal region.

The scrotum was enormously swollen and rested upon the swelling of the perineum extending straight out at right angles, both these swellings were red and sore to touch, that in the perineum and inguinal region was hard, but the scrotum was more soft as from a serous infiltration. There was a yellowish watery discharge from the perineal swelling and the skin look wrinkled as if parboiled.

He was restless, worse toward night; wished the room cool, but was chilly on uncovering. Mouth dry, tongue red, dry, cracked, craved cool drinks. Urination slow. Hiccough after drinking. Visions on going to sleep. Vomiting yellow watery last night.

Dr. Thurston saw the case with me and after careful study, *Rhus* was selected and one dose dry of the ^{cm} (F) was given.

The next day Dec. 22, he had had a better night, but the swelling was the same, and while the tongue was not as red, the mouth was still dry, the hiccough continued, and then was an involuntary stool on straining to urinate. There were no visions, but he had vomited once a dark, bitter liquid.

In the evening his abdomen had become tympanitic and he was having involuntary stools. Nothing was done however and it was thought best to wait until the next day.

Dec. 23. Tympanitic abdomen with soreness to touch. Hiccough. Swelling of scrotum, dark blue. Offensive brownish discharge from perineum, involuntary stools, waking with sensation of falling. Temp. 97.4, pulse 96. One dose dry of *Lach*^{cm}

(F) was given. That evening he seemed to have had a better day. Temperature 98.4.

Dec. 24. Had a fairly good night, abdomen still swollen, vomited several times in the night with involuntary slimy, offensive stools when vomiting. Temperature 97.6, pulse 96. In the evening he was about the same. Temp. 97.6.

Dec. 25. The hiccough continued, abdomen still swollen. Slimy stools, involuntary with hiccough or cough. Sweat on neck and shoulders on waking. Discharge from perineum and under part of scrotum, bloody, offensive. Craving for cold drinks and cold food. Temp. 97.6, pulse 96. After careful study one dose dry of *Phos^{cm}* (F) was given that evening.

Dec. 26. Involuntary stools less, discharge still offensive and the skin looks black in places, but he was taking more nourishment and felt better. In the evening he had less hiccough, no stool since 4 a. m. Temp. 98. The swelling was decreasing and he felt stronger.

Dec. 27. Temp. 97.8, pulse 96. Discharge was offensive, brownish, frothy, abdomen still swollen, but he was better. From this time he continued to improve. The discharge remained very offensive and profuse.

On Dec. 29, the under part of the scrotum sloughed away, a piece as large as the palm of the hand exposing the testicles and cords and in a day or two the perineum began to slough until it was entirely gone from the urethra to the sphincter ani, which luckily was intact, and his temperature gradually rose to normal and a little above and then began a tedious time of granulation. The perineum was kept as close together as possible by adhesive straps across the buttocks.

The suppuration was profuse and at first extremely offensive. Jan. 7, he received one dose of *Si^{cm}* (F). About Jan. 16, it seemed as if the urethra was leaking up near the prostate and that the urine was flowing over the wound. In a few days this was a certainty and fully one half of the urine escaped in this way. He was improving generally, the wound was granulating well and filling up and the scrotum was being reproduced over the testicles, so there was nothing to do but to let it leak. No remedy was given.

Feb. 5. He received one dose of *Cham^{50m}* (F) for an extreme irritability which had been developing for a week. He was better after it.

Feb. 10. The perineum was repaired by Dr. Winfield Smith, of Boston, who performed the operation in a very skillful manner. The urethra was sutured and the whole perineum. The stitches were removed on the tenth day and the result was much better than was expected. A catheter was kept in the bladder for about two weeks, but he soon regained his strength and in about a month after the operation was in town attending to business.

There is still a small fistula from the urethra to the perineum through which urine at times escapes, but as he is in fairly good health it is to be hoped that remedies will accomplish its cure without resorting to a second operation.

DISCUSSION.

Dr. Pease—I think there is a case which would remind several Chicago physicians of this remedy of which I have been speaking.

Dr. Thurston—The surgeon who was called in after the wound was nearly filled with granulations said he had never seen anything like it. He was much surprised that remedies should have saved the man's life and repaired such extensive sloughing.

Dr. Dickerman—Had there ever been any injury to the peritoneum?

Dr. Kimball—Not that I know of. There was a history of gonorrhœa suppressed by injections, and there was a stricture, as we found, with an occasional gleet discharge which had bothered him for years. This case may aid us in regard to the relationship of drugs. *Lachesis* seemed to follow *Rhus* well, and *Phosphorus*, *Lachesis*.

Dr. Sawyer—Between the time of the hurt and the localization of the later trouble referred to, if between these two times you had given your patient remedies with a view to reproduce the suppressed gonorrhœa, what do you think the result would have been?

Dr. Kimball—After his accidents remedies were prescribed as they seemed indicated. As I remember it, the discharge came with the first swelling of the testicles and cords, and increased with the increasing swelling for a while, then ceased.

Dr. Dickerman—How long had the gonorrhœa been suppressed?

Dr. Kimball—He had had the gleet discharge off and on for five or six years at times of great mental anxiety. The gonorrhœa was suppressed by injections thirteen years before.

INTERMITTENT FEVER.

FRANK W. PATCH, M. D., SOUTH FRAMINGHAM, MASS.

In accordance with the avowed intention of last year, it gives me pleasure to submit the following detailed report of thirty-one cases of intermittent fever treated under the Hahnemannian law. There are also added a few notes, explanatory and suggestive, gathered from cumulative experience with this disease. Before taking up the body of the report it may be well to state that of the sixteen cases reported here last year and treated during the season of 1895 but one has returned up to the present date as far as is known. This was reported as case viii, *Nux vomica* being the remedy. The case was unsatisfactory when treated, dragging on for some time and requiring several repetitions before finally yielding, as was thought. The indications were not clear for a change and it seemed best at the time to recognize even that slow convalescence as a true one. But as the disease returned in the spring of the present year in a similar though aggravated form it is evident that even the highest potencies possess the power of palliation, of so persistent a disease as Intermittent Fever.

It was found this year that the true remedy in the above case was *Hyos.*, which cured promptly and probably should have been given in the first place.

The details of the case will come under the report of 1897. In reply to any who feel that the symptoms noted in these reports are too general for value and not distinctive of the remedies they represent, it may be said that close study will reveal something peculiar in almost every case and it is just this feature which the notes will endeavor to bring out. Many cases can never be individually prominent without the patient before you as an object; indeed with even this advantage it is often difficult to bring out the desired information from those patients who have not intellectual quickness enough to grasp our intent.

REPORT OF 1896.

Case I—*Pulsatilla*^{cm} (F)

G. C. Young man, medium complexion; blue eyes; active temperament; speech quick and animated; emotional; athletic. Type, tertian.

Prodrome.	Headache.
Chill	Beginning in hands; nails blue; throbbing frontal headache; covered.
Heat	With cough; cold feet; ringing in left ear; restless; congestion of conjunctivæ increasing from light; slight thirst, nausea after drinking; aversion to conversation in the room; uncovered.
Sweat	General, light.
Concomitants	Tongue white.

The above case is unusual in some particulars. The patient was not of the type expected to respond to *Pulsatilla*. The symptom "cough during the heat" is unusual, never having been met with in books of practice under this remedy. The guiding feature of the case seemed found in the combination of intense fever and dry mouth, yet very little thirst; other symptoms, of course, agreeing.

Case II—*Rhus tox*^{cm} (F)

C. M. Tall, thin, large boned man of about seventy years, dark complexion, mild disposition. Type, tertian.

Chill	At about sunset, each attack; nausea and vomiting; thirst for large quantities; chill intermits; dry hacking cough beginning with each attack; more comfortable from external heat.
Sweat	General; immediately after the chill; with thirst.

Concomitants Tongue with red streak in center, red tip. Dyspnœa on exertion.

The chief characteristics pointing toward the curative remedy are to be found in the tongue, the cough, and the restlessness. *Bryonia* and *Rhus* cases have usually an aggravating cough associated with the other symptoms and marking the onset of the attack. The differentiation of two may, of course, be easily made by the other symptoms.

Case III—*China*^{cm} (F)

M. F. An Irish woman of about 60, thin, worn and small; black hair and eyes. Attack began as a severe enteritis with great prostration, relieved by *Verat. alb.* Tertian intermittent followed changing to Quotidian.

Chill	Beginning in stomach and hands; lips dry, thirst; restless; headache; shaking in upper parts; fingers blue.
Heat	With thirst and dizziness.
Sweat	Absent.
Concomitants	Mouth bitter; tongue coated a dirty yellow; constipation.

Case IV—*Natrum mur*^{cm} (F)

Mrs C. F. A. Woman of slight build; reddish complexion; dark auburn hair; strength always below par. Type, Quotidian, anticipating.

Prodrome	Nausea, backache.
Chill	Beginning in shoulders and descending; covered; no thirst; quiet.
Heat	Long, begins in the feet and ascends; face flushes; quiet; feet cold; backache; headache; slight thirst; eyes swollen and painful; dyspnœa.
Sweat	Nearly absent.
Concomitants	Hydroa about the mouth, tongue dry and white.

Case V—*Ferrum met*^{cm} (F)

E. C. Unmarried woman of 30; short stature, stout, florid, medium complexion; phlegmatic. Slight attack ten years previous with *Quinine* treatment. Present attack began six weeks previous and was suppressed with "*India Cholagogue*." Later, appearing, was again suppressed with *Quinine*. First prescription, *Chin. sulph*^{cm} (F). Some time later, Aug. 10, reported no change and between that date and Aug. 29 several remedies were given with little apparent effect or bearing on the condition. Present experience would lead me to feel that *Sulphur* or some similar and deep acting antipsoric should have been given at the start in order to stir the old conditions into activity.

Aug. 29. Chills returned in tertian, anticipating type.

Prodrome	Yawning.
Chills	Beginning in spine; shaking for three hours; sensation of machinery in head; backache; no thirst; nasty, bitter taste in mouth; slight vomiting of bile; covered; cold feet; chilliness from motion; goose flesh; nails blue.

Heat	With flushed face; headache beginning in nape and ascending over head; thirst for quantity but much drinking causes nausea; headache; uncovered; restless.
Sweat	Light; offensive; staining linen; no thirst; pain continuous.
Concomitants	Tongue pale, bloodless and flabby; face blanched.

In the two last cases the type of patient and general symptoms present rather than any peculiarity of the paroxysm led to the proper selection. The first was a typical *Natrum* woman who, since the attack, has been much better than for several previous years; many old psoric symptoms disappeared with recovery.

The second, with bloodless tongue and face, prostration and debility, with the other symptoms agreeing, could not be mistaken. *Ferrum* was stamped on every feature.

Case VI—*Sambucus*^{cm} (F)

C. E. D. Intermittent following rheumatic peritonitis. Patient tall, dark; easy disposition. Type, quotidian, slightly anticipating.

Chill	Every afternoon between 3 and 3:30; beginning suddenly, lasting an hour; no pain, thirst or nausea; violent shaking.
Heat	Dry, with thirst; quiet.
Sweat	On waking in morning.

After *Sabadilla*^{cm} (F), improvement began and continued till the attacks entirely ceased. Ten days later the fever returned as a tertian.

Chill	Same as before, beginning between scapula and in arms; lies on left side; shaking only on right side in upper parts; deafness in left ear.
Heat	Beginning in head and descending; thirst; uncovered; restless; tired; burning of feet.
Sweat	Profuse, beginning on temples; on upper parts only; dizziness and blindness on rising.
Concomitants	Fine rash on body; restless and uncomfortable after midnight.

This time *Pulsatilla*^{cm} (F) was given and again the attacks ceased after two days, improvement going on for ten days longer

when another relapse occurred with the same symptoms as previously noted, chiefly on account of the profuseness of the sweat and the time of the attacks. *Sambucus*^{cm} (F) was now selected with but little hope of success, it must be owned, yet permanent relief followed.

Case VII—*Ferrum met*^{cm} (F)

S. H. Boy of 10, thin, active, wiry child; reddish complexion; freckles. Type, tertian, anticipating.

Prodrome Headache. Restlessness the night before the attack.

Chill Beginning in back; an hour's severe headache and backache; no thirst; nausea; restless.

Heat Beginning in forehead; throbbing; headache; thirst; mouth dry; restless; sleep, wakes frightened.

Sweat Light, only on head; sleepy; headache.

Concomitants Mouth bitter; tongue red with deeper color in center and white sides; moist. Arms over head; wants head held tightly when it aches hard.

Case VIII—*Ignatia*^{cm} (F)

C. F. Six years; fat, chubby, light haired boy. Partly developed attacks for two weeks. Present condition, tertian, anticipating, paroxysms.

Chill At about 11 a. m. for an hour; general shaking.

Heat With thirst; sleep; headache.

Sweat Absent.

Tongue Dull white with raised papillæ.

Case IX—*Ignatia*^{cm} (F)

A. H. Ten years, slight, wiry build; dark complexion. Type, quotidian. Very slightly anticipating.

Chill About 1 p. m.; short, followed by sleep; pain in thighs.

Heat Thirst, sighing.

Sweat Slight, on waking.

Concomitants Tongue white with raised papillæ.

Slight return after two weeks; readily controlled by the same remedy.

The two above cases were in children of entirely opposite types, one slight, dark, active and nervous; the other light and plegmatic, yet both answered well to the same remedy, showing that the type of the sickness should be given as much prominence as that of the individual. Sleep following the chill was guiding in each of these cases and seems a more prominent symptom with *Ignatia* than "relief from external heat," upon which so much stress is laid by some authors.

Case X—*Ignatia*^{cm} (F)

Mrs. H. C. Colored woman, mild disposition. Type, tertian, anticipating. First clear attack began at 2 p. m., with great pain all over the body, headache, &c.

Chill With chattering of teeth; thirst for cold water; covered; quiet, frequent urination; nausea; shooting, needle-like pains; eyeballs painful; covered, more chilly if uncovered.

Heat With thirst; pains continue; bed hurts her; frequent urination; throbbing headache.

Sweat General except face; pains; sleep; frequent urination; throbbing head.

Concomitants Tongue white; tearful if spoken to.

This case returned at the menstrual period, after a few weeks, when a dose of *Sepia*^{cm} (F) cleared up all the symptoms permanently.

Case XI—*Lachesis*^{cm} (F)

N. F. Eight years; thin; reddish hair; nervous temperament. Type, tertian; anticipating.

Chill In forenoon; pain in stomach, fretful and tearful; restless; vomit; nausea. Slight thirst for cold drinks.

Heat Intense; long; shifting pain; restless, irritable; sleep in latter part of heat; wants nothing to touch her, even the bed clothes.

Sweat Absent.

Concomitants Cries on waking; epistaxis.

The intense sensitiveness to contact first called attention to this remedy. The sheet, her mother's hand, anything which approached her body bringing a tearful protest from the patient.

Case XII—*Arsenicum*^{cm} (F)

Mrs. E. S. M. Seventy years; spare; dark; nervous temperament. Began indistinctly; had an attack previous years under *Quinine* treatment. Type, tertian.

Chill	Very indistinct and mingled with heat; intense restlessness, thirst for little, often; wakeful after 12, aching in head and limbs.
Heat	Prolonged several hours, burning, dry.
Sweat	With sleep from exhaustion.
Concomitants	Tongue dry, stiff, red on one side.

Case XIII—*Bryonia*^{cm} (F)

H. C. Infant. Attack began with convulsions; chill during sleep; blueness of the skin; cough before chill; thirst in heat; quiet in all stages; sweat profuse, followed by sleep; starts in sleep.

Case XIV—*Bryonia*^{cm} (F)

M. C., Irish laborer.

Chill	Every day; attack in early part of afternoon; sensation of heaviness; pain in bones; cramps in legs without shaking; thirst in all stages; hard dry cough all through attack.
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These *Bryonia* cases, as was remarked above, are usually characterized by a severe cough which forms a prominent feature of the attack. It is rather more deep and pronounced than the *Rhus*. cough which is particularly dry and irritating.

Case XV—*Nux vom*^{cm} (F)

W. H., Slight build; dark. Tertian, anticipating type. Attacks begin with frontal headache.

Chill	With vomiting of bile; chill begins in extremities and back; great thirst for ice water which seems to augment vomiting; covered; restless.
Heat	With headache; less thirst; uncovered; restless.
Sweat	With but little thirst; some sleep; less headache. An immense crop of fever sores about mouth.

Case XVI—*Nux vom*^{cm} (F)

M. M., slight, dark complexion, 10 year old girl.

- Chill In forenoon proceeded by vomiting, with pains.
- Heat With thirst and sleeplessness.

Case XVII—*Natrum mur*^{cm} (F)

H. D., 30 years, thin; dark. Attack began with continued fever and diarrhoea developing into true Intermittent; tertian, anticipating type.

- Prodrome Coldness.
- Chill With shaking for an hour; slight nausea; without coldness; covered.
- Heat With thirst; great aching as though torn apart in abdomen and back; sensation of restlessness without moving; headache.
- Sweat Absent.
- Concomitants Impatience; wants to be let alone; craves bitter food and drink; tongue red, sides, tip and center coated.

The craving for bitter things finally decided the selection of the curative remedy in this case. Not that this was the only *Natrum* symptom, but the common symptoms were not characteristic of that remedy, and the case as a whole was, seemingly, unlike *Natrum* cases in general, lacking in distinctive features.

Case XVIII—*Natrum mur*^{cm} (F)

Mrs. J. K., 50 years; dark complexion. Tertian; anticipating two hours.

- Chill With shuddering in body. Thirst for cold drinks.
- Heat With headache, pains in legs, back and abdomen. Thirst. Vomiting; which eases her bad feelings.
- Sweat Profuse, all over. Thirst.
- Concomitants Headache all night following attack. Wakes with sensation of a crash. Tongue white. Smarting at meatus urinarius.

Case XIX—*Hyos*^{cm} (F)

Capt. M. Retired seafaring man, 70 years, phlegmatic disposition. Tertian, changing to quotidian, anticipating.

- Chill Short and preceded by fever for two or three hours, no thirst.

Heat Long and distressing, restlessness; thirst; involuntary urination; flushed face; nausea; profuse slimy saliva; delirium; cold extremities; wants to get out of bed.

Sweat Absent.

Concomitants Mild delirium, has no remembrance of the attack after it is over.

After *Merc. sol^{em}* (F) the fever changed to tertian again, but there was no further improvement. *Hyos^{cm}* (F) completed the cure. This was the first *Hyosyamus* case seen and it was some time before its peculiar symptoms were recognized. It seemed at first, after the *Merc.* was given, that recovery must follow although it is now evident that except for the salivation there was no proper indication for its use. Afterwards it was easy to see that the prescription was a mistake and that the salivation could as well be found under *Hyos.*, which also had the peculiar mental conditions.

Case XX—*Belladonna^{cm}* (F)

H. F.

Prodrome Thirst.

Chill Beginning in back and spreading all over the body.

Thirst for cold drinks; quiet; vomiting of bile during or at close of chill.

Heat With thirst; quiet; eyes and nape ache; headache; burning heat of skin; great heat of palms and soles; occasional sleep; throbbing in head much annoyed by noises outside of house.

Sweat Without thirst; all over; pains relieved.

Concomitants Tongue white with raised papillæ; mouth tastes dirty; wants to be let alone; poor sleep before midnight.

It has been said that *Belladonna* will not cure true Intermittent fever, that its provings do not show such a type; that it can and will cure such a condition seems perfectly evident from the above case and also No. XXIV of this list; certainly it would seem difficult to find more typical cases. It's well known symptoms of throbbing headache, aggravation from noise, light, etc., proved guiding here as elsewhere.

Case XXI—*Natrum mur*^{cm} (F)

Mrs. D. G.

- Chill Beginning in back; two hours. Thirst for ice water; nausea from sight of food; restless; sensation of pounding and hammering in head.
- Heat With thirst; restlessness; headache.
- Sweat Relieves all symptoms. Tongue white and dry.

Case XXII—*Antimonium tart*^{cm} (F)

R. C. B., large, stout, phlegmatic man of 60; dark complexion; quotidian type. Has taken quinine and proprietary medicines.

- Prodrome Restlessness and flushed face.
- Chill With faintness, all gone sensation; begins in hands, arms and back; dyspnoea, gasping for breath; mouth sweet, sticky; backache; no thirst; bitter vomiting at close of chill.
- Heat With faintness, dyspnoea worse, slight delirium. Thirst; restlessness; passes downward; uncovered; ringing in left ear; cold feet.
- Sweat Light, general on upper parts.
- Concomitants All goneness in stomach; urticaria; slipping down in bed; continued lethargy.

This was one of the most difficult cases ever seen. Day after day with tedious regularity except for a slight anticipation the paroxysm went on for more than six weeks. It was only the strongest faith in the power of the correct homoeopathic remedy that gave me courage to continue; what gave the family courage enough to cling to me it would be hard to tell for they had never employed Homoeopathy before, but cling they did, and nobly. Picture after picture of the case was taken and study after study made without avail until the characteristics of *Antimonium tart.* began to show themselves more strongly as the patient became weaker. The lethargy, the phlegmatic quiet of the man lived through it all; the gasping struggle for breath during the severity of the attack. This was all, no rattling of mucous or other peculiar element. The remedy was chosen in despair, but did splendid work and brought about a perfect recovery which has already stood the test of nearly a year without further medicine. There is no credit in such a case, however, when one has the consciousness that the remedy ought to have been recognized much earlier

and that no case of Intermittent under a master could possibly drag out such an interminable length.

Case XXIII—*Croton tig*^{cm} (F)

C. W. Quotidian.

- Chill Lasting an hour with thirst; shaking, followed by sleep; worse from motion.
- Heat With great thirst; delirium; involuntary stool.
- Concomitants Stools short but with much gas. Tongue white.

Case XXIV—*Belladonna*^{cm} (F)

G. N., large, boistrous, full blooded, dark complexioned man.

- Chill With great pain all over.
- Heat With cold extremities; but little thirst; tightness in head; pain; blurred vision; eyes congested; noise irritates him.
- Sweat Without pain.
- Concomitants Restless all night following attack; dreams of work.

Case XXV—*Nux vom*^{cm} (F)

C. T. Stout, phlegmatic boy of 10.

- Chill In afternoon with sleep; thirst.
- Heat With aching in bones; restlessness; thirst.
- Sweat In the night.
- Tongue white and dry.

Case XXVI—*Arsenicum*^{cm} (F)

Mrs. G. W. Fifty-five years, stout, florid.

- Chill Creeping and indistinct mingled with flashes of heat, worse in extremities and across chest; no distinct shaking; coughing and gasping; occasional chattering of teeth; chilliness up and down back; very slight thirst; chill long, tedious; worse from draft or motion.
- Heat With vomiting of bile; sense of suffocation; restless; headache; coldness of legs below knees; burning and soreness of chest; covered; tongue very dry; pain in right eye and ears; aching pain in left lower chest; <from jar of bed; headache; delirium; feels that she is not at home.
- Sweat Light; general; covered; headache improved.

Concomitants Tongue red, dry streak down the center, white sides; bitter taste, <from milk.

The character of the chill, the restlessness, the condition of the tongue and the thirst all pointed to *Arsenicum* here. Cases calling for this remedy seldom present a distinct shaking chill and they are more apt to be found in debilitated or aged subjects. (See No. XII).

Case XXVII—*Natrum mur*^{cm} (F)

E. W. Thin, tall girl; medium complexion, 15 years. Type, tertian.

Prodrome	Nausea.
Chill	With shaking; thirst for cold drinks; quiet.
Heat	With sleep; less thirst; quiet; headache.
Sweat	When sleeping.

Case XXVIII—*Hyoscyamus*^{cm} (F)

C. S. Swede; light; thin; nervous temperament. Tertian type.

Chill	With thirst; headache; vomiting at close of drinking causes vomiting; short.
Heat	Covered; headache from nape up over vertex, worse night before chill; thirst; delirium.
Sweat	Profuse; general.

Another *Hyoscyamus* case, in which the type of patient, the intensity of the heat with the delirium led to the selection of the curative remedy.

Case XXIX—*Gelsemium*^{cm} (F)

F. G. Boy of 8 years; light complexion; tertian type.

Chill	With thirst; restless; pain in legs; headache.
Heat	With vomiting; thirst.
Sweat	Profuse, thirst.

Case XXX—*Ipecacuanha*^{cm} (F)

H. W. G. Dark complexion; muscular young man.

Prodrome Headache; drawing, stretching pains; pain in splenic region; profuse flow of saliva immediately preceding chill.

Chill Beginning in feet and ascending; restless; drinking <pain in side; headache; aching of neck and back; deep, sighing respiration; dry mouth without thirst; eyes feel as though

being pushed out from behind; desire to keep eyes closed; violent shaking; noise aggravates and irritates; toes feel as though frozen; dozes into heat; head hot; nails blue; blowing respiration.

Heat Light sleep, wakened by noise; stupid, tired and weak; bed and pillow feel hard and uncomfortable as though wooden; worse from noise; thirst; throbbing headache in parietes, <motion, <pressure of hand.

Sweat Absent.

This was another difficult and tedious case which was expected to yield at once to *Rhus* or *Arnica* but which was only slightly modified by either of these remedies and proved at last to respond to *Ipecacuanha*, although there was hardly a suspicion of nausea or vomiting in any part of the attack. It was this fact which proved so deceptive in the study of the case and which was only remedied when the persistent salivation before the chill made itself sufficiently prominent to gain proper recognition.

Case XXXI—*Conium mac*^om (F)

H. S., medium complexioned; quiet; sullen disposition.

Type Quotidian, chill every afternoon between one and three o'clock.

Prodrome Dry cough.

Chill Beginning suddenly; shaking worse in shoulders and arms; one hour; thirst; hacking, continual cough; bitter vomiting at close of chill; nausea.

Heat With thirst; noise in right ear.

Sweat Profuse, all over; thirst; sweats most when asleep.

Concomitants Dizzy on rising in a. m. Restless, sleeps first half of night; bitter taste.

The indications in this case were particularly meagre and turned mostly on the symptom "cough during and preceding chill." The only place found where *Conium* was mentioned under "cough during chill" was as a minor remedy in Bœnninghausen's Repertory. *Bryonia*, *Rhus*, *Sabadilla* and the few other remedies having this symptom were contra-indicated in other ways. "Sweat during sleep" also occurs under *Conium*, but is not characteristic.



Now may we ask again what is the lesson of these cases? That our art is sufficient to cope with *all* forms of disease is so well understood by members of this society that its further statement might seem superfluous. For the sake of others, however, we would still insist on its claims.

The fact that nineteen different medicines were used in this list of thirty-one cases speaks volumes for the truly individual method of the Homœopathic system. It also emphasizes the fact that no endemic remedy has yet been found for our locality. Nor is such to be expected. The disease has been present many years and has become so mingled with the individual life of the people, with psora and drugs etc., that no one remedy could possibly reach its many sided manifestations.

There is nothing new to say of the general treatment of Intermittent fever. Nothing but what has already been spoken by Hahnemann in no uncertain tones. With each year's experience it becomes more and more plain that his instructions were all sufficient. Strong emphasis must be placed on the necessity of observing particularly the individual and uncommon symptoms and using the common symptoms simply as filling for the picture. The necessity for antipsoric treatment in connection with a great majority of cases also becomes patent.

In reporting old cases, chronic cases and the like, it is never safe to consider a patient cured unless there has been a return of chills which had previously been suppressed by crude medicine. This return will not usually be brought about by a high potency of any proprietary mixture, nor by a potency of quinine itself, which, of course, form the basis of most of the so called "cures." These medicines will often cause a temporary improvement in the condition of the patient, but this is delusive and in no way resembles a true cure. Perfect health can only be restored by the use of some deep acting antipsoric remedy which seems to stir the very center of the organism and bring out the original condition of the attack. When this is secured the vital force alone may carry on the case to the end, symptoms disappearing in inverse order, or a new, non-antipsoric medicine may be needed to complete the cure.

DISCUSSION.

Dr. Pease—I believe that Dr. Patch gave us a very valuable paper on Intermittent fever last year, to which this is a very worthy supplement. The closing remarks I certainly endorse

with all my heart. I do not see any chance for argument on the cases. I notice from a description of the cases that there seems to be a close relationship to those we have in Chicago. The southern part of the city is being built on the low bed of what in the past, the geologists call the Chicago lake which was a very large body of water existing there in pre-historic times, and probably the changes which have come since that lake was in existence, there are countless layers or strata of fresh deposits and settlings there, and in the memory of the last two or three generations that whole country was a morass, and today in the progress of the development of the city there is digging of sewers, streets, etc, and also filling in with dredgings from the river and lake. As a consequence there is a centre of malaria out there for many square miles. I have noticed that the cases coming from that region of the city have all the characteristics of the intermittent type in the different diseases we have to treat. It makes no difference whether intermittent fever or children's diseases, we have the same miasm which seems to be related to that malarial country. I speak of it because Dr. Patch's cases remind me of it.

Dr. Sawyer—We often hear it stated that you may cure your ague and other malarial diseases in the North and East with your potencies, but that you cannot do it in the South. I lived for seven years in Memphis, Tenn. Across the river when it was high, sometimes it would spread out there fifty miles, when it subsided, leaving a deposit of everything that is foul, consequently, it produced the worst kind of chills and other malarial diseases, and to my certain knowledge Homœopaths in Memphis did cure these malarial diseases with the potentized remedies. I had over 20 years experience in the Wabash Valley, where malaria was as bad as it ever was in the world, in that swampy section, recently opened up by ditching, leaving those morasses there to dry out in the sun and giving off their accumulations of filth. The entire country suffered from malarial troubles. I want to say that when the test was made and the remedy administered in extremely high potencies, if the remedy had even four hours start of the chill, in the immense majority of cases the chill failed to materialize after exhibition of the correct remedy. I think Dr. Morgan will bear me out in the correctness of that.

Dr. Morgan—We would have rainy seasons, would ride on horseback six or ten miles with water knee deep. In the fall the mud would dry up until you could put your hand down in the

seam. There was a great deal of malaria came out of those cracks. I soon found that quinine did not cure, simply suppressed. I commenced the Homœopathic treatment, and I soon found that it would cure, and the higher potencies I used the quicker the cure would come, and not only that but when the cure was made it nearly always was permanent. It did not appear that season or the next, and very often the single dose made the perfect cure. While then I did not get higher than the 1000th, and the worst cases of suppressed ague had re-appeared in the form of indigestion, pulmonary and kidney troubles, the indicated remedies would redevelop the ague generally in just the form it had been before it had been suppressed, and generally cured the case without further prescribing. I find that in Maryland down the western shore of the bay there is a great deal of ague, mostly of the suppressed character, not well defined as it was in the West, much more difficult to get the symptoms, and cure the case, but they cure just the same when we get the symptoms, and a single remedy or a single dose will generally make a complete cure, and most always a 1000 potency works better than a 30. These are general observations, but it is more difficult in Baltimore to treat a case properly from the fact that the people are so thoroughly skeptical that ague can be cured without quinine. The idea of curing the ague without quinine was as mysterious and wonderful, even to the doctors, as the idea of curing the polypus or catarract without the knife, and if the case did not yield to my first or second prescription the howl for quinine would come.

Dr. Sawyer—When I first went to Kokomo, I belonged to the progressive class of Homœopaths. The first case of ague I had called for quinine. I had no potency of quinine so I made the first decimal trituration and gave a few powders of it. It cured or suppressed the case promptly. I think cured for this reason. While those cases had been suppressed by immense doses of quinine, my case did not require such, and my patient remained in good health otherwise, which makes me think that while these very low potencies are not desirable for the reason that they do leave a drug disease, yet, they frequently cure. One of the things I prize most dearly is the fact that when Homœopathy cures the patient it does not leave another disease in the place of the one removed. People often ask me about that when extolling the advantages of Homœopathy, and object to crude medicines on account of their leaving drug miasms. They ask me, “Do not

your Homœopathy medicines leave diseases after them as well as old school remedies?" I assure them that they do not, and that is one of the reasons why I prefer Homœopathy, and that if it did not have one single advantage in the cure, that it did have that immense advantage of not replacing one disease with another.

Dr. Kennedy—I am glad Dr. Sawyer has emphasized this point. I think as Homœopaths we do well always and everywhere to emphasize the cleanness and thoroughness of the cures wrought by Homœopathy. With regard to Dr. Patch's cases, I am glad he has sent them. Personally I feel indebted to Dr. Patch for giving us these cases so carefully given in detail, because, as I think I said last year, they serve to demonstrate to us the fact that intermittent fever can be cured. You mention that to an old school physician and he shrugs his shoulders and says, "Yes, in a way." You and I know that these cases are cured now. It is a significant fact that Dr. Patch, for example, located in a malarial section, has treated and cured beyond a probability, not to say possibility of return, thirty or more cases of intermittent fever with nineteen remedies. Imagine what could be done by the physicians who are located in that section, provided they would each do as good work as Dr. Patch. Think of the number of individuals who today could be attending to their business without the fear almost daily of an attack of malaria; and what can be done there can be done anywhere by like workmen.

Dr. Adams—In this connection, and in reply to Dr. Dickerman's question as to low potencies of the indicated remedy proving curative, I remember a case, I think my first while I was a *progressive* Homœopathist, in which I *knew* I had made a cure and a *clean* or *Homœopathic* cure. A child of about 6 years of age had suffered with *ague* over a year of its little life. It had been treated by many physicians, and undoubtedly had had all the anti malarials in the dispensatory. *Natrum mur.* in the 6th potency *cured* her. I had the pleasure of knowing the child as she grew into a woman, and in all these years since she has never had the slightest return or indication of *ague*.

ELECTION OF OFFICERS.

Dr. Sawyer was elected a member of the Executive Committee for five years. Dr. Kimball was elected Secretary. Dr. Davis, Treasurer.

Adjourned *sine die*.

Clinical Verifications.

GONORRHŒAL CONJUNCTIVITIS.

J. P. JONES, M. D., CHICAGO, ILL.

Prof. of Anatomy, Dunham Medical College.

Case I—Mrs. L. P., married, mother of five children, Swedish born. Could not get much family history, except she said her folks were all healthy. The patient came to me July 10, 1896, complaining of a severe conjunctivitis of right eye and headache when lying down. She had not been able to sleep lying down for eight years with any comfort. An early history showed an inflammation of genito urinary system which I suspected to be of Gonorrhæal origin. This inflammatory difficulty had been cured (?) she said, by a wash given to her by a *friend*. This was previous to her having any children, in the first weeks of her married life.

About eight years ago, the patient was clipping her finger nails when she felt something fly into the right eye. In the course of a few days she went to a doctor and he removed some foreign body, so he said, charged her the regular fee and she went home. But the inflammation did not subside, but instead continued to get worse, finally going to the other eye, leaving the first somewhat better. In course of time the inflammation went back to the right eye and there continued until the day I saw her.

The eye that had been affected, first showed marked atrophy of eyeball and sight much affected. I prescribed a *Placebo* the first two weeks; while I was looking up the case, I found in the REPERTORY TO THE GUIDING SYMPTOMS, *where an inflammation of one eye changing to the other eye and then back to the first eye affected was medorrhinum*, so from the history I decided to give *Med.*, I gave one dose on the tongue the 24th of July.

Aug. 1, the patient complained of a burning sensation all over, gave *Placebo*.

Aug. 8, the burning had centered mostly in the hypogastric region, frequent urination with same burning. *Placebo*.

Aug. 22. No complaint of eye could sleep perfectly natural. No irritation of the urethra, same burning in region of ovaries. *Placebo*.

Sept. 6. Feels well, can do all her own work, some burning across the hypogastric. *Placebo*.

Sept. 20. Eyeball almost its natural size. Feels well. *Placebo*.

Oct. 4. Complained of much *burning* in hypogastric region and along the back. Gave *Lach^{sc}* in six doses, one three times a day.

Nov. 1. Complaining of much burning, same as I prescribed for Oct. 4. This time I gave *Lach^{cm}* one dose.

Nov. 15. Burning nearly gone. *Placebo*. I had the patient visit my office every two weeks, so to keep watch of the progress of her case for three months and to get my share of the proceeds as the patient said she had paid out over a thousand dollars to various doctors for treatment, and had received not a penny's worth of benefit. This patient is well at present writing and as she is nearing the climatic period of her life, I verily believe she will pass over it with the utmost impunity.

This case not only shows the ease with which most chronic diseases can be cured, but also the necessity of not repeating a prescription that is doing good work. In this case I have no doubt had I interfered with some other remedy would have mixed the case all up so that no one could have unraveled it. As it was I gave plenty of *Placebo* and let the medicine work to a finish unmolested, which it did.

This case which appeared at first to be a very stubborn one, only took two remedies to clear up. Some of her occultists wanted her to bring them some of the medicine I used. She told them she had no time as she was all right now.

CLINICAL CASES.

JOHN STORER, M. D., JAMAICA PLAIN, MASS.

Case I—Mrs. B. S. Chronic constipation ever since a western physician gave her large doses of an Emmenagogue to produce an abortion, which result was attained. My remedies failed to relieve the constipation, she did not know the drugs in Emmenagogue and so I had her mail me a couple of the pills which I potentized and returned her a few of the powders to take. A few weeks later she wrote that the constipation was wholly relieved and there has been no return.

Case II—Wm. L. Chorea affecting all the muscles, been getting worse for nearly two years. Legs stiff after sitting. Constipation. Tickle in throat > a. m. Urine often, < cold rainy

weather. Stiff sensation brain. Stiff sensation chest. Nervous, restless, tired mentally and physically. Does everything in a hurry. Chorea <afternoons, >eating. Is a letter carrier. Had gonorrhœa and syphilis. *Caustic*tm (F) three doses dry, and *Sac. lac.*, improvement began at once and in three months, without any more medicine, he called himself a well man and was happy enough.

Case III—S. J. Diarrhœa and vomiting at same time. Cramps arms and legs. Skin cold. Abdomen cramps. Thirst for large quantities cold drinks and would immediately cause diarrhœa and < pain in abdomen. Stool fetid, with flatus, tenesmus. Stool involuntary and in sleep. Restless, fever, very weak, < after stool and then almost collapse. *Verat alb*^{cm} (F) *Sol.* dose every ten minutes. All symptoms were at once relieved, three doses only of medicine were given. The patient was up and about in a few days.

CASES FROM PRACTICE.

W. W. GLEASON, M. D., ATTLEBORO, MASS.

Mrs. S.—. ECZEMA. This case came to me May 1, 1897. There was eczema in axillæ, on the arms, under the knees, on eyelids, neck, and on chin. The eruption was flat, red, dry and scaly, itching intensely. It would sometimes itch and burn in warmth of bed, and sometimes was better in warmth of bed and itched and burned when coming in cold air. Sometimes the feet of this patient were cold as ice, and sometimes she would put them out of bed into the cold air to get them cool. There was a record of allopathic dosing of the extreme kind for three years previously to my receiving the case. There was also the fact to be considered, that the eczema was of four years duration, having appeared directly after vaccination. The father of the patient had been troubled all his life with eczema. Menstruation of patient was very dark in color, regular, but accompanied by griping pains in groins, abdomen and lumbar region. May 1, 1897, *Vaccin*^{cm} was given and allowed to work two weeks, when *Sul*^{cm} was administered and allowed to work four weeks. Improvement commenced and continued until June 8, when it was necessary to give another dose of *Sul*. Improvement went on until July 9, when the case seemed at a stand-still and itching had become almost unbearable and was worse in warmth of bed. *Psor*^{dm} was

given and again improvement set in and went gradually on until Sept. 20, when the itching yet remaining severe in the warmth of bed *Sul^{mm}* was administered. It was not necessary to give anything more until Nov. 23, when some copper colored pustules appeared and *Psor^{dm}* was repeated. This cleared the case entirely up so that every symptom of skin trouble disappeared and menstruation became normal. An interesting fact in this: The eruption appeared first in axillæ, then on neck, then on chin, arms, and eyelids. Menstruation was disordered after appearance of eruption. The eruption first disappeared from eyelids, then from arms; menstruation then had become normal. Eruption afterwards disappeared from chin and last from neck.

Case II—Mrs. T. ASTHMA Nineteen years duration. She has for many years smoked and inhaled every quack nostrum to be obtained. Asthma is brought on by raising arms above head, or by physical exertion. Has not missed having asthma a single night for years. Sour taste in mouth. Lips blue, dry. Mouth dry. Severe cough, expectoration being white, frothy. Wakes after an hour's sleep at night with asthma. Constipation so severe has not had operation of bowels for ten years without physic. Fæces in small jagged lumps. Urging constantly day and night to urinate, must strain to pass urine. After voiding urine sensation as if some remained in passage, which causes tenesmus. Circumscribed redness of cheeks. Aching in forehead in afternoon and night. Darting pains as if needles in eyeballs. Darting pains through right chest on drawing a deep breath. Tired, weary all time. Nov. 12, '97, she received two powders of *Arsen^{cm}* and improvement commenced, no more medicine being needed. She has had no more asthma. She has had spells of severe aching of limbs both upper and lower, with pains under shoulder blades, and numbness of third and fourth fingers of right hand. She has passed lumbricoides. She has tabs and pendulous lumps of flesh looking like condylomata come on inside of cheeks and in throat. But I have not given any more medicine; am waiting developments.

Case III—Unmarried woman 25 years of age. Irritable, quarrelsome if crossed, quite malicious in disposition, very excitable. Yet over-sensitive and easily offended, easily frightened, noises and odors illy borne. Bloodless. Complexion ashy. Tired and weak all time. Vomiting of food immediately after eating

in condition as eaten, has not kept any food down for six weeks. Severe pain in stomach and about navel after taking food into stomach until it is rejected. Everything sours as sour swill, (her expression) even water, as soon as taken into stomach. Cadaverous odor from mouth scenting whole room. Nov. 15, '97, she was given *Nux vom*^{sc} in water every two hours, and this was continued for four days when the vomiting had stopped and she was keeping liquid food down. She has not vomited since. After the vomiting stopped she was given one dose of *Nux vom*^{cm} which cleared up the case.

Case IV—Woman 50 years of age. Rheumatism of left arm, Dull aching when still, but when moved the arm springs into sudden severe pain. Has taken quack stuff by the pint without benefit and quantities of quinine. Wrenched pain in wrist. Sharp pains in fingers. All worse on first moving them. *Bry*^{cm} cured in a week.

Case V—AMALGAM POISONING. Woman 50 years of age. While on ocean voyage three years ago, caught a severe cold and had sore throat. The throat remained weak for many months and domestic troubles arose that caused her severe nervous strain. She became debilitated, the tongue became inflamed, causing constant desire to swallow and the throat felt as if there was a hair in it. Sciatic rheumatism set in with severe neuralgia of feet. After a while the sciatica and neuralgia gave way and there ensued distressing spasms of burning nervousness in throat with clutching sensation at the thorax. Then came loss of strength in arms and legs as if paralysis would ensue. The burning pain in tongue was constant. She preferred to do the cooking for the family (although in affluent circumstances) but had to desist from so doing, because the steam or smell of cooking food especially fresh fish, caused great pain in the throat. The submaxillary glands were swollen and painful. The throat dusky purple in color. She had a chill every morning as soon as she arose and moved about. Throat was dry and swallowing painful. I noticed also that she was wearing a red vulcanite plate which she informed me she had worn for ten years. ✓

Feb. 1, 1897, she received one powder of *Red Vulcanite*^{cm}, Feb. 6, another of same. This was allowed to work until Mar. 3, when she received *Arsen. alb*^{cm} one powder. Improvement was rapid and she received *Sac. lac.* until June 7, when improvement

seeming on the wane she received *Arsen. alb^{dm}* one dose. Improvement was again rapid until Sept. 6, when she had regained comparative health and strength, but there remained the following symptoms: Burnt feeling on back of tongue. Dryness of mouth. Thick yellow coat on tongue. Right side of throat sore and dark bluish red. Metallic taste in mouth. She receiving *Phyto^{cm}* which was the last medicine she obtained, except prescriptions of *Sac. lac.* for two months after. She was then cured. The vulcanite plate I induced her to discard in the first month of treatment. I do not think that as long as that remained in her mouth any doctor could have cured her. Nor do I think she could have been cured without antidoting the red vulcanite with which her system was saturated. She had been under treatment by allopathic specialists for two years constantly without benefit.

Case VI—A SURGICAL CASE. (Given because of its novel treatment.) Young man employed in a machine shop. Was thrown against an emery wheel and his leg just above the knee gashed to the bone by a cut four inches long inflicted by the rapidly revolving wheel, the flesh for a half inch all around the cut being severely burned, (literally cooked) and filled with emery particles. As much as possible of the burned flesh was cut away, and the gash dressed with beef blood, and kept saturated with it. It healed in a surprisingly short time, the young man keeping at his work.

HOMŒOPATHY SCIENTIFIC.

L. D. ROGERS, A. M., M. D., CHICAGO.

A remarkable confirmation of the homœopathic principle of treatment has just been reported from Berlin. It was discovered several years ago by Binz that the number of white blood corpuscles could be increased four times by giving the individual, tincture of myrrh. The normal number of white corpuscles in a healthy person is 7,500 to the cubic millimetre. When the number is temporarily above 9,000 the condition is abnormal, and the term leucocytosis is used to designate it. Now, surgical pathology teaches us that leucocytosis is confirmatory of the suspicion of pus in the system. For instance, if a deep abscess were conjectured in some part of the body, as in the appendix, the lung, the liver or brain, the condition of leucocytosis is positive

proof that there is no suppurative process in any part of the body, whatever the other symptoms may be.

The Berlin correspondent of the *Therapeutic Gazette* for January, 1898, says that the most remarkable fact in therapeutics in that city at the time of his writing was the treatment of the mixed infection of diphtheria with tincture of myrrh. Out of eighty cases treated only one died. Reports from three hundred cases showed remarkable results. The cases of mixed or secondary infection are those complicated with pus germs. In all pus cases we find leucocytosis. In these *the remedy that has been so successful produces leucocytosis when given to a well person*. The tincture of myrrh is given also in small doses; four drops are mixed with eight drops of glycerine and two hundred drops of water. To infants a coffee spoonful is given every half hour, to children under fifteen one to two teaspoonsful and to adults proportionately larger doses.

It is evident that the principle is homœopathic, namely, *to give to the sick that drug which, given to the well, produces symptoms similar to those possessed by the sick*, the size of dose or strength is homœopathic, about 2x, and the frequency of repetition is homœopathic. We predict that within another decade the homœopathic law will be fully demonstrated by means so scientific as to place its validity beyond dispute by any physician proficient in the science of medicine.

Dyspepsia Proof.—Much is said about American dyspepsia, but there is one native race of America that is certainly not greatly troubled by the modern curse, says *Popular Science News*. The sturdy little Esquimaux defy all the laws of hygiene and thrive. The Esquimau, like the ordinary dweller in America, eats until he is satisfied, but there is this difference, that he is never satisfied while a shred of the feast remain unconsumed. His capacity is limited by the supply, and by that only.

He cannot make a mistake about the manner of cooking his food for, as a rule, he does not cook it, nor so far as the blubber or fat of the Arctic animal is concerned, about his method of eating, for he simply does not eat it; he cuts it into long strips an inch wide and an inch thick, and then lowers the strips down his throat as one might lower a rope into a well.

After all that he does not suffer from indigestion. He can make a good meal off the flesh and skin of the walrus, provision so hard and gritty that in cutting up the animal the knife must be continually sharpened.

The teeth of a little Esquimau child will meet in a bit of walrus skin as the teeth of an American child would meet in the flesh of an apple. And when the hide of the walrus is from one-half to one and a half inches in thickness, and bears considerable resemblance to the skin of the elephant, the Esquimau child will bite it and digest it, too, and never know what dyspepsia means.

Editorial.

REORGANIZATION.

For several years the entire management of the *Medical Advance* and its successor the HAHNEMANNIAN ADVOCATE has rested upon the shoulders of one man. It has become so great a burden that in the future the work will be so shifted that while the *responsibility* may still rest upon one, willing hands and earnest minds will share in the labor of preparing the cream of medical literature for the easily assimilation of the busy practitioner. Instead of long, prosy articles upon topics interesting to but a limited number of our readers and passed over with but a glance by the great majority, the future numbers will be filled with short pithy articles containing the meat, the substance of both theory and practice of medical science. The superiority of the law of *Similia Similibus Curatur* will enliven every page as in the past, but a more comprehensive view of the subject will be given in the future than possibly could be thought of in the past.

Gleaning from nearly two hundred different medical journals, will give such a rich supply of material that when combined with the exceedingly valuable character of the *original* articles contributed to the columns of this journal, no one can lay aside the magazine with other feelings than those of deep satisfaction.

The faculty of DUNHAM MEDICAL COLLEGE have practically united in this great work; and each one will reach out for those "choice bits" coming within the scope of his professional activities. These will be enriched by comments made practical through personal experience.

MATERIA MEDICA and HOMŒOPATHICS will be edited by F. O. PEASE, assisted by EUGENE W. SAWYER, A. W. HOLCOMBE and B. L. HOTCHKIN; SURGERY by HOWARD CRUTCHER, assisted by C. S. FAHNESTOCK, and C. W. EATON; EYE, EAR, NOSE and THROAT by JOHN F. BEAUMONT, assisted by MILTON S. SMITH and HELEN M. PARKER; OBSTETRICS and GYNÆCOLOGY by HUBERT STRATEN, assisted by O. I. M. GROVER and STELLA E. JACOBI. MEDICINE by H. W. PIERSON, assisted by TEMPLE S. HOYNE, J. B. S. KING,

R. M. BARROWS, FRANK R. WATERS, F. H. LOCKWOOD, B. A. COTTLOW, GRANT J. GRAY, J. P. JONES, G. P. WARING, C. B. STAYT, etc.

The work of this editorial staff will be facilitated by regular monthly meetings, in which the general scope of the work will be carefully considered, in order that this magazine may *advocate* the cause of Homœopathy in such a way as to bring many recruits to her banner.

The fruits of this new work will be shown in the issue of April fifteenth to which your attention is hereby directed.

ALLOPATHIC TEACHING—ITS DEFECTS.

The *Bulletin of the American Academy of Medicine* is the journal of the new Association of *regular* physicians. The elect Association is smaller in numbers than the American Medical Association, but the membership is presumably greater in culture.

The October issue of the *Bulletin* devoted sixteen pages to the discussion of "the relation of the literary college to the medical school," by such eminent men of their ranks as Dr. Bayard Holmes, Prof. Warfield, President of Lafayette College, Drs. Pepper, Wilson, Gaston, Talley, Hurd, DeLency, Marcy, Connor and Elmer Lee. The last named gentleman "let the cat out of the bag" in the following language:

"The remarks of Dr. Pepper have made a deep impression in my mind; the conclusion is that as he had A. B.'s for his students, it does not follow that failure to pass the examinations is the fault of the University of Pennsylvania, than which there is no better equipped institution for the teaching of medicine, nor is it the fault of the teacher or students. Then, gentlemen, *where is the fault*, and what is the cause of these low examination percentages and sad disappointments of which Dr. Pepper speaks? Is it not possible the oft-repeated statement which medical men make, and made by one no less distinguished than Dr. N. S. Davis, that it takes every student *ten years to revise that which was learned in the medical college, indicates the weak point in the medical educational system?* Is it not probable that that which is taught, not the one who teaches, nor the method by which teaching is performed, but the thing itself may be the cause of confusion and disappointment in examination papers? Do you not know that the practice of medicine is *a system of empiric contra-*

diction, as popularly taught at the present time? My opinion is, not wishing to disagree with anybody, that the trouble in medical education is largely with that which is taught, not with the teacher. * * * It would appear, then, that the systematic college training was not an aid to a comprehension of medical theory and practice. In my recollection as a student of medicine, the discouraging effect owing to the *inconsistencies and confusion of materia medica* was so great that it almost determined me to change my plans and enter some other profession, for it seemed to me well nigh impossible to master the subject as applied to the treatment of disease. I assert after fifteen years of active experience that it is *impossible to harmonize the materia medica*, and that it is impossible to understand and practice surgery, or any single one of the branches of medicine, under the present system of accepted beliefs, the basis upon which these empiricisms are founded. Empiricism is at the root of the practice of medicine; physicians' opinions differ according to the length of time since they left the medical school, according to experience and incidents of life. These formulated differences of belief called papers, when read before our scientific bodies and printed in books, constitute the material which is placed before students and studied as the science of medicine. Is that right?"

We have italicized the important points. These glaring defects are openly acknowledged by the leading teachers in the *regular* colleges; they are defects in teaching the *regular* system of medicine. Of what value is it to graduate men well versed in the pathology, etiology and diagnosis of disease, when there is such a culpable lack of any knowledge of true drug action, and the ability to successfully treat disease? What would be the advantage of living in a house in a storm, even if it had a solid foundation and good walls, if the roof was entirely lacking? Where has the vaunted centuries of the so-called science of medicine (allopathic) landed the faithful? Of what use can four years college study of the fundamental branches be, if it leads to a "system of empiric contradiction," to "inconsistencies and confusion of materia medica"—if it takes "ten years to unlearn what was learned in college?"

* * * * *

But a truce to this facetious dissertation. The world is indebted to our regular friends for many valuable remedies. Many

brilliant men have contributed to the progress of medical education in the name of regular medication. Conspicuous scholars have devoted their lives to the cause of medicine under the name Regular. Alas! the fault of our regular friends is, not that they have done little, but that they do not give credit to others for the work that others have done. Could they do this, and unite their energies with other physicians, much suffering might be saved humanity. Were they free to meet gentlemen who have thought in other lines, and investigated in other fields, no harm could come to either party. But that execrable code of ethics which says, you can not consult with a scholar of any other school, but you must meet on a level the blackleg of your own, stultifies him who claims to be regular, because of this stain on his birthright.—(EDITORIAL, *Eclectic Medical Journal*).

HOMŒOPATHIC PHYSICIANS ORGANIZE A STATE MEDICAL SOCIETY.

A very important meeting of the Homœopathic physicians of the State was held in Parkersburg, W. Va., February 1st, for the purpose of organizing the West Virginia Homœopathic State Medical Society. The attendance was very large and a preliminary organization was successfully effected.

Another meeting will be held at Wheeling, May 17, to complete the organization. The following officers were elected:

Dr. C. M. Boger, President.

Dr. C. L. Muhleman, Secretary.

Dr. E. H. Wilsey, Treasurer.

Committee on Constitution and By-laws—Dr. F. P. Ames, Dr. J. M. Fawcett, of Wheeling; Dr. C. L. Muhleman.

Executive Committee—Dr. J. W. Morris, of Wheeling; Dr. Geo. S. Wells, of Sistersville; Dr. M. L. Casselberry, of Morgantown.

“FALLEN FROM GRACE.”

The following clipping is taken from a circular sent broadcast throughout the country by the manufacturers of a proprietary medicine. It reads as such circulars usually read and would not cause a moment's thought were it not for the fact that the author of the paper in question is a recent graduate of a college that teaches nothing but the purest application of the law of similars,

and still no one could depart farther from the inductive reasoning of Hahnemann. A study of the cases so meagerly reported reveals one fact that ought to condemn the treatment, namely, that it required from seventeen days to four weeks to effect a recovery.

A. W——, age 25, was brought to the infirmary suffering with peritonitis. Her pulse was 140, her respiration 30, and with a fever amounting to 103° F. She suffered a great deal of pain, so sensitive was she that she could not bear the weight of the bedclothes upon her. She had been affected with peritonitis as a result of an induced abortion. She was at once put upon *Papine* in doses of a teaspoonful every hour until she got under the influence of it. She was kept under close watch, and never allowed to get from under its influence. She was confined to her bed for fourteen days, and made a complete recovery. She left the infirmary about two weeks later fully restored to health.

Mr. J. P——, age 39, as a result of an injury had a violent attack of peritonitis, was seen, and he was given *Papine* in sufficient quantity to keep him only partially conscious. His bladder was paralyzed during the time the *opium* was given in this liberal manner, and the catheter had to be regularly employed. This man made a recovery in about seventeen days from the date of the attack.

Mr. S. O——, age 29, was stabbed in the bowels, and he was operated upon and the divided tissues sewed up, and while the operation was done under the strictest antiseptic rules, he soon was attacked with a violent case of peritonitis. He was put upon *Papine* in the manner already described, and likewise made a happy recovery.

These cases show the value of the *opium* treatment; and the practitioner who fails to employ it in the management of peritonitis finds his success will be wanting. There is, in fact, no other treatment worthy of the name that can be brought to bear in this disease.

CROCUS SATIVUS.

Dr. Morey, in *Medical Century* for February, gives the following interesting verification of the action of the above remedy:

Miss M——, a domestic, in the month of July, 1895, sat down one day in a grove on the banks of the beautiful Chemung to chat awhile with a companion, unmindful of the fact that she was sitting in very close proximity to a vine of poison ivy. A day or two later she was a pitiful looking object. Her face, neck, chest, arms and hands were terribly inflamed, red as scarlet, badly swollen and watery vesicles appeared here and there. The itching and burning were almost unbearable. Under *Belladonna* and *Rhus* internally and the application of *oxide of zinc* ointment externally, to relieve the itching and burning, the case appeared to make a rapid recovery and the patient was able to go to her home several miles away in about a week. The poisoning, as I afterward learned, occurred during her menstrual period. About the first of September, this year, and without, to her knowledge, having been near the ivy again, she had another severe attack very similar in character, and this time also it developed during the menstrual period. A short time ago she came to me again, very much alarmed, as her old trouble was apparently developing

rapidly and as bad as ever. Upon questioning her carefully I learned that since she was so badly poisoned she has frequently had some recurrence of the eruption and always at the menstrual period. She said her flow came on about a week before she came to me the last time, that it was very scanty, dark and clotted, as had been the case for some time; that she had only fairly begun to flow when she ceased suddenly and then the eruption appeared.

The scanty, very dark and clotted flow led me at once to think of Crocus, which I gave alone. A few days later she reported that the first dose re established the flow, which was normal both in quantity and color and the eruption at once disappeared entirely.

MEDICINAL ACTION AND MEDICINAL ACTIVITY.

Dr. W. N. Fowler offers some valuable suggestions in the *Medical Century* for February upon the above subject.

“Are we as homœopathic physicians having the success in the application of our remedies to diseased conditions that Hull, Hemple, Hering, and others of the pioneers of our system had? If not, why not? Is it not due to the different methods of teaching?”

The question will be undoubtedly answered in the affirmative. A law is a law—a truth a truth. It can neither be added to or taken from without marring its effect. The pioneers of homœopathy were inspired, by the results following the strict application of the law of *similia similibus curantur*, to proclaim its truth whenever opportunity presents itself, but at all times they insisted upon a *thorough* knowledge of the principles involved.

“When I commenced practice I prescribed *Graphites*, when indicated, in the third potency or trituration, and I scored many failures where the drug was undoubtedly indicated. Later I went from the third to the sixth trituration, with the results that I relieved my patients but failed to effect permanent cures. Later, going from the sixth to the twelfth and thirtieth, I effected cures in every case where the symptoms indicated the drug,—and I repeated the dose only at long intervals or when the improvement had ceased. I have yet to record a cure with the third, and only one with the sixth trituration.”

Hahnemann experienced similar results and in his investigation for the causes of the frequent return of fancied cures, he discovered that the employment of remedies capable of producing similar symptoms was only one of the principles involved in the treatment of complicated diseases. The plane of disease actively is located in the sphere of *vital energy*, consequently the indicated remedy must be brought up to the same degree of activity. The doctor was led up to this line of thinking because of the failures of the past, but had he stopped even here the results would have been unsatisfactory. He had to learn the

further lesson of duration of medicinal activity and the rules governing the same.

My experience has been the same with other drugs in the treatment of chronic diseases. And to me it is an indication for a more careful study of drug-activity and such reconstruction of our materia medica as will point out to the students the importance of a careful study of the medicinal activity as well as medicinal action, the whole to be crowned by a perfect knowledge of the symptomatology, that we may be prepared to differentiate between drugs exhibiting power in the low potencies and drugs more active in the higher potencies.

It is extremely important that we have not only a thorough knowledge of the genus of the drug, its scope of medicinal action as well as activity, but we must have an equally intimate knowledge of the *nature* of the disease studied from the *subjective* as well as *objective* disease manifestations, to which must be added that knowledge of *how to adapt the one to the other so as to remove the symptoms* (largely subjective) that proclaim the presence of a disturbing influence.

CHRONIC COCAINISM FROM CATARRH SNUFF.

The following indication of the action of cocaine is taken from the report of a case in the Montreal hospital. The patient had suffered from a chronic catarrh for a long time and had been persuaded to use *Agnew's Catarrh Powder*, which she took for several months. The bottle held eighty grains and contained over one grain of cocaine; she was in the habit of using three or four bottles per week.

Trembling of hands, staggering gait, extreme insomnia, serious derangement of the stomach, resembling chronic alcoholism. Also visual hallucinations, dilatation of the pupils, mental dullness, and pronounced moral depravity. She had always been a woman of quiet, modest character and had never taken stimulants in any form.—(*Journal of the American Medical Association*).

REMOVAL OF FOREIGN BODIES FROM THE EAR.

Dr. Hummel, in the *Munchener Medical Wochenschrift*, lays down the following rule for the removal of mechanical obstructions from the ear:

Inanimate bodies produce no reaction through the ear, consequently there is no necessity for haste in the removal of the same. As a rule syringing is the most efficient means, providing there has been no previous interference. If it cannot be removed in this way no one should make the attempt without providing himself with an autoscope or some other means of a thorough inspection of the auditory canal.

CHAMOMILLA.

The following editorial taken from the *Eclectic Medical Journal* for February, contains some fine indications for the use of *Chamomilla* in the treatment of various diseased manifestations:

Under all circumstances *chamomilla* is said to be a tonic due to its bitterness, antispasmodic and stimulant, owing to its oil, diaphoretic, emmenagogue and emetic. We look upon the remedy as having a specific action upon the nervous system and upon the mucous membrane. The second action may depend upon the first. We are positive, however, that it is an excellent remedy for both the child and the adult in troubles of an emotional nature as well as in many diseases of a catarrhal nature due to the affected membrane. The child is extremely restless and irritable, nothing satisfies, it wants to be petted and carried and cries when its wants (legend) are not satisfied. The adults are peevish, extremely impatient and sensitive to pain. They are hyperesthetic, they are on the borderland of hysteria of hypochondria. *Matricaria* is indicated in many cases of incipient inflammation of the mucous membrane when there are cough and evidences of cold and perhaps alternate flushing and pallor; shivering with internal heat or coryza, eyes hot and swollen. The stomach and bowels are disturbed, there may be pain, colicky diarrhoea or sour vomiting, etc. In debility of the digestive tract of children and in many of the digestive wrongs incident to dentition, *matricaria* is a most valuable remedy. The child is nervous, fretful, more or less hot, dissatisfied. It is restless, it twitches, turns and cries, there may be griping colicky pains due to flatus and diarrhoea is frequently present and the stools are green and watery, or green and white, and slimy, often green, white and yellow mixed. The odor is foul and there is excoriations on the anus from the acidity of the discharge. There may be much or little fever with or without tendency to spasm. It is just as efficient in "liver-grown" babies, those in which the liver is full, congested and tender. It is an excellent remedy for some urinary disturbances in children, an involuntary enuresis due to irritability of the bladder from cold, etc. When there is difficulty and pain in voiding urine. *Matricaria* is highly recommended for the swollen breasts frequently seen in babies. We doubt whether it is as efficient as *phytolacca* in this disturbance. In adults *matricaria* will prove as efficient in the same class of diseases, with the same symptoms prevailing. It is especially recommended for amenorrhoea, dysmenorrhoea, neuralgia, headache and for the false pains of pregnancy and many other nervous manifestations in these same patients.

SURGICAL HINTS.

The horrors of the catheter life to the aged male individual will be greatly lessened, if the physician remembers that with the introduction of the soft catheter the fountain syringe is attached, carrying ahead of the inserted catheter a stream of hot water, which easily dilates the urethral tract and allows the easy introduction of the catheter. If the physician will use the above method in the introduction of the soft catheters, he will be greatly

surprised at the result, which are easily attained, and enable him many times to easily insert the catheter through irritable stricture tissue, which otherwise might require the use of an anæsthetic and the forcing of the tissue by the use of the steel sound. Doctor, remember this suggestion and it will save you many an annoyance.—*Eclectic Medical Journal.*

INFLUENCE OF DIGITALIS ON THE HEART MUSCLE WHEN THE DRUG IS ADMINISTERED FOR A LONG PERIOD OF TIME.

Prof. Hare in the *Therapeutic Gazette* presents the following summary as the result of an exhaustive experimentation of this drug upon the heart muscle. He find first:

That the ventricular wall is much thicker in the digitalis hearts than in others. It also cuts with much more resistance and seemed much firmer. The increase of the left ventricular wall was very much more marked than the right. This thickening seems to be due to an increase in the size of the muscular fibers rather than an increase in the number. Digitalis seems to have a special affinity for the pneumo gastric nerves, which are the trophic nerves of the heart and by inference the conclusion is drawn that this increase in size is due to a greater supply of blood, by reason of the increased force of systole, the heightened arterial pressure and prolonged and increased diastole. It is fair to assume that the homœopathic indications for digitalis in heart disease will be associated with evidence of hypertrophy.

CARBOLIC ACID GANGRENE.

Czerny in *Munchener Med. Wochenschrift*, warns his students against watery solutions of carbolic acid, because the anæsthetic action induces the patient to leave the dressing on. The part becomes grayish-white and then black without a sensation of pain. Circulatory disturbances caused by firm bandaging and severe injuries predisposes to it. The gangrene is of a dry character.

OBJECTIONS TO CONDENSED MILK AS AN INFANT FOOD.

Condensed milk contains but one-eighth the amount of fat and one-third the amount of proteid found in normal breast milk, when given in one part of condensed milk to twelve of water. If made twice the strength the solution contains but one-fourth the proper amount of fat, but at the same time an excess of sugar, the greater part being cane sugar. Second: Dr. Holt says with

his large experience he has never seen a child raised exclusively on condensed milk that did not show more or less evidence of rachitis. They are frequently fat to be sure, but they commonly present fat rachitis with starved muscular and catarrhal tendencies who fall an easy prey to broncho pneumonia in winter and gastro-intestinal diseases in summer and to the infectious diseases throughout the entire year. The chief objection to condensed milk being the absence of proteids and fats these necessary ingredients must be added. This deficiency can be corrected by the addition of cream, an impossibility among the very poor. An occasional substitute of meat broth may be agreeable, but the doctor who directs the use of fresh cows milk sufficiently diluted will lay a surer foundation of strong and vigorous childhood. He must, as a matter of necessity remove the evidences of constitutional miasms by the selection of the proper remedy.—(*Pædiatrics.*)

A CORRECTION.

ROCHESTER, N. Y., Feb. 8, 1898.

DR. PIERSON:

Dear sir—In crediting the article "What the People Should Know," used in your January *ADVOCATE* to our *Hahnemann Advocate*, you made a mistake for which you are not in the least to blame, as it was not properly credited in our paper. It was the printer's omission, and we have been much annoyed that Dr. Kent's name was not attached as the article was his. We shall correct the error in our next number and trust you will do the same.

Very truly,

MRS. R. C. GRANT,

279 South Ave.

Editor of *Hahnemann Advocate*.

P. S.—Of course you will know that I mean Dr. J. T. Kent, of Philadelphia.

A PLEA FOR A WESTERN PILGRIMAGE.

The Local Committee of Arrangements for the Omaha meeting of the American Institute of Homœopathy are very much encouraged in their prospects of making at least two records in the history of Institute meetings.

First, as to attendance, and second, as to new members. The inquiries as to what we are doing in Omaha are so numerous as to indicate that the interest in our next meeting is beyond that shown for many years. This is, of course, especially true of the West, but is also equally gratifying from all over the East. The plans for a most thorough canvass for new members throughout the states

west of the Mississippi River are being carefully laid and a surprise is in store for our beloved Institute.

We are glad to report to the members and friends of our National Society that arrangements are progressing satisfactorily and that we will soon be ready to make an official report to the Executive Committee in detail.

Omaha is to be the National Convention City this year. Over sixty National and Sectional meetings are already booked for the Exposition City in 1898. We wish to assure our visitors that hotel accommodations are ample and satisfactory. A list will be given in a few weeks and it is urged that engagements for rooms be made early through our Sub-Committee for hotels. Our meeting occurring probably the last week in June, bookings for rooms should be made early in May at least. This is important and should be borne in mind.

The railway facilities for reaching Omaha are unexcelled. Fourteen lines of railway converge at Omaha from all directions. The train service between Chicago and Omaha in point of elegance of equipment is equal to that between Chicago and New York, so nothing more need be said, as that is the finest in the world.

While here in attendance of the Institute sessions, nothing will be allowed to interfere with the regular program of the meeting, but to him who desires recreation and entertainment, most ample facilities will be provided. If the visitor wishes to see something large, he will be shown an Ore Smelter which turns out more gold and silver than any other Refinery in the world.

He can also see the extensive meat-packing establishments of Armour, Cudahy, Swift, Hammond, and others, who have national fame as millionaire packers, and find that Omaha is crowding Chicago hard for first honors as to the volume of meat products distributed. Omaha's Parks, Public Buildings, Art Galleries, Libraries, etc., must not be overlooked in the dazzling magnificence of the Great Trans-Mississippi and International Exposition, which begins June 1st for a five months exhibition.

The plan of this Exposition is modelled after the World's Fair and its architectural beauty will recall vividly the magnificence of Chicago's famous Court of Honor. A booklet giving some idea of this Great Fair will be mailed to each member of the Institute and to all others upon application.

A word to our tourists. Omaha is the Gate to a realm of sublime scenery and unrivalled wealth. From this Gate City radiate an half-dozen great railway trunk lines, through Nebraska, the greatest corn-producing state in our country, and with its great stock, industries and beet-sugar factories and varied farming products, is fast becoming the richest of the western states.

Beyond are the Alps of America, snow-capped, ice-mantled, with silent, eternal, congealed rivers projecting into the valleys as mighty glaciers; mountains of gold and silver; Gardens of the Gods; springs; veritable Fountains of Youth, and scenery of unrivalled grandeur. To the northwest are the Black Hills with their golden treasures; the world renowned Homestake mines; the Hot Springs with the famous hot plunge-bath; the Wonderful Wind-cave with ninety-six miles of subterranean depths already explored; fishing, scenery, hotels and transportation facilities all that can be desired. Two trunk-lines compete for travel here.

If you are looking for fine fishing, you can be accommodated by a few hour's ride from Omaha, viz.: Lake Tekamah, Spirit Lake, Lake Okoboji, Lake

Washington, and a dozen others contiguous to Omaha by rail; or you can go farther into the trout regions of Wyoming and the Mountain districts.

Many of our visitors will wish to visit Yellowstone Park, a most delightful trip into a veritable wonderland which has no prototype; incomparable in Nature's domains, a veritable museum of scenic freaks and beauty, with its geysers, lakes, canons, springs, cataracts, weird petrifications, and game preserves of, elsewhere, all but extinct American wild animals.

Colorado needs no mention. You will hear of the attractions of that wonderful state from Denver. Wyoming, Utah, Idaho, Montana, all have their special features for the tourist.

All this wealth of scenery and inspiring grandeur is within reach of the most modest and most economical of Institute members. Excursions will be made through the great Rocky Mountains, extending through points of interest from the Black Hills to Colorado and Utah, Yellowstone Park, etc. The season will be delightful for such excursions, and our visiting doctors and their friends will get so full of mountain ozone and patriotic enthusiasm that they will be carried many years beyond three score and ten allotted to man.

Friends, doctors, countrymen, begin early to plan for this trip to Omaha. Enjoy the great meeting of our National Medical Society. Educate yourselves by attending the brilliant Exposition, an artistic object-lesson of the resources of your country, the Trans-Mississippi and International Exposition, in which millions of dollars are being judiciously expended to worthily present to your view the splendid products of American industry.

Broaden your knowledge, your lungs, and your hum-drum experience by visiting the wonderland of your native country, the envy of all lands, the great Rocky Mountains, with their primeval glories. Do this, and believe me, when you shall have returned to your several homes, there will come into your life daily with its weary rounds, a bright troop of blessed memories, and splendid visions. When you turn your eyes toward the setting sun, your heart will prompt you to bless the friends who urged your pilgrimage hither, and you will find your love and admiration cemented eternally to the Great West, *Your West, Your Country.*

D. A. FOOTE, M. D.

Chairman Sub-Committee Press and Correspondence, Local Committee of Arrangements.

Dr. Phillips recommends the ligation of the dorsal vein in cases of atonic impotence.

Preserve and treat food as you would your own body, remembering that in time food will be your body.

The Shah of Persia has selected as his family physician Dr. William S. Vane-man, of the University of Pennsylvania, 1888.

The French Academy reports the case of a fœtus having been retained fifteen years, an attack of peritonitis being the only inconvenience experienced.

Half a drachm of carbonate of ammonia in a wine glass of water is said to be a prompt emetic and sobering restorative in cases of alcoholic intoxication.

It is claimed that hypertrophy of the left ventricle occurs in normal pregnancy, and that a certain amount of dilatation of all the chambers of the heart also occurs.

Book Reviews.

Dr. Jones' Picnic.

By S. E. Chapman, M. D., published by Whitaker and Ray Co., San Francisco, Cal., pp. 177.

The author is known to most of the readers of the *ADVOCATE* as a strict Hahnemannian with a bright mind, vivid imagination, wonderful command of language and a deep sense of his responsibility to his fellowman by reason of the God-given power entrusted to his care through knowledge of the law of similars.

Dr. Jones' Picnic was written with the definite, fixed purpose of presenting the Truths of Homœopathy to the public that they would be impressed with the simplicity and at the same time, superiority of this system of medicine over that of any and all others combined.

The frame work of the romance consists of an aluminum globe 200 feet in diameter so constructed that it can be raised or lowered at the will of the operator, thereby coming under the influence of winds blowing in the desired direction when it will be carried along with great rapidity. In this ship a party start to find the North Pole. The simplicity of the descriptive passages carries such an element of reality that the reader forgets that he is reading a romance and enters heartily into the spirit of the hour, but of this we have little to say because of our wish to commend the method employed for bringing important truths to the notice of the people.

Starting from Washington in April, 19—, they strike a current which carries them in the direction of Cleveland, O., and from this point they are carried into the barren wastes of Labrador where they are surprised by the appearance of a small settlement or fort which they decide to investigate with the hope of getting some fresh meat or other supplies. It turns out to be the home of a highly cultured family who have been led into this uninviting region through a train of circumstances and finding much to their liking have made of it a very inviting home; but a heavy cloud hangs over the horizon in the form of that hydra-headed monster psora garbed in the frightful dress of cancer. The mother is nigh unto death. Every thing that medical science

could do to relieve suffering has been employed to no avail and she has now returned to her home to die. The doctor is welcomed by the family who apologize for the absence of the mother by stating her condition. The spirit of professional zeal overcomes all things else and he soon secures a true picture of the case which is presented in the following language:

"In this pocket case book you will observe that I have taken Mrs. Barton's symptoms very carefully and minutely.

"1. A fearful and apprehensive state of mind. She cannot tolerate being left alone.

"2. Intolerable thirst for cold water. Drinks often, and but a sip or two at a time.

"3. The pains are very sharp, lancinating and burning.

"4. She is always worse at night, from 12 o'clock until 2 or 3 a. m.

"5. Great restlessness.

"6. Skin yellow, or straw-colored, dry and wrinkled.

"7. Very emaciated and weak.

"There are quite a number of other symptoms of less importance, but all are found under but one drug in all the earth, and that drug is *arsenic*. Do not be alarmed at the name, for the doses I give are absolutely immaterial and can do no harm. But they do possess a curative power that is truly miraculous and past the comprehension of man. What gives me greater hope and confidence in your wife's case is the fact that she has never been under the surgeon's knife. *Operations for cancer not only do no good whatever, but they reduce the patient's chances for cure, so that after the second or third one the case is rendered absolutely incurable.* And another thing greatly in her favor is that she has taken but little medicine, and so I have been able to get a clear picture of the case. And I must strictly forbid the use of any drugs whatever, internally or externally, except what I give you."

"But, Doctor, the terrible odor," said Barton. "Must I not use the disinfectant as I have been doing?"

"No; nothing but washing with warm castile soap-suds, two or three times daily. The odor will all disappear within a few days."

"Well, that is astonishing! And is *arsenic* the remedy for all cases of cancer?"

"Not by any manner of means. That is the great mistake of the medical world in all ages. They are continually on the lookout for specifics, or medicines that cure all cases of any given disease, irrespective of symptoms. Every case must be taken upon its individual merits, and differentiated upon symptomatology alone. And a drug must be prescribed that is indicated by the symptoms. Anything more or less than this is unscientific, and contrary to one of God's most beautiful and universal laws—*similia similibus curantur*—like cures like. That is to say, *arsenic* is the remedy for your wife, because when taken in material doses, it always produces symptoms identical with those manifested in her case. Hence I meet them with immaterial doses of that drug. Had her symptoms been different, then I should have been obliged to seek and find, if possible, a drug capable of causing this different set of symptoms, whatever they might have been. Now this rule of law holds good throughout all the field of medicine, except that which is purely surgical. Do you catch the idea?"

They again start on the voyage of discovery and again adverse winds carry them away from the goal for which they have started and try as they may they are carried across into the depths of the Siberean forest. Deciding to seek protection behind a range of mountains over which they are passing, the "Silver Cloud," as the ball has been named, is lowered until anchorage can be secured in some tree tops. They now find themselves in what seems to be a gentleman's park and in the distance a large stone house or fort can be seen. Toward this their steps are directed and they soon find themselves in the presence of a Russian nobleman who is suffering so intensely with sciatica that he cannot keep still. From inquiries made by the doctor a picture of *Rhus toxicodendron* is soon made and very positive assurance is given of a speedy recovery.

"He was about to leave the room, limping painfully, when Dr. Jones stepped up to him, and pulling a small vial from his pocket-case, said: 'Put out your tongue, Count; I will give you a dose of medicine that will cure your sciatica.'"

"After the Count had withdrawn, Prof. Gray said: 'Dr. Jones, I do not at all understand how you could tell the Count his symptoms as you did without any previous knowledge of the case. Does sciatic rheumatism always present just the same picture, or set of symptoms, that you should be able to so rapidly and correctly tell his purely subjective sensations?'"

"Not by any means, professor. A scientific prescription, like a stool, must have at least three legs to stand upon. You remember Count had already told me that *moving about, especially at night, mitigated his pains; that he contracted his ailment from getting wet; and I noticed that he favored the left leg in walking.* These were the three legs for my stool, or prescription. I felt positive that the remedy indicated was *Rhus toxicodendrom.* So I merely mentioned some of the leading characteristics of that drug and was not mistaken."

It is in this manner that the salient features of Homœopathy are fastened upon the mind of the reader.

Incidentally it may be mentioned that they located the North Pole and also discovered the utter folly of any navigator attempting the job in any other way.

Enough has been said to show the purpose of the book and to make you want a copy to show your friends.

Review of Reviews.

The January number is one of the best issues in the history of that magazine. From cover to cover it is thoroughly "live," alert, and forceful. The opening editorial department of "The Progress of the World" gives a clear and exhaustive New Year's summary of political conditions in both hemispheres at the threshold of 1898. The elaborate article on "The Future of

Austria-Hungary," by an Austrian, is by all odds the best account yet given in the English language of the warring forces which threaten to undermine the dual monarchy of central Europe; Mr. Charles A. Conant's clean cut analysis of the present demands for currency reform in the United States is something that no practical man of affairs should fail to read; Dr. W. H. Tolman's summing up of the municipal progress of New York City under Mayor Strong is just what is needed at this time as an encouragement of efforts for civic betterment everywhere; Lord Brassey's remarkable paper on "The Position of the British Navy," with Assistant Secretary Roosevelt's comments, is full of food for thought when read in connection with the compact digest of the United States annual navy report, which follows, and the review of Captain Mahan's new book; two noteworthy letters of Count Tolstoi on the doctrines of Henry George, one addressed to a German disciple of George and the other to a Siberian peasant, are also published in this number. Besides these important and spirited special features, the magazine's regular departments of "Current History in Caricature," "Leading Articles of the Month," "Periodicals Reviewed," and "New Books" cover such timely topics as Hawaiian annexation and the great strike in England.

Lippincott's Pocket Medical Dictionary. Edited by Ryland R. Greene, editor of Lippincott's complete Medical Dictionary. Published by J. B. Lippincott Company, Philadelphia, 421 pp. Flexible leather covers, gilt edge, round corners.

A dictionary is either a thing of value or it is worse than useless—actually misleading. It must be accurate, up-to-date and convenient. If it possesses other attractions its value is greatly enhanced thereby.

Lippincott's Pocket Dictionary is made up of modern medical terms—about 20,000 in all. All obsolete terms so far as we could test the matter have been eliminated. The definition is concise and clear. The pronunciation is reliable. The shape very convenient. To all of these features have been added valuable tables upon the following subjects: Arteries, bacilli, bacteria, muscles, nerves, pregnancy, duration of, weights and measures in metric, also apothecary values.

The book is especially adapted for the medical student and for ready use in the medicine case or pocket.

Outlines of Rural Hygiene. For physicians, students, and sanitarians. By Harvey B. Bashore, M. D., Inspector for the State Board of Health of Pennsylvania. With an appendix on the Normal Distribution of Chlorine by Prof. Herbert E. Smith, of Yale University. Illustrated with twenty (20) engravings. 5½x8 inches. Pages vi-84. Extra cloth, 75c. net. The F. A. Davis Co., Publishers, Lakeside Building, 218-220 So. Clark St. Chicago, Ill.

The necessities of the care of the sanitation of cities are so apparent that adequate attention is given the same by modern cities; but the rural districts are allowed to suffer many times through ignorance or indifference. The country doctor should be the most potent factor in correcting these abuses.

This little book offers valuable *outlines* upon this subject.

Vade Mecum of Ophthalmic Therapeutics, by Drs. Landoth and Gygax. J. B. Lippincott & Co., Philadelphia, \$1.00.

The entire work is composed of local applications designed for *suppression* of local manifestations of disease in and about the eye and cannot be condemned too severely by the medical practitioner. It is just such practice as this that has made so many chronic nervous diseases possible in this nineteenth century.

Elements of Latin. For students of Medicine and Pharmacy. By George D. Crothers, A. M., M. D., Teacher of Latin and Greek in the St. Joseph, (Mo.) High School; formerly Professor of Latin and Greek in the University of Omaha; and Hiram H. Bice, A. M., Instructor in Latin and Greek in the Boys' High School of New York City. $5\frac{1}{4} \times 7\frac{1}{2}$ inches. Pages xii-242. Flexible cloth, \$1.25 net. The F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia; 117 W. 42d St., New York City; 9 Lakeside Building, 218-220 S. Clark St., Chicago, Ill.

All students of medicine are compelled by colleges and State Boards of Health to have a *practical* knowledge of Latin. It must be the equivalent of one year in high school, but it is an impossibility for any teacher in any medical college to secure such results within the limits of one college term of six months.

It is therefore of great importance that the knowledge to be secured is of sufficient *practical* value to compensate for the time spent by the medical student.

This work is the most admirable combination of rules and applications that we have ever seen upon the subject and will be welcomed by all medical students as well as teachers of medical Latin.

An Epitome of the History of Medicine. By Roswell Park, A. M., M. D., Professor of Surgery in the Medical Department of the University of Buffalo, etc. Illustrated with portraits and other engravings. One Volume, Royal Octavo, pages xiv-348. Extra cloth, beveled edges, \$2.00 net. The F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia; 117 W. 42d St., New York; 9 Lakeside Building, Chicago.

The majority of our progressive medical colleges have a chair upon the History of Medicine. This book supplies the basis upon which such a study may be successfully applied. Medicine is said to be a good exponent of the civilization of any period, so in this brief epitome the student may discover the reasons for the slow conservative nature of medical science. The author makes little claim to originality but simply writes what history has placed at his hands. It will be noted that while he gives over four pages to vaccination, less than half of one page is given to the subject of Homœopathy or rather Hahnemann.

The work is an exceedingly interesting work to the student.

The Hahnemannian Advocate

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Materia Medica.

HOMŒOPATHY AND DRUG MIASMS.

STUART CLOSE, M. D., BROOKLYN, N. Y.

Wise and witty Dr. Oliver Wendell Holmes once said that "if all the drugs in the world were dumped into the sea it would be the better for mankind—and the worse for the fishes!"

It would be interesting to know how much disease would exist in the world today if crude drugs had never been used. It is probable, as another great author has said, that more sickness, suffering and death has been caused by drugs, than by war, famine and pestilence put together. How small the list of natural diseases is may be seen by observing primitive peoples. Psora, Syphilis and Sycosis in their various manifestations, have been augmented and perpetuated almost as much by the fearful drugs used to combat them, as by any inherent tendency in themselves. Crude drugs not only stir up and render more active these great miasms, but set up their own morbid processes, which may be quite as bad as the original disease. Any drug capable of curing Syphilis is capable of setting up a process in the human organism as bad as Syphilis, under certain conditions.

Almost complete freedom from disease is to be found in persons and families brought up under a homœopathic *regime*, whose few ailments have been treated by the use of potentiated medicines, under the law of similars.

This gives us an idea of the enormous extent of the ravages of drugs. It behooves us not to overlook this fact, and to give

more heed to the injunction of Hahnemann to ascertain as nearly as possible the drugs which have been taken by the patient coming to us for treatment. But how is this information to be used?

Ordinary observation of symptoms, and prescription of similar medicines by the homœopathic method, enables us to benefit or cure the majority of cases with tolerable promptness. But there remains a class of cases which baffle us, wholly or partially, in our efforts to effect a cure. It is in these cases that what has come to be known as the Theory of Drug Miasms is helpful, by enabling us to discover and define more clearly certain latent or partially developed conditions, through the study and use of isolated symptoms.

Recently the attention of the Homœopathic profession has been directed anew to the study of so-called drug diseases or drug miasms, by papers and reports of discussions appearing in the journals of the day.

Hahnemann recognized more clearly than any before him the pernicious and long-lasting effects of allopathic drugging. After a careful examination of the subject and much practical experience, he declared the diseases so produced to be the most inveterate of all chronic affections, and in their worst forms incurable. (*Organon*, Sec. 41). Doubtless this dictum of Hahnemann largely discouraged his followers from further investigations in this line. True it is that beyond tracing out certain antidotal relations between drugs, based upon a superficial application of the principle of *Similia*, and incorporating in our materia medica the recommendations of the most prominent teachers that certain drugs should be administered to antidote the effects of certain other drugs, little has been done until very recently.

Up to the present some unknown and seemingly undiscoverable or insurmountable obstacle has stood in the way leading to the cure of certain disease conditions. Hahnemann soon learned this and began investigations which led to the discovery of the three great miasms, Psora, Syphilis and Sycosis. This was an important step in the right direction. It simplified the problem by limiting and defining the field of research. Instead of the innumerable diseases of the text books, three great miasmatic diseases comprised most of the phenomena of chronic diseases. Some light was also thrown on their origin, but the problem of cure was not solved yet.

This generalization led to the discovery of some new remedies,

and some old ones were studied anew in relation to the new grouping of symptoms, all being classified according to their relations to the great miasms as anti-psorics, anti-syphilitics and anti sycotics. Much had been gained in power to cure, but the proportion of incurable cases was and is still too large. Our best men labor over certain cases until, as Dr. Wells used to say, they "break their heads and their hearts too," and yet cure does not reward their efforts. Hahnemann saw clearly the influence of drugs in producing this condition, but he did not have time to work out the method of overcoming it, though he evidently had a glimpse of it.

In the renewed study of this question the isolated observations of many individuals are being brought together and a method of procedure outlined. Briefly stated, the application of the principle *Similia Similibus* is logically extended to cover drug diseases as well as natural diseases, by the administration of the *Simillimum*, which consists, under certain definite conditions, of a high potency of the drug abused. This is the true curative in cases which otherwise often prove incurable, as experience shows.

The advocates of this method, however, in their enthusiasm are in danger of carrying it to an extreme. Extremes are always dangerous. The particular danger which lies in carrying this method beyond certain limits is Routinism. This means death to Homœopathy and accurate prescribing. Rightly used the theory and method are valuable, but as carried out by some of its advocates it deserves the severest condemnation. The essential truth must be carefully separated from the errors which have already gathered around it.

Homœopathy is based upon the power of drugs to produce disease in the healthy organism. In this lies the power of drugs to cure disease arising from so-called natural causes. The diseases produced by drugs are quite as definite and often as long-lasting as those arising from natural causes. We have only to recall the long lasting effects produced in almost any of the great provings. Such effects have continued many months, and in some cases years, and this from minute and infrequent doses, in previously healthy subjects. The chronic effects of massive doses of drugs administered by allopathic physicians are ever before us. Many years afterwards we find symptoms of *Sulphur*, *Mercury*, *Iron*, *Iodine*, *Quinine* and many other drugs, in patients

whose cases are our most puzzling and obstinate problems. The testimony of all observers from Hahnemann down is that cases which have been drugged in this manner are the most difficult to cure, and often that a cure is impossible. Any theory or observations, therefore, which throws light on the best method of treating these cases is welcome.

Hahnemann observed, in both provings and cures, that second or subsequent doses nullified or antidoted the first dose, and was thus led to the use of the single dose. He says:

"A second dose, by its curative effect, will often remove some of the symptoms of the previous dose." (*Organon*, Sec. 131).

The full significance of this wonderfully acute and true observation has never been seen until very recently. It is not only the very best argument ever advanced for the use of the single dose in treatment, but it is the key to the drug disease problem which has baffled us so long.

Bœnninghausen, Hering, Guernsey, Swan, and many others, have advised giving a dose of the high potency of a drug known to have been abused, and the effects of which constituted a part of the case as shown by the symptoms. This advice has been strenuously condemned by others, who in their fear of routinism, or from excessive conservatism in general, have regarded it as a heresy. These objectors would never use the same drug, but only similar drugs for antidotal purposes. To them, knowledge that a drug had been abused was sufficient to cut that drug absolutely from the list of available medicines to be used in the treatment of the case. Thence came the lists of "antidotes" in our materia medicas, consisting of a varying number of drugs mentioned as bearing some antidotal relation to certain symptoms, or groups of symptoms, produced by the drug abused. These were selected partly from clinical observations, and partly from their similarity, known by comparison of symptoms.

These workers were content to base their treatment of drug diseases upon *similars*, often of a very low degree. Hence their failure, and the dogma of the incurability of drug diseases. The conception that there existed a *simillimum*, or absolute *equal* to a group of symptoms known to have been produced by a drug, and that *simillimum* the high potency of the drug itself, had never entered their minds.

Accepting as true the law of Similars and the law of Potentiation, there can logically be only one *simillimum* to the effects of

any drug or morbid agent whatever, and that is the high potency of the drug itself. The most that any other drug can be is a *simile*. This must be perfectly evident to any one who will reflect upon it. The last infinitesimal degree between *simile* and *idem*, between similitude and identity, between similar and the same, is expressed by the term *Simillimum*. It is synonymous with Equal, but is not identical. Nothing can be so similar to the actual drug abused, and yet not be the same thing, as a high potency of the drug itself. Potentiation changes the form but not the essential nature of the drug.

In what is called natural disease we may find the *simillimum*, but we cannot be certain of it beforehand, because we cannot know with certainty what agent produced the symptoms. The best we can do may result in finding only a *simile*. Fortunately *similes* are also curatives, in proportion to the degree of similarity. But the *simillimum*, having the highest degree of similitude short of absolute identity, is the equal or perfect curative.

In a case depending upon a drug miasm, however, it is different. We find a certain disease condition in the patient, represented by symptoms. The symptoms correspond to the symptoms of a certain drug. By careful inquiry we trace them back to the use of that drug in crude form or in massive doses. Under the homœopathic law we have found the *Simillimum*, and in giving the high potency of that drug we are making the highest known application of that law. Under these conditions no other remedy will so quickly remove the symptoms and cure the case. No other drug or agent could produce or cure the same condition or symptoms. This is self-evident, and properly conducted experience confirms it.

From this point it is very easy to generalize, and here the danger line is drawn. It is easy to assume that a given patient's condition has been brought about by drugs, taken or used in some way during his past life. It is easy to make a list of the drugs thus used. It is easy to make and give, in a routine manner, high potencies of every drug so learned, and to waste from six months to two years in doing so, if the patient does not die in the meantime. It is easy—wofully easy—to go to such absurd extremes as giving high potencies of the kerosene the patient happened to get on his fingers while filling the lamp, or of a perfume he has smelled, without reference to the actual symptoms of the case. Such a proceeding is neither dignified nor made

more scientific by making divisions of the drugs thought to be involved in the case into classes, according to their supposed power or importance, and "antidoting" the greater first, although it is true that a lesser miasm cannot be removed in the presence of a greater. Such a proceeding is not Homœopathy. It is gross superstition, in which drug ghosts take the place of ghosts of the human variety in enslaving the mind to fear. It sees in every substance touched, tasted or handled a drug demon to be exorcised.

The tendency is to make the "antidotal" practice largely, if not entirely empirical, basing it upon the fact that crude merely drugs have been used, without reference, or at least more than the slightest reference to the actual symptoms of the case, and without recognition of the existence and absolutely controlling power of the law of Susceptibility. There is reason to believe that these things are actually done, to the subversion of pure Homœopathy and sound philosophy.

This mode of practice assumes that every drug acts in the human organism unconditionally, and that its effects remain until antidoted by art.

It assumes that every drug used in crude form acts injuriously.

Neither of these assumptions is true. Crude drugs sometimes cure, being potentiated to the proper degree in the fluids and tissues of the body, under the action of the life force, though it may be with some difficulty and loss of time as shown by the "aggravations." That drugs act unconditionally is evidently untrue, for it leaves out of consideration entirely the fundamental principle and condition of all vital activity, namely, Susceptibility. Not every person, patient or prover, is susceptible to every drug in crude form. This is too well known to need illustration. Under the law of correspondence or similars, a person is normally susceptible only to those drugs whose characteristic symptoms, especially the mental symptoms, correspond to his own characteristic symptoms or traits as an individual. To all others he offers a resistance which is effectual up to the point of actual breaking down and overwhelming of the life force by massive and poisonous doses. When this occurs an artificial or morbid susceptibility is set up which becomes itself the basis of treatment.

A patient may have used many drugs during his lifetime and been actually impressed or injured by very few of them. Those

to which he was susceptible at the time of use, or those so abused as to destroy his normal resisting power and set up an artificial susceptibility, will be made known by the presence of symptoms which will be disclosed by a careful examination and study of the case. They cannot be known in any other way. Some symptoms of the drug or drugs involved in the case will be found by the careful examiner, and these must be the subject of careful consideration.

It may be that only one or two symptoms of the original group produced by the drug remain, owing to the lapse of time or the limitations of the patient's memory, but there will be some discernible evidence present.

This gives added importance to what may be called *isolated symptoms*, and here we reach the really practical part of the antidotal theory. Not infrequently, in making an examination and record of a case, certain symptoms will be found which seem to bear no relation to the related totality. Like Dundreary's bird, they persist in flocking by themselves, and cannot be covered by the remedy which corresponds to the related totality. We have been accustomed to say of these isolated symptoms that they probably belonged to the pathogenesis of the remedy corresponding to the related totality, but have never been observed in its provings. They have been noted, therefore, "for further confirmation," and the related remedy given. Too often such prescribing fails to cure the case, much to our perplexity. The patient may improve slowly, but we do not get the brilliant, clear cut result we desired and expected, and the empirical prescription of an "intercurrent remedy" like *Sulphur* or *Opium* does not help us out, the "old masters" to the contrary notwithstanding.

Sometimes, braving the finger of scorn pointed at those who "prescribe on a single symptom," we have given the remedy corresponding to the isolated symptom, and have had our efforts at prescribing on the apparent totality put to shame by securing just such brilliant result as we had expected under better methods.

At rare intervals, perhaps once in a decade, we have learned accidentally that the remedy corresponding to the isolated symptom, which cleared up the case, had sometime been used or abused in crude form, but it has served to awaken only a passing curiosity in our minds, and we have learned but little from it.

The drug miasm or "antidotal" theory accords with these facts, and when rightly conceived and used, furnishes a method by which we are enabled to cure certain cases in a much shorter time than we can by confining our attention solely to the related totality. We no longer ignore these isolated symptoms, nor relegate them to the list of "not observed," but use them as clues to engage and guide us in doing a little detective work in searching out the drugs the patient has used in crude form. These lone symptoms are perfectly true and faithful messengers, bringing reliable and important information of an attack made upon the citadel of life, perhaps years before—so long before that their fellows have fallen by the wayside and been forgotten. That they have persisted so long is evidence enough of the importance of their message, of the vigor of the original attack, and of the havoc wrought thereby.

We do well to listen attentively to their message. The symptoms of that original attack are a part of the anamnesis of the case. By calling the patient's attention to the drugs which correspond to the symptom, he will often be able to recall incidents or other symptoms by which we can identify the particular drug most influential in the case. That drug sometimes proves to be the true *simillimum* and clears up the case.

In the use of such a method we are on safe ground, and guided by facts only. It simply gives added importance and value to certain single or apparently unrelated symptoms, *completes the anamnesis*, and enables us to cure some cases that have hitherto perplexed us by their inveteracy. It aids us in developing the "partial" cases referred to in Sections 172–185 of the *Organon*.

The persistence of these symptoms indicates the patient's susceptibility to the drug in question, not only at the time it was abused, but at the time of discovery. So long as there remains even a single symptom of a group originally produced by a drug, the patient is still susceptible to that drug, and is under its influence.

To give a high potency of a drug which has been abused, under the conditions already stated, is not Isopathy, as some have objected. It is Homœopathy, pure and simple, as shown by Hahnemann in his remarks upon the use of *Psorinum*. (See *Chronic Diseases*, page 152, Tafel's translation). Referring to Isopathy and the *homœopathic* use of *potentiated Psorinum*, he says:

"I say *homœopathic* use, for it does not remain *idem* (the same); even if the prepared itch substance should be given to the same patient from whom it was taken, it would not remain *idem* (the same), as it could only be useful to him in a potentized state, since crude itch substance which he has already in his body as an *idem* is without effect upon him. But the dynamization or potentizing changes it and modifies it, just as *gold leaf* after potentizing is no more crude *gold leaf*, inert in the human body, but in every stage of dynamization it is more and more modified and changed.

"Thus potentized and modified also, the itch substance (*Psorin.*) when taken is no more an *idem* (same) with the crude original itch substance, but only a *simillimum* (thing most similar). *For between IDEM and SIMILLIMUM there is no intermediate for anyone who can think; or in other words, between idem and simile only simillimum can be intermediate. Isopathic and æquale are equivocal expressions, which if they should signify anything reliable can only signify simillimum, because they are not idem.*"

Thus does Hahnemann define and dispose of Isopathy. Nothing could be clearer or more logical, and the argument of the Master is final.

Let it not be forgotten that the highest ideal of the Hahnemannian prescriber is to be able always to find the *simillimum* for his patient.

Actuated therefore by the scientific spirit, which is always seeking to enlarge the bounds of knowledge, and which "seeks the truth; come whence it may, cost what it will," we welcome the labors, the discussions, the carefully reported cases of our brethren who are so enthusiastically engaged in working out this new line of thought and investigation, only sounding a note of caution, and calling attention once more to the golden words of Hering:

"If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve to be mentioned only as a caricature in the history of medicine."

REPERTORY OF THE PROSTATE GLAND.

A. R. MORGAN, M. D., WATERBURY, CONN.

Prostate Gland.

HYPERTROPHY, Enlargement of, (See Prostatitis, swelling of p. g):

Aloe, Alum., *Amm. mur.*, *Apis*, Asar., Aspar., *Aur. mur.*, BARYT. C., *Benz. ac.*, CALC. C, Cann. s., Canth., *Chimop. u.*, CON. (like a stone), Cop., (indurated p. g. with slight enlargement, great pain on urinating), Cub., *Dig.*, *Fer. mur.*, *Hyos.*, (slight enlargement with frequent urination), *Iod.*, *Kali iod.*, Lith. c., *Lyc.*, *Merc. sol.*, *Natr. c.* (small, painless), *Natr. s.*, *Nitr. ac.*, Par. br., Phos. (with chronic urethral discharge), PULS., Sabal. ser., Selen., Senecio, *Sil.*, *Spong.*, *Sulph.*, *Thuj.*

—————*chronic*: *Calc. c.*, CON., *Baryt. c.*, *Iod.*, *Natr. c.* (small and painless), Phos., *Spong.*, *Sulph.*, *Thuj.*, Uva ur.

—————*scirrhous*: *Amm. mur.*, *Con.*, *Crot. h.* (with hæmaturia).

—————*senile*: *Aloe*, *Benz. ac.*, BARYT. C., *Con.*, *Dig.* (heart symptoms), *Iod.*, *Nux. v.*, Sabal ser., *Staph.* (hæmorrhoids), *Trit. rep.*

—————*urine, dribbling of, with*: *Aloe* (old men), Arn., Baryt. c., (u emitted in drops). *Dig.*, *Mur. ac.*, *Nux. v.*, *Par. br.*, *Petrol.*, *Puls.*, Sabal ser., Selen., *Sep.*, *Staph.*

—————*retention of, with*: *Bell.* *Benz. ac.* (offensive urine), Canth., *Cact. g.*, *Chimop. u.* *Ferr.*, *Hyos.*, *Kali iod.*, *Merc. dul.*, *Par. br.*, Sabal ser., *Stram.*, *Trit. rep.*

PROSTATORRHEA: Agar., Agnus, Alum., *Anac.*, *Amm. c.*, *Apis*, *Aur. met.*, *Bell.*, *Calc. c.*, Cann. s., Canth., *Casc.*, *Chimop. u.*, CON., *Dig.*, *Elaps*, *Eryng. aq.*, *Euphorb.*, *Gels.*, *Hep.*, *Lyc.*, *Mang.*, *Natr. c.*, *Petrol.*, *Phos.*, *Phos. ac.*, *Pic. ac.*, *Plumb.*, *Psor.*, *Puls.*, Sabal. ser., *Selen.*, *Sep.*, *Sil.*, *Spig.*, *STAPH.*, *Sulph.*, *Tabac.*, *Thuj.*, *Zinc.* (copious).

Prostatitis.

PROSTATITIS, acute, inflammation p. g: *Acon.* (from colds), *Aesc. h.*, Agnus, Alum., *APIS*, Arn. (traumatic),

- PROSTATITIS, *acute*, Bell., Bovis., Cact. gr., Cann. i. (white, glairy mucus), Canth., *Caust.*, *Chimop. u.*, Con., *Cop.*, *Cub.*, Cycl., *Dig.*, Ham., *Hep.*, Hippom., *Kali bi.*, Lach., *Lyc.*, Lil. t., Lith. c., *Merc. dul.*, *Merc. sol.*, *Petrol.*, *Puls.*, Sabal ser., Sec. c., *Selen.*, Senecio, *Sil.*, Staph., Sul. ac., *Thuj.*, Zinc.
- chronic*: *Caust.*, *Kali bi.*, *Nux v.*, *Petrol.*, (inflammation prostatic of urethra with imperfect erections and frequent seminal emissions), Senecio, *Staph.* (old men).
- gonorrhœa*, with or after: *Cupr.* (with pain in p. g.), *Merc. dul.* (maltreated stricture, suppressed gonorrhœa), *Nux v.* (chronic gonorrhœa), NITR. AC. (suppressed gon.), *Petrol.*, *Sulph.*, THUJ.
- agony on urinating*, with: *Apis*, *Par. br.*
- atony* of sexual organs, with: *Selen.*
- anus*, contraction of sphincter with spasm of rectum, with renewed desire to urinate: *Caust.*
- oozing* from, with: *Caust.* (serous, excoriating), *Nitr. ac.* (with pricking pain), *Sep.*, *Thuj.*
- pain* in, with: *Nitr. ac.* (pricking), *Lyc.* (near anus, aggravated during and after micturition), *Staph.* (to urethra, aggravated by walking, riding).
- plug* in, sensation of: *Bry.*, *Crot. t.* (forced outward) *Kali bi.* (can scarcely sit), *Lach.*, *Lil. tig.* (hard body pressing backward), *Sep.*, *Sil.* (heavy lump).
- in rectum*: Aloes (plugged up), Anac.
- weight in*, sensation of heaviness: Cact. gr. SEP., *Sil.* (heavy lump).
- ball*, sitting on a, sensation of: Cann. i., *Chimop. u.*, SEP. (not relieved by stool), *Sil.* (heavy lump in anus).
- in rectum*, with sensation of: Cann. i., *Caust.* (like a pippin lodged there).
- urethra*, intruding upon: *Selen* (?)
- biting* in prostate gland: *Con.* (and itching).
- bladder*, burning in neck of: *Cham.* *Nux v.*, *Petrol.*, *Sulph*

- PROSTATITIS, *bladder, constriction* of, with: *Cact. g.*, *Caust.*,
Puls. (painful).
 —————*catarrh* of, with: *Aspar.*, *Ham.*, *Pod.* (painful
 micturition).
 —————*irritable*, with: *Benz. ac.* (with muco-purulent
 discharge).
 —————*pain in*, with: *Apis* (excessive in region of),
Cact. g. (constriction), *Calc. ph.* (and neigh-
 boring parts, weak stream), *Caust.* (after a
 few drops of urine have passed), *Cepa* (after
 coition), *Puls.* (worse from motion), *Sulph. iod.*
 —————*sensibility* of, with: *Benz. ac.*
 —————*neck* of: *Apis*, *Calc. ph.*, *Nux v.*, *Puls.*
 (aggravated sitting or standing).
 —————*spasmodic pain* after urination, with: *Caust.* (and
 in rectum with contraction of sphincters),
Dig., *Puls.*
 —————*bleeding* from prostate gland: *Crot. hor.* (cancer),
Caust. (abscess).
 —————*burning* in prostate gland: See *Pain, burning in p. g.*
 —————*cardiac symptoms*: *Dig.* (palpitation), *Lith. c.* (?)
 —————*caused by taking cold*: *Acon.*, *Bell*, *Chimop. u.* (sitting
 upon cold, damp objects).
 —————*coition*, after: See *Pain in p. g.*
 —————*contraction of sphincters*, with: *Cact. g.*, *Caust.*
 —————*cramp-like*: See *Pain in p. g.*
 —————*cystitis*, with: *Canth.*, *Con.*
 —————*dribbling*, with: See *Hypertrophy of p. g.* with dribbling.
 —————*degeneration senile*, with: *Iod.*
 —————*dryness*, with sensation of, in prostate gland: *Cop.*
 (region of, and in urethra).
 —————*dysuria*, with: See with *Urination difficult*, effort in-
 effectual.
 —————*epidymis enlarged*: *Caust.* (indurated), *Spong.* (fistul-
 ous openings).
 —————*emissions, seminal*, with: *Aescul. h.*, *Merc. sol.* (mixed
 with blood), *Selen.* (during sleep).
 —————*erectons*, with: *Petrol.* (imperfect), *Phos. ac.* (painful),
Puls.
 —————*faeces flattened*, with: *Puls.*, *Verat. a.* (ribbon-like).
 —————*genitals, numbness* of, with: *Baryt. c.*, *Dig.* (and weakness).

- PROSTATITIS, *gonorrhœa*, with: *Caps.* (painful), *Daph.* (aggravated by smoking), *Merc. sol.* (?), *Selen.*, *Sulph.*, *Thuj.*
- after*: *Cann. s.*, *Caps.*, *Merc. dul.* (suppressed), *Nitr. ac.* (suppressed), *Petrol.*, *Sep.*, *Sulph.*, *Thuj.* (suppressed).
- gurgling sensation* in prostate gland, with: *Phyt.*
- hæmorrhoids*, with (See with *Rectal troubles*): *Aloe*, *Aesc. h.*, *Cact. gr.*, *Canth.*, (vesical), *STAPH.* (with pain in back and pelvis).
- heat* in prostate gland, with: *Ptel.*, *Puls.* (and pressure).
- induration* of p. g. with (See HYPERTROPHY of): *Con.* (like a stone), *Cop.* (very painful, with or without enlargement), *Iod.*, *Plumb.*, *Selen.*, *Senecio*, *Sil.* (irregular, some places hard, others soft, painless).
- inflammation* of prostate gland: See PROSTATITIS.
- itching* in prostate gland: *Con.* (and biting).
- irritation* in prostate gland: *Cact. gr.* (with constant desire to urinate), *Dig.*, *Gnaph.*
- jerking* in region of prostate gland: *Form. ruf.*
- mucus* and *pus*, with *discharge* of: *Benz ac.*, *Natr. s.*
- onanists*, of: *Tarent.* (with imbecility).
- pain* in *prostate gland*, with indefinite: *Acon.* (while descending stairs), *Bell.* (aggravated by jar, concussion), *Caps.* (with gonorrhœa), *Calc. ph.* (worse from motion), *Cepa* (aching from coition), *Chimop. u.*, *Cub.*, *Cup. ars.* (with soreness of penis), *Cop.* (and induration, great pain in urinating), *Graph.*, *Gnaph.*, *Lyc.*, *Par. br.* (spasmodic), *Polyg.*, *Puls.* (aggravated by motion), *Staph.* (aggravated by walking or riding), *Sulph. iod.*, *Tarent.* (aggravated after masturbation).
- aching* in prostate gland, with: *Cepa*, *Sebal ser.*
- biting* in.: *Con.* (and itching).
- burning* in: *Cepa*, *Cop.* (and sensation of dryness), *Lyss.* (and tenemus in region of), *Merc. dul.*, *Phos. ac.* (with frequent erections).
- coition*, after: *Caps.*, *Cepa*, *Salen.*
- constrictive* in: *Canth.*, *Caust.*, *Puls.* (extending to bladder).

- PROSTATITIS, *cramp-like*: Par. br. (on attempting to urinate).
 ————— *dragging* in: Sil. (extending forwards).
 ————— *heaviness* in, with: See weight in.
 ————— *kidneys* in: Gnaph.
 ————— *plug*, (See ANUS, *plug* in, sensation of): Anac. (in rectum), *Aloe* (as if wedged between coccyx and symphysis).
 ————— *pricking* in p. g.: *Nitr. ac.*
 ————— *pressing* in p. g.: *Apis* [downward, region of neck of bladder], Brom. [when walking], *Cepa* [painful], *Merc. dul.*, Ol. an., *Puls.* [as from a stone extends to pelvis and thighs].
 ————— *pulsation* in p. g.: Polyg.
 ————— *perineum, fullness*, sensation in [See pressing in]: Alum., *Chimop. u.* [as if swollen], Berb., Bry., Cycl., Nux. v.
 ————— *heat* in: *Puls.* [and pressure].
 ————— *jammed feeling* in: *Lyc.*
 ————— *pain* in: Alum. [during erection], Bovis, [darting from, to rectum and genitals], *Calc. ph.* [shooting to pelvis], *Caust.*, *Lyc.* [clawing], Selen. [dull].
 ————— *pinching* in: *Puls.* [after urination].
 ————— *pressing* in: Alum. [during erections and when blowing nose], *Apis* [region of], *Chimop. u.* [as from a ball], *Cycl.* [and drawing], Ol. an., *Lyc.* [during and after urination near anus], *Puls.* [as from a stone, extending through the whole pelvis and down the thighs, aggravated by motion].
 ————— *pressure* in. [See *fullness* of]: Alum. [beginning of an erection or during coition], Cycl., Phos., *Puls.* [and heat], *Lyc.* [near], *Selen.* [dull].
 ————— *pulsation* in: *Caust.* [strong].
 ————— *soreness* in: *Chimop. u.*
 ————— *welling* in: [See *fullness*].
 ————— *weight* in: [heaviness]: *Ant. t.* [tension], *Cact. gr.*, CON. [as from a stone], Cop., Grap., Hydroct., *Puls.* [stone].
 —————, *prepuce, itching* of, with: *Con.*, Euphorb.

- PROSTATITIS, *rectal troubles*, with [See *hæmorrhoids* with]: Cact. gr., Caust. [spasm of rectum with desire to urinate renewed], *Pod.*, Puls., Staph.
- rectum*, ball in, with sensation of [See *anus*, with ball in]: Cann. i., *Caust.* [something hard like a pippin lodged in rectum], *Merc. dul.* [swelling of p. g. almost closes rectum], *Sep.* [not relieved by stool].
- scirrhus* of p. g.: [See HYPERTROPHY, *scirrhus* of.]
- sexual powers lost*: *Sabal ser.*, *Staph.*
- seminal emissions*, with: *Aescul. h.*, *Merc. sol.* [bloody], *Selen.*
after, feels as if a drop of something were running out of the urethra: *Dig.*
- soreness* in p. g.: *Sulph. ac.*
- stitches* in p. g.: *Bovis.*, *Con.*, *Cycl.* [with urging to stool and to urinate], *Kali c.*, *Kali bi.* [must stand still while walking], *Kali n.* [painful while urinating], *Lyc.* [in bladder and anus, same time].
- urination, during*: *Acon.*, *Cact. gr.*, *Caust.* [after few drops], *Cop.* [intense], *Kali n.*, *Merc. dul.*, *Par. br.* [with agony and cold sweat, head bowed to floor], *Selen.*
wandering to pelvis and thighs: *Puls.*
- stool* flattened, with: *Arn.* [Lilienthal], *Puls.*, *Sulph.*, *Verat. a.* [ribbon-like].
- strangury*, with: [See with *urination difficult*].
- suppuration* of p. g.: *Hep.*, *SIL.*
- swelling* of p. g.: [See HYPERTROPHY of]: *Cann. s.*, *Chimop. u.*, *Con.*, *Cop.* [with hardness], *Cub.*, *Hippom.*, *Iod.*, *Merc. dul.* [both lobes enormous], *Selen.* [hard, intrudes upon urethra] *Senecio.*
- tension* in p. g.: *Ant. t.*, *Lyc.*, *Thuja.*
- thighs, lameness* of: *Puls.* [left side, worse from standing], *Selen.* [tearing posteriorly].
- twitching* in p. g.: *Form. ruf.*
- uneasiness* [sensation] in p. g.: *Ptel.*
- urethritis*, with: *Ham.*, *Par. br.*, *Petrol.*, *Puls.*

parent cause], *Mag. c.*, *Mag. p.*, *Natr. c.*, *Natr. m.*, *Nitr. ac.*, *Phos.*, *PHOS. AC.*, *Puls.*, *Selen.*, *Sep.*, *Sil.*, *Spig.*, *Sulph.*, *Tabac.*, *Thuji.*, [in threads], *Zinc.* [no apparent cause, copious].

PROSTATIC, *coition*, after: *Sabal ser.*

—————*emotion*, from [See sexual thoughts]: *CON.* [without lascivious thoughts, itching prepuce], *Puls.* [painful].

—————*erections*, after: *Phos. ac.* [copious, worse in the evening], *Puls.*

—————*excesses, sexual*, after: *STAPH.*

—————*flatus*, while emitting: *CON.*, *Magn. c.*

—————*glues up meatus*: *Natr. m.*

—————*emissions of, lascivious thoughts*: [See *sexual thoughts*].

—————*meatus* glues up: *Natr. m.*

—————*milky*: *Amm. c.*, *Iod.*, *Kali c.* [flocculent], *Lach.*, *Natr. m.*, *Petros.*, *Selen.* [slimy], *Sep.*

—————*odor, musty*: *Lyss.* [or salty].

—————*onanists*, of: *Gels.*, *Staph.*, *Tarent.* [hypochondriacal], *Ustil.*

—————*penis relaxed*, from: *Arn.*, *Aur. met.* [with suicidal tendency], *Bell.*, *Cann. s.*, *CON.*, *Eryng. aq.* [from slight causes], *Euphorb.*, *Lyc.*, *Lyss.*, *Natr. m.*, *Phos.*

—————*seminal emissions*, with: *Aesc. h.*, *Agnus, Merc.* [bloody].

—————*sexual thoughts, caused by*: *CON.*, *Lyc.* [lewdness], *Natr. m.*, *NITR. AC.* [lewdness], *Phos.*

—————*sitting*, while: *Angus.* [?] *Selen.* [feels drop escaping from meatus].

—————*sleep, during*: *Selen.*

—————*stool, before*: *Cycl.* (with urging to stool), *Selen.* (and after).

—————*during*: *Agar.*, *Agnus, Alum.*, *Amm. c.*, *Anac.*, *Ars.*, *Calc. c.*, *Carls.*, *Carb. v.*, *Caust.*, *CON.*, *Coral. r.*, *Elaps, Eryng. aq.*, *Hep.*, *Ign.*, *Kali bi.*, *Natr. c.*, *Nitr. ac.*, *NUX v.*, *Phos.*, *Phos. ac.*, *Sabal ser.*, *Selen.*, *Sep.*, *SIL.*, *Staph.*, *Sulph.*, *Zinc* (copious).

—————*difficult*: *Agnus, Alum.*, *Anac.*, *CON.*, *Hep.*, *Natr. c.*, *NITR. AC.*, *Phos.*, *Sep.*, *Zinc.*

—————*first hard, then soft*: *Bovist.*

- PROSTATIC, *hard*: Agnus, Alum., Anac., Alum., Con., *Hep.*,
Natr. c., Phos., *Selen.* (caused by immense,
hard stool), Staph.
- soft*: Anac., *Ars.* (diarrhœic).
- emission of, stool, during, while straining*: Agnus, Alum.,
Carls., *Carb. v.*, Con., *Gels.*, *Hep.*, Hippom.,
Ign., Kali bi., *Natr. c.*, Nitr. ac., *Phos.*, *Phos.*
ac., *Selen.*, Sep., SIL, Zinc.
- after*: Amm. c., Anac., *Calc. c.*, *Caust.*, Curare,
Daph., HEP., Hippom., *Iod.*, Kali c., Lyss.,
Natr. c., *Nitr. ac.*, *Selen.*, Sep., Sil., SULPH.,
Zinc.
- urination, before*: Psor.
- during*: Anac., *Gels.*, HEP., *Natr. c.*, Natr. s.,
Sep., Sulph.
- after*: Anac., *Calc. c.*, Curare, *Daph.* (worse
from smoking), *Hep.*, Hippom., *Kali c.*, Lyc.,
Lyss., Natr. c., Natr. m. (milky), Sep., Sil.,
SULPH.
- walking, while*: Agnus, *Selen.*, Sil.

COMPARISONS.

Dr. A. S. Ironsides, of Camden, N. J., gives in the *Recorder* for January a verification of the *Hydrocyanic acid* symptom—
“Liquids gurgle and roll audibly from œsophagus to bowels,” but
does not mention the potency used.

Cina, *Cuprum*, *Laurocerasus*, *Thuja* have “gurgling in throat
when drinking.”

Arnica, *Cina*, *Curprum*, *Laur.*, *Thuja*, “swallowing with a
rattling noise.”

“Swallowing with a crackling noise,” *Causticum*.

In one case of typhoid, the symptom disappeared under
Pyrogen^{cm} after *Laur.* failed.

HAY FEVER—IODINE.

- HEAD—Severe frontal headache, centering in a small spot above roof of nose.
- EYES—Smarting with pain as from excoriation.
- NOSE—Dry, stuffed up, in house, fluent out of doors.
Coryza, thin, excoriating with high fever, hot, dry skin, sleepy sensation, face fiery red, sneezing.
Alæ nasi in active motive.
- THOAT—Burning pains with profuse fetid saliva.
- LARYNX—Inflammation intense with short dry hacking cough-paroxysmal.
Increased secretion of mucus in trachea.
- CHEST—Burning with accumulation of mucus in bronchi and inability to expectorate.
Respiration, wheezing, difficult asthmatic, breathes heavily even when quiet.
- CHARACTERISTICS—Extends *downward* from head to nose then eyes, throat, bronchi.
Associated with this has been noted a peculiar symptom of an agonizing molar toothache, neuralgic in character.

THE ANTIDOTES OF SULPHUR.

T. S. HOYNE, A. M., M. D., CHICAGO.

Read before the Cook County Homeopathic Medical Association, Feb. 1, 1898.

In our books we are told that *Aconite*, *Camphor*, *Chamomilla*, *China*, *Mercurius*, *Nux vomica*, *Pulsatilla* and *Sepia* are all good antidotes to over doses of Sulphur. Practically only once have I been called upon to antidote its baneful influences and this was accomplished by *Nux vomica*. The patient had been taking Sulphur water for her constipation for a year or more, and the symptoms present, while evidently those of Sulphur, compared very closely with *Nux*.

The following table shows at a glance where these antidotes compared and where they differ from the symptoms produced by Sulphur. Of course in a paper of this kind only the more prominent symptoms have been selected, as it would be impossible to compare the entire pathogenesis of the various drugs.

Sulphur.	Aconite.	Camphor.
Upper left side.	Lower left side.	
Lower right side.	Upper right side.	
Painless eruptions.		
Sleeplessness before mid-night.	Sleeplessness after mid-night.	Better in bed.
Worse after sleep.	Worse during and after sleep.	Better after sleep.
Worse or better after stool.		Worse after stool.
Better in open air; worse in doors.	Better in open air.	Aversion to open air; better in open air.
Aversion to fatty things.		
Urine often but scanty.	Urine infrequent and scanty.	Urine infrequent and scanty.
Menses too late, too scanty and of short duration.	Menses too late.	Menses too profuse.
Dreams of fire.	Anxious dreams.	Anxious dreams.
Better or worse after sweat.	Worse while in a sweat.	Better after sweat.
Better or worse when taking a deep breath.	Worse when taking a deep breath.	
Worse when looking down.	Worse when looking down.	
Better or worse from touch.	Worse from touch.	
Better on empty stomach. Worse after breakfast.		
Worse after meals.		
Sweat increased when walking out of doors.		
Sweat on back of body.	Sweat of the parts lain on.	
Sweat increased after meals.		
Internal chill with external heat.		
Chill abates in warm room.		Chill lessened in warm room.
Loss of taste.	Loss of taste.	Acute taste.
Worse from sleeping too long.		Better after a long sleep.
Better when lying on back; Ditto. worse lying on side.		Worse when lying on side; better lying on back.
Itching relieved by scratching.	Itching unchanged by scratching.	Better from rubbing and scratching.
Remission p. m. and before midnight.	Remission during the day and before midnight.	Remission in the afternoon.

Chamomilla.	China.	Mercurius.
Left side	Left side, upper left side, lower right side.	Heat left side.
Painful eruptions.	Painful eruptions.	Painful eruptions.
Sleeplessness before mid-night.	Sleeplessness before mid-night.	Sleeplessness.
Worse after sleep.	Better after sleep.	Worse after sleep.
	Worse after stool.	Worse after stool.
Worse in open air.	Worse in open air; better in doors.	Worse out doors; better in doors.
Aversion to broth.	Aversion to fat things.	Aversion to fat things.
Urine often scanty or copious.	Urine infrequent and scanty.	Urine often and copious.
Menses too soon and too profuse.	Menses too soon, profuse and too long duration.	Menses profuse or scanty.
Anxious dreams.	Dreams unpleasant.	Dreams of water.
Better after sweat.	Worse after sweat.	Worse after sweat.
	Better or worse when taking a deep breath.	Worse when taking a deep breath.
		Worse when looking toward light.
Worse from touch.	Worse from touch.	Worse from touch.
Some complaints better on empty stomach.	Better on empty stomach; worse after breakfast.	
Worse after meals.	Worse or better after meals.	Better or worse after meals.
Sweat increased when and after getting out of bed.	Sweat lessened in doors.	Sweat increased when walking out doors.
Sweat only on head or covered parts.	Sweat often only on back part of body.	Sweat on front part of body.
	Sweat lessened after meals.	Sweat increased when eating.
	External chill with internal heat	
Chill lessened in warm room.	Chill lessened in warm room.	Chill increased in warm room.
Bitter or fat taste.	Delicate taste.	Loss of taste.
Worse from sleeping too long.	Worse from being awake at night.	
Worse when lying on back; better lying on side.	Worse when lying on back; better lying on side.	Better when lying on back; worse lying on side.
Itching aggravated or unchanged by scratching.	Itching lessened by scratching.	Itching relieved or aggravated by scratching.
Remission cool evening air or midday heat.	Remission afternoon and evening.	Remission of complaints during the day.

Nux.	Pulsatilla.	Sepia.
Upper right side.	Right side lower.	
Lower right side.	Left side upper.	
Painful eruptions.	Painful eruptions.	Painful eruptions.
Sleeplessness after mid-night.	Sleeplessness before mid-night.	Sleeplessness before midnight.
Better after sleep.	Better or worse after sleep.	Better after a good sleep.
Worse after stool.	Better or worse after stool.	Worse or better after stool.
Worse in open air; better in doors.	Inclination for open air; worse in close room.	Sometimes better, sometimes worse out of doors in cold air.
Desire for fatty things.	Aversion to fatty food.	Aversion to fatty food.
Urine too seldom and scanty.	Urine infrequent and scanty.	Urine involuntary, too seldom.
Menses too soon, profuse and of long duration.	Menses too late and too short.	Menses generally too late.
Anxious dreams.	Dreams of money.	Indifferent dreams
Better after sweat.	Worse or better after sweat.	Worse after sweat.
Better on inspiration; worse on expiration.	Better or worse when taking a deep breath.	Better or worse when taking a deep breath.
Worse when looking towards light.	Worse when looking up.	Worse when looking up.
Worse from touch.	Worse from touch.	Worse from touch.
Better or worse on empty stomach; worse after breakfast.	Worse on empty stomach; better after breakfast.	Worse after breakfast.
Better after warm meals.	Better or worse after meals.	Worse or better after meals.
Sweat increased when walking out of doors.	Sweat lessened when walking out of doors.	
Partial sweat on back part of body or suffering side.	Partial sweat on back of body.	Sweat on suffering part; sometimes general.
Sweat increased after meals.		Sweat increased after eating.
Chill abates in warm room.		
Loss of taste.	Loss of taste.	Loss of taste.
Worse after sleeping a long time.	Worse after a long sleep.	Better after a long sleep.
Generally worse lying on back; better on side.	Sometimes better when lying on side and sometimes when lying on back.	Better when lying on right side, worse when lying on left side.
Itching unchanged or abated by scratching.	Itching unchanged or aggravated by scratching.	Itching aggravated by scratching.
Remission evening till mid-night.	Remission from midnight till noon.	Remission after noon.

SOME CLINICAL CASES, WITH COMMENTS.*

PROSPER BENDER, M. D., BOSTON.

*Written for and read before the Bönninghausen Club, Feb. 10, 1898.

MR. CHAIRMAN AND GENTLEMEN: My contribution on this occasion consists of some clinical cases of more or less interest, according to the bias of the auditor; but all exemplifying the great value of the *armamentarium* at the disposal of every homœopath—the gift to humanity of the immortal founder of our school.

My first is that of a tumor of the right ovary diagnosed as such in the first instance, by a surgeon and gynæcologist who examined the patient under ether. She was told that nothing would avail but an operation, and the sooner it was performed the better chances it offered of success. This woman, aged 34, tall, dark complexioned, had suffered from several attacks of ovaritis, the first following an abortion artificially produced. These attacks were exceedingly painful, accompanied by fever and restlessness, and generally lasted 8 to 10 weeks. The pains radiated from the ovary as spokes from the hub of a wheel, towards hip, back, abdomen, and the thigh of the affected side.

Status præsens: Menses regular, but too abundant in quantity, and lasting too long. Leucorrhœa, yellow in color, especially after the menses. She wakes in the morning, with a dull headache, situated over eyes and forehead. Cough, after rising in morning; expectoration in greyish balls flying out of the mouth while coughing; trickling of mucus down posterior nares, easily brought up *per orem*; palpitation of the heart after meals and when excited. After a hearty meal, vomiting of food, with some sour mucus. Excitement, or the receipt of unusual news flurried and confused her. Inclined to be depressed and apprehensive. Aching of sacrum, more or less constant, > by pressure; dull pains most of the time in right ovary. While in the recumbent posture is generally better, but frequently has palpitation of the heart when lying upon her left side. Fulness of stomach after food, > by loosening clothes. Perspiration at night during sleep, chiefly towards morning, and also during the day from least exercise. Perspiration in armpits, fœtid and discoloring clothes. Feet almost constantly cold and clammy. She is very sensitive to drafts. Upon the neck a whole colony of tiny, pedic-

ulated warts. Any wound or scratch of the skin healed slowly. A tumor, the size of a navel orange, could be felt, by palpation, in right ovarian region and also *per vaginam*, and a smaller one, was found apparently located in the fallopian tube of the same side. I prescribed ten doses of *Calc. carb*²⁰⁰ to be followed with *Sac. lac.* At the expiration of six weeks there was no noticeable change, except perhaps that the patient was more nervous. Upon a closer examination of her symptoms, selected and administered *Sanicula*^{dmm} for a whole week. Within three weeks the *morale* began to improve and soon afterward the physical symptoms lessened. At the end of a year it was impossible to find any growth in the ovarian region, although I examined her very carefully. And the gynæcologist who had first diagnosed the case, corroborates my statement.

It occurs to me I should mention that about three months after I began the *Sanicula*, my patient was confined to her bed with a severe attack of grippe, and some six weeks later she was laid up with acute neuralgia of a painful character. I did not like to prescribe anything which might interfere with the action of the remedy under which she was progressing so favorably, but I had no choice owing to the distressing character of her sufferings. I prescribed *Eup. perf*²⁰⁰ for the former, and *Rhus*²⁰⁰ for the latter. I mention the remedies as it is possible some of you may wish to know, with the view of drawing your own inferences as to the influence they may have had in the ultimate cure. If I may venture to express an opinion, I do not think the remedies then given interrupted in the least the impulse given to the vital force by the first remedy. As soon as my patient was better of her acute troubles, in both instances I resumed the *Sanicula*, giving it for three days. It may be of some interest to you to hear that I had occasion to attend this same patient some two years later for ovaritis on the left side, which she attributed to fatigue and exposure to cold. The pains were shooting in character spreading towards hips and back, and down the left thigh to knee, compelling her to lie upon the back with the limb of the same side flexed toward the abdomen. The ovary was very sensitive to pressure of the hands or clothes, and there was much restlessness and nausea as concomitants. A half dozen doses of *Lilium tig*^{dmm} acted almost like magic, so rapid was the relief afforded, and within a week this patient was on her feet again, grateful "to the little pills" which had wrought so prompt a cure.

The above case of ovaritis brings to mind a very gratifying cure which occurred in my practice only a short time ago. The patient, a nervous subject of bilio-lymphatic temperament, formerly a great sufferer from rheumatic gout, which I am credited with having cured after many others had failed in their endeavors, was afflicted on the 4th ultimo with sharp pains in the lumbar region. These pains recurred every night, obliging her to rise from her bed and walk about; there was some relief from heat. After two sleepless and painful nights she consulted me. *Rhus*^{dmm} enabled her to sleep very comfortably that same night and she continued well until the 24th when, she believed she took fresh cold. She sent word that she had sharp pains all over the abdomen, but chiefly on the left side and also over the left hip. Her sufferings were increased by motion and she complained of much nervousness and restlessness. I sent her *Actæra*²⁰⁰. It quickly subdued, I was told subsequently, the pains and the nervousness; but two days later her sufferings increased in severity and seemed to concentrate in left ovary, left hip and back, with sharp pains extending down the front part of thigh to leg. I was now requested to visit her. I ascertained that she had been menstruating 24 hours when she had her chill, and immediately the menstrual flow ceased. It was replaced by an abundant greenish leucorrhœa of a very foetid nature. There was much anxiety and restlessness of mind and body. The slightest motion increased the pain and yet she could not keep quiet. Extending the limb of the affected side intensified her sufferings; moist heat alone palliated the acuteness of the pains. This heat was obtained by placing over painful region a piece of moistened spongio-piline upon which was laid a rubber bottle filled with very hot water. I gave *Lac. can*^{dmm} every 5 minutes for 6 doses and then told nurse to give it every hour or two until relieved. The patient remarked on the occasion of my next visit that she thought I would laugh at her statement, but she must say she was actually better before I left the house. She continued improving for the next 48 hours, but on the 4th day a new symptom arising, aching on the outer side of both hips and thighs on awakening in the morning and lasting all the forenoon, I administered *Sepia*²⁰⁰. A few days later I discharged my patient well. Perhaps I was impatient when I changed my prescription, for it is quite likely that *Lac. can.* alone would have completed the cure.

Of course when I make use of the word "cure," here or elsewhere, I mean it in a relative sense, for an absolute restoration to health without the existence of one or more symptoms in a man or woman is certainly unusual. The human being who is entirely free from some psoric manifestation of one kind or another is a *rara avis* indeed, as I think you will all readily admit. And consequently, when, a hitherto suffering patient tells me, that he or she is no more nervous, is feeling strong and hearty, is eating and sleeping well, and the growth or serious inconvenience for which I have been consulted has disappeared, I feel justified in speaking of a cure having been performed and crediting the agency resorted to as the means by which it has been achieved.

Within the last two years I have had a patient afflicted with interstitial fibroid tumor of the uterus. I had prescribed several times before I became aware of the actual nature of the victim's troubles. She was 44 years of age, of nervo-lymphatic temperament, with symptoms of menopausal changes going on—such as frequent recurring menorrhagia, flashes of heat about head and face, followed by perspiration, with imperative desire to rush to the window for fresh air, even on the coldest day or night. The blood discharged contained many small clots, was very foetid and left a stain of greenish color upon the napkin. The feet were cold and clammy; back and legs ached considerably, especially while walking; abdomen swollen < after meals. The condition of her nerves was one of constant apprehension and restlessness, particularly when driving or in crowds. She does not like to talk with people, because she often forgets what she intended to say, embarrassing and humiliating her not a little. I prescribed *Lac. can.*, *Lach.* and *Calc. carb.* at different times to meet varying symptoms, the relation of which I will spare you. I could not, however, notice any effect from these medicines. Finally I declined to treat her any longer unless she permitted a vaginal examination to which she reluctantly consented. I found a fibroid tumor of about the size of a man's closed hand, nearly one inch above the os, and to the right of the uterus. A specialist the next day confirmed my diagnosis and urged an immediate operation, considering delay dangerous. I dissented from the latter opinion, as I wished to try further treatment before I could believe so serious an operation indispensable. Without any study I then and there prescribed *Calc. iod*³⁰ (the only preparation I had at the time) and gave it three

times a day for a week. Three weeks later the patient thought she was feeling less nervous; she had had only two attacks of metrorrhagia and the loss of blood had been much less too. From that time she continued gaining in every way, so that 14 months later the growth had decreased to about the size of a pullet's egg. And further the patient informed me that "she felt like a new woman," and certainly the change for the better, in her appearance, was striking and gratifying. Whether what remains will or will not disappear entirely or continue in its present state I do not know, of course; but as long as she feels as well as she does now, any operation is out of the question, if I have anything to say in the matter. I may state here *en passant*, that about 18 years ago I cured a somewhat similar case, which created at the time no little sensation in my native city, with the same remedy in the 3x potency. The patient enjoyed excellent health for ten years subsequently, when she suddenly died from cerebral hæmorrhage.

In connection with the first case of interstitial fibroid, I have to acknowledge that in this instance too, I had, some months after having began the *Calc. iod.*, to interrupt the favorable influences at work, to prescribe for pressing incidental troubles. I am aware that this is considered reprehensible practice by some of our leading homœopathsists. We are warned not to do so, except when absolutely demanded by urgent conditions; but I must state that I have not seldom done so, and without any ill-effects or delays in the cure of the patient, in so far as I could judge. Nor have I always given lower potencies than the one originally administered, as advised, in the hope that they would be less likely to disturb the impulse given the vital force towards the restoration of health. And I may say further, that I have had occasion, as in the case now under consideration, to give *Nux vom.* too, without any disturbing effect. Of course, as soon as possible after the disappearance of the acute symptoms, I give three or four more doses of the remedy which I had temporarily discontinued.

Although not quite germane to this subject, but still bearing on the treatment of the sick, I would like to add that I have often been led by the symptoms to return to a remedy in a late stage of an illness which had failed to relieve in an earlier, and frequently with gratifying results. I have done this in spite of what I have often been told would prove useless if attempted. These

are all personal experiences, and I give them for what they are worth.

Since I have taken up my residence in this city, most of the intermittent fever patients I have had to treat, had been previously drugged by the old school. I am satisfied with the results of my practice in treating cases which come to me under such conditions, but I must admit that I accept with some reluctance the charge of cases that are "new from the mint," as it were, and the same confession I humbly make as regards gonorrhœa. I have no trouble in combatting the acute symptoms of the latter disease, but the sub-acute stage exercises my patience considerably, and I fear that of my patients likewise.

But why I should be more successful in making prompt cures in the intermittent fever or gonorrhœa subject, whose system has been saturated with drugs are facts beyond my understanding. I can anticipate the explanations some of you might offer, but these would not solve the problem to my satisfaction. Of one thing I am perfectly confident, however, that the trouble or fault cannot be laid at the door of homœopathy, but must be entirely ascribed to the ignorant practitioner who cannot apply its unerring laws.

I have not essayed Dr. Sawyer's methods in treating such cases, and yet take my word for it gentlemen I have cured many afflicted ones with *Natr. mur.*, *Sepia*, *Lycop.* etc in the first class of diseases, and with *Nux*, *Sep.*, *Thuja* etc. in the second. I could give details of many cures from both classes, but why inflict them upon you when you have your own daily records before you, which doubtless make a better showing of the efficacy of the law of similars than my own humble efforts could.

Allow me one word more as regards Dr. Sawyer's remarkable achievements. There must be something more than assumption in his methods, or else we would not hear of so many cures of aggravated cases of malignant and other affections from undoubted reliable quarters, but personally I have seen little good from them, except in a few isolated instances. I have however seen brilliant results from the antidotal effects of *Nux* after the abuse of cathartics; *Hep.* and *Nitr. ac.* after excessive use of blue mass; *Puls.* and *Natr. mur.* after large doses of quinine etc., but rarely any satisfactory effect from the potency of the remedy which had been too freely and injuriously used. Still the future may have surprises in store for us all.

But to return to the subject of intermittent fever, I had a case some time ago which proved a helpful stimulant. A young man of this city who had gone to live in New York state was taken a short time after his arrival there with paludial fever. Not obtaining relief, although under good homœopathic treatment, he decided after a while to return here to put himself under my care. I have mislaid the notes I took at the time, but I remember that the evening of the day he reached Boston, he awoke out of a sleep with great pressure over the heart and lungs, and a sense of suffocation and palpitation of the heart. He could not keep quiet, but walked about, wringing his hands, and declaring he would surely die unless he was allowed to go out into the open air. It was difficult to prevent him from leaving the house, although he had only his night clothes on at the time. A few doses of *Puls*²⁰⁰ soon quieted him in, when he returned to his bed and slept soundly all that night. In a few days, afterward, he seemed to have regained his normal condition. Some three months later, while in Baltimore, Md., he was again attacked with in'ermittent fever. He had, this time too, homœopathic treatment, but as he did not improve he came back to Boston. His symptoms once more pointing to *Puls.* it was administered, and he quickly got well. A few months subsequently while residing in Dorchester, Mass., he had a violent return of the old trouble. Every second day, about 7 a. m., a hoarse barking cough of the *spongia* type would set in, and his back and limbs would ache most painfully, driving him to walk about. The thirst for cold water was pronounced and he drank freely of it. About 8 o'clock a violent chill would set in, shaking the whole bed; chattering of teeth; severe pains in head, back and legs with great restlessness; intense thirst; face hot; lips and finger nails blue; hands cold; much pressure over chest and stomach < while breathing deeply; hoarse cough which increased head, chest and stomach pains and rasped the throat; temperature 104, pulse 120. In about one hour's time, vomiting of bitter yellow fluids would set in and soon afterward a profuse warm sweat, thirst continuing meanwhile. A very peculiar symptom prevailed during all stages, the water tasted so sweet! *Rhus.* did not help, notwithstanding that it was so well indicated. After two more chills which were almost identical with the preceding ones, except that they anticipated one hour each time, I gave *Eup*²⁰⁰ perf. On the occasion of the next attack which came two hours

later than the usual time; he had all the preliminary symptoms accompanying the preceding ones, with the exception of the chill which did not materialize. This time only the stages of heat and perspiration with their concomitants appeared, but they were much less intense. The patient has been well since.

Our much esteemed colleague and the distinguished founder of this club, Dr. Rufus L. Thurston, to whom I happened to relate this case, says that the fever was suppressed and not cured by the *Pulsatilla* given some months previous; but I think myself that the patient's relapse was due to another exposure to malarial influences. While I generally defer to our friend's knowledge and acumen in professional matters, yet in this instance I will leave to others to decide which of us is correct.

I wish now to touch briefly upon a few of the difficulties which I have occasionally encountered when in search of the simillimum. I am sure that your path to successful prescribing has been frequently beset by similar trials, and I allude to the subject this evening more especially with the hope of receiving new and inspiring light. Not only do we not always correctly interpret the symptoms of the patient or those elicited by the provings, but we not seldom err in over-rating the importance of certain symptoms which are valueless in that particular case, or again we may subordinate general symptoms which are of more value than those we choose to consider as peculiar and characteristic. But it is not my intention this evening to do more than refer to the above. What I wish more particularly to hear your views about, relates to certain modalities which we observe in drug action. Some remedies like *Ars.*, *Cycl.*, *Lyc.*, *Nux.*, *Phos.* and *Zinc* have aggravation of the head symptoms by heat, while the symptoms of the body are relieved by the same agency; we have also remedies which show both improvement and aggravation by heat and cold, as *Ars.*, and then again we have a medicine like *Thuja* which has $>$ from heat of the aching eyeballs, while the aches of the head are $>$ by cool air etc. The same exceptions are to be found as to motion; some medicines like *Rhus.*, *Bry.* and others have $<$ and $>$ by motion, but the aggravation of the former by motion is exceptional and so is the $>$ by motion under *Bry.* Owing to my having overlooked, at times these exceptional conditions I fear I did not cure some patients as soon as I should have done. Interpreting an important modality as pointing to one class of remedies, I have overlooked the other class where the simillimum was to be found.

You may perhaps understand me better, if I cite a few cases where I have experienced some of the trials in question. I recall at this moment, one of rheumatism of the dorsal and lumbar muscles which proved rebellious to treatment for nearly a year, and finally yielded to a remedy I had not thought of in connection with the symptoms. The pains would come on after sitting or lying for awhile when the aches obliged her to rise and move. On first moving, the pains were very sharp, but would lessen after she had walked a few or more steps. I essayed several medicines, including *Rhus.* and *Puls.*, with only temporary effect. One day she was suddenly taken ill with severe abdominal pains, compelling her to bend forward; while absolutely quiescent there was not much pain, but the moment she moved, even lifting her arm, her sufferings would be greatly intensified. Within 15 minutes after taking *Bry*³⁰⁰ she experienced marked benefit, and the next day she informed me that I must again make an attempt to cure her old trouble, for if homœopathic medicines had such virtues in acute cases they must also have in chronic difficulties. In her reply to my queries, I found the back pains had been better since she had taken the *Bryonia* and consequently I gave her blanks. To my astonishment from that time she steadily improved, and a few more doses of *Bry.*, later on ultimately completed the cure.

I am reminded of another case likewise bearing upon exceptional modalities. This was a case of sub-acute inflammatory rheumatism in a man advanced in years. The pains were in the feet and legs which were swollen and red; heat of any kind, artificial or otherwise, and also motion, unless it were slow, aggravated all his sufferings. He was given *Puls.*, *Thuja*, *Sepia*, *Sul.* and *Medorrhinum* (the latter was because he had gonorrhœa some years previous), but to no purpose. Finally, not knowing what else to give, and as > by motion was still a marked condition, I administered *Rhus. ven*³⁰ (the only potency I had then). The effect was prompt and lasting.

By the bye, this very man came under my care again, about a month ago. He had enjoyed the best of health in the meantime, until a few days previous, when a severe ache over the right gluteal region and back set in. The pains would appear between 7 and 8 p. m., and last all night; they were aggravated lying down or sitting; > rising and exercising—in fact the only ease he experienced was while walking, and if in doors he would remove his

clothes so as to keep cool. When trying to get rest in bed he would lie with the aching part exposed, for the heat of the bed < the pains. The poor old fellow was much depressed and inclined to weep. I gave him *Puls.* uselessly; *Rhus. ven*³⁰, *Rhus. tox.*, *Lycop* and *Thuja* also signally failed. At one time he became very irritable and the anguish from the pains so marked that I felt sure *Cham.* would afford him ease, but I was grievously disappointed. I then decided to give him a few doses of *Sulph*^{dmm} as an intercurrent, and afterwards take another picture of his case, when lo and behold he began to improve, and soon "Richard was himself again" to the gratification of both of us.

One more instance: A young woman who had suffered at intervals for several years from attacks of very acute abdominal pains, notwithstanding the best christian science treatment available in this city, decided at the urgent solicitation of friends to place herself under my care. The paroxysms came on at irregular periods, and apparently without any particular cause. They would last several days with aggravation between 6 and 7 p. m. The abdomen was generally sensitive to touch or pressure; the pain being especially accentuated as the pressure of the hand was being removed. During the exacerbation of pain there were nausea, weakness and free warm perspiration. She described the pain as a distressing ache felt chiefly over the uterine region. It was not made worse in any marked degree by exercise, but there was decided aggravation afterwards. The only relief she experienced was when lying on either side with limbs drawn up. She complained of much aching over sacral region, < lying on back and during motion. More or less of the time she felt a void, or empty feeling in abdomen, with occasional pulsating sensation in the same locality. Pressure over dorsal vertebræ caused nausea. She was intolerant of warmth in the room, the heat made her faint, but she thought heat over seat of aches afforded comfort. Sudden flushes of heat would come over her at times with a sense of suffocation, necessitating the opening of windows for the admission of fresh air. The beginning of this trouble came after getting her feet wet while menstruating, and was doubtless rheumatic in character. She had never been pregnant and yet the uterus seemed that of a woman's who had recently miscarried. It was enlarged and sensitive to touch, with os soft and patulous. I never found a womb in the same state before, under similar circumstances, but once, and the cross-

examination, to use a legal phrase, I submitted my patient to, somewhat offended her. I believe, however, that she told the truth. During one of her attacks she complained of a pain extending from the abdomen to the rectum, and this led me, with other symptoms present, to prescribe *Nux vom*²⁰⁰, which effectively relieved her, improving her general condition for quite awhile. The remedy, however, which ultimately cured her was *Veratr. alb.*

I have yet another clinical narrative to submit to you, but pray pick up courage it is my last this evening. A young woman who had been troubled with headaches for several years and who had been prescribed for unsuccessfully by practitioners of both schools, came to live in this vicinity. As I had attended her mother some years previously she decided to consult me. She complained most of the time of much aching in occiput, extending to vertex and temples, with occasional throbbing of the whole head < from heat of room, from sleeping and during rainy weather. Rest, local applications of ice and the open air were the ameliorating conditions. Very much depressed, weeping most of the time, and easily startled from the least noise. Little appetite, but she would occasionally waken in the middle of the night with sinking at epigastrium, > by food. Frequent desire to stool without ability to empty the bowels, except by means of enemas; stools large in caliber. Sharp pain low down in sacrum when moving, while seated or when rising from the sitting posture, but at no other time. Cramps in the legs at night, < while stretching limbs. I gave *Sulph*^{dmm} without any result. She now mentioned that any pressure around the neck < the head pains and also sleep. I prescribed *Lach*²⁰⁰. At the end of a week she reported that she had not improved in the least and was discouraged. In addition to the above symptoms she said that she had had for the last few days recurring cramps in her stomach which were very distressing. I was in a hurry at the time and instead of giving her *Sac. lac.*, as I usually do under such circumstances until I have had time to study the case, I hastily prescribed *Nux vom*²⁰⁰. I think that at the time there was running through my mind a lurking suspicion that some of the symptoms present were possibly due to drug effects, and therefore it might be well to give this medicine as an antidote. A month now elapsed without hearing from my patient, and I had about concluded that she had deserted me for a more skillful medical attendant, when one afternoon she walked into my office looking ruddy in

health and radiantly happy. She informed me that the very same evening of the day I gave her the last medicine she felt better and soon afterwards her headache vanished. She became pregnant some months later, and was safely delivered by me of a healthy child last December.

The only conclusion I can draw from these several experiences is that we do not often enough take into consideration the secondary or exceptional effects of remedies, and in that way fail to bring about the cures we could otherwise make, or at any rate unnecessarily delay their completion. We must therefore seek to acquire a better knowledge of the action and reaction of drugs.

In matters of faith, individual views or inclinations guide one; but in all relating to science, notably medicine, the crucible of experience is the only touch stone. The successful treatment of the cases of ovarian and uterine tumors I have so imperfectly described, and the many cures cited by members of the club at our meetings, could not have been accomplished without the aid of the infallible compass of the law of similars, the discovery of which is the crowning glory of modern times, surrounding Hahnemann's brow with a halo such as no other mortal deserved. The remarkable therapeutical truths promulgated by this great benefactor of his race, are daily, aye, hourly, verified the world over in the practice of thousands of his followers, bringing solace and comfort to the afflicted in millions of homes.

There have been but two deaths out of ninety major operations at the new hospital for women in Euston Road, London, England. All the surgeons are women.

After you have put a man through your routine treatment and he fails to get well, do not tell him medical science has done all it could for him, and he would better try another climate, some health springs, etc. Such a course is mere shrinking. Conclude, rather, that your routine is not suited to all and individualize your cases. Study up each on its merits. Doubtless there are many excellent drugs which have served other physicians well, but which you have never tried because you had your regular routine. A routine has its advantages, it saves time and thought, but it is sometime an obstruction in the path of progress.—*Med. Fortnightly.*

Clinical Verifications.

BLIND FISTULA IN ANO.

FRANK R. WATERS, M. D.

PROF. DISEASES OF THE THORAX AND PHYS. DIAG. DUNHAM MEDICAL COLLEGE.

Mr. B., age 27, tall, dark hair, brown eyes, light complexion, nervo-bilious constitution.

In the fall of '96 developed what appeared to be an abscess near the joint of the coccyx, causing him to stop bicycling for the remainder of the season. Being a long distance and hard rider, thought it might have come from some bruise or friction, not having noticed it before.

Had made all arrangements to have an operation and lay up for two or three weeks. When his "best girl" hearing of an intended operation made him promise that he would go and see a homœopath first. He went.

Jan. 19, '97. The condition was as before stated an induration near the joint of coccyx, sensitive to touch, inflamed, occasional needle-like stitches with a hardened ridge running toward the anus and a fistulous opening above the sphincter. He said a mattery-like substance escaped through the anus, at intervals of a day or two. After finding that scratches and other injuries would tend to ulcerate, could get no other symptoms. *Hepar*^{50m}.

Improvement was continuous with two or three slight aggravations from incomplete drainage through the anal opening which took care of themselves and gradually decreased in size.

April 19. Case discharged—cure complete—century runs continued.

Feb. 1, '98. No further trouble, now on the way to Alaska.

FIBROID—ANTIDOTAL.

Mrs. R., age 26, sandy complexion, dark eyes, medium figure.

1892 treated for chancre. Had been mercurialized. Sliver-like sensation in chancre from touch, bleeding easily. *Nitric ac*^{2x} was used and chancre disappeared.

April 10, '97. Appeared at office, very nervous, complaining of a lump that had developed in the left breast, lower outer segment. Had been noticed in the last five weeks.

Now especially sensitive from the pressure of corset stays. Size at this time of an English walnut, hard, smooth, non-adherent. Had no symptoms of aggravation at menstrual period, which was normal.

Abnormal amount of saliva.

Perspiration on slight exertion.

Restless latter part of night.

Metallic taste in the morning.

Amalgam fillings. *Merc*^{50m}.

May 6. Fillings removed.

Improved. Tumor noticeably decreased. *Sac. lac.*

July 10. Improving. Tumor size of a shelled almond. *Sac. lac.*

Feb. 12, '98. Sore throat. Increased saliva, < stormy weather.

Merc^{cm}.

Says she has not thought of tumor for months. It cannot be found.

HOW TO HANDLE CANNED FRUIT.

Open a can of peaches, apricots, cherries or other fruit—for all fruit is acidulous—let it stand for some time and the fruit acids and the tin are ready to do their work of poisoning. A chemical knowledge that tells just how the dangerous compound is created is unnecessary to an avoidance of the peril. The rule to follow is never to make lemonade or other acidulated drinks in a tin bucket nor allow them to stand in a vessel of tin, and in the case of canned fruits or fish immediately upon opening the can turn the contents out upon an earthenware plate, or into a dish made of earthenware or glass. Fruits in hermetically sealed cans, if properly prepared, generate no poison. As soon as opened the action of the acid on the tin, with the aid of the atmosphere, begins, and in a short time the result is deadly poison. This brief treatment of the question should be remembered by every one and its instructions followed. The general press also should aid in disseminating this simple knowledge.—*Fruit Grower.*

Keller, *British Medical Journal*, is one of those who now dispense with ligation of the umbilical cord, as unnatural, tending to cause secondary hemorrhage from inflamed tissues, and as dangerous from raising pressure in the right ventricle.

Pediatrics.

HEREDITARY SYPHILIS.

R. M. BARROWS, B. S., M. D., CHICAGO.

PROF. OF PEDIATRICS, DUNHAM MEDICAL COLLEGE.

My attention has been directed to this disease by a case sent to me by a neighboring physician some weeks ago. The case was of an infant three weeks old who was born with symptoms of this terrible disease. The mother had lost her two previous children, both being still born. The prognosis of the case given me by the physician and friends was a fatal ending in a short time, and if candidly asked mine after examining the child I would have confirmed their statement. Before stating the case to you and giving symptoms and treatment it might not be amiss to review briefly the salient points of this disease. Syphilis in children may be inherited or acquired. While the former is the most common, we should not forget the later is possible. Syphilis is inherited from the father or mother separately or both conjoined.

When the transmission is by the latter method the effect of the syphilitic poison on the *tœtus* is intense, resulting in an abortion or if the child is carried to full term, it is still-born.

Some authors deny the paternal transmission of this disease—but the majority favor it. Vogel declares that the majority of these cases descends from the father.

It has been considered that the power to transmit this disease is lost at the end of six years. This time can be reduced by treatment.

It will follow then that the chances of the infection of the *fœtus* and the severity of the type of this disease, if infected, will depend on the activity of syphilis in one or both parents. It is a curious phenomenon that a child may be born syphilitic and no trace of the disease can be discovered in the mother. Some authors explain this by declaring the mother has the disease but in a latent form.

A physician should early diagnose this disease in an infant for if a wet nurse should be employed and she should contract

syphilis through an abraded nipple legal questions might arise of a not very pleasant nature to the doctor employed.

Syphilitic symptoms sometimes show themselves at birth, but but more often do not develop for from ten to thirty days or even longer. There is also a latent type appearing in childhood whose earlier symptoms have been so mild as to be overlooked. The earlier the symptoms show themselves after birth the severer the type and conversely the later the disease manifests itself, the milder it appears and the more amenable to treatment.

The child may be born looking healthy only to develop later the symptoms of this dread disease. Those symptoms which appear upon the skin and mucus membrane are the first to appear and later those of deeper tissues, as the bones, internal organs spinal cord and brain.

There is a characteristic syphilitic rash resembling roseola which is easily diagnosed from it by its change from red to a copperish tinge. This is a pustular eruption and may cover the whole body, sometimes it exudes a serum and forms yellow scabs.

Syphilitic *pemphigus* accompanies severe types of this disease, especially on the palmer surfaces of the hands and feet. The pustules contains a purulent secretion which usually bursts in a few days leaving superficial ulcer. These cases are said to be invariably fatal.

A persistent and distressing coryza is rarely absent in these cases. There is purulent discharge which excoriates lips and extends to the face making ugly sores. The nose becomes blocked up so a child has to breath with mouth open. If the disease is not arrested, ulcers may form in nose and caries, destroy the nasal bones.

The most characteristic lesions of syphilis in children are the cutaneous ulcers and fissures which break out after birth. These appear in the mucus outlets of the body, as mouth, anus and vagina, and when the parts are stretched bleed easily.

In severe cases we have mal-nutrition from the atrophy of all the structures of the body, the child presenting a weazen appearance. These cases are usually fatal.

Many other structures of the body may be affected, as the enlargement of the epyphyses of the long bones, also inflammation of phalanges; the early decay of the teeth, certain eye troubles, loss of hair, besides general nervous disturbances. The obstinate wakefulness at night which easily appears in this disease is often

quite persistent and distressing. It is supposed to be caused by nocturnal pains in the bones.

With this brief resume, we will proceed to the case in point. When called I found our little patient a girl of three weeks in a decidedly horrible state. The face of the baby was covered about mouth, lips and cheeks with an ulcerated looking surface. Its nose was stopped so it had to breath through the mouth. A good deal of mucus came from the nose. The child looked puny with withered hands and feet, the nails were clubbed on fingers, and fingers were curved in so it was hard to open them out. The skin on palms of hand was loose and unhealthy looking. The phalanges on the little and ring finger of the right hand was swollen and red. The skin on body and limbs hung in folds showing the child had lost flesh. I learned that the baby had been suffering almost from birth with catarrh, but it seems to digest its food fairly well.

The child was bottle fed. From the symptoms present and what history I could gather through mother and nurse, I diagnosed hereditary syphilis. My first prescription was *Mercurius cor^{cm}* for the catarrhal symptoms present, but with no appreciable effect. I then gave *Syphillinum^{cm}* one powder and when I called the next morning found my patient much worse. It seem to bring to the surface many new symptoms and intensify old ones. The gums and lips began to bleed, so we had to stop the bottle and feed the baby with a spoon. Large nodules raised on the baby's head, and the sub-maxillary and sub-lingual glands swelled up. The oder from the discharges from mouth and nose was like a stench, filling the whole room. The inflamed fingers swelled up much larger. The mother complained that the baby didn't sleep at night. Had to be taken every few minutes, also baby's appetite seem to fail. The catarrh seemed even worse and the face was still a disgusting sight. My next prescription was *Nitric acid^{cm}*. The tendency to bleeding of gums and lips, foetid nasal discharge, odor from the mouth and sleeplessness led me to this remedy. The effect of this drug was a very marked improvement in a week, no other remedy being given. The catarrh had entirely disappeared, the face was nearly cleared, the bleeding of the mouth had ceased, so we could return to the bottle again. The child could breath through its nose and its night sleeping had greatly improved. With the catarrh the odor entirely disappeared, nor did either appear again in the case.

The only other remedy the case required to complete a cure was *Silica*^{50m} for the swelled glands and the boil-like excrescences on the head. The hypertrophied glands slowly disappeared, the swellings on the head and fingers speedily came to a focus and discharged a yellow healthy looking pus that quickly dried up and when I left the case, the head, face and hands looked as healthy as any baby of her age.

DON'T.

Dr. Luther C. Toney, offers the following valuable suggestions.

Don't fail to say "insanity is an exaggeration of sanity" (Toney), if you wish to avoid the lawyers' arrows.

Don't say insanity exists because of inability to tell the difference between right and wrong.

Don't call delusions insanity. Some are *sane* delusions, and hallucinations should not be used for delusions, as is often done, and *partial* insanity exists no more than partial syphilis. Men of strong minds have delusions. Lord Kenyon had an unreasoning fear of poverty; so had Lord Stowell, though a man of immense fortune, his home was destitute of the comforts of life. Lord Erskine would not remain in company with thirteen persons. Lord Eldon, after giving his opinion, was in grave doubts. Judge Breckenridge, of Pennsylvania, on a hot day, holding Court at Sunbury, took off all his clothes, till he sat naked on the bench. Judge Baldwin, of the U. S. Supreme Court was a hypochondriac. A distinguished New England Judge imagined that a dropsical affection that he had was a pregnancy. None of these men was insane. In a sense, all unfounded suspicions are delusions, but they do not for that reason excuse crime.

Don't forget that a bag of shot at wrist often stops bleeding from the hand.

Don't forget that "asylums are cemeteries of unexecuted morbid influences."

Don't try fluctuation across, but along, a muscle.

Don't forget to open abscesses early when situated, (*a*) in the neighborhood of the joints, (*b*) in the abdominal wall, (*c*) in the neck under the deep fascia, (*d*) in the palm of hand, (*e*) beneath the periosteum, (*f*) in the rectum, (*g*) prostate, (*h*) urethra.

Don't treat a sprain with placebos. Apply adhesive "splints."

Editorial.

TO STUDENTS OF MATERIA MEDICA.

Since the Homœopathician should be and is *par excellence* a scientific prescriber, it follows that he must be a thorough student of drug action upon the human organism, in all its phases. He must know the elementary principles that underlie the therapeutic application of the forces represented in *materia medica*, as well as those principles that are the guide to the use of those forces, in accord with the law of prescribing.

It is not enough that he should have a *retentive memory* of characteristics, key notes, etc., etc., but that memory must act in the line of accumulating knowledge that goes to make the wisdom of the successful prescriber. Botany, Toxicology, Chemistry are useful and necessary, with the physiology of health, and that of *drug disease*, as it occurs in the prover, and in clinical experience, that he may recognize the changes that are due to the artificial or accidental presence of a substance in the economy, as also the pathological or other manifestations that are due to spontaneous or natural disease movement. Our student must know and be quick to recognize all the factors that collectively form the group of phenomena classed as the primary or physiological action of the drug, and the further phenomena that are not, strictly speaking, physiological action of the drug but the physiological *reaction* of the power of life, or secondary action. The knowledge of the primary action is necessary to the medical man, irrespective of his particular creed or school, is demanded by the accidents and emergencies that call for his services. That of secondary *reaction* is of utmost value to the prescriber, as it is the guide to the procedure in "healing the sick" by applying or directing the forces that form the *armamentarium* of the homœopathician under the law, "*Similia Similibus Curantur*."

Study of primary physiological phenomena includes observation and classification of perturbations and changes from orderly functional activity, while the organism is in the first stage, so to speak, of this mechanical irritation, and also the nosological relationship between the degree of disturbance and its *quality*

(as referred to injury or danger to life) and the size or strength of the dose,—in a word Toxicology. Then comes in close touch with this first action, and the second or reaction, the study of that very valuable element in the student's progress, *Susceptibility*. Knowledge of this factor will add very much indeed to the wisdom of the prescriber and value of materia medica knowledge.

All of this helps us to understand that our student in laying the foundations, or fundamental beginnings of knowing materia medica, is preforce a student of the physiology of health, as well also that *drugged health*, that he may know how far the manifestations lean toward literal disaster and death, or away from it. He must gain knowledge of the power of life as it behaves in health, in order to know or recognize the conditions of that power of life when swayed by the *power* of drug (life) or force in health and disease. Thus in his progress, which is laborious at first, he will be led into a growing knowledge of the real plan of curative relationship between drug force and disease force, under the law. Dr. Latham many years ago, said: "After all, remedies are the best analyzers of disease"—and we as students will learn that disease is the best analyzer of remedies.

We look upon practitioners as students, none are too old to learn, and the *ADVOCATE* asks the help of all to make this department of real assistance in adding to our knowledge of "this most distinctive branch of our school," as Dunham said of materia medica. Send us facts of experience, clean cut verifications, especially those aiding in comparisons, differentiations, and relationships of drugs as remedies.

We will offer a schematic suggestion of method for study in the near future, which may be open to criticisms which will be valuable as it will tend to remove error or add help to this department.

FREDERICK O. PEASE.

INJURIES TO ELBOW.

The *Homœopathic Journal of Surgery and Gynecology* presents the following excellent suggestions in cases of recent injury to the elbow joint where the pain and swelling are too great to enable the physician or surgeon to make a proper diagnosis.

Put patient under anæsthetic. Apply an Esmarch's elastic bandage, starting at the hand and going very slowly but firmly up the forearm, over the swollen elbow joint and so on until the arm pit has been reached. Leave the

bandage on for—let us say—fifteen minutes. At the end of this time, remove it, *beginning at the hand*, but leaving the final few turns at the upper part of the arm still tightly in place.

The elbow thus exposed will be pale, bloodless, and no longer swollen. All the congestion, all the œdema for the time being gone.

The diagnosis can now be made with comparative ease. If there is a dislocation it can be reduced; if a fracture it is set. The remaining turns of the Esmarch bandage are now removed and the swelling allowed to assume its old condition, but the surgeon has accomplished his purpose. He *knows* the real position and is able to protect his own reputation. The proper line of treatment can be clearly formulated and a prognosis made with some degree of accuracy.

THE OUTLOOK OF MEDICINE.

The editor of the *American Journal of Surgery and Gynecology* presents a pessimistic outlook for the medical world in the March issue of his journal. He says:

“To the close student of current events in the medical world the outlook for the near future is not a bright one. In every direction—for some occult reason—the tendency seems to be downward. This is true not only of the great cities where too frequently (as in St. Louis) the men who have been considered leaders have so prostituted themselves as to conduct cheap hospitals, to advertise themselves in the daily press, to send “drummers” throughout the country stealing patients from their local medical advisers, etc., but also to the smaller towns and the country at large; there appears everywhere an inclination to degeneracy in the body medical.”

A stream can never rise above the level of its source and because a man puts on the professional gown of the physician, does not of necessity elevate the standard of his *moral* character. A different class of men are being attracted to the study of medicine in this country than in any other. The commercial spirit is so pronounced that no thinking, observing mind can wonder at the rivalry and strife and position so prevalent throughout the length and breadth of this great land. This rivalry naturally develops *business tact* at the expense of *scholarly attainment*, and demands the employment of means found successful in the business world for the building of a successful business career. This spirit is so prevalent that the usual salutation now-a-day is “How is business” instead of “How is practice.”

“It is probably true that the doctors are themselves greatly to blame. The way in which members of the “regular” (!)—God save the mark!—profession have vilified and abused their “homœopathic” and eclectic” brethren in the past and the spirited manner in which these practitioners have repelled attacks, have had much to do with their fall in public opinion. The time is ripe for the burying of sectarianism in medicine. If the progressive, honest, far-seeing

members of the American Medical Association will openly and freely pass a resolution which shall allow all affiliating bodies to accept for membership, graduates of reputable homœopathic and eclectic schools, who do not use the term "homœopath" or "eclectic" to trade upon, who are simply known as "physicians" and practice as they please (as do we all), and allow consultation with such practitioners, the problem of obliteration will soon solve itself; and one of the chief obstacles to proper medical legislation will have been removed."

The same spirit which promulgated sectarianism in religion prevails in medical circles even to this day—*ignorance*. Bigotry is only another and more hateful name. It is just as pronounced today as it was at the beginning of the century. The advances made in medical science have been so neutralized by this spirit of nineteenth century enterprise, that the most important questions considered by the majority of our State Boards of Health, prompted by the profession of which they are a part, is, How can we regulate the practice of medicine so as to protect—not the dear people—me and my friends?

It will do no good for the American Medical Association to pass a resolution *allowing* outsiders to come under the protecting arm of their society. No one wants to go because there is nothing to be gained except in the line of class legislation. So far as healing the sick is concerned—and that should be the sole duty of the physician—the follower of Hahnemann has no favors to ask of any one; but notwithstanding the superior excellence of their work—and comparative statistics has thoroughly established this claim—they are always willing to welcome any inquiring mind into their fold, setting forth the best things in their possession for the entertainment of their guest, who usually becomes an enthusiastic brother.

"The old plea that homœopaths and eclectics are ignorant, or not well grounded in the fundamental branches of medicine, no longer holds good. Today the average graduate of one of the "sectarian schools" is "as well posted" —to use a purely medical expression which originated when and where no one seems so know—as his "regular" opponent; the course of instruction he had was just as thorough, just as liberal, just as complete (except in the one item of *materia medica*), and the terms of admission to the school probably higher than those which governed the other."

For many years, the so-called "sectarian schools" have led in the demand for higher education and the dominant school has been compelled to follow in the wake.

Conceding that the tendency of the medical profession *seems* to be away from the highest ideals of professional dignity and honor, what is the remedy? Brother Lamphear says:

“Let every city and county medical society in the country which is in affiliation with the American Medical Association pass this resolution and instruct its delegates to vote for it:

Resolved, That henceforth all local and State medical societies in affiliation with the American Medical Association be permitted to admit to full membership any graduate of a reputable homœopathic or eclectic college who is an honorable man, a conscientious practitioner and who does not use the name “homœopath” or “eclectic” upon his sign or card or in any other manner calculated to secure business upon the assumption that he is practising some peculiar system of medicine.”

Truth ultimately will prevail and this process of evolution must keep step with the advance of civilization. No one can hasten the march by legislative measures unless these measures become so offensive that the people rise in their might and wipe them off the statute books. In which case they are liable to have their eyes opened to the truth and thereby hasten the millennium. The time will come when the government will establish schools, similar to those in the days of Athen’s greatness, in which the utmost liberty will be given for the investigation of all forms of scientific research, and in that day, medicine will become a science; and the believers in the theory of potential energy applied in accord with *similia similibus curantur* have no reason for dreading the coming of that day.

H. W. PIERSON.

NOT A PRACTICAL OPERATION.

The operation of Schlatter, the successful removal from the living human subject of the entire stomach, is one of the most extraordinary feats of operative surgery in the history of the world. It is possible the foremost of all surgical providences, when all the circumstances are considered. But the performance is not destined to travel much beyond the leaves of the record of the curiosities of medical practice. As a life-saving measure it will have no practical value. It has been performed twice within a short time in America, at St. Louis and again in Milwaukee, both cases ending fatally; it will doubtless be attempted many times hereafter, but it is almost too much to hope that it will add a hundred years to human life within the next century. It is applicable, in the abstract, only in malignant disease of old people, and its performance requires such prolonged and dangerous manipulation that a death-rate approaching a hundred per cent. may be depended upon.

Watts’ great feat of tying the innominata artery was performed

on May 16, 1818, and is justly esteemed as one of the greatest triumphs of human skill, but the operation has not added as many years to human life as have elapsed since the date of its first performance. Many of the wisest and most skillful surgeons doubt whether it is even a justifiable operation. The abdominal aorta has been ligated ten or more times in the living subject, but no patient has survived longer than a few days.

The nineteenth century is so full of surgical glory that little remains to be won in legitimate fields hereafter. The greatest and most beneficent discovery of all time, surgical anæsthesia, belongs to this century, but it is so transcendantly great that the human mind can hardly comprehend its vastness. Its blessings are accepted like sunlight and pure air, things that require no eulogiums from human tongues. We do not doubt that pleasanter and safer agencies for inducing anæsthesia will be brought forth in the future, but the principle itself reflects undying glory upon the noble profession that gave it to the world.

The twentieth century will turn from the glories of surgery and therapeutics to the greater glories of preventive medicine. The destinies of the human family are too important to turn upon the edge of a knife or a bottle of pills. Cancer is on the increase. This is not creditable to our knowledge and skill. To cure a malignant tumor is a splendid work of art, but to prevent the appearance of a tumor is yet a more perfect work. In this connection we recall nothing so appropriate and eloquent as the closing paragraph of the famous McDOWELL memorial oration of Prof. Samuel D. Gross.

“Young men of the Kentucky State Medical Society, listen to the voice of one who has grown old in his profession, and who will probably never address you again, as he utters a parting word of advise. The great question of the day is, not this operation or that, not ovariectomy nor lithotomy, nor a hip-joint amputation, which have reflected so much glory upon Kentucky medicine, but is preventive medicine, the hygiene of our persons, our dwellings, our streets; in a word, our surroundings, whatever they may be, whether in city, town, hamlet, or country, and the establishment of efficient town and state boards of health, through whose agency we shall be better able to prevent the origin and fatal effects of what are known as the zymotic diseases, which carry so much woe and sorrow into our families, and which often sweep, like a hurricane, over the earth, destroying millions of

human lives in an incredibly short time. The day has arrived when the people must be aroused to deeper and more earnest sense of the people's welfare, and when suitable measures must be adopted for their protection as well as for the better development of their physical, moral and intellectual powers. This is the great problem of the day, the question which you as the representatives of the rising generation of physicians, should urge, in season and out of season, on the attention of your fellow citizens; the question which, above all others, should engage your most serious thoughts and elicit your most earnest co-operation. When this great, this mighty object shall be attained; when man shall be able to prevent disease and to reach with little or no suffering his three score and ten, so graphically described by the psalmist, then, but not till then, will the world be a paradise. With God Almighty, all-wise and all-merciful, in its midst, reflecting the glory of his majesty and power, and holding sweet converse in a thousand tongues with the human family."

HOWARD CRUTCHER.

THE SIGNIFICANCE OF MENTAL SYMPTOMS IN NERVOUS DISEASES.

We all know from experience the importance of the mental symptoms in prescribing for a patient, and the importance which Hahnemann gave to them.

We can see the objective symptoms such as tissue changes etc., and hear a recital of the objective symptoms, after which, we are as a general rule, no nearer a true simillimum than in the beginning, from the fact that so many remedies will appear to be indicated, by having changes in tissue, discharges, eruptions, etc., so much alike that it will be impossible to select our remedy from the number as a true simillimum with any certainty, it would be purely guess work.

It is in just such cases, that the importance and value of the mental symptoms are realized, for it is through these that we learn the peculiarities of the patient, and how differently patients are affected by the same diseases; in this way leading to the selection of one remedy that is peculiar to each patient from among a number of remedies. Hahnemann says, "after carefully taking all the symptoms, both subjective and objective into consideration, then lay special stress upon the mental symptoms." This is true from the fact that the disturbed vital force manifests itself through the nervous system, which contain it.

The brain, the greatest nerve center would naturally then present the truest picture of how the disease producing element affects one individual differently than another, as it is through the brain and nervous system that we should expect to get the peculiar symptoms, those that are not common to the disease but peculiar to the one patient and by which only the simillimum can be selected. Where the importance of the mental symptoms is true to all diseases, it is decidedly true in the class known as nervous diseases, and it is through the importance given these symptoms, that Homœopathy has gained such advantage over the old school in treating this class of cases in particular.

While it is highly important that we as practitioners are able to *diagnose*, (congestions of the brain and cord, hypertrophy or atrophy of nervous tissue here and there), in fact *all disease conditions* so as to be equally as skillful as our neighbors, yet we have the advantage over them in *treating the patient* (or the peculiar symptoms) instead of the *pathological changes* which are as much the effects of the disease as are the symptoms.

For illustration.—Sufferer from mental diseases, may have general symptoms very much alike, as stomach troubles etc., which would be of no importance to us whatever in selecting the remedy. So many of our remedies have general symptoms so much alike that it is almost impossible to distinguish them, but they do not have all the mental conditions, such as being jolly or sad, irritable, or patient.

I might go on indefinitely with these illustrations since they are as different in this respect as people.

When we get such symptoms as, *proud, haughty, dictatorial* in our case, in another the opposite mental condition, how can one help but select the proper remedy, when he studies the characteristics of the different remedies as he studies the characteristics of the different patients, in order to draw out these peculiarities.

F. H. LOCKWOOD.

BE THOROUGH IN YOUR EXAMINATIONS.

It should be a crime for any physician to trifle with the slightest ailment of any patient. Life is so precious to the sick and should be so sacred to every physician that every source of knowledge should be employed in the preliminary study of every case, because from small beginnings come the most serious consequences. The child of today "takes cold" easily, has croup under certain conditions, may have sore throat, receives "home treatment" or an occasional prescription from the family physician. When the burden of active business life begins to demand much of him he succumbs to nervous prostration. Bright's disease etc. A thorough knowledge of the probable outcome of such constitutions would lead the "family" physician to recognize the tendency in its incipiency and the correction of disease manifestations that would have saved much suffering and many failures in life.

There are two classes of physicians who are to be avoided. The first class makes light of every ailment, because it requires too much exertion and time to make a thorough systematic study of the case, while the second makes no more thorough examination, but magnifies the importance of every symptom for the purpose of securing the self aggrandizement which follows the rapid amelioration of superficial and therefore temporary suffering. There is a happy mean between these two extremes occupied by the careful, conscientious, thoroughly reliable student of health. He is known and honored of all men; and no one is quicker to recognize and appreciate his sterling worth than members of that large first class.

In every case of sufficient importance to warrant the patient in seeking the advise of a physician, you can be certain that they will appreciate the thoroughness which removes uncertainties and gives a clearly defined positiveness to the report, and it may be noted in passing that such practitioners are always busy.

The instructions given by Hahnemann have never been improved upon and can bear frequent repetition.

"The patient details the history of his sufferings; those about him tell what they have heard him complain of, how he has behaved and what they have noticed in him; the physician sees, hears, and remarks by his other senses what there is of an altered or unusual character about him. He writes down accurately all that the patient and his friends have told him in the very expressions used by them. Keeping silence himself he allows them to say all they have to say, and refrains from interrupting unless they wander off to other matters.

The physician advises them at the beginning of the examination to speak slowly, in order that he may take down in writing the important parts or what the speakers say.

He begins a fresh line with every new circumstance mentioned by the patient or his friends, so that the symptoms shall all be ranged separately one below the other. He can thus add to any one, that may at first have been related in too vague a manner, but subsequently more explicitly detailed.

When the narrators have finished what they would say of their own accord, the physician then reverts to each particular symptom and elicits more precise information respecting it in the following manner: He reads over the symptoms as they were related to him one by one, and about each of them he inquires for further particulars; e. g. at what period did this symptom occur? Was it previous to taking the medicine he had hitherto been using, whilst taking the medicine, or only some days after leaving off the medicine? What kind of pain, what sensation exactly, was it that occurred on this spot? Where was the precise spot? Did the pain occur in fits by itself, at various times, or was it continued, without intermission? How long did it last? At what time of day or night, and in what position of the body was it worst, or ceased entirely? What was the exact nature of this or that event or circumstance mentioned—describe in plain words?

When the patient (for it is on him we have chiefly to rely for a description of his sensations, except in the case of feigned diseases) has by these details, given of his own accord and in answer to inquiries, furnished the requisite information and traced a tolerably perfect picture of the disease, the physician is at liberty and obliged (if he feels he has not yet gained all the information he needs) to ask more precise, more special questions.

For example, how often are his bowels moved? What is the exact character of the stools? Did the whitish evacuation consist of mucus or fæces? Had he or had he not pains during the evacuation? What was their exact character, and where were they seated? What did the patient vomit? Is the bad taste in mouth putrid, or bitter, or sour, or what? before or after eating, or during the repast? At what period of the day was it worst? What is the taste of what is eructated? Does the urine only become turbid on standing, or is it turbid when first discharged? What is its color when first emitted? Of what color is the sediment? How does he behave during sleep? Does he whine, moan, talk or cry out in his sleep? Does he start during sleep? Does he snore during inspiration, or expiration? Does he lie only on his back, or on which side? Does he cover himself well up, or can he not bear the clothes on him? Does he easily awake, or does he sleep too soundly? How does he feel immediately after waking from sleep? How often does this or that symptom occur? what is the cause that produces it each time it occurs? does it come on whilst sitting, lying, standing, or when in motion? only when fasting, or in the morning, or only in the evening, or only after meal, or when does it usually appear? When did the rigor come on? was it merely a chilly sensation, or was he actually cold at the same time? if so, in what parts? or while feeling chilly, was he actually warm to the touch? was it merely a sensation of cold, without shivering? was he hot, without redness of the face? what parts of him were hot to the touch? or did he complain of heat without being hot to the touch? How long did the chilliness last? how long the hot stage? When did the thirst come on—during the cold

stage, during the heat or previous to it? or subsequently to it? How great was the thirst, and what was the beverage desired? When did the sweat come on—at the beginning or the end of the heat? or how many hours after the heat? when asleep or when awake? How great was the sweat? was it warm or cold? on what parts? how did it smell? What does he complain of before or during the cold stage? what during the hot stage? what after it? what during or after the sweating stage? &c.

We must not rest content with even this thorough examination, because it is necessary for us to determine the *exciting cause* before any treatment can be thought of. There may be a *mechanical* condition entirely outside the domain of remedial agents, whose removal is followed by a complete subsidence of all the subjective symptoms. The knowledge of anatomy, physiology, and chemistry should be so accurate that this examination will determine the *nature* of any pathological changes that may have taken place, thereby eliminating all elements of uncertainty and at the same time determine how much can be corrected through the restoration of harmony between the vital energy and the material elements over which it may have control.

H. W. PIERSON.

SENECIO GRACILIS—“RAGWEED.”

Dr. Frederick Kopp, of Greenwich, N. S. W., gives the following additional as well as confirmatory symptoms of this widely distributed plant in the *Homœopathic World*.

The prevalence of hay fever beginning about the fifteenth of August and charged to the potent from this plant floating in the air, makes this systematic study of interest.

The mother tincture was used, fifteen to twenty minims being taken at frequent intervals during each day for a period extending over three or four weeks.

MENTAL—Great depression alternated with elevation and great cheerfulness.

Impossible for prover to fix mind upon anyone subject.

Constant feeling resembling home-sickness.

Desponding, sad and meditation < evenings.

HEAD—Fulness with dull stupefying headache.

Vertigo with pressing forward sensation.

Wave-like feeling of dizziness from occiput to sin-
ciput.

Lancinating, *sharp* pains over left eye and through left temple.

Cutting, sometimes shooting, pains passing from within outward < frontal.

(Closely resemble pains common to headaches of a catarrhal nature especially when due to suppression).

FACI—SHARP, CUTTING pains inside left angle of lower jaw, various parts of body.

Darting pain, left side.

LEFT SIDE.

Very pale and distressed look.

(Neuralgia affecting left side of face).

EYES—SHARP stitching in forehead and both eyes, passing from within outward.

SHARP, lancinating; in left temple, left eye and inside left half of lower jaw.

(Ophthalmia from suppressed secretions).

NOSE—Fulness, burning with sneezing, followed by profuse flow

THROAT of mucus, which temporarily relieves the other

MOUTH nasal symptoms.

Constant inclination to sneeze with great *dryness*.

Dryness of fauces, throat and mouth.

Teeth—sensitive with digging and almost throbbing in decayed molars.

(Useful in that class of toothache with acidity of stomach).

STOMACH AND ABDOMEN—Nausea on rising in morning.

Eructation of sour ingesta and gas.

Sharp stitches in both right and left hypochondria with sharp pains in epigastrium.

Colicky, griping pains in abdomen > bending forward.

Rumbling with sharp, griping and pinching pains.

Pain begins around umbilicus and spreads out from thence all over abdomen > stool.

STOOL—Thin, watery intermingled with hard lumps of fæces; hard lumps mixed with small quantities of mucus of a yellowish color.

STRAINING AT STOOL.

Diarrhœa early in morning accompanied with great

prostration and debility.

THIN, DARK-COLORED, BLOODY WITH GREAT TENESMUS.

URINARY ORGANS—At first, very frequent, profuse, clear and limpid, then very scanty with exceedingly high-color and even tinged with blood.

Large quantities of mucus sediment.

Great tenesmus in bladder with great heat and constant urging to urinate.

Urine acid, scalding and of reddish color.

(It has proved to be a valuable remedy in the treatment of chronic inflammation of the kidneys. In nephritis it has done great service, and, if it does not cure that dreaded disease, it at least very often palliates its most prominent and distressing symptoms. It is also useful in cases where the neck of the bladder is in a state of chronic inflammation, where the urine is bloody, and there is great tenesmus of the bladder. In these cases it has proved very effectual, curing a large number of cases, some of them being of a very obstinate character. Children who suffer from irritation of the bladder, accompanied with or preceded by pains in the head, derive great benefit from its use. It is a prime remedy in renal colic, whether accompanied by nausea or not. Sometimes young women suffer from dropsy and swelling of the lower extremities; these symptoms will be found amenable to *Senecio gracilis*. It will thus be seen that the symptoms affecting the urinating organs are very important, and, for this cause alone, should *Senecio gracilis* not possess any other valuable medicinal property, it would occupy a very important position in our materia medica. Bloody urine is one of the most important of the secondary symptoms of the drug, and adds greatly to the importance of the remedy in the treatment of those diseases in which the urine is passed either bloody or else only tinged with blood).

SEXUAL ORGANS—Lascivious dreams, with involuntary emissions.

Prostate gland became enlarged and felt hard to the touch.

Dull, heavy pain in left spermatic cord, extending to testicle.

Induced also suppressed or retarded menstrual flow.

(In the treatment of gonorrhœa and gleet it has been used with very satisfactory results, and also in cases of prostatitis of a chronic character. It has proved very effectual in cases of amenorrhœa, especially in young girls, in which dropsical symptoms are present. In anemic dysmenorrhœa it has earned for itself a good name. It is especially useful in strumous cases, and where the symptoms are aggravated in the night. It is also effectual in other cases of dysmenorrhœa, in which the flow is either profuse or scanty, and where urinary troubles are present. In retarded, scanty, or even profuse menstruation, it is very rapid in its action, often proving of great efficiency, and rivalling some of our most prominent uterine remedies, such as *Pulsatilla*, *Caulophyllum*, *Calcarea carbonica*, *Erigeron Canadense*, and *Sepia*. It is also useful during menstruation when it is premature and too profuse. It is also often indicated in regular men-

struation, when the menses come on either too early or too late. Where the menses have been suppressed through a cold *Senecio gracilis* often speedily restores them to their natural state. Very often, in some girls, leucorrhœa takes the place of the catamenial flow, and the patient suffers greatly from urinary troubles.

It is also a very valuable remedy in chlorosis in girls having a scrofulous taint. A dropsical condition in such cases is an additional indication for its use. It is sometimes indicated in the complaints peculiar to the critical period, especially in those cases in which great sleeplessness is a most prominent and distressing symptom. In such cases it very often restores the menses and induces sleep. By the above it will be seen that this is a very important remedy for the treatment of many of the complaints peculiar to women, having a special affinity for the female generative organs. It is a valuable remedy, whether the patient is suffering from amenorrhœa, dysmenorrhœa, or menorrhœgia).

RESPIRATORY ORGANS—Increases secretion from bronchial mucus membrane.

Cough loose with mucus rales, accompanied with labored inspiration.

(It is a prime remedy in mucus catarrhal coughs, especially those (in the case of woman) where amenorrhœa is also a prominent symptom. It is also effectual in the treatment of chronic hemorrhage from the lungs, accompanied with the following phthisical symptoms: A dry, hacking cough, great sleeplessness, hectic fever, and emaciation. It is also indicated in those coughs, generally following a cold, which are at first dry, but soon become loose, accompanied with a very copious expectoration of a thick yellow mucus, of sweetish taste, and often streaked with blood; there is also a soreness or rawness in the chest with emaciation and great prostration; flashes of heat in the face with hectic flushes, with night sweats and (in the case of females) very irregular menstruation).

BACK AND EXTREMITIES—Pain in small of back, and loins of rheumatic character with soreness of joints.

GENERALITIES—Great sleepiness with unpleasant dreams. Affections of mucus membranes of catarrhal character
Great thirst.

Feeling as of a ball rising from stomach to throat.

Great nervousness and a decidedly hysterical tendency.

THE USE OF HIGHER POTENCIES.

In the January *ADVOCATE*, page 57 and extended excerpt of the paper read by John McLachlan, M. D., B. Sc. Edin., F. R. C. S. Eng., before the British Homœopathic Congress was given. This paper was criticised by members present. His reply in the *Monthly Homœopathic Review for February*, brings out a number of valuable points.

"My paper was a mere contribution to the already overwhelming proofs of the past. I did not need to go to Hahnemann's *Organon* for that idea, for I held it long before ever I knew there was such a book, and I believe it to day more firmly than ever; call it what you will, there it is; and I fail to perceive the distinction between Dr. Hughes' "*dynamic disturbances*," and Hahnemann's "*derangement of the vital force*." John Hunter believed just as strongly in the "vital force" as Hahnemann did, but perhaps, like the latter, he may not have been in his "prime" when he did so. I cannot tell.

Modern science does *not* forbid our following Hahnemann in this point; ignorance of science may do so, and a few of the so called scientific men, but those at the best are one-sided in their views, being heavily weighted by materialism, which has been and is the curse alike of medicine and religion. The idea of a "vital force" is a mere *hypothesis* (scarcely rising, indeed, to the rank of a *theory*), and as such is incapable of proof or disproof; but it in no way violates any of the known analogies of science, and useless it does, it is in no sense unscientific. Science gives us many statements which have not been proved, but it does not follow on that account that they are worthless. Darwin's evolutionary hypothesis is in capable of proof or disproof, yet few scientific men doubt its truth. The hypothesis of a "vital force," better than any other hypothesis yet put forward, enables us to explain and connect observed phenomena, and as such it is an *adequate* or *working hypothesis*; and further than that it is fruitful, as it has led to many useful facts, and an hypothesis, even if false, if it does this is worth retaining. When it ceases to be fertile, by all means throw it aside like a useless tool that has served its day and generation.

Dr. Hughes says there is no such thing as energy without matter. How does he *know*? I grant it cannot be *manifested to our senses*, as at present constituted, without the presence of matter upon which to act, but whether it can exist apart from matter no one can say. It is not, like elasticity for example, a *mere property* of matter; if it were, then of course it could not exist apart from matter, but it is something as different from matter as it is possible to be. Energy does *not* mean matter in motion; matter in motion has kinetic energy, and it is by that means that it is measured, but it itself is something quite distinct.

I do not believe it is possible to attenuate a medicine so highly as to destroy all traces of the matter originally present; but whether that be possible or not, that is altogether beside the question, for it is energy, not matter, with which we are dealing. Now the special characteristics of energy are its easy transformability and transferability, and there is nothing absurd or impossible in the idea that the energy of the drug to heal can be transferred to the menstruum used for the purposes of attenuation. It is not so easy to get rid of matter as Dr. Hughes seems to think, and so much is this the case that to the experimental chemist such things as pure reagents and clean vessels are absolutely unrealisable ideals. Furthermore, the chemist can never be accepted as a trustworthy exponent of the divisibility of matter, since the question whether it is or is not *infinitely* divisible does not concern chemical science. The molecular weight of hydrogen is for convenience arbitrarily fixed at *two*, and we *assume* that there are two atoms present. We do not *know*; there may be two millions for all we can tell. Further, the atom and molecule, of nearly all the metals at any rate, are identical.

Although arsenic has caused *alopecia areata*, yet had I given it I would *not*

have been carrying out the "rule" *similia similibus curantur*, and there is no reason, therefore to believe that it would have cured the case. Dr. Hughes is content with *general* resemblances, neglecting the *most important* features, viz.:—the *specific individual differences* between one case and another. Had the patches been dry, rough, and dirty looking, in all probability arsenic would have cured the case, but the patches were clear, white and smooth, and therefore I gave *Phos.*, and not merely "because Dr. Guernsey advised that it should be given." Now although all cases of alopecia areata have certain close correspondences in *general* features (else they would not be examples of the disease in question) yet these are of little value to us in our efforts to find the *simillimum*, the all important points being the *specific individual differences*. It is exactly the same in other sciences. When the chemist, for example, wishes to recognise and differentiate the members of an *homologous series*, e. g., the alcohols, or the different *isomers* of any one alcohol, e. g., amylic, he does so by noting the *specific individual differences*, since the general properties would be of little, if any, value for such a purpose.

Dr. Hughes says: "When you get up to Hahnemann's 30th, surely you have got far enough for all conceivable action of drugs." I confess one would naturally think so; but here again the only test of any practical value is the *experimental* one. No man's *ipse dixit* can suffice. In the cases I gave I had tried the 30th and 200th potencies again and again, but only to meet with repeated disappointments; they were patiently tried, but were found wanting, and that was why the millionth was used in the cases in question. I am unable to say what special potency between the 30th and millionth *might* have cured the cases, nor do I think the question is one of any importance.

Our primary mission is to restore the sick to health, whether with "unimaginable potencies" or impossible dilutions," not as Dr. Hughes seems to think to convert our old school brethren—certainly not, at any rate, by means savouring strongly of Jesuitism; besides all this, a 3rd or a 6th potency (not to speak of a 12th or a 30th) is to the most of them even more impossible and unimaginable than the millionth is to Dr. Hughes, even though the physicist may express the lengths of light waves in *fractions of millionths of a millimeter*.

But besides this, the potency question is one entirely for those who *are* converted—for the Children of Light only, not for those who are sunk in even more than Cimmerian (therapeutic) darkness. As well might one accept the *dicta* of an avowed atheist concerning the *purely experimental* truths of the Christian religion.

I am just as anxious for union as anyone, but not at the expense of *principle*. Maintain the truth at all costs, yielding not a nail's breadth; if union can be promoted in this way so much the better but maintain the truth.

SURGICAL POCKET MEDICINE CASE.

Prof. James G. Gilchrist in the *Homœopathic Journal of Surgery and Gynecology* offers the following valuable summary:

It has occurred to me that some specific indications for remedies more constantly useful in post-operative conditions would be, or might be, helpful. Of course the "indications" are the same, no matter whether the case is medical or surgical. If I were asked to give a list of remedies for a surgical pocket medi-

cine case it would be something as follows, mentioning the remedies in the order in which they are oftener indicated:

Hypericum Perfoliatum.

As a routine remedy, Hypericum is used more or less in all operations, both as a vulnerary and analgesic. Certainly it has a marvelous influence in contesting, or even preventing, pain. In all operations, practically with no exceptions, the first dressing is a compress of gauze soaked with the watery extract, or so-called tincture. The same remedy is given internally, once in twenty minutes for an hour or two, and then at longer intervals for about twenty-four hours. It is very rare that pain is complained of, no matter what the operation has been.

Aconite.

Aconite is always given when there is a rigor, with rapid rise of temperature, dryness of the skin, restlessness, and some thirst, with anxiety. It is given in the 6th or 30th dilution, in frequently repeated doses, say fifteen or twenty minutes, until the symptoms improve. If no improvement follows in about two hours, one of the following is to be used:

Arsenicum Album.

When the former conditions continue unchanged or aggravated, particularly when the urine is suppressed or markedly diminished, intense burning heat is complained of, and weakness occurs, Arsenicum is indicated. Particularly do I find it indicated when there is diarrhea, not profuse, but watery and exhausting.

Belladonna.

When the wound looks bright red, shining and swollen; very sensitive to touch, shrinking from the approach of the finger, Belladonna is required. Pains are considerable, often pulsating, and indisposition to move; or if position is changed it is done gradually, and with great care.

Rhus Tox.

When there are febrile symptoms taking on a typhoid character, or, when an open wound becomes dry, or the parts are dark-red, vesicular, and hard, Rhus is called for.

Arnica Montana.

Arnica has two spheres of usefulness. One is prophylactic, when parts have been much handled in the operation; the other is when a diarrhea develops, which becomes involuntary.

Cantharis.

Cantharis is given for the customary symptoms of strangury coming on after operations in the pelvis, or on the genitalia.

Carbo Vegetabilis.

Carbo veg. is beneficial in meteorism and flatulent states, particularly when gulping up wind gives some relief. If a few doses do not improve I always give a cathartic, usually salts.

Veratrum Album.

Vomiting, without nausea, gulping up a brown or bilious fluid; coldness of surface of the body, covered with sweat, calls for Veratrum.

Colocynthis.

The well-known colic symptom often occurs, for some reason, in my practice, very often after operations for varicocele. The symptoms are well known. Now and then have had prompt results in flatulent conditions, when there is no rise of temperature, and no suspicion of peritonitis. Colocynthis is here very valuable.

Nux Vomica.

Nux often gives good results in curtailing the vomiting after anesthesia, or vomiting that comes on later, particularly if there is soreness all over the abdomen.

Ipecacuanha.

Ipecac is more often successful in the vomiting from anesthesia. In one case with extreme nausea Tartar emetic cured promptly.

Apis Mellifica.

Apis has been useful in a few instances when the urine was suppressed and edemas occurred in various parts of the body. It has saved at least two cases from death from edema of the glottis after operations on the throat.

Remedies for Tetanus.

Very infrequently I have had some indications of tetanus; one of these remedies usually aborts the threatened danger.

Belladonna, when the muscles of the jaw are stiff and painful.

Cuprum aceticum, when the pressing pain on the sternum, with nausea, is present.

Stramonium, when there is muscular irritability, and starting at every sound.

Ledum palustre, by the way, gave prompt results in one case, in which the injured part felt cold, objectively and subjectively.

MAKE A NOTE OF IT.

The college terms are nearing a close. The Chicago Homeopathic and Hahnemann have had successful years. Hering as much so as it may with reason expect thus early in its career, while the National and Dunham are not much heard from. The latter is said to be rifted with strife within and without, at which small wonder is expressed in Chicago. Might it not be just as well for the National and Dunham to end their careers with the present season?—(*Medical Century*.)

Predictions, warnings, suggestions, threats, and malicious misrepresentations have been made against DUNHAM MEDICAL COLLEGE from its first inception; and today there is not a homeopathic college upon the continent more widely known or more thoroughly advertised. During the entire period of "strife without" there has been perfect harmony within and instead of the college being "rifted" or torn assunder by internal differences, there is not a medical institution, in the city, bound together by closer ties. It may be noted in passing, that the *National* and DUNHAM MEDICAL COLLEGES are making but little noise outside, because they are tending strictly to business and instead of their careers ending with the present term (as their opponents would wish) they have practically entered upon a life filled with unlimited possibilities.

H. W. P.

MISSOURI INSTITUTE OF HOMŒOPATHY.

The next meeting of this strong society, will be held in St. Louis, April 19–21. Several matters of great importance will undoubtedly make the attendance one of the largest in its history. At the meeting held two years ago, a Committee on Legislation was appointed, which secured a just recognition of the claims of Homœopathy for a share in the management of State Institutions. As is well known, Governor Stevens turned the Fulton Asylum over to a Board of Managers, friendly to Homœopathic interests. The recent trouble in the asylum will make it incumbent upon this society to so investigate matters as to clearly understand the situation and be prepared to act intelligently in the future.

The Institute draws upon much of the Mississippi Valley for material, and this region is intensely interested in the success of the American Institute, and being in the vanguard of spring meetings will undoubtedly put into action plans for a hearty cooperation with that Local Committee.

The society is just about large enough for profitable sessions and the general character of the papers have strong drawing powers.

H. W. P.

NO MEDICINE IS ASSIMILATED.

The following pertinent editorial appearing in the *Medical Gleaner* is worthy of reproduction, because it strikes at the root of the entire question of medication.

No medicine is assimilated. If you give something which you call medicine and it adds itself to some tissue then it turned out to be a food instead of a medicine. Four-fifths of the high dilutionists (if by this the doctor means the true homœopathist, he is surely mistaken, for they never give medicine in the material form or for the sake of supplying a lack, and many of the eclectics practice under the insane hypothesis that medicine is assimilated. Who does not know that almost all physicians, of all schools give such agents as phosphorus, iron, etc., under the delusion that they will be assimilated and supply a lack?

Under this ankle-deep philosophy the lack of a systematic element constitutes the disease. Thus, in most anemias there is a lack of hemo globin. The ankle-deep philosopher reasons thus. We will supply this lack, which is disease, and presto, the disease will disappear. Then he orders his favorite prescription of iron. If it happens that the primal lesion in the case is susceptible of being shaken up by the acids contained in the prescriptions good may result; but how much less expensive to the vitality of the patient to have given him the combined hydrochloric acid and nitous ether, without the iron element. It is certain that the iron would not be assimilated, for, in this case, the lack of iron depends upon the *non assimilation* of it even when offered by nature. This

lack of hemo globin is a proximate, *evident effect*, the *cause* being located in, or behind the assimilative apparatus. If we could directly supply this lack the cause would still persist, and, of course, the disease would still remain in full force. To put your therapeutic pry under this effect is to put it under the wrong end of the disease. But this is just what four fifths of all of the doctors are doing. There is no direct medicinal lack supplier; there is no direct medicinal tonic. Medicine does not import into the system any vital element. All it does is to create a general or local perturbation, as the legitimate effect of its foreignness. Foods do not do this, unless taken intemperately, toward either extreme and that is why foods do not cure.

If there be any efficacy in high delutions, the fact depends upon the effects of the dynamization and not upon its infinitessimals.

True, brother Cooper, an *immaterial energy* or *force* pervades all Nature, and, according to the laws of physics, *acts upon* the atoms or molecules of the primary elements in accord with definite fixed principles. Any disturbance of the relationship between this *energy* and *matter* results in a *derangement, not of the energy or of the primary elements*, but of the effect of this combination—the *organism*. When applied to animal or vegetable organisms we call this *disturbance of relationship*, disease. We cannot conceive of one material element acting upon another material element, because they are always being *acted upon*. The action must come from an immaterial force. This energy is liberated from its material environment by the process of dynamization and thenceforth cannot be measured by weight or size, but is free to exert its peculiar power whenever opportunity presents.

When a man becomes sick, we see the nature of the disturbance by the sum total of subjection and objection symptoms. Our first effort will be to ascertain and remove the exciting cause. This of itself may be sufficient to restore harmony between the vital force or energy and the organism over which it exerts control. If not, according to the law of *similia similibus curantur*, we seek to introduce a force energy (always immaterial in character, so it may act upon the same plane of the vital force) capable of disturbing the vital force in a manner similar to that force which made the man sick. By so doing we expect to see an equilibrium established whereby the life force again resumes its normal activities. The first thing we notice, will be the effects of this force to repair damages and as this goes on we say the patient is getting well. With the restoration of harmony, the remedial agent or force (if mild enough) ceases its effects and the life force takes up the work and carries it on unaided. H. W. P.

A NEW HÆMOSTATIC.

According to Dr. Gundrum, the fluid extract of the life root or rag wort (*senecio aureus*) possesses powerful hemostatic properties, which he was enabled to turn to good account in the treatment of cases of hemoptysis and hematuria. The plant has long been employed unofficially as an expectorant and diuretic, and it has been credited with a "peculiar" but undefined action on the uterine functions. It does not appear to possess any directly astringent properties, and it is surmised—though suggestion savors of a *pis aller*—that its hemostatic action is brought about through the vaso-motor nerves.—*Med. Press and Circular.*

A careful study of the pathogenesis of the Golden Ragwort will explain the reason for its powerful hemostatic properties.

SUCH IS LIFE.

The Cleveland *Medical Gazette* deplores the fact that "The clergy are very prone to advocate patent medicines and quack methods of treatment," and accounts for it upon the quite reasonable supposition that "the quack recognizing the influential position of the clergyman in the community, more often select him for a dupe, that others may follow his example."

There are others. As a rule, it is a purely selfish motive which prompts members of the "noble profession" to get on the "right side" of the preacher. If their influence can be secured they feel that a valued ally has been obtained, a good advertising medium, and for that reason the new man seeks to attach himself to one or many preachers by offering to care for their families gratis. It is useless crying against the enterprise of the "quack" for they are only men like unto ourselves whose commercial spirit predominates over the humanitarian. P.

PERSISTENT RECURRENCES OF INFLUENZA.

Dr. Thibaudet remarks that immunity from influenza, supposing that it exists at all, is of short duration. From a symptomatic point of view nothing occurs in the interval between the different attacks. The apyretic patient recovers in the usual way, more or less exhausted and asthenic, according to the mode of reaction peculiar to each person, and, above all, according to the presence or absence of anterior morbid conditions. Suddenly the disease returns; fever reappears, and at the same time the characteristic pains in the head and limbs, coryza, coughing, laryngo-tracheo bronchitis in the thoracic form, vomiting and diarrhoea in the gastro-intestinal form, and prostration and extreme lassitude in all forms, appear. Generally the symptoms which predominated the first time appear again, but this is not always the case. Aside from complications, the duration of these new attacks is not longer or shorter than that of the first attack.

Hahnemann recognized the truth of the above statement, even when he had met the symptomology of the disease with remedies possessing a similar pathogenesis; and then commenced that

great study which resulted in the formulation of the declaration that the recurrences are due to deep seated constitutional tendencies, which are impervious to hygiene, climate and environment and can only be removed by the employment of anti psoric, anti syphilitic, anti sycotic or (if due to persistent abuse of drugs) remedies capable of removing their effects. Ignorance of this factor, is the greatest barrier to a permanent cure of disease to be found in the entire domain of medicine. H. W. P.

WHAT IS A HOMŒOPATHIC PHYSICIAN?

I define a homœopathic physician as one who adds to his knowledge of medicine a special knowledge of homœopathic therapeutics. All that pertains to the great field of medical learning is his by tradition, by inheritance, by right. The difference between the schools to-day is as great as it ever was. There will be courtesy and fairness, but no abnegation. The true policy of the homœopathic school is the development of its resources; the avoidance of any alliances that may in any way be derogatory to its honor or dignity; an uncompromising attitude toward allopathy; a cultivation of that stalwart spirit and fiery energy that characterized the pioneers; the strengthening of our institutions; the proving of drugs; in short, the advance of homœopathy in the only way in which it will ever be advanced, by the loyal and faithful work of homœopaths for homœopathy. "So we will labor that what came to us as seed shall go to the next generation as blossom, and that which comes to us as blossom, may go to them as fruit."

Dr. Eugene H. Porter, President of the New York State Society and General Secretary of the American Institute of Homœopathy, gives the above definition of a homœopathic physician which is commended to every reader of homœopathic literature. Now is the time to stand by our colors. The enemy is beginning to sue for terms of peace, *but they want us to lay down our arms*. This is strange! Be not deceived, there can be no compromise.

GOUT AND URIC ACID DIATHESIS.

The *Medical Sentinel* draws the following conclusions from an article prepared by Dr. Robert Newman.

- Conclusions.—1. There is a variety of causes and symptoms of gout.
 2. The diet and treatment, etc., cannot be stated as a routine for all cases alike.
 3. It is wrong to treat the disease; the patient must be treated as an individual, according to indications.
 4. There are some points in gout and the uric-acid diathesis which are not understood at present.
 5. Hereditary gout exists, and will manifest itself in individuals without their own fault.

6. Hereditary gout as a diathesis cannot be eradicated by any treatment, nor is it the consequence of overfeeding or the use of fermented liquors, for the reason that it has been observed in females who dieted and never drank liquors or beer.

7. Static electricity is the best treatment in hereditary gout, and will prevent attacks, if used judiciously at the right time, and thereby keep the patient comfortable and apparently well.

8. Static electricity and other electric currents will cure many of the other varieties of rheumatism and gout.

Hahnemann states especially that Gout, as well as the uric acid diathesis, is only one of the manifestations of a *psoric* miasm is never due to improper eating or diet and can never be cured by diet or change of environment. Many times the cause is transmitted from parent to child. The curative agent must be sought for among the anti psories. Electricity may be classed with the anti psories. The above conclusions are therefore simply confirmatory of the ancient teachings of that old visionary Dutchman.

H. W. P.

WHO IS THE LIBERAL HOMŒOPATH?

It is one who employs all of the art known to Homeopathy; one who is not afraid or ashamed to use the highest potency and to avow its successful administration; one who has no fear of ridicule when he dips into the 3x or the 0; who sticks closely to the homeopathic law as given by Hahnemann; one who is not ashamed to admit that he uses but a drop of the 30th or the 200th in a glass half-full of water, a tea-spoonful every two or three hours, in the cure of dangerous diseases; one who does not use combination tablets; one who does not give an hypodermatic of morphine to allay present pain and something else *at the same time* to cure the patient; in short, one who will adopt every reasonable means to cure his patient, and be able, after it is done, to tell what course he pursued and the reason therefor so that others, seeing his good works, may go and do likewise. *That*, in our estimation, is a Liberal Homeopath! If the homeopath has imbibed the surgical trend, he may dabble in current chemical discoveries of the other schools, in order not to put himself under the ban, in a mechanical operation, of having neglected to apply the very la est SCIENTIFIC advances to his case; but this does not hold as to disease *per se*. Let us not forget that the diploma reads "Physician AND Surgeon"; and that the first paragraph of the Organon clearly enunciates the physician's highest and only calling.—(*Am. Homeopath.*)

The truly scientific student of homœopathy is never a narrow, ignorant bigot; but *knowing* the foundation upon which he stands to be grounded upon the rock of Truth, he alone can afford to be liberal and generous with his handicapped and less fortunate brethren.

H. W. P.

Book Reviews.

The Homœopathic Journal of Surgery and Gynecology.—This journal is well named—*Homœopathic Journal* instead of *Journal of Homœopathic Surgery*, etc. The initial number is well made and the Century Co., may well be proud of its mechanical excellence; the indefatigable editor is to be congratulated on the auspicious birth of this new journal while the surgical profession will undoubtedly show their appreciation in a most fitting manner.

Repertory of the Homœopathic Materia Medica by J. T. Kent, M. D., Philadelphia. The Homœopathic Materia Medica is so voluminous and the homœopathic prescription is so dependent upon the subjection symptoms with their many finer shades of differentiation, that a repertory is imperatively demanded by the careful prescriber. The demands has been frequently anticipated but defects can be found in every one. The most perfect one thus far has been Bœnninghausen's, but it is so compressed that few can successfully apply its wonderful store of information. It requires the mind of a master of therapeutics to adapt it to the image of a case as ordinarily taken.

Jahr's repertory to the great Symptomen Codex is one of the most reliable concordances to Bœnninghausen's Pocket Repertory in existence and greatly aids one in the study of the latter, but is not conveniently arranged for a rapid study of the materia medica.

Knerr's repertory to the Guiding Symptoms, the most ambitious work of the kind ever attempted, and very satisfactorily directs the student to the different remedies from which may be found the simillimum, but it pretends to be nothing but an index to the Guiding Symptoms and loses much of its value when the physician is not in possession of that work.

From a careful study of the first fascicle, it would seem as if this latest and most voluminous work of Dr. Kent supplied all the deficiencies to be found in all of the other works. It begins with the general like Bœnninghausen and then takes up the differential points similar to Jahr, but in a more systematic and therefore more satisfactory manner. In addition to this advantage, it will be over three times its size and contains many items to be found in no other book.

After everything has been said, the very simplicity of its arrangement is one of its strongest features.

For convenience, the work will be printed in parts—each part to contain one rubric which will be delivered to subscribers as fast as it comes from the press. The price of each fascicle will range from one to three dollars, depending upon the size. Full particulars can be obtained by addressing the author at 2009 Walnut street, Philadelphia.

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ADDRESS TO THE GRADUATING CLASS OF DUNHAM
MEDICAL COLLEGE, BY THE DEAN C. S.
FAHNESTOCK, M. D., APRIL 7, 1898.

LADIES AND GENTLEMEN OF THE GRADUATING CLASS: With the close of this afternoon program the pleasant relation between yourselves as students and the Faculty of Dunham Medical College as instructors, will end. You will receive the diploma of this college, documentary evidence, that you have complied with the necessary requirements, successfully passed your final examinations and earned the degree of Doctor of Medicine conferred upon you by this institution. That diploma, granted through the power vested in our Board of Trustees by the great state of Illinois and recognized by the State Board of Health, will be your legal passport, entitling you to all the lawful rights and privileges extended, educated physicians and surgeons. It commemorates the close of your student life and attests that you have mastered the rudiments of medical knowledge. We, who have directed your studies and witnessed, with pleasure, your faithful application and untiring zeal, bid you a kindly farewell as pupils and extend to you a heartfelt welcome and fraternal greeting as members of the medical profession.

Medical students may be divided into two classes. The first embraces those, who enter the profession through purely selfish motives. Allured by their exaggerated ideas of the enormous pecuniary benefit to be derived from medical practice, they count the time and money spent in acquiring their degree, as a pure

matter of business. They study medicine as they would learn a trade. To them graduation is a completion of study. They have mastered the trade, and being without love for the science, and devoid of any idea of the moral responsibility of a physician, there is no incentive to further application. They practice medicine as the average mechanic does his daily labor, in a routine way with as little study and personal discomfort as possible. Their whole professional life is but the bartering of the wares of a "medicine man" and a drugery endured only for profit.

The second class engage in medicine from love of the work. They have a just appreciation of the great responsibility they must assume. They make the acquiring of knowledge their life work. They burn the midnight oil that brings reward in the consciousness of a duty faithfully performed. Careful observation compels your teachers to locate each of you in the rank of the second class. You will bear then with your Dean if in this address, his parting words to a class he has learned to respect and love, he points out some of the pleasant and some of the annoying features of the future and offers a little advice to smooth down its rough edges.

With all the enthusiasm of a young graduate, you are now anxious to open an office in the field you have chosen and to offer your services to your fellow citizens. From childhood you have regarded your family physician and the profession with respect and reverence. You have placed implicit confidence in their skill and judgment. Naturally you will expect the people among whom you settle to receive you with the same kindly feeling. In this you will be disappointed, for respect and confidence are plants of slow growth and mature only as the result of constant and careful cultivation. Difficult indeed is it to so conduct your life as to win and retain them. You will be looked upon with suspicion as to your professional ability. Your brother practitioners, who should be your friends, will be open enemies or at best occupy a position of armed neutrality. It will probably be true, that the majority of your competitors will not be your equal in professional training, and while a lack of opportunity prevents your demonstrating what you can accomplish, and while you may daily see evidences of the incompetency of others, your lips must be sealed, for the public has not the knowledge of disease and medicine to pass judgment upon your ideas, and the criticism of others under such circumstances will only lower you in its estimation.

Amid these unkind surroundings you may feel downhearted and discouraged, but you should not be too hasty in blaming the public. What do you ask of them? That they confide to your care the well being, nay, perhaps the life of those near and dear to them. Would not you too hesitate in confiding to a perfect stranger such responsibilities? But you think, "How can I gain public confidence, when it is no judge of my ability and will grant me no opportunity to prove my worth?"

There are other ways than a display of professional skill to win friends and secure respect. Just as you judge of others by their conduct so will others form an opinion of you, and that opinion will be based upon the closet scrutiny of your personality. Your dress and address, habit of study, pleasant ways, the absence of any display of egotism, and your faithfully keeping every engagement, will in time win you personal friends and public respect; then the ice bound arctic circle, that surrounds you professionally will soon be broken through by the first patient. It may be the mendicant of the neighborhood, some worthy poor citizen, someone accidentally injured or some chronic sufferer, who, having exhausted the resources of the older physicians and as the result of the good reports he has heard of you personally, has concluded to try the "new doctor." This first professional call brings a flood of sunshine through the clouds of discouragement, and at the same time a feeling of uncertainty steals over you. You realize now for the first time in your medical career, you must rely upon your own efforts. Heretofore you have had preceptor and instructors, older and wiser heads than yours, to guide you in your work and counsel with when you felt the case too grave for one of your experience. Now, you must act upon your own judgment with the eyes of the whole community upon you and professional rivals ready to criticise your work. It is not to be wondered that you should feel this and when the time comes, remember it is but the natural result of your very fitness for the labors you have chosen.

Before you reach the bedside of your patient, all thoughts of what the community may think or rivals may say, will have passed away and you will enter with confidence bred of knowledge, not with the assurance of ignorance that makes "fools rush blindly where wise men fear to tread." Whence this knowledge and this confidence? From the sense of doing right. The appreciation of your moral obligation tells you, that having accepted the case,

it is your duty to do your best in every way. You have studied the human body thoroughly and have been impressed with its wonderful and perfect mechanism. You have become conversant with the functions of every organ and have been taught to detect any aberration resulting from disease. More than all this, you have learned that there is something we cannot comprehend, something beyond the material, something that passes our understanding, an essence of divine origin pervading this aggregation of bones and flesh, that commands our admiration and before which we stand appalled; for God blew into man's nostrils the breath of life and man became a living soul. You are cognizant that pain is as severe in the poor as in the rich; that life, being of divine origin, is as dear to one as to another. Any physician, entertaining such feelings, cannot go far astray in his efforts to minister to the suffering.

You will proceed with this case as you have been taught in the clinic. The history is taken, the diagnosis made and then the means necessary to restore the invalid to health, considered. It may be a fracture, where you will be called upon to employ mechanical means only; it may be a poisoning requiring in addition to mechanically emptying the stomach your aid as a chemist and toxicologist in administering the proper antidote; it may be disease brought on and perpetuated by violating the laws of health where in addition to selecting the proper remedy you will make use of your knowledge of hygiene, enforcing the laws of physiology and so regulating your patients mode of life as to eliminate the evident cause of disease; it may be a confinement, where all the physician has to do is watch and wait, while the noblest function of the body progresses to a completion without his interference. Having an exalted idea of your duty, you feel that if hemorrhage or other accident occur during this labor and you are not ready and prompt to meet it with the proper means and calamity befall your patient through your ignorance and incompetency, you and you alone will be responsible and if you are not held to account by your fellow men, you will carry a guilty conscience to the your grave. The true student realizes all this during his years of preparation and will be ready and prompt to act in cases of emergency. True he may make some mistakes, but who does not? It is not a sin to make a mistake, but it is a crime to repeat it. Following your first case others will come.

Your early cases will be mostly among the poor and your kind

and considerate attention to them, your deep interest in their well doing, your cheering presence in the sick room will all be noted and gradually you will gain the clientage of those better able to remunerate you for your services.

You will find great trouble in collecting your bills and this will be in proportion to your youth. This is not right, for the young physician just starting out is in straightened circumstances and has need of his fees. While you have not entered the profession from selfish motives, there is no reason why you should not have that which is justly your due. The laborer is worthy of his hire and the nearer you bring true business rules into your habits of bookkeeping and collecting, the better will you prosper in every way. If you place no value upon your work, the public will do the same. It will be right however, in doing this to make the burden of the poor no greater than your own.

It is during your early years of practice that you will frequently be humiliated by a lack of implicit confidence in your skill. Often after conducting a case through all difficulties and danger, the relatives and friends will become alarmed and dismiss you. You feel and know that this is unjust and that another will receive the credit rightfully belonging to you. You can only make the best of it. The patient and friends have a perfect right to make a change of physicians and it will not have an injurious effect on your professional standing.

While you will have these annoyances, you will also experience the greatest pleasure of the true physician. When, with a patient whose condition is such as to almost deny a shadow of hope for recovery, by carefully selected remedies and a masterly directing of his surroundings you gently lead him back from the valley of the shadow of death to health, then as you consider how by your skill you have conquered the destructive forces of nature, you will experience the ecstasy of delight. There is no greater, keener pleasure. No source of intense satisfaction can equal that which follows a successful fight with disease in almost hopeless cases.

Perhaps you will turn your talents to surgery and then you will appreciate the anxiety of those, whose many and successful operations you have witnessed, whose skill you have admired and whose work you wish to emulate. Your first operation is at hand and weighed down with the responsibility you assume, you are wearied before you begin the work. You know that difficul-

ties may arise and must be overcome. As they become apparent and are one by one disposed of, you are in a state of nervous tension such as you have never experienced before. The operation completed your patient is placed in bed and properly cared for. You exhausted turn wearily homeward reviewing mentally each step of the work. You perceive how at this point and at that you could have done better. This severe criticism of your own work almost discourages and you feel that if death follows, it is in part due to your own inexperience. The day wears on. You have made several calls on that patient who is not out of your mind a moment. You cannot care for others so persistently is he before you. You retire for the rest so greatly needed but you cannot sleep and if finally you do, your dream calls you to his side. As you still reflect upon the case a step is heard on the walk and instinctively you feel it is a messenger to call you to your patient. But no, it is only some one living further up the street. You note the time. Midnight and no sleep nor will it come. Another step is heard and this time you know it is from him. It passes by as did the first. Again you try to sleep yet straining every nerve to hear that which you fear will come. You can stand the strain no longer but rise, dress and hasten to the bedside. You find your patient sleeping quietly and all seems well. Returning home you catch a little sleep. The second day is but a repetition of the first. Thus it goes on day and night until all danger is past. Then comes the pleasure and the more hazardous the work, the greater the worry and care, the keener the satisfaction. Money cannot repay you. Money could not tempt you to go through the same experience a second time, but the great pleasure of succeeding will force you to repeat the experiment again and again. Those who work in surgery for money only, have neither this suffering nor this great pleasure.

There is one other service you will be called upon to render your patrons and while not in the line of therapeutics, it will greatly aid your efforts in that direction. As your stay in a community lengthens, you will find yourself making warm and trusting friends. In many families you will be looked upon as one of their number. In these an intimate relation and confidence will spring up, growing closer and dearer year by year. Your advice will be sought by old and tried friends in matters sacred to each. Family sorrows will be poured in your ears. Family se-

crets unfolded to you. Thus your association with the skeleton will not end with the termination of college life, for your investigations into the cause of various troubles, will unveil in nearly every home its skeleton. This suffering lady will not respond to your most carefully selected remedies and you will be at a loss to account for it, till the fact of her husband being addicted to gaming, makes the cause apparent. The nervous and anæmic condition of a daughter will not yield to your prescriptions and on most careful investigation of her habits, you find her grieving for the companionship of her favorite brother, banished from home. In this way more than one chronic case will clear up and convalesce under your kind unraveling of family misunderstandings that had long resisted the efforts of other physicians, who lacked in the appreciation of this noble work.

In dealing with the public you will be called to care for the educated and the ignorant, the rich and the poor, the sinner and the saint, the spendthrift and the miser, the wild youth and the demure spinster, the brazen prostitute and the timid maiden, those holding to every political faith and every religious creed. It is needless to tell you that it will demand great tact on your part to handle them all so as to secure that confidence which every patient should give his physician. There are a few simple rules, the observance of which, will aid you greatly in accomplishing that result.

While it is not obligatory that you accept every case seeking your attention, it is well to remember that a large proportion of every community is unable to pay for medical services. Dr. Rowsey often remarked that as the average life of the physician in active practice was about thirty years, he should devote a fair proportion of the first fifteen to the poor and during that time should turn no one from his door if it was in his power to give the case the proper attention. From so doing a double benefit results, help for the poor and experience to the young physician. When you assume the care of a case it is your positive duty to extend every attention to that patient and exert yourself in every way to hasten his recovery. It matters not whether he be penniless or wealthy, low or high, your obligation is the same.

Maintain at all times and under every circumstance connected with your profession the dignity consistent therewith, by not retailing gossip or permitting others to repeat the latest scandle to you, by not entertaining your patients and acquaintances with

an account of the enormous business you are doing or the number of calls you have made that day. They will meet your smile with a smile, possibly congratulate you on your success, but behind your back characterize you as a professional braggart. Never speak to one patient about the ailments and troubles of another. Many people are very sensitive about their ills and if you impart such information to one, while he may be interested and listen politely, he will think "my own case will be commented on at his next visit and I will secure the services of a physician who can hold his tongue." Carrol Dunham once observed that a physician should have three eustachean tubes. A first to admit air to the middle ear that he might hear, a second to convey all valuable information to the brain to be stored away for future use, a third leading to a pit of forgetfulness and oblivion where all that is told him in a professional way should be forever buried.

Never intrude religious or political arguments into the sick room or into the patients home. They are subjects upon which people generally feel deeply, and while you may entertain directly opposite views, you are employed by them and it is your duty to respect their opinions and so far as lays in your power to furnish such information as will enable them to perform their full duty as they interpret it.

You will be careful to avoid misunderstandings with your patients in relation to fees for special work. A physician constantly having such misunderstandings is more to be blamed than the patients and is continually making enemies. If you make a bad bargain keep to your word. Hold every promise sacred, for you can have no standing in any community if you do otherwise.

Never solicit patients or offer professional advice as a favor. If your services are worth anything, they are certainly worth the asking. Volunteered medical aid is never appreciated and when you permit the public to think, a favor is conferred on you when they seek your assistance, your usefulness is at an end. Never make promises of what you will accomplish as an inducement to employ you, for you will excite such great expectations as no living physician can fulfill, and when you fail, as you surely will, you will be dubbed a quack.

When a man comes to you, telling the great amount he has paid and the numerous favors he has rendered Dr. B., and has

just learned what a mean man and ignoramus he is, you will know that he has never settled with the doctor and is resorting to this trick to secure your ready response to his calls. If you cater to him, he will be your friend by securing other patrons of the same stamp, but on the first provocation, presenting your bill will be the only act that will provoke him, he will serve you as he has Dr. B. Every community has a per cent of such people.

Physicians are proverbially poor business men. This results partly from a lack of business training and partly from the fear of losing patronage if he insists upon collecting his bills promptly. The public is fully aware of these facts and will impose on every physician who permits it.

In addition to the relation you sustain to the public your obligations to the profession and brother practitioners are to be noticed. You owe to the profession to which you belong more than merely rendering faithful service to your immediate patrons. Whatever you may discover that is beneficial and is not known to the general profession should be added to the common stock of knowledge for the benefit of all. It is not the proper spirit and the true physician will not keep to himself, that which he finds to be of great value in the treatment of any illness.

Never speak unkindly of a rival. If you cannot speak well of him, say nothing. In consultations avoid taking any advantage of him who calls you, but it is not incumbent on you to shield him to the detriment of the patient or if you will be obliged to stultify yourself in so doing. The first would be unjust to the patient, the second would make you untrue to yourself. To regulate the physicians conduct in professional intercourse, our bretheren of the older school framed and adopted the so called "Code of Ethics." When this document was endorsed it was not intended to apply to any physician outside of their circle. That their own members were very far from being fair and honest in their personal treatment of each other, the promulgating of this code attests. It is pleasing to know, that in a spirit of justice much of the old code has been abrogated. In the year eighteen hundred and seventy two, a new code was given the graduates of a New York college. It is very short and easily learned. It will cover every relation in which you may be placed and is equally adapted to govern intercourse with physicians as well as patients. Learn it well and when tempted, if ever you

are, repeat it before you act. "As ye would that men should do to you do you even so to them."

Upon superficial observation it often appears as if those who utterly disregard the feelings and violate the rights of others, thrive the best, but upon looking further into the position such an offender occupies, it is learned that he is tolerated only for his supposed skill, and when that too is found to be as little as the other good qualities in the man, his course is run.

One consideration more and I have done. Although considered last, it is of the greatest moment. The duty of the physician to himself. It may be expressed completely in these words: "Physician to thine own self be true." Although serving the public, be true to yourself in not being its slave. In claiming all the rights of citizenship and of an individual, be true to yourself, for they are yours by birth and you forfeit them not in being a good samaritan. The mental worker needs recreation, the man of cares and responsibilities must have some social pleasures, the one subjected to constant annoyances and mental strain pines for the quiet hour at his own fireside with his good wife and happy children. Physician be true to yourself and secure all these. The labor of man should be proportioned to his endurance and powers of reaction, therefore be true to yourself, that love of gain lead you not to destruction from over work. God has endowed every man with a divine attribute, his power of reasoning and it is that which stamps the individual in every human being. Let the physician be true to himself, that he loses not this ego, but regulates his life in accord with his own conscience and belief, religiously, politically and socially, and while his personal ideas should not be thrust upon the sick and suffering, he should when occasion demands, state his views in terms so plain that there can be no misunderstanding them.

When temptations come, be true to yourself. There is no vocation of trust, responsibility and intimate relations without its accompanying temptations. As the physicians calling is made up entirely of the former, it must have its full measure of the latter. The facilities for deceiving his patrons, who are easy victims because of their ignorance of medicine and confidence in their physician, the opportunities of dealing unkindly and taking unfair advantage of members of the profession to their seeming detriment and his gain, are such as to be almost irresistible to one whose sole object is the accumulation of money. The greed

of such a one will protect him from sins against himself, which so frequently lead to ruin his generous, brilliant and warmhearted competitor. When loss of sleep, irregular meals and anxiety have wearied one and unexpected work is asked of the already exhausted body, it is the philanthropic man who becomes untrue to himself and stimulates the body that he may be enabled to respond to the necessities of others. Well can the public read character, for when they ask this noble man to do that which he cannot without the sacrifice of self respect, the appeal is not to his avarice but to his sympathy, not to his greed but to his generosity, and often times it is hard indeed for him to be true to himself. If you would be just to all men, first, "To thine own self be true; and it must follow, as the night the day. Thou canst not then be false to any man."

That you may all be such, that the great pleasures of the true physician may be yours in abundance, that you may be honored for your personal integrity and your additions to the store of medical knowledge, that as the years roll on health, wealth and true friends may be yours, and when old age is attained that you may look back with the consciousness that many men and women have been the happier for your having lived, is our sincere wish as we bid you adieu.

Whenever a man settles all things by his eyes, and fingers, pseudo-science and theories, he reasons from lasts to firsts; in other words from himself, and is insane.

You can never look from the toxic, to see what is in harmony with the dynamic, but may look from the dynamic to see what is in harmony with the toxic.

Toxicology shows you the ability, or extent of the effects of a drug.

All human beings have like possibilities of degradation; so we cannot look down upon any member of the human race. We sometimes find in the lowest, characteristics that are the noblest.

Does any one know what Chemical Affinity is, except, that certain substances, seem to take a liking to each other?

Susceptibility exists in the Vital Force, and not in the tissues.

Materia Medica.**A REPERTORY OF DREAMS.**

E. H. WILSEY, M. D., PARKERSBURG, WEST VIRGINIA.

Absurd, Chin., Cina, Thuya.**Abyss**, precipitous, Anac.**Accidents**, Amm. m., Ant. c., Anac., Arn., Ars., Bell., Cham., Chin., Cic., Con., **Cimicif.**, **Graph.**, Ign., Inc., Iodof., Jab., Kali c., Kreos., Led., Lyco., Mag. c., **Nux.**, Phos., **Puls.**, Sarsa., Sul., **Sul. ac.**, Thuya.**Acquaintances**, each of which complained of a different indisposition, Ferr. i.

—— of distant, Flour. ac., (death of, Kali. n.)

—— of friendly conduct of, Rumex.

Adventures of the day, Bry., Cic., Rhus t.

—— of break-neck, Senecio.

Affectionate, with reminiscences of his youthful love, (Cocc. c.)**Alarming** even after waking, Calc., Chin., **Phos. ac.**, Psor.**Amputating** a man's arm, Atroph.**Angry** of being made, Rumex.**Animals**, Amm. c., **Amm. m.**, **Arn.**, Bell., Bov., Hyos., **Merc.**, **Nux.**, **Phos.**, Ran. s., **Sil.**, **Sul. ac.**—— which bite, Merc., **Phos.**, Puls.—— black, **Puls.**, Daphne.

—— of black cats seizing him by the hand, Daphne.

—— of encounters with wild, Lyco.

Annoying, Absinth., Mang., Nat. c., Nat. m., Kalmia, Petrol., Sep., Sil., Sul.

—— dream the whole night, which also after waking is continued in his second sleep, Nit. ac.

Anxious, **Acon.**, **Ars.**, **Anac.**, **Arg. n.**, **Arn.**, **Aur.**, Agar., Amyl., Alumina., Agn. c., Ant. t., **Amm. m.**, **Bap.**, **Bry.**, **Bell.**, Bar. c., Bov., **Cham.**, **Can. i.**, **Can. s.**, **Carb. v.**, **Camph.**, **Canth.**, **Caust.**, **Coccul.**, Con., Coloc., Cist., Calc., Calc. ph., Carbol. a., Carbo. an., Chin., Clem., Coca., Dig., Diosc., Dros., **Gamb.**, **Graph.**, Gambog., Gua.; **Hepar.**, **Hell.**, **Hyos.**, **Iod.**, **Kreos.**, Kali. br., Kali. c., Kali. n., **Lyc.**, **Led.**, **Lyc. Laur.**, **Mag. c.**, **Mag. m.**, **Merc.**, **Merc. i. r.**, **Mag. c.**, **Mag. c.**, Mang., Mez., Mar. v., Mur. a., **Nat. m.**, **Nux.**, **Nat. c.**, **Nat. s.**, Nit. ac., Op., **Petr.**, **Phos.**, **Plb.**, **Puls.**, Petr., Plat., **Rhus.**, **Ran. s.**, **Raph.**, **Rhod.**, Ran. b., Rheum., **Spong.**, **Sil.**, **Sul.**, **Saba.**, **Sars.**, **Stram.**, **Sep.**, **Sul. ac.**, Selen., Spig., Stann., Staph., **Thuya.**, **Tarax.**, **Ver. a.**, Verb., **Zinc.**

- Anxious** very, in his first sleep, Nat. c., Nat. m., Nit. ac.
 ——— if he lies on his left side, Lyc., Phos., Puls., Sep., Thuya.
 ——— after midnight every night, Sul.
 ——— at night as if he would die, Nit. ac.
 ——— confused without end, Euphorb.
 ——— as if fire fell down from **heaven, Sul.**
 ——— at 8 a. m., Amm. c., (all night Hepar).
 ——— before menstruation, Conn.
 ——— dreams which drive him from his bed, Sep.
 ——— — as if her child was being beaten, Nitr.
 ——— — and at same time annoying, Nat. m.
 ——— as if something important were left undone, Hyper.
 ——— with heaviness on chest, like a nightmare, Mag. m.
 ——— as if he could not find his way in his own house, Mag. c.
 ——— as if his father was about to beat him, Kali. c.
 ——— confused dream, immediately after falling asleep, from which he awakes after an hour with inflated stomach and dry tongue, Nat. c.
 ——— dream with sweat on back on awaking, Hepar.
 ——— — of threatening forms passing by her, some of which threaten to lie on her, Kali. c.
 ——— — toward morning, Zinc.
 ——— — at night so that when she awakens, pulses are all throbbing, Nit. ac.
 ——— — at a row he hides from danger, Lyc.
 ——— — calls for help, **Kali. c.**, (vivid Bism.)
 ——— — several in one night, Calc. c.
- Anxiety** on waking, Phos., Chin., Graph., Sil., Phos. ac., Sul
- Apprehensive**, Phos.
- Arrested**, as if he would be, Clem.
- Ascending** a height, Brom.
- Astray**, of going, Nat. c.
- Awakened** after 3 hours sleep, tormented with heavy anxious dreams, Phos., Lyco.
- Awake**, dreams much while half awake, Aur., Calc.
- Bad** dreams, Agar, Carb. s.
- Ball**, of playing base ball, Atroph.
- Banqueting**, vivid dreams about, Phos. ac.
- Bat**, that a bat was flying in the room, Ham.
- Battle**, of which he took part, Bry., Ferr.
 ——— Aes. h., Bry., Ceba., Ferr., Guaic., Plat., Ran. b., Stann., Thuy., Verb.
- Beaten**, anxious dreams as if she was being beaten so that she prespired all over, she remained anxious all day, Nat. m.
- Beetle**, that he held a large beetle between his thumb and index finger and it tried to bite him. Coca.
- Before**, seems to dream before getting to sleep, Cinnabar.
- Bird**, singing which awakened him and caused him to listen, Comoc.
- Bitten**, by a dog, Calc. c., Sul., Merc.
 ——— by a forocious black horse, Phos.

- Biting** animals, she cried out and awoke in anxiety, Phos.
Black, dreams that black cats are biting him, Daphne.
 ——— forms, Arn., Ars., Puls., Nat. ars.
Bloodshed and war, Plat.
Bleeding which is true, Sec., (orgasm of blood, Calc. c.)
Boasting recklessly, Asclep. t.
Boat, dreams of ferry boat sinking in the river, Alumina.
 ——— of a dangerous sail in a small boat, Nat. m.
Boil, of having boils, Prunus. sp.
Bottle, that a horrible figure at her bedside presented a bottle to her, Merc. c.
Bound down with a chain across mouth, Bapt.
 ——— with ropes, Coca.
Breath, anxious dreams taking away her breath, Graph.
Brook, that her daughter had fallen into the, Iod.
Bugs, Oxytropia., (that his head was attacked by large, Myrica).
Burned, of being, Xan.
Burning, anxious dreams of fire and of burning up, Mag. c.
Business, of, Apis., Anac., Bell., **Curare**, **Chel.**, Cic., Croc., Cinnab.,
 Canth., Elaps., Gels., Kali. c., Lyc., **Lach.**, Merc., Nux.,
Rhus., **Sil.**, Sars., Staph.
 ——— of the day, Lyc., Sars., Stann., **Bry.**, Merc., Arg. m., Nux., Puls.,
 Rhus., Kali. c., Lyc.
 ——— which he could not finish, **Phos.**
 ——— is neglected, Sil., Stann., (**Busy** dreams, Carb. a., Cina., Hyper).
Buried, of being, Alumina, (alive, Agn., Chelid. Arn.)
Cadaverous smells, of, Calc. c.
Called, he has been, Merc.
Calling out, Kali. c., Thuya.
Care, full of care, **Ars.**, Apis., Arg. m., Mur. ac., Nux., Phos.
Cats, Arn., (black Daphne), Ars., Graph., Hyos., Lac. c. Puls.
 ——— horrid dreams, that she is surrounded by cats and other animals,
 Carb. s.
 ——— of large black dogs and cats on going to sleep, Arn.
 ——— anxious dreams of furious cats springing at him soon after falling to
 sleep, Hyos.
Carriage, that she was thrown from a carriage, Nat. s.
Cellar, of being confined in a cellar and could not escape, the walls of which
 had fallen in, Bov.
Changing places often, Led., Lyc.
Chased, he was being, Phos. ac., Xan, Sil., **Sep.**
 ——— by big dogs, Sil., Ver. a.
Chest, as if someone was lying across chest and abdomen so he was in
 danger of suffocation, Kali. b.
Cheerful, first then horrible dreams, Nit. ac.
Chilliness, many dreams and chilliness in sleep, Nat. c.
Choked, of being, Phos., Zinc.
Churches, Lyss., Asclep. t., Cocc. c.
Clairvoyant, Acon., Phos., Phos. ac.
Climbing, mountain, Hyper, Mur. a.

- Closet**, that he is on closet and thus nearly soils the bed, Psor.
- Coffins**, Brom., Merc. i. fl.
- Comical**, Iber. Mygale., (**Glon.**, of heads) (**Sul.**, with loud laughter continued after waking).
- Complicated**, but containing its own explanation as if it had happened the night before, Asclep. t.
- Confused**, Alumina, Arn., Brachy., Bary. c., **Bry.**, **Acon.**, **Can. s.**, Caust., **Calc.**, Cedron., **Chel.**, **Cic.**, **Chin.**, **Croc.**, **Coff.**, Cina., Clem., **Dulc.**, Eugen., **Ferr.**, Graph., **Glon.**, **Hell.**, **Ign.**, **Kali.** br., **Lyc.**, Lach., Mag. c., **Nat. c.**, **Nat. m.**, **Nux.**, Phos., Petrol., **Puls.**, **Stann.**, **Sep.**, **Sul.**, Sil., Staph., **Valer.**, (**Lyss.**, disturbing sleep).
- — fearfully has to get up and walk about the room, **Dulc.**
 - — after midnight, (**Sep** , restless sleep) **Chin.**
 - — frightful dreams with restless sleep, **Lyc.**
 - — in which he was very anxious, **Bry.**
 - — and at times anxious dreams, emission then sleep of exhaustion, **Cann. s.**
 - — every night which were remembered after waking, **Cann. s.**
 - — and frightful dreams of what had been spoken or done during the day, **Croc.**
 - — dream while sitting at desk at work in the forenoon, **Bism.**
 - — and vivid all night, of ever varying subjects, **Mang.**
 - — always of same objects, **Colch.**
- Confusedly** dreams even in his noonday nap, **Plat.**
- Constantly** dreaming all night, **Apis**, **Agn. c.**, **Jatrop.**, **Lil. t.**, **Phos.**, **Plat.**, **Zinc.**
- Continuous** dream every night, for a week, **Pallad.**
- — of a thunderstorm, **Ars.**
 - — dream all night, **Petrol.**,—of one thing, **Hyper.**
- Continues** to dream about what had occurred last in the evening, **Phos. ac.**
- Continuation** of former ideas, **Ant. t.**, **Asaf.**, **Ign.**, **Puls.**, **Rhus.**
- — of former dreams upon going to sleep again, **Ars.**
- Contention** dreams full of, **Melil.**
- Convulsions**, awoke with fright from dreaming of, **Calc. s.**
- Cooking**, **Canth.**
- Country**, **Asclep. t.**
- Corpse**, that she saw a corpse, at which she awoke in fright when it seemed as though a dead acquaintance stood before her, which made her scream, **Nat. c.**
- Corpses** and dead people, **Ars.**, **Amm. c.**, **Anac.**, **Aur. m.**, **Calc.**, **Chel.**, **Chin. bol.**, **Crotal.**, **Elaps.**, **Graph.**, **Kali. c.**, **Laur.**, **Mag. c.**, **Phos.**, **Plat.**, **Sul.**, **Verb.**
- — when sleeping on back, **Arn.**,—on left side, **Thuya.**
 - — dreams he smells, **Calc. c.**
- Crowds** of people, **Equiset.**
- Crowding** one upon another with restless sleep, **Sil.**
- Crimes** which he commits, **Nit. ac.**, **Rumex.**
- Cruel** dreams, **Nux.**, **Selen.**, **Sil.**, **Nat. m.**

Cruelty without anger, Sil. Stann.

Curious in epilepsy, **Lach.**

Crush him, anxious dream as if something would, **Sul.**

Crying violently in his dreams, Kali. c.

Dancing, **Mag. c.**, **Mag. m.**, **Gambog.**,—old man, **Zinc.**

Danger, **Anac.**, **Ars.**, **Amm. c.**, **Ars. met.**, **Aloe.**, **Cann. i.**, **Chin.**, **Con.**, **Calc. ph.**, **Graph.**, **Hepar.**, **Iod.**, **Kali. c.**, **Kali. bi.**, **Kali. iod.**, **Lach.**, **Lyc.**, **Mang.**, **Mag. c.**, **Nitr.**, **Nat. c.**, **Nux.**, **Phos.**, **Puls.**, **Psor.**, **Ran. b.**, **Rumex.**, **Sul.**, **Sul. ac.**, **Thuya.**

—— that he is in danger of drowning, **Ars. met.**,—of water, **Graph.**

—— that he was in danger, but he could not cry out for his hoarseness, **Aloe.**

—— of flying from, **Hepar.**

—— of impending, **Calc. fl.**—from water, **Kali. n.**

—— sound sleep with anxious dreams of danger to his life, **Mang.**

—— of danger from a flood, **Nat. c.**, **Rumex.**

—— frightening anxious dreams of mortal danger and about the dead, **Sul.**

—— dreams of danger from fire which awaken him, **Bell.**, **Chin.**

Dangerous, he awakens after each dream, and dreams something else upon going to sleep, **Ars.**

Daytime, periodical dreamy attacks in the, **Cann. i.**

Darkness, **Ars.**—dreams the whole night he was in, **Aur.**

Daughter going down in great expanse of water, **Nat. s.**

Dead people, **Alumina**, **Anac.**, **Amm. c.**, **Aur.**, **Arn.**, **Ars.**, **Aur. m.**, **Bar. c.**, **Brom.**, **Bry.**, **Calc. Calc. fl.**, **Callad.**, **Cocc. c.**, **Cann. i.**, **Chelid.**, **Con.**, **Crotal.**, **Codeinum.**, **Dirca. pul.**, **Elaps.**, **Graph.**, **Iod.**, **Kali. c.**, **Laur.**, **Lyc.**, **Mag. c.**, **Mag. m.**, **Mur. ac.**, **Nat. c.**, **Nit. ac.**, **Phos.**, **Phos. ac.**, **Plat.**, **Ran. b.**, **Ran. s.**, **Rheum**, **Sars.**, **Sinapis**, **Spong.**, **Sul.**, **Sul. ac.**, **Thuya.**, **Verb.**, **Zinc.**

—— people when sleeping on the left side, **Thuya.**

—— of relatives long dead, **Sars.**

—— men and corpses, with violent weeping while sleeping, **Calc.**

—— that he was dead and ordered the rapid removal of the corpse from the house, **Flour. ac.**

—— people as if they were alive and he quarrels with them, **Kali. c.**

—— relatives, **Rheum.**

Death, **Alumina**, **Amm. c.**, **Aur. m.**, **Brom.**, **Calc.**, **Coccul.**, **Chin. bol.**, **Plant.**, **Peonia**, **Sul.**

—— of a brother, **Plant.**

—— of friends, **Coff. t.**, **Ratan**

—— of his daughter and great weeping, **Calc. fl.**

—— of her distant sister, dreams about the death, **Plat.**

—— of relatives, **Peonia.**, **Calc. fl.**, **Grat.**, **Plant.**

—— painful dreams of, **Raph.**

—— dreams of dying when sleeping on the left side, **Thuya.**

—— dreams he is dying, friends around the bed taking last leave, awakens six or seven times, **Arn.**

—— that his approaching death is announced to him, **Kali. c.**, **Kali. chl.**

Descending a steep place but awakened when feet touched cold floor, Brom.

Deer, vivid dream of a, Canth.

Defamatory dreams Mosch.

Deformed as if his body was, Sep.

Defecated, toward morning that he had defecated in his breeches, Aloe.

Deliberation, with, Ign.

Delicious dreams, Opium.

Delightful dreams, various, Cann. i., Nux. v.

Devils, dreams of, Kali. c., Lac. can., Nat. c., Nicc.

Disagreeable, Ab. es., **Cann.** s., Caust., Euphorb., **Ferr.**, Graph., Kali. b., Lyss., Mag. c., Mag. m., Nit. ac., Nat. m., **Op.**, Puls., Rheum, Rumex, Senecio.

—— when she falls asleep night or day, Lyss.

—— and frightful dreams, he is disappointed in everything and filled with anxiety, Cann. s.

—— in part and in part pleasant, Agar.

—— in metritis, Lac. can.

—— after midnight, **Gels.**

—— with restlessness at night disturbing sleep, Apis, Agari., **Bell.**, **Cornus.**, Dig., **Nat.** s., **Petrol.**, Sep.

—— and a half waking at night, Nit. ac., Lil. t., Merc.

Difficulties, **Amm.** m., Anac., Ant. t., **Ars.**, **Cann.** s., Caps., Croc., Graph., Mag. c., Mag. m., Mur. ac., **Phos.**, Plat., Rhus.

Disappointing dreams, Ustil.

Disconnected, Agari.

Diseases, **Amm.** m., Anac., Asar., Bor., **Calc.** c., Cocc. c., Dros., Hepar., **Kali.** c., **Kreos.**, **Nux.**, Phos. Sumbul., Sep., Squilla, Zinc.

—— of wretched diseases, Con.

Diseased parts of the body, Kali. c.

Disgusting, Chrom. ac., Inula., **Kreos.**, Nux., Puls.

—— of dirty clothes, **Kreos.**

—— of being smeared with human excrement, Zinc.

—— of vulgar scenes, Chin. hol.

Disquieting, dreams, Phos. ac., Graph., Nat. c.

(CONTINUED.)

The Simple Substance is the substance of substances, and all things are from it. It is really first, in which rests all power.

Weight cannot be predicated of the Simple Substance, neither time, nor space.

No power known to man exists in the concrete substance, but all power exists in the Primitive Substance.

The Primitive Substance, or Radiant form of matter, as certain scientists term it, is just as much matter as matter in its aggregate form.

The real and general holding together of the things in this world is by Simple Substance.

Medicine.

THE NEGATIONIST AS RELATED TO MEDICINE.

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The propagandist of truth has usually a hard time of it in this sin-cursed world of ours. History records but few cases where the apostle of any great scientific, moral or spiritual truth has not suffered indignities, injustice, and even death, at the hands of the Negationist.

Socrates, because he taught the self evident fact that a Supreme Individual God existed, was forced to drink the lethal cup of hemlock infusion.

Jesus Christ was crucified by blind and devilish Negationists, notwithstanding the fact that he had lived a life of spotless purity, and had substantiated his claims to divinity by miracles that even his enemies were compelled to acknowledge to be such; but in them was the spirit of negation so fixed and deeply rooted, that rather than honestly confess the truth, they committed the sin against the Holy Ghost, and ascribed the power of his miracles to Beelzebub, the prince of devils!

Galileo was faced with the alternative of death, or the recantation upon his knees of the simple scientific truth that the sun is the center of the solar system.

Christopher Columbus was the butt of ridicule in the courts of Europe when he contended for so axiomatic a proposition as the globularity of the earth. And to the eternal shame of the race, his reward for the discovery of America was vile injustice, imprisonment, poverty, and a death of shame and neglect.

And so I might mention Harvey, the discoverer of the circulation of the blood, and many others who gave their time and lives to the advancement of truth, of whom the world is not worthy; who suffered the same unappreciation and cruelty from those so hard of heart and slow to believe.

At last there stepped into the arena a man of incomparable genius; one who had the courage of his convictions. Who for the conception of the truth that God had given him, counted the rank, honors and emoluments of a royal court as nothing, rather than prove in the least degree recreant to the "heavenly vision"

which had been given him of the only law of cure, *similia similibus curanter*. He was made of sterner stuff than Galileo, or he too would have crouched before Ignorance and Negation, and the medical world today would have been wallowing in the same old quagmire of superstition and unbelief. For I dare to assert that whatever advancement the dominant school has made in the past century toward scientific therapeutics is due entirely to the influence of Homœopathy.

Without further preliminaries, I will proceed to classify the Negationist, and treat him in detail from the homœopathic standpoint. It is hardly necessary for me to add that the honest inquirer who refuses to believe without proof, does not come within the scope of this paper. "Prove all things and hold fast to that which is good" is the divine injunction.

I. The first in the series is the *Lay Negationist*. This is the only honest and at all corrigible class with which we have to deal. And but for the Medical Negationists, whom we shall consider further on, the laity would long ago have been converted to Homœopathy. The Lay Negationist usually is an honest seeker after cure. He knows but little about "pathy" and the blind prejudice and hatred of the Medical Negationist. He comes into your office with a quizzical look of unbelief in his eye, and perhaps will tell you frankly that he does not believe in "sugar pills" at all; but he has been the round of physicians of other schools and patent medicines without relief. He has come to you now without a particle of faith in Homœopathy, as a *dernier ressort*. If you be a worthy exponent of our school and cure the case, our Lay Negationist immediately becomes an enthusiastic Affirmationist of the power of Homœopathy on earth to heal the sick. So the Lay Negationist is not responsible for the fact that Homœopathy has not yet accomplished the work, nor the need of honor and recognition to which it is entitled in the scientific world.

II. The second class I will denominate the *Allopathic Negationist*. Under this caption we will classify all medical practitioners other than homœopaths. I am aware that this is a very arbitrary classification, and is hardly fair to our eclectic friends; I do so as a matter of convenience, and am only sorry to be obliged to rank them among the Negationists at all.

Bitter and to the death has been the fight of this class against the tenets and propagandism of Homœopathy. Never has a

point or concession been gained from them by the friends of Homœopathy but as the result of fierce and determined warfare. Never have they honestly investigated the claims of our school, but have written tomes on tomes of contumely and ridicule of the only law of cure. And what is still worse and utterly detestable, when we have forced a therapeutic point upon them, they calmly ignore us and the law, and with the assurance and placidity of the devil appropriate our thunder!

On they go through the long weary years, chasing more determinedly after specific medication, stubbornly shutting their eyes and refusing to see that God has given us an all sufficient law of cure. Will they never learn that the only specific possible in the treatment of disease is the remedy indicated by the totality of symptoms in every case, irrespective of diagnosis or pathology?

Picture of meanness and stupidity though the above be, still we may throw about the majority of them the mantle of charity; for, like Saul of Tarsus, they do it ignorantly. But suppose these Allopathic Negationist had each been taught and led up to the point where they saw clearly, or professed to see, that the tenets of Homœopathy were founded in truth, and then went about practicing anything and everything that was unhomœopathic and unscientific, letting hundreds and thousands die that should have been cured—what shall be said of these? This question leads us naturally to the consideration of class.

III. *The Homœopathic Negationist.* This is the man just described. The diploma he carries from his alma mater and hangs upon his office wall, is presumptive evidence that he has been thoroughly drilled in, and has subscribed to the tenets of homœopathy. The very fact of such a diploma hanging so conspicuously before the public pledges him to the practice of that system.

When Paul was stricken down at noonday on his way to Damascus, and received ocular and auricular evidence that Jesus Christ *was* the son of God, what sort of man would he have been if he had afterward spoken slightly and sneeringly of the Heavenly vision, and had gone on in his diabolical work of persecuting the saints? Surely no one could have expressed the contempt that he would have deserved. My Homœopathic Negationist, "Thou art the Man!"

But Paul, standing in chains before King Agrippa, cries out in the exultation of his soul, "I am not disobedient unto the Heavenly

vision, Oh, King Agrippa!" and so became the greatest man of history.

"Oh, but doctor," cries the Homœopathic Negationist, "your comparison is not fair. Any one could believe in and practice Homœopathy if he could have such miraculous proof of its validity as Paul received."

I say to you that if your diploma be not a snare and a delusion, both to yourself and a long suffering public, then you have witnessed many exemplifications of the curative power of the indicated potentiated drug. You have the testimonies of a long line of glorious homœopathic prescribers. You have the law and the prophets, and if you believe not them, neither would you believe though one arose from the dead.

And now we have arrived at the logical position of the Homœopathic Negationist. He actually would not believe though one arose from the dead attesting to the truth of the principles of our school. This assertion is not strained nor far-fetched. A well known homœopath of San Francisco told me that he was called in consultation with a Homœopathic Negationist. Said Negationist had declared that the patient could not live. Our friend did not fully concur in this absolutely unfavorable prognosis, gave the indicated remedy, and the patient recovered. One would have thought that this Negationist would have sang the doxology over this heavenly vision, and would have gladly sat at the feet of this man who knew so much more of our beneficent art than himself. On the contrary he is the bitter enemy of our friend who had saved a life that he had devoted to death! I have read somewhere that the monks of the middle ages spent much time in controversy over the probable size of the soul. Some believed it be colossal, while others contended that thousands could dance at one time upon the point of a cambric needle. The latter must have had experience with men like this Negationist.

Of all phases of human depravity none is so unlovely and incomprehensible as this rejection of light and positive evidence. The solution of the problem is that "men love darkness rather than light, because their deeds are evil." If one of our schools practice methods that are unhomœopathic, he hates the work of the Hahnemannian, because it is a reproach to him. There are certain immutable laws that prevent such an one from apprehending and coming into the light. This is equally true in the scien-

tific, moral or spiritual realm. They have eyes but see not; ears have they but hear not. Wrapped in their cloaks of conceit and self sufficiency, they do not realize the sickness, hence they need no physician. There is no power that can bestow upon them the "giftie" to "see themselves as ithers see them." The prayer of Burns is good poetry, but utterly impracticable, *unless we be honest and earnest seekers after truth.* The Almighty himself cannot invade the realm of human will except at the request of the individual. But the individual under consideration is not a seeker after abstract truth. He will tell you with beautiful glibness that an extensive experience has taught him that paliative doses of morphia, etc., do not in any degree interfere with or modify the action of homoeopathic drugs. Notwithstanding the fact that opium inhibits all the physiological operations of the body to a considerable degree, yet in his hands the indicated remedies (for two or more are always indicated in his cases) go prancing so beautifully and unerringly to and through the morbid anatomy, and treat with such contempt and obliviousness said opium, that the humiliation the latter must be complete.

One of our Homœopathic Negationists in a certain city not many years ago, read the signs of the times—or, at least, the daily papers—and concluded that a choleraic invasion was imminent. Upon the strength of such conclusion he invested his earthly all in carbolic acid. Now whether he did this as a business speculation, simply working up a little corner on said article; or intended it merely as a trifling addition to his stock of homoeopathic drugs, I cannot depone; but his purchase amounted to something more than two thousand pounds! The conception was profundity itself; but

"The best laid plans of mice and men
Aft gang a lie."

That foul fiend, Cholera Asiaticum, hearing of the malodorous reception awaiting him, sheered off and left this tremendous stock upon the hands of our unhappy Negationist. There it still remains, waiting either for a rise in the price of carbolic acid, or a return of that treacherous destroyer—cholera.

And while upon the subject, perhaps some of you read in a recent issue of one of our homœopathic journals, where the author of one article tells of injecting subcutaneously sixty minims of pure carbolic acid into the tissues immediately contiguous to an

immense carbuncle, located upon the nape of the neck. Then with an ingenuousness and *naivete* that is beautiful and childlike, he tells of a slough that amounted to thirty cubic inches! (?) But you are to distinctly understand that this tolerably liberal slough was in no degree attributable to the acid. Furthermore, you are to remember that he did "all that homoeopathy could do," giving *Arsenicum* and *Silicea* alternately. Who could be so unreasonable as to suggest that this patient should thank God for a jackass constitution that pulled him through in spite of the vilest mal-practice?

There are several causes for all this error so prevalent in our school.

I. The first is a neglect to investigate the claims of our school. The proofs of the eternal truth of each and every dogma of homoeopathy are abundant and exoteric in their nature. No unbiased, intelligent person can investigate them without becoming an enthusiastic convert to the homœopathic faith.

II. The mind thus negligent where the interests at stake are so vital, owes it to lack of energy or perversion of the will. With the lazy man we have no controversy. The corn is not shelled and the funeral may as well move on. The one who willfully closes his eyes and positively refuses to make a practical test of the proofs, especially if he be ostensibly a follower of Hahnemann, is an incorrigible sinner. He will assure you with such a show of frankness and honesty as would deceive the very elect, that he cannot conscientiously trust the life of a dangerously sick person to the single potentiated drug. And yet this very conscientious individual can live a life diametrically at variance with his profession, and practice that which is unsuccessful and unscientific.

III. A want of ability or skill to use our knowledge. This I believe to be the most common of the causes of unbelief among Homœopathic Negationists. How came these men in possession of homœopathic diplomas? Tell it not in Gath, and publish it not in the streets of Askelon; but the sad, sad truth is that our colleges are largely—or, shall I say it?—*wholly* responsible for all this miserable work. Did they but teach the truth, the whole truth, and nothing but the truth, and grant diplomas to none but those entitled to them upon these lines, then would homœopathy shine forth as the meridian sun, and her effulgent rays would illumine the darkest corners of the medical world.

It is the old, old story. The fountain being impure, the stream cannot rise higher than its source, and can be nothing but filthy. No man, be he a college professor, or humble and obscure as the hero of "Beside the Bonny Briar Brook," unless he be honest, earnest and philosophic by nature can ever apprehend the truths of homœopathy. Unless he be possessed of a mental breath and grasp that shall inductively and deductively apprehend similia as a scientific fact, then is he in no wise, nor ever can he be entitled to a homœopathic diploma.

IV. And lastly the Homœopathic Negationist lacks that vital element without which no man can enthusiastically and successfully practice homœopathy—faith! As a man thinketh in his heart, so is he. It is not possible to practice homœopathy in its purity unless the practitioner be animated by a deathless faith in the law and tenets of that science. And, as a corollary to the above, any one possessed of this faith will practice accordingly. By their fruits ye shall know them.

These are what I deem to be the principal sources of error among the weaklings of our school. When the writer was younger, more sanguine and optimistic, he believed that homœopathy would soon overcome all opposition and take the world. Now he would not venture to prophesy that that much to be desired event would ever occur. It cannot be until we have cleansed our fountain heads of learning of all filthiness and unbelief. Then shall the Homœopathic Negationist, the one who has the legal form of homœopathy but denies the power thereof, become a thing of the unregretted past. Until that time the same senseless chase after specific medication will go on, millions of human beings will yearly drop into premature graves, and the millenium of medicine will dawn upon a sick and weary world—when?

HOMŒOPATHIC ART.

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PROF. OF MATERIA MEDICA IN DUNHAM MEDICAL COLLEGE.

Science may be defined as classified knowledge, and Art, as applied science. Homœopathy is both a science and an art. The science of homœopathy embraces the principles and laws upon which it is founded, and the philosophy of their relation to the life forces. The application of this science in the healing of the sick, is the healing or homœopathic art.

The Organon of the Healing Art, is an elucidation of the science of homœopathic art. In the *Organon*, Hahnemann give complete instructions how to apply the science of homœopathic in the healing of the sick. To be a true homœopathic artist requires an understanding and appreciation of the science of homœopathy as Hahnemann has explained it, and without this, it is impossible to practice the true homœopathic art, and any practice or proceedings in medicine which is contrary to the principles and teachings of the *Organon* is unhomœopathic, and if practiced under the name of homœopathy, is fraudulent. Hahnemann is the supreme judge of what is, or is not, true homœopathic art, and from his decision there is no appeal.

That his disciples might make no mistake in the practice of the new art, and that the public might not be deceived by pretenders, he makes some broad and plain statements concerning it. In the preface of the 5th edition of the *Organon*, he makes a statement, which 75 per cent of those who append homœopathic physician to their names, disregard daily. He says, homœopathy sheds not a drop of blood, prescribes no emetics or laxatives, it removes no external disease by local applications, it orders no medicated bath nor enemas. The homœopathist dispenses only selfmade simple remedies, whose effects he has accurately and carefully studied, and he avoids all mixtures and needs no *Opium* to sooth pain.

As true practioners of homœopathic art, we are commanded to write down all the symptoms of each case, and to select a remedy whose known effects on the healthy human body, are most similar to those found in the patient. An honest appreciation of the truth of homœopathy, demands a consciencious and persistent effort to discover the indicated remedy.

Hahnemann says in the foot note to Sec. 149: "But this often very laborious search and selection of a homœopathic remedy adapted in every respect to morbid condition in hand, is a business demanding the study of original resources and much careful circumspection as well as serious reflection, notwithstanding the existence of many praiseworthy books, intended to facilitate the burdens of an office, which finds its highest reward alone in the conciousness of having fullfilled a duty. How can this laborious, careful occupation, which alone furnishes the possibility of accomplishing the best cure of diseases be expected to suit the convenience of the members of a new mongrel sect, who

boast of the honorable title of homoeopaths, and who for the sake of appearances make prescriptions in the form and character of homoeopathic medicines, merely snatched up at haphazard and who, if the inaccurately chosen remedy does not bring immediate relief, do not throw the blame upon their own inexcusable indolence and carelessness in transacting the most important and serious affairs of mankind, but saddle the fault upon homoeopathy, accusing it of great imperfections, because it does not supply them with the proper homoeopathic remedy for every morbid condition without any trouble on their part. Who would honor this careless and pernicious class with the title of homoeopathic physicians? asks Hahnemann.

Nothing should be condoned, that Hahnemann condemned. The practice of prescribing mixtures or drugs in alternation, the use of local applications, or opiates as palliatives cannot be too strongly condemned as they are not only unscientific, but Hahnemann says, unhomoeopathic. The writer once accompanied on a professional call, a man who made strong claims of being as good a homœopath as anybody. This being the case, we expected to see a brilliant demonstration of homœopathic art. We were not disappointed. This good homœopath called for three glasses of water, into the first he put three kinds of medicine, into the second, two kinds, and into the third he made a cider colored liquid of *Hammamelis*, and before we could recover our breath of astonishment, he had put a few drops of *Sulphur*^{3x} in each glass. Directions: A tea spoonful from each glass in rotation every half hour.

Behold the simplicity of Homœopathy! How exceedingly simple is the homoeopathic art! What a scientific prescription, for homoeopathy is the only true science of medicine, and this man was a good homoeopath.

What a homoeopathic prodigy! In 15 minutes this wonderful homoeopathic artist had found seven simillimums, while it frequently takes the writer an hour to find one. But is this homœopathic art? Is that the work of a homoeopathic artist, or is it not the crude work of a careless dauber?

In Sec. 169, *Organon*, Hahnemann says that where two remedies are apparently indicated, the choice should be one of the two, and the other should not be given at all, until the one given had completed its action, and another picture of the case taken. He speaks of only two remedies being apparently indicated, and

seems never to have dreamed of any man claiming to be a homœopathic physician finding equally well indicated remedies, and too indolent or too ignorant to search for the single one indicated.

Nowhere in the *Organon* has Hahnemann recommended or even sanctioned alternation as practiced by the majority of those claiming to be homœopathists, but he has taken special pains to denounce it as entirely unhomœopathic.

In Sec. 246 *Organon*, Hahnemann says, a single dose of the well selected homœopathic remedy should be allowed to terminate its action, before the same or a new remedy is repeated. The homœopathic physician considering human welfare to be his highest aim was to administer one most minute dose at a time of a carefully selected remedy in a case of disease, to allow this dose to act upon the patient and terminate its action. I say most minute, since it holds good, and will continue to hold good as an incontrovertible homœopathic rule of cure, that the best dose of a carefully selected medicine will always be the smallest in one of the high potencies for acute as well as chronic disease. A truth which is the invaluable property of pure homœopathy, and which will continue to stand as an imperishable barrier to shield homœopathy from quackery. A careful homœopathic physician would scarcely dare to repeat the dose of the same remedy again and again, since no advantage was ever gained by such a course. How then is our good homœopath who alternates and rotates going to harmonize his practice with this plain statement by Hahnemann? Either he is not a careful physician, or he is not a homœopathic physician. Alternation evidences either one of two things, or both, the physician is too indolent and careless to search for the Homœopathically indicated remedy, or he is ignorant of what it takes to constitute a homœopathic prescription. In either case he is not a true homœopathic artist. Again, is alternation honest? Is it not a specie of hypocrisy and fraud, unintentional perhaps, but a fraud notwithstanding. The physician who claims to practice homœopathy, morally pledges himself to furnish his patients homœopathic treatment, and if through indolence, ignorance or carelessness he substitutes that which the founder of homœopathy denounces as unhomœopathic, he defrauds his patients to that extent.

Hahnemann says, homœopathy prescribes no mixtures, yet the growing demand for combination tablets evidences the fact,

that a large majority of so-called homoeopaths employ and prescribe these unhomoeopathic mixtures, and some have even gone so far as to recommend Pierce's Favorite Prescription to their patients, and pretend to feel grievously offended if the orthodoxy of their homoeopathy is questioned.

Hahnemann again says, homoeopathy employs no medicated baths, yet we find men who would make affidavit to the orthodoxy of their homoeopathy employing the very things Hahnemann says homoeopathy does not employ.

The prevailing use of the caisson, depurator and the cabinet and other allopathic inventions are examples of how far away from the straight and narrow way some of our professional brethren have wandered. The spectacle of a homoeopathic physician boiling a patient in steam impregnated with Beechwood kreasote for incipient tuberculosis, or oil of wintergreen for rheumatism, is to make the old masters of homoeopathy turn in their graves. How scientific! What a brilliant exposition of the homoeopathic art! How convincing to the public that homoeopathy is the only true science of medicine! Why spend precious time and brain power searching for the simillimum, when it is so easy and withal so scientific and so homoeopathic to boil our patients in medicated steam.

Hahnemann says homoeopathy employs no medicated baths, but he was an old fogy and the Latter Day Saints say homoeopathy does employ medicated baths, for they employ them and they are homoeopaths.

Why it is that men claim to be homoeopaths, while they refuse to practice homoeopathy as Hahnemann taught it, and do practice as homoeopathy, the things he denounced as not homoeopathy, they alone can know.

If they do not know better, they are criminally ignorant, for Hahnemann says, when we have to do with an art, whose end is the saving of human life, any neglect on our part to make ourselves thorough masters of it, becomes a crime. If they do know better, how much more reprehensible is their failure to measure up to the standard demanded by a conscientious application of the true homoeopathic art.

A CASE OF RAPIDLY CURED COLICODYNIA— HAHNEMANN.

Mr. L., a compositor, 24 years of age, lean, of a pale earthy complexion, had worked at the printing press a year and a half

before coming to me, and then for the first time felt great pain in the left side which obliged him to keep his bed, and which after several days went away under the use of ordinary medicines. Ever since that, however, he has experienced a dull disagreeable sensation in the left hypochondrium. Some months after when he had overloaded his stomach with sweet-beer soup flavored with caraway, he was attacked with a severe colic, the violence of which he could not express, but at the same time could not say whether it corresponded with the colicodynia which succeeded it.

The attack passed off this time, I don't know how, but he observed that after it, he could not bear certain kinds of food. The mischief increased unobserved, and the colicodynia with its distinctive features took firm root.

The worse kinds of food for him were carrots, all kinds of cabbage, especially white cabbage and sour kraut, and every species of fruit, but pears in particular.

If he were so incautious as to eat any of these things within eight days after the attack which had been brought on by them, the liability was so increased that he could not eat even a morsel of a pear, for example, one or two weeks after without bringing on another severe attack.

The course of a severe attack was as follows: Four hours or four hours and a half after eating such food having previously felt quite well, a certain movement was felt about the umbilical region; then there took place suddenly, always at the same place, a pinching as if by pincers, but attended with the most intolerable pain, which lasted a half or a whole minute, and each time went away with borborygmus extending to the right groin, about the region of the cœcum. When the attack was very bad the pinching came back, and the subsequent borborygmus more and more frequently, until in the worst attacks they were almost constant. There occurred also the sensation of a constriction above and below, so that flatus could pass neither upwards nor downwards. The uneasiness and pains increased from hour to hour, the abdomen swelled and become painful to touch. Along with all this suffering, which resembled a fever, there came an inclination to vomit, with sense of constriction of the chest, the breath was shorter and attended with more difficulty, cold sweat broke out, and there came a sort of stupefaction with total exhaustion. At this period it was impossible for him to swallow a

drop of liquid, much less any solid food. Thus he lay stupefied and unconscious, with swollen face and protruding eyes, and without sleep for many hours; the attack of spasmodic colic gradually subsided by diminution of the pain, then followed some escape of flatus either upwards or downwards, and so the attack went off, sometimes only after sixteen or twenty-four hours after its commencement. The strength only returned after three or four days, and thus he was again like a person in health without any uneasiness except the dull fixed pain before described, and general weakness and sickly appearance. He could not positively say whether this dull pain went off during the severe attacks or not, but he thought it did.

In these circumstances he could not retain his situation at the printing press; he became a compositor. The attacks always recurred after the condition described, and had continued to do so for more than a year when he put himself under my care.

It might easily be supposed that the attacks arose from flatulence; this however was not the case. He could take, without the least inconvenience, a good meal of dry peas, lentils, beans and potatoes, and he was obliged to do so moreover as his position did not allow him the opportunity of getting much else.

Or it might be supposed to arise from some inflammation in the primæ viæ, or from some idiosyncrasy in respect to sweet things. But nothing was further from the case. He could take cakes baked with yeast and sugar and milk as much as he pleased, even to satiety, without the slightest threatening of colic, although the first attack, seemed, as I have said to have been caused by the beer soup.

Or could an injurious acidity have occurred within the four hours for the attack never occurred sooner, after partaking of the above things? This was not, because lemon juice and vinegar were both innocuous. Neither did he ever vomit sour matter, either during the retching that occurred with the attack or when ordered an emetic. None of the absorbent earths or alkalis were of any use to him, whether taken during or after the attack.

A physician had suspected tape-worm, and subjected him to Herrnschwand's treatment, without any result. Neither before or after he had passed anything which had the smallest resemblance to a tape-worm or indeed any kind of a worm at all.

When he came to me the idea of tape-worm had taken so firm

a hold on his mind that I was obliged to order for him all that was peculiar in the methods of Nuffer and of Clossius. He used all the medicine with patience, and pressed me to try every means with this in view. *Tartrate of Antimony, Gamboge, Scammony, Male-fern*, (four ounces daily for four hours together) *Charcoal, Artemesia*, in large quantities, *Colocynth* with oils, *Castor Oil, Tin, Iron, Sabadilla, Sulphur, Petroleum, Camphor, Asa-fœtida*, and laxative salts, nothing was untried; but they were given, as I have said, rather on account of his urgent request than to satisfy my own conviction, for besides the fact that no worms were seen, the two symptoms which I have so often observed to attend worms were absent, viz., the deeply wrinkled countenance and the sensation of a cold stream winding itself towards the back immediately after a meal.

Immediately after the *Sabadilla*, which produced a creeping sensation like ants upon the skin, formication, and a heat in the stomach and over the whole body, I let him try the test of eating a pear. It appeared as if the attack was returned quite mildly, but after I left him medicine for eight days and again tried him with a small piece of pear the colic came on just as bad as ever.

I have forgotten to mention that I had already previously tried all sorts of so-called antispasmodic remedies at the commencement of the paroxysm. Small doses of *Ipecacuanha* taken dry, luke warm foot baths, and larger baths, opium and cajeput oil, without any result, even without any palliative effect. I sought to palliate the symptoms at the time in order that he might continue without molestation to use *Cinchona bark* and to wash with cold water, to get the better of weakness.

As his condition required immediate help, in as much as the colicodynia began to appear even upon the use of the smallest quantity of vegetable, and all I had done at his intreaty had been of no service whatever, I determined to give him a medicine which produced very similar morbid symptoms. The similarity of the gripping pain, anxiety, constriction of the chest, fever, loss of strength etc., produced by *veratrum album* appeared to me calculated to give permanent relief.

I gave him four powders, each containing four grains, and told him to take one powder daily, but to let me know at once if any violent symptoms appeared. This he did not do. He did not return until five days thereafter. His unlimited confidence in my aid had nearly played him an awkward trick. The benefit I

had promised him from the powders, had induced him to take two daily. After the second powder, *without his having eaten anything injurious*, there began an attack which he could not otherwise describe than as his spasmodic colic, or something very much like it. This did not prevent him, however, from taking the third and fourth powder the following day, thus taking sixteen grains in rather less than two days, upon which this *artificial colic*, if I may speak, increased to such a fearful extent, that, to use his own expression, *he wrestled with death, covered with cold sweat and almost suffocating*. He had required the remaining three days to recruit, and had returned for further directions. I reprimanded him for his imprudence, but could not avoid comforting him with prospect of a good issue. The result confirmed it; under the use of a tolerably good diet he regained his strength, and he has not for half a year had even a threatening of an attack, although from time to time he has eaten of the food which before was so injurious to him, but in moderation, as I impressed upon him he should. Since this event he has taken no more medicine, and no tape-worm was passed after the use of the *veratrum*.

The dull pain in the left hypochondrium likewise went at the same time.

[This case was reported by Hahnemann in *Hufeland's Journal*, 1797, while he was practicing in accord with the established form of treatment; it seems to have been nothing more than an accident, but contributed to that experimental knowledge which ultimately led him to a knowledge of the law of *similia similibus curantur*. It shows likewise that the crude drug can cure when indicated, but only through suffering which may be obviated by the use of the minimum dose.—ED.]

AMALGAM FILLINGS.

B. L. HOTCHKINS, M. D.

PROF. OF MATERIA MEDICA IN DUNHAM MEDICAL COLLEGE.

I can best illustrate some of the injurious effects by a few cases.

Mr. H., aged 41, bilious, sanguine temperament, dark hair, blue eyes, slow in action, both mentally and physically; pulse sixty but full and strong. Cold blooded, always hanging around the stove or over the heat, likes the house warmer than is comfortable for the rest of the family, sweats very readily about the head and chest upon slight exertion.

He has been a great sufferer from canker sores in the mouth for nearly twenty years, generally they would appear on the inside of the lower lip and occasionally on the edge or tip of the tongue. As the years rolled by, they became more frequent and for the last ten years, scarcely a month went by, without a canker sore; if occasionally he should miss a month he would be sure to make up for it the next month, by having two or three large ones. For the last fifteen years these canker sores were accompanied with dyspepsia, these attacks would begin in the fall and again in the spring, each attack lasting about a month. These attacks would increase in duration each succeeding year, until he was a continuous sufferer for about nine months in the year; the hot months of summer would give him a short respite from his sufferings; but as soon as the weather began to change and his work became harder, the old symptoms would return, which would be a feeling of hunger, or gnawing and a sensation of goneness about three hours after each meal and there were days at a time when these symptoms were present almost constant day and night, the flatulence was great and when he could raise the gas he would get temporary relief; he soon learned that heat was his best friend and if he would take a glass of hot water it would start the gas and supply heat internally, a heavy woolen band over the stomach and bowels contributed its share to the relief of his sufferings. Eating would ameliorate these attacks at first, but later as the attacks grew more severe even that seemed to have but little effect, about the only thing that would relieve would be a glass of hot water.

He was obliged to let his clothing out as he could not bear anything tight about the waist. If his feet became cold, the gastric symptoms were greatly aggravated and to afford relief to the stomach he would wear heavy arctics early in the fall to late in the spring. The pains would cause a sensation of heat starting from the stomach and spreading upward over the body. He cared nothing for cold water, in fact he was greatly averse to it, for it would chill the stomach and cause an accumulation of gas with the hungry, gnawing pains. He would eat a whole meal without drinking a drop, unless the drink was warm. It rarely happened that he would drink a glass of water during the day, unless heated by exercise. There was aversion to cold drinks and food.

Several remedies were given at different times as they seemed

indicated, with but little more than slight palliation. The greatest relief was obtained for a time from *Lachesis*³⁰, which made the patient comparatively comfortable for several months. *Abies. nigr*³ followed with good results for a few weeks longer, when, it too failed to further relieve.

When the canker sores were unusually severe he got into the habit of taking *Merc. cor*³, which always moderated the severity of the canker sores, provided he took but one dose a day; but if he crowded the remedy, the canker sore would become decidedly worse. This line of treatment had finally to be abandoned however, for he noticed that when the cankers improved, the stomach was aggravated to the degree of unbearance. I then prescribed *Nitric acid*^{50m} one dose which did more to alleviate his sufferings than any of the remedies previously taken; but it would not remove the trouble entirely. He was then ordered to remove a couple of amalgam fillings and as the symptoms still lingered a dose of *Amalgam*^{cm} was given two weeks later, which put an end to the suffering; it is now nearly three years and he has not had a single canker and his gastric trouble is the thing of the past. Only on one or two occasions has he had a very slight return of his gastric trouble, as the result of severe colds; but they were speedily relieved, lasting but a couple of days. As further evidence of his good health, he has gained fifteen pounds in weight in spite of being a very hard brain worker at times. He says his health is better now than for twenty years.

Case II. Mr. D., age 35, nervo motor temperament, light complexion, blue eyes. Has been having for the last four or five years, during the winter months, three and four severe attacks of pharyngitis, which would lay him up for a week or ten days at a time. The suffering was simply dreadful. High fever, flushed face, aching all over and great prostration. The attacks would commence on the left side and extend to the right. There was chronic hypertrophy of the tonsils. He was annoyed with great accumulation of saliva, necessitating continual swallowing which greatly aggravated the throat. Thought the throat was worse at night. Upon inspection, the uvula, soft palate and both tonsils were of a purplish red with considerable heat and congestion of the surrounding parts.

Previous history revealed a weak, sensitive throat at all times of the year with frequent expectoration of copious yellowish sputa, the same catarrhal state extended to the nasal tract. The

impression one would have from looking at the throat was, that it was specific. *Lachesis*³⁰ was prescribed every two hours without the slightest relief; the throat seemed to grow rapidly worse as the evening wore on. At ten p. m. word was sent over that he was no better, but growing worse if anything and that he was getting so nervous and the pain so great, that he could not sleep and to be sure to send him a sleeping powder. A powder of *Merc. bin. iod*¹⁰⁰⁰ was sent with instructions to put it in water and to take a dose every half hour for three doses and to wait an hour for it to act. Next morning he reported that only one dose of the sleep medicine had been taken, as he fell asleep before it was time to take the second dose and woke the next morning in a dripping perspiration and the sore throat practically well. This was a great surprise to him as he expected to have a week siege of it at least. In about four weeks he came down again with the same kind of a sore throat which was quickly relieved with the same remedy and potency. The conclusion arrived at, was that some fifteen or more amalgam fillings had more to do with his throat trouble than anything else. They were ordered removed and gold substituted and *Amalgam*^{cm} given. He has now gone through two winters without losing a day from his work, nor has he had another sore throat; he says his mouth has a clean feeling to it now and he has gained ten pounds in weight.

Case III. Robert H., an artist of eighteen years of age, leuco phlegmatic temperament, dark hair, blue eyes, the very picture of health to look at, with a good deal of color to the face.

Family history showed him to be a croupy child and a brother and sister dead from consumption. Was poisoned with poison ivy about ten years ago, which has annoyed him two and three times a year ever since, by breaking out anew. His mother has always been very successful in suppressing it every time with soda and water. Has been troubled with spells of dizziness at times for the past year which was likely to be followed with headache. Bowels sluggish, going two or three days generally. Seminal emissions two and three times a month. Always perspired very freely on slight exertion. Easily discouraged. Hypertrophied tonsils ever since he could remember and has had severe ulcerated sore throats for years; but his mother's skill was brought into use again and by swabbing the throat with *pinus can.*, she could always suppress the sore throat in a couple of days. But early in the winter of '97 an attack broke out that neither

pinus can., or anything she could do, would choke it off. It was like a pent up volcano bent on active operation, nothing would stop it and when I called, we had a severe case of tonsillitis to deal with. Upon inspection the left tonsil was enlarged to that degree that it nearly filled the entire throat, accompanied with pulsating pains. The gums were spongy, purpleish, and blood would exude from around the teeth if pressed with the finger, a condition I learned had been present for five or six years. The mouth was full of saliva and as he lay in bed would run out on the pillow. Head, face and neck covered with perspiration. The pain was so great, that he could be heard moaning all over the house; the prostration was great and it was with effort that he could open the mouth so as to get a good view of the throat. Neither *Lachesis*^{1m} or *Merc. bin. iod*^{1m} gave any material relief. *Hepar. sulph*^{cm} moderated the severity sufficiently to allow him to sleep part of the night; but its energy seemed to be consumed in about two hours, so that it was necessary to repeat the remedy about every two hours, when at the end of twelve hours the abscess presented a point and a prick of the mucus membrane liberated a great quantity of pus. His recovery was uneventful.

In about a month the same performance was repeated only in a much milder form. After convalescence had taken place, five or six large amalgam slugs were removed and gold substituted and a dose of *Amalgam*^{cm} given. In two weeks the report showed, saliva rapidly decreasing, gums bleeding but very little, bowels regular, the emissions growing less frequent and perspiration of not as bad in odor. He was then put on constitutional treatment, which consisted in antidoting chlorate of potash, iodine, quinine and Hood's sarsaparilla. He has gone through another winter without requiring a prescription for the throat or the loss of a single day from his work. The gums have tightened up around the teeth and there is no more bleeding. The color of the gums, uvula and throat is of a healthy, pale color and the tonsils normal in size, which goes to show that chronic enlargement of the tonsils can be cured by the homoeopathic remedy; that it is not necessary to extirpate them, to reduce them.

The miasm or exciting cause that had been creating all the disturbance has been removed and the tonsils will stay cured, which is not always the case when the knife is used.

I am satisfied from these three cases and several others that I could report, that *Mercury*, whether in the form of amalgam, or

calomel or blue mass or in any other crude form, when put onto the system is a lasting detriment to the patient's good health. It is so powerful and all pervading in its action that it holds the field against any other remedy that might be given to remove acute or chronic conditions that arise from time to time. It is like a bull dog before the door, allowing no one to enter to see what repairs are needed inside, it is necessary that the obtruding agent be removed; this is the reason why many a fine prescription fail us. This is what Hahnemann meant when he said, we must remove the cause. We must not only remove the cause but we must antidote the damage already done in order to perform a perfect cure. When the rubbish is removed, we can easily see what is covered up by it.

INFLUENZA.

The medical profession, throughout the world, is more carefully considering the manifestations of this disease than at any time since the beginning of its invasion in 1890. The present epidemic brings out some peculiar phases of the disease which mark its miasmatic character and reveals the necessity for deep constitutional treatment. The concensus of medical opinion today is to the effect that this disease is capable of finding the weak points in almost every constitution, with the result that no two persons are affected alike. Like all other epidemics, it is important for the physician to learn the prevailing type, because it will be found there are certain peculiarities which point to a *genus epidemicus*, which prevails in different localities and must be met before the constitutional will be of avail. The observing physician will soon find two or three remedies perfectly meets these peculiar indications when the treatment becomes very easy. A careful inspection of the current literature leads to the conclusion that *gelsemium* is the genus epidemicus remedy for the present attack. This is closely followed by *baptisia* and *veratum album* or *viride*. A study of the pathogenesis of these different remedies, gives a general indication of the characteristic disturbance predominating throughout the country. The *Monthly Homœopathic Review* for March is largely devoted to the consideration of this subject. One of the most logical and comprehensive papers being from the pen of Dr.

John McLachlan whose contributions to the recent issues of the *ADVOCATE* have been read with such pleasure and profit.

He says:

"My firm conviction from long and extended observation is that the allopathic methods of treatment are far more dangerous to life, than the disease itself. Nor is the reason far to seek. The allopathic policy is one of suppression and concentrated attack upon single symptoms—symptom treatment in fact in its most violent and fatal form. There can be no such thing as a *specific* remedy for this disease, because each and every case must be treated according to its peculiar and characteristic and consequently points in a certain direction."

Many writers have placed *Aconite* at the head of the list, but a careful analysis of their work reveals the fact that their prescription is based upon its physiological action of being a "fever reducer," and they have forced the action until the vaso-motor nerves were paralyzed and the walls of the blood vessels were relaxed thereby reducing temperature for the time being. Hahnemann says:

"In order to remove from our conscientious treatment, all that routine practice which is often too apt to regulate its treatment in accordance with delusive names of diseases, it is indispensable the chief symptoms should be found accurately reproduced." Again he says, "In the selection of *Aconite* as a homœopathic remedy, particular attention should be given to the symptoms of the *disposition*, so that they should be very similar. Restlessness and uneasiness of mind and body, causing frequent change of posture, coughing and sighing, forebodings, anticipations of evil, anguish of mind, dread of death and even distinct anticipation of its occurrence."

It will be seen from this picture, that *Aconite* bears no resemblance in the mental symptoms to the features of any miasmatic disease, and can therefore be of little or no use in any case of *genuine influenza*, but it may be used as a means of differentiation between that of a disease brought about by a specific poison, and that due to exposure of different kinds. On the contrary, *Gelsemium* seems to be almost a universal remedy in this trouble in some form or other. It may be the mental depression or stupor, or it may be indicated from the profound physical prostration. In addition to this we may have a soreness of the muscles, suffused redness of the face, and peculiarities of the fever pointing strongly to the action of this remedy. The general picture being that of a person well under the influence of intoxicating liquors. Now what has been said with reference to *Gelsemium*, may be applied to those profound stages calling for a deeper acting remedy which you will find most perfectly covered by *Baptisia*, with it fever, drowsiness, semicomatose condition of

the brain, the uniformly diffused redness of the face, extreme prostration with great restlessness, trying to find a comfortable place in the bed because of the soreness of the flesh. This picture suggesting a "typhoid" condition.

Dr. McLachlan takes up the subject presenting the following general indications.

Eupatorium perfoliatum ("Thoroughwort" or "Boneset.") This medicine is useful in cases where the *bone pains* are specially prominent—intense aching in the limbs and elsewhere as though every bone in the body was being broken. In such cases we have constant change of position by the patient *even though the pains are not worse by repose*; he complains of a bruised, broken feeling all over the body. Both this remedy and *baptisia* have marked soreness of the eyeballs.

Natrum muriaticum.—This very useful medicine is to be kept in mind for those cases where the loss of taste and smell accompany the catarrh (compare *Pulsatilla*) together with hydroa or 'cold sores' on the lips and cracks at the angles of the mouth. It will be still further indicated if the patient has been dosed with quinine, ammoniated or otherwise.

Arsenicum.—This is a remedy of great value in the aged and in children, and especially in the catarrhal form of the disease when we meet with the characteristic prostration and weakness, with its sudden onset and rapid advance, with burning heat and unquenchable thirst and restlessness. Further it is of great use in those cases where the gastro-intestinal irritation is a marked feature, giving rise to diarrhoea, and more especially if the diarrhoea should be brownish or coffee colored and provoked by every attempt to eat or drink. We are taught in a general way that *Arsen.* should not be given too soon in a disease lest we increase the downward tendency (*e. g.*, in typhoid fever), and that *Rhus. tox.* may with advantage precede it. But, as in most cases, there is an exception to the rule, and that is in gastro enteric inflammations, as in the cases now under consideration *Arsenicum* is often called for at the very beginning of the case, and nothing but benefit follows its administrations when properly indicated. The restlessness is one of the characteristic indications for *Arsenicum*; the patient cannot rest in any place, though he is fatigued by so doing. The period of general aggravation is from 1 to 3 o'clock a. m.

There is at first sight a considerable likeness between *Aconite* and *Arsenicum*; viz.: The restlessness, full bounding pulse, great thirst, hot dry skin, anxiety and fear of death; but *Aconite*, as we have seen, has practically no effect on the tissues or fluids of the body, whereas *Arsenicum* affects both profoundly.

Arsenicum iodatum.—This a remedy I have not used much, chiefly because the provings are so meagre. It is said, however, to be specially useful, and should therefore be kept in mind. In a general way the indications for its use (chiefly *clinical*, I believe) are the same as those of the oxide, but it is to be preferred when the symptoms indicating *Arsenicum* occur in marked strumous constitutions. It is stated to be specially useful for influenza affecting horses chiefly, in Canada, and the United States, east of the Mississippi river.

Rhus toxicodendron should not be forgotten, as it may occasionally be useful. It has the well known restlessness, which compels the patient to toss about, is worse on first moving but better from continued motion; it compels him to toss

about in bed, and he is *better for a short time* in each new position, but very soon he has to change again. This tossing is not, like *Arnica* and *Baptisia*, because the bed feels hard, but because of the tearing pains in the muscles and fasciæ. There may be copious coryza with sneezing and dry cough, the cough being worse from evening until midnight, and excited by cold drinks.

Arnica mont. is occasionally useful. Like the others, it has a restlessness. In this case the patient may be kept awake till 3 o'clock a. m. by heat, restlessness, and constant desire to change position, the bed feels too hard, and so he moves often in order to find a soft spot. The patient at the same time may be drowsy and stupid and *very apathetic*.

COMPLICATIONS: Under proper treatment there are no complications other than aggravation of the constitutional susceptibilities of the individual. It will be noted that psoric individuals are more susceptible to the repeated invasions of influenza and consequently are more liable to complications—the most frequent being that of bronchial irritation with its distressing cough. The following remedies may be suggested, *Sticta*, *Phosphorus*, *Hyoscyamus*, *Bryonia*, *Drosera*, *Rumex*, *Antimonium tart.*, *Causticum* and *Sulphur*.

EPIDEMIC AND LA GRIPPE REMEDIES.

F. O. PEASE, M. D., CHICAGO.

PROF. OF MATERIA MEDICA, DUNHAM MEDICAL COLLEGE.

Actea Racemosa (1^m and c^m).

This remedy has been very frequently of valuable service. It has the aching of muscles, the bruised soreness generally, chilliness, great languor; "so tired;" the spells of sharp crampy pains in head, chest, abdomen, or legs. Sleeplessness and nervousness with heat in back of head and gloomy mental state. Nausea and vomiting with the goneness in stomach, but no desire to eat.

China sulph. in any potency above c^c still more frequently has been the Joshua to lead influenza off the victims, because the remedy has, much pain, neuralgic or congestive or anæmic in the head. There may or may not be "ringing in the ears;" various pains here and there, aching of deeper structures, general feeling of extreme illness impending and reminding them of former attacks of la grippe, or ague. Especially brilliant curative action in those who have abused quinine.

There are the usual symptoms of dry mouth, pains in face or head < left side, high rate of pulse, temperature may be abnormal, great weakness and trembling; extremities cold, often night sweats, periodicity of aggravations.

Gelsemium. Excessive irritability of mind and body, mucular aching most complained of while lying in bed or sitting. Great tiredness or heaviness. Headache, forehead, or vertex, and especially in nape extending to shoulders or down spine. But little thirst or appetite, but eats because he "wants to keep up strength." Eyes feel heavy, with the headache, and in the sleeplessness they feel heavy or just the opposite, "they won't stay shut." Feet cold, head and face hot. Usually worse every day at the same hour.

Camphora. In the beginning when there is great depression mentally and physically, congestion to stomach or chest, feeling of coldness in stomach up through chest, neck feels stiff and sore, chilliness in the back. Stiffness of muscles generally, cramps in calves or in the cold feet. A feeling quickly comes on of great prostration, utterly tired out, sleepy, drowsy in day time. Sleep stupid and unrefreshing, coldness of skin surface, but wants no covering. Blondes most affected. Pains are better when thinking or talking about them, may have great thirst or none at all.

Other remedies of course have been successfully used, as *Bry.*, *Rhus.*, *Eupat. perf.* etc. These above noted are not usually routine remedies.

EPILEPSY.

F. H. LOCKWOOD, M. D., CHICAGO.

PROF. OF NERVOUS DISEASES IN DUNHAM MEDICAL COLLEGE.

So much has been written about the disease known as Epilepsy that there remains but little more to be said. In regard to epilepsy in women I might say that both epilepsy and hysteria can and does exist in the same patient as independent diseases, each being characterized by its own peculiar symptoms. Frequently epilepsy has attacked an hysterical subject without the hysteria affecting in the slightest degree the course of the epilepsy and vice versa.

The disease known as hystero-epilepsy is a combination of symptoms of both diseases in the paroxysm.

This should not be mistaken for the ordinary hysterical fit or spasm, as they differ quite materially, that is the hysterical fit is a reflex convulsive affection, an accidental or incidental accompaniment or complication of hysteria.

In hystero-epilepsy the paroxysms are very similar to true epilepsy particularly in the first stage, but one characteristic indication is that the aura is always referred to the abdomen.

The second stage shows more particularly the hysterical nature, if you observe the patient closely you can see that the spasmodic movements are to a great extent intentional and also that they are more pronounced. In this affection also compression of the ovaries will greatly modify or completely stop the seizure, nor are the epileptic symptoms complete as will readily be noticed on close observation, also you will observe even after the disease has existed for some time that the health of the patient is not materially affected and there never is a rise in temperature. Epilepsy is caused by any irritation direct or indirect upon the nervous centers of those who are predisposed by inheriting a weakened or lowered condition of the nervous system.

This predisposition has often been noticed to have been handed down from choreic parent.

This convertibility is not only in reference to epilepsy but it holds good in all nervous affections.

These irritations, which will be better known as the exciting causes may come from any part of the body, peripheral or internal, mainly the latter.

I recently cured a case of 6 years standing that was caused by rectal fistula, the patient having no attacks in early life, the predisposition simply lying dormant until the rectal fistula developed which was the match to start the flame.

The fistula was curetted and given as healthy a condition as possible, then with the aid of internal constitutional remedies, it healed with the disappearance of the epilepsy. The paroxysms gradually growing less severe, and less frequent during the healing of the fistula. The patient has been entirely free from the attacks up to this writing now several months, and there is no trace of the fistula left. Several eminent men have since informed me that fistulas cannot be cured so easily. It remains to be seen in this case and I will watch it closely. If there should be another outbreak, I shall still have faith in the old saying, "if at first you don't succeed try, try again." As for the treatment of epilepsy, I will say that it is almost useless to supply the remedy during the paroxysm.

It is best to study your case carefully, and after you are

thoroughly convinced of the proper selection then give it during the interval between the attacks.

A remedy selected for the paroxysms will have no benefit whatever, in the aura, as the paroxysms are the effects, or the manifestations of the disease and are not the disease proper.

This I believe is where our mistakes have always been in treating this class of cases, and why they have been pronounced incurable; and so they are if we continue to treat the paroxysms with bromides, etc.

The popular idea that most cases are incurable I think is a mistake, and the majority of us go at a case of this kind in a half hearted way, because that idea is in our minds.

But if we take a case with the same feeling of assurance that we do with other diseases which we know to be curable, then our labors will meet with better success.

We must expect at times to meet with disappointments, but so we do in other instances without losing courage, and why should we in this, even with the popular idea.

Let us have patience and work faithfully and I am sure our labors will be rewarded as they have been before in other supposed incurable cases.

ASTHMA—IPECAC.

FRANK R. WATERS, M. D., CHICAGO.

PROF. PHYS. DIAG. AND DISEASES OF THE THORAX, DUNHAM MEDICAL COLLEGE.

Mrs. L. age 22, short, stout, brown eyes and hair. Dark complexion.

Has been my patient for eight years and in that time has taken no medicine but homoeopathic. Previous to being under my care had been treated by the old school.

Feb. '97. Has a baby—the first—three months old which she nurses.

Has been suddenly taken, several times lately, with a suffocation and difficult breathing.

- < inspiration.
- < damp air.
- < cold air.
- < laying down.
- < warm room.

Seemingly < from nursing child.

- < noise.

< gas light.

Nervous.

> leaning forward—breathing.

Lips darkened.

Face flushed.

Hacking cough.

No expectoration.

Sibilent and sonorous rales.

No other symptoms discoverable at this time. *Bell*^{50m}.

Spell shortened, symptoms almost entirely disappeared.

These conditions would return at irregular periods and continued thus for a year. From the symptoms it would always seem to be *Bell.*, so raised the potency to ^{cm}. It seemed that there must be something back that interfered with the action of the remedy.

The mother was “quizzed” time after time on the daughter’s previous treatment—prior to my attending the family. At the last consultation on the subject she said as a child she would often catch cold and for the cough would procure from the druggist a cough syrup which would make her vomit the mucous and she would get better after awhile.

Upon inquiry of the patient she said she was often obliged to “gag” during these “spells” of suffocation. Without further thought gave *Ipecac*^{50m}.

Jan. '98. It worked like a charm. Has not had a bad spell to this date and considers herself well in that respect.

BRONCHITIS—BRYONIA.

Mr. W., tailor, age 24, dark complexion.

Has been troubled with this condition for five years, at which time got a severe chilling.

Has been to California three winters where it would almost entirely disappear, but upon returning to Chicago the difficulty would return.

Has been treated faithfully by “regular” practitioners.

Nov. 4, '97. Headache—bursting upon quick motion, raising head from a stooping position.

< hot head—wearing hat.

< coughing jars head.

Pain in forehead to base of brain.

> rest.

Mouth tastes bad, slimy in morning.

- Appetite fair.
 < after eating—short breath.
 Stomach heavy like a stone.
 Bloating.
 Bowels constipated. Hard, dark burnt-like stool.
 Piles, smart after stool.
 Cough dry, scanty, difficult to detach.
 > cold, dry, frosty weather.
 < damp, foggy weather.
 < nights, getting warm in bed.
 > keeping still.
 < walking—breathing.
 Respiration—difficult, rapid.
 Draw long breath at times.
 Moist ræles.
 Sleep—dreams of daily affairs.
 Has felt a more or less tired feeling for years. Never was his disposition before this condition come on. *Bry*^{70m}.
 Nov. 13. Mentally better.
 > jaring symptoms.
 > cough.
 > breathing after eating.
 Constipation same, *Sac. lac.*
 No. 20. Symptoms all generally better, except constipation.
Sac. lac.
 Nov. 27. Constipation > *Sac. lac.*
 Dec. 3. Has taken a fresh cold—symptoms like first condition but not so severe. These have held on without change for four days. *Bry*^{70m}.
 Dec. 11. Symptoms much better in every way. Bowels regular.
 Apparently well today.

A HYPODERMIC INJECTION.

Prof. D., age 28, dark complexion, muscular, powerful voice.
 Has been an unusually well man, with the exception of a right direct inguinal hernia. Had worn a truss up to spring of '97, when he underwent treatment for the cure by the hypodermic method, which was apparently successful.
 Shortly after this became quite hoarse, would be obliged to clear the throat often. Had a dry hacking cough. The huski-

ness of his voice when speaking was tedious, noticeable and persistent.

Jan. 15, '98. Symptoms the same as above. Knowing that he over-used his voice continually, and with the symptom an aggravation towards evening, gave *Causf*⁶⁰⁰.

Feb. 1. Hoarseness > *Sac. lac.*

Hoarseness < had been doing a great deal of vocal work. Weather damp etc. *Rhus*²⁰⁰.

Mar. 2. The subject of the treatment of this hernia came up. Made inquiry of him what sort of liquid was used hypodermically, said it had an odor something like carbolic acid. *Carb. ac.*^{50m}.

Reports hoarseness entirely disappeared—voice normal.

The strangest thing of all is that the hernia almost returned. Was obliged to resort to his truss again—it now, the 25th, seems better.

HYDROCELE.—Dr. John a Wyeth (*New York Medical Journal*) does not believe in the application of the so-called “radical” operation in ordinary cases of hydrocele, on the ground that such an extensive procedure is not at all necessary. He injects a few drops of a mild solution of cocaine into the skin of the scrotum and through the anæsthetic area plunges a small trochar and canula, through which the fluid is allowed to run off. A hypodermic syringe is now fitted to the canula and a moderate amount of 95 carbolic acid is thrown into the sac and the tissues manipulated until the acid is brought into contact with all parts of the scrotum. A cure will almost certainly follow, although the chronic thickening of the scrotum, induced by pressure, may never entirely disappear.

SUCCESSFUL OVARIATOMY IN A WOMAN OVER EIGHTY.—Dr. A. M. Cartledge, of Louisville, Ky., reports (*Medical News*) the successful removal of a multilocular cyst from a woman over eighty years of age, the patient making a prompt recovery.

ENLARGED PROSTATE.—Helferich prefers resection of the vas deferens in hypertrophy of the prostate, because it is a much safer operation than castration and yields quite as good results.

IODOFORM POISONING.—Dr. W. H. Walthen, of Louisville, (*Medical Times*) reports a clear case of iodoform poisoning resulting from a vaginal tampon composed of gauze saturated with

this chemical. Cases of this kind are no doubt of frequent occurrence. The trend of surgical practice is undoubtedly away from the application of dangerous chemicals to raw surfaces. A recent case of supperation resulting from an intra-uterine douche of a 3000 solution of corrosive sublimate is known to the writer.

FECAL IMPACTION—Dr. J. M. Mathews reports (*Medical Times*) a highly instructive case of fecal impaction in the sigmoid, the mass being putty-like and the size of a foetal head. The case had been diagnosed as enlarged prostate. Prompt relief followed the appropriate treatment.

REDUCED MORTALITY AFTER PYLORECTOMY.—Kocher reports that his mortality following pylorctomy has fallen to twenty per cent.

HOWARD CRUTCHER.

THE MODALITIES.

Dr. S. N. Watson in the *Medical Era* for February presents an interesting paper upon the above subject. It contains some well founded truths and some of its conclusions are based upon a misunderstanding the real teachings of Hahnemann.

The illustrations of his Pathogenetic Drug effects will be appreciated by every student of materia medica.

APIS is pathogenically characterized by edema. From this fact it follows naturally that Apis conditions are worse from warmth and exercise, which stimulate the circulation, and that its pain is relieved by cold water.

ARSENIC, AURUM and MERCURY are deep acting systemic poisons, and their conditions are naturally worse at night, after the vital forces have been largely expended in the extra exertions of the day, when the system is overloaded with carbon, and the heart beats sluggishly, and the life processes run feebly.

BELLADONNA means congestion, and we have no question that Belladonna conditions will be worse from motion, from touch, from sudden changes, and from the heat of the sun.

BRYONIA's modalities are indicated when we know that its chief characteristics are serous inflammation, exudation, and effusion; and we expect to find that its conditions are aggravated by motion and coughing, heat and eating; and that its pleurisy is better from lying on the painful side, which is but a synonym of "worse from motion."

CALCAREA CARB. and SILICIA represent mal-nutrition, and so we expect to find them < from cold air and exertion and better from being warm and comfortably wrapped.

The hysterical remedies, IGNATIA and PULSATILLA, are made better by anything which will take their minds off themselves, and their own complaints.

NUX VOMICA modalities give a fine description of the dyspeptic and neurotic patient. He can't do anything; he is worse in the morning, worse from mental

exertion, worse from eating, worse from motion. In other words, the spring is run down, and it is hard work to make the machine go.

LILIUM TIG., PLATINA and SEPIA are woman's remedies; the day's house-work tires them, and makes the back ache; yet they are so nervous from that dragging, wearing, heavy burden in the pelvis that motion, and getting about, and keeping busy will relieve them, if they are not too badly off to stand any motion at all.

Rheumatic remedies in general, such as RANUNCULUS, RHODODENDRON and RHUS, are worse from change of weather. The stimulation of continued motion relieves the Rhus congestion in the muscles, though the first motion is painful.

Sick headaches are generally worse from light and noise and motion, and so we find the Modalities of SANGUINARIA what we would expect. Nor does it surprise us that SPIGELIA'S neuralgia is worse from the same conditions.

Croup is always worse at night, and when the head lies low on the pillow, and SPONGIA fits the same condition.

SULPHUR has a dyscrasia of its own; and how could it be otherwise than that a psoric patient should be worse from the warmth of the bed, from washing, from bathing, from standing still, or from touch?

He closes with the following statement:

A pure symptomatologist may be an expert man; but a man must be something more to be a good prescriber. He must also be a good pathologist and a scientific student of the conjoined processes of drugs and disease, in order that the science of medicine may not be obscured in his mind by medicine as an art.

One of the first things taught by Hahnemann in his *Organon of the Healing Art* contains the above in the following language:

§ 3 "If the physician clearly perceives what is to be cured in diseases, that is to say, in every individual case of disease (*knowledge of disease-pathology*), if he clearly perceives what is curative in medicine (*knowledge of the medicinal powers, genus of the drug, pathogenesis*) and if he knows how to adopt, *according to clearly defined principles*, what is curative in medicine to what he has discovered to be undoubtedly morbid in the patient, (*symptomatologist-pathologist-scientific student of the conjoined processes of drugs etc.*), then he understands how to treat *judiciously and rationally (a good prescriber)*."

A VALUABLE COMBINATION (?)

In the *Homœopathic News* for Feb., is given "A Valuable Combination Tablet for Rheumatism," containing *Kali iod*^{2x}, *Phytolacca*^{1x}, *Guaiacum*^{1x}, *Colchicum*^{1x}. This is followed by indications and symptoms. All pointing to pathological conditions which are valuable only for the diagnosis and of little value to the prescriber. The whole group of "symptoms" are *usual* or come as a matter of course in the majority of rheumatisms. Following the formula and symptoms, are given various additional drugs etc., linaments and plasters whereby are added to the treatment alkalies, salts, *Sulphur*, *Belladonna*, *Iodine*, *Aconite*, *Chloroform*,

Bryonia, and *Rhus tox*; poly-pharmacy with a vengeance. How can materia medica knowledge or therapeutic experience, be gained from such a confused conglomeration of potent drugs, recommended too in the guise of homoeopathy. Is such teaching to be tolerated by the adherents of the one and only scientific system of medicine? Is it homoeopathy, or is it eclectic-allopathic nonsense? Is it homoeopathic materia medica therapeutically applied, or is it a rehabilitation of the slip shod and legendary medication of the ancients, who, by some sorry trick of masqueradery has come into our nineteenth century of progress to simulate homoeopathy in a guise that by the ears alone can be and should be recognized as a travesty. Such pretence to homoeopathic therapeutics should be barred from our literature. The publishers or editors of such journals evidently are working for dollars for the sale of nostrum and "combinations" which will tickle the fancy of a class of doctors, who also are such for the "money there is in it," who think little and care less for the principles of law, either of homoeopathy or humanity. It would be a hard matter for a true physician, homoeopathic or otherwise to recognize method or system or duty from reading the *directions*, given in such articles as that in the *News*, and a still harder one to learn anything in therapy or materia medica.

F. O. PEASE, M. D.

PERSONALS.

Dr. F. O. Pease and Eugene W. Sawyer have removed from the Columbus Memorial Building, to suite 806 Stewart Building, diagonally across the street from their old place.

Dr. Harriet Knudson Burnett, of Newark, N. J., has been very seriously ill, following a severe attack of diphtheria brought on by performing tracheotomy on a small boy.

Dr. G. W. Palmer has removed from West Branch, Iowa, to Port Huron, Mich. He writes, "The Feb. number of the *ADVOCATE*, is the best I have ever read, and trust it may continue just as is the last. A library in each number.

\$3,500.00 Cash. Homoeopathic practice for sale, in Jamaica Plains, three miles from Boston, Mass. Rare chance; owner to leave the state, giving up general practice for that of a specialist. Purchaser thoroughly introduced. Price \$600.00 cash. Address "S" care HAHNEMANN *ADVOCATE*.

Clinical Verifications.

Dr. A. Von der Luhe presents a number of clinical verifications in the *North American* for April.

VERATRUM ALBUM 200c IN INVOLUNTARY DIARRHŒA. My patient was an Indian woman, 82 years of age. When called in, she had been suffering for a day with this disease. The last twelve hours of that day the stools would occur every fifteen minutes, half hourly. The symptom that guided me to select above remedy was, she would have a slight cramp in one of her feet at times. In two hours the effect was so marked she had perfect control of her stools. No other remedy was used and she made a perfect recovery from the diarrhœa.

ALŒS 30th IN INVOLUNTARY DIARRHŒA. An old gentleman, 82 years of age, who suffered with frequent involuntary stools, accompanied with a great deal of wind. This was controlled in a day, and he recovered entirely in two or three days, after the use of the remedy. I have had the best success with the three following remedies in involuntary diarrhœa, that is *China*, *Alœs* and *Verat. alb.* high, that is the 30th or 200th. *China* 200 would be indicated, where great weakness or protration was the marked symptom.

BRYONIA 200 IN NEURALGIA OF THE EYEBALL, DUE TO THE USE OF COFFEE. A gentleman not accustomed to the use of coffee drank a cup. Soon after this he had an attack of ciliary neuralgia of the right eye. Pain was aggravated by moving about. He received one dose of the above remedy. He kept quiet and in two hours it had disappeared. This was tried several times in his case and was always successful.

(*Coffea* crude inpotentiated form might have removed the susceptibility to *coffea* and thus have cured the patient.—ED.)

PHOSPHORUS 30c IN A CASE OF PERSPIRATION OF THE FINGERS. This patient enjoyed good health, and this was the only thing that troubled her. She had suffered with this from six to nine months. It was so excessive that it would rot the ends of her kid gloves and her fingers looked as if they had been held in lye. In two weeks she was completely cured. It is now some years ago, and she has had no recurrence.

(Will the doctor give the indications upon which *Phosphorus* was given?)

KALMIA LAT. 200c IN INTERCOSTAL RHEUMATISM OF THE LEFT SIDE. This was accompanied by a *numb* sensation of the whole left arm. The pain in her left side was so intense that she could not lie down or sleep at night. She had it for two days before I was called. The above remedy was prescribed hourly in water for awhile, then every two or three hours. In three or four days she was cured. After the second dose she found relief. The keynote in selecting this remedy was the *numbness in the left arm*. In neuralgias and rheumatism where you have marked numbness, *Kalmia lat.* is the remedy. Acts best on the left side.

APIS m 200 IN ŒDEMA. A little girl of eight years, who had recovered from typhoid pneumonia had œdema of her face, eyelids and feet. In three days, this entirely had disappeared by the use of the above remedy. No doubt the above symptom arose from the fact that the kidneys were not carrying out their proper functions. *Apis m* rectified this.

BELLADONNA 200c, NEURALGIA OF THE THUMB. A gentleman has slightly bruised the end of the thumb. Five days after that had throbbing pain in it all night and was restless. Took one dose of above remedy and in two hours it had disappeared.

RHUS TOX. 30th IN ASTHMA. This was a peculiar case. For many months he had suffered with asthma. During the week while he was working he was entirely free, but Sundays he would have an attack. From the fact that while he was active during the week days he was free from asthma, I selected this remedy. After taking this medicine one week he was completely cured.

RHUS TOX. 200c IN RHEUMATISM IN THE ARTICULAT OF THE UPPER AND LOWER MAXILLARIES. It was accompanied by stiffness; and the lower jaw had been partly forced out, so that the face was very much deformed. She suffered more from it at night. She had had it for sometime. After taking *Rhus tox.* for four days every three hours she fully recovered. She never had a recurrence. Before that she had a number of attacks for more than two years.

EPIPHEGUS 30. HEADACHE. Nearly eight years ago I was called to a young lady, who was suffering from a headache, that was located in the occipital region. The pain extended from there over the top of the head towards the frontal region, the severest pain existing in the occipital region. These headaches would always come on after the excitement of shopping all day or after going to evening company. She would be compelled to go to bed, it made her very nervous, only slept part of the night, and that restless. Had very little appetite, and was accompanied by great nervous prostration. Gave above remedy and the headache was better after a few doses. The headache disappeared entirely in a few days. The prostration remaining was entirely relieved by *China m.* It was a complete cure, for she never suffered the same way. The second case was a young school teacher. For several months she would have a frontal headache, pains extending into the eyes; this was during the school session. After school the headache would gradually pass away. This would occur every school day. Gave her *Epiphegus 30*, four times daily for a week. She has had no more headaches, and it is now over two months ago. The keynote of this remedy is this: headache brought on by a mental strain, whether shopping, visiting or any other mental exertion, as teaching.

TRAUMATIC NEURALGIA—HYPERICUM 30. 1st. An old lady over 70, fell and struck her chest and bruised her muscles. For a few days she treated herself, until she found she could not relieve the intercostal neuralgia. The pain was so severe it made her nervous and prevented her from sleeping at night. The above remedy made a complete cure in four days. 2d. A gentleman while abroad in Scotland fell off his bicycle and sprained his shoulder joint and bruised the muscles of the upper arm. When he called upon me he had suffered with traumatic neuralgia for six months. Several fly blisters were tried in Scotland but gave him no relief. His upper arm was never free from pain,

sometimes very painful. He never had during that time been able to sleep well at night, but was compelled to get up and walk about his room, until it eased a little, then he could lie down for awhile. I gave him a bottle of disks saturated with *Hypericum* 30. Three days after he called, and said his arm had undergone a marked improvement. The second night after taking this medicine he was able to sleep all night. His words were these: "This was the best sleep I had in six months." He has slept well ever since, and his neuralgia has been perfectly cured. 3d. A gentleman, while gunning in the neighborhood of Cooperstown of this state, was accidentally shot in the forearm of his left arm by a friend. The forearm was filled with a great number of bird shot. He came home to Brooklyn and called on a surgeon who treated him, and removed all the shot he could, locating a number of them by the use of the X-rays. He suffered intense pain in the forearm and hand supplied by ulnar nerve. There was partial paralysis of hand. Outward applications were used which gave him temporary relief for a few hours a day. Electricity was persistently used but had no effect on pain or numbness of hand. There is no doubt the ulnar nerve was lacerated. After nine months he came under my treatment. Gave him *Hypericum*, which gradually relieved him, and in three weeks was entirely cured of the traumatic neuralgia. Then gave him *Lachesis* 30 on disks to take four times a day for numbness. At the end of a week reported improvement. Then I gave him seven powders of *Lachesis* 200. Each powder to be dissolved in two tablespoonful of water; to be taken in two doses night and morning. This was two weeks ago. Last week took no medicine. The improvement in his hand has been remarkable. The numbness has nearly passed away from his hand. He could separate his fingers so that the tips of his fingers of his left hand could touch the tips of the fingers of his right hand, when separated. As long as there is improvement, he will receive only *Placebos*. His hand improved so much, he went away for a few days on a hunting trip. He was able to use his gun.

The following will be the last case I will give. It is one of interest. A gentleman, during our late war was so badly wounded in the upper arm of the left side that it was necessary to amputate it five inches from the shoulder. For many years at times, he has suffered from neuralgia in the stump. Several operations were performed on the stump and the enlarged ends of the nerves removed. This would relieve him for awhile, but then the attacks would be just as severe. He dreaded another operation. At my advice he tried Homœopathy. I gave him *Hypericum* 30 at first, this had no effect. Then knowing he had a tobacco heart from excessive smoking, also that the pains would extend over the whole stump, and into the muscles of the left chest, I gave him *Kalmia lat.* 30c. This gave him prompt relief, so when he has an attack his wife always gives him three to four doses in a day, and he has immediate relief. The attacks are less frequent. This has been used for over two years and never failed.

"ANTIDOTAL" TREATMENT.

The following interesting paper was read by Dr. B. Fincke before the Brooklyn Hahnemannian Union and appeared in the *Homœopathic Physician* for March. Dr. Sawyer lays the same

claim to priority that Hahnemann did to the law of Similars. We are pleased to present all sides of this interesting question.

A case of hemicrania mercurialis cured with two pellets of *Mercurius-vivus*, 3,000 (F.), in 1856, in the *Brooklyn Homœopathic Dispensary*, has been recorded in *High Potencies and Homœopathics*, 1865, p. 8.

A case of *Rhus* poisoning was rapidly cured later with *Rhus-tox.*, Lippe's Distillate 97m (F.), by Dr. Lippe. In 1865 poisoned again. *Rhus tox.*, 108m (F.) and 60m (F.) did not help any more, and Dr. Raue cured it with *Anacardium-orientale*.

A case of *Rhus* poisoning from collecting the poison-oak in the New Jersey swamps in 1865, causing itching eruption of blisters all over the hands in and outside, beginning at the wrists, which, after breaking, produced a bad odor and formed thick scabs, after using all and everything externally and internally for two weeks, yielded to a dose of *Rhus toxic.* 60m (F.). Being deprived of sleep for two weeks, patient slept well the first night. After a second dose, 40m (F.), patient was healed in six days. *Medical Investigator*, Vol. VI, p. 6.

These are some prior claims to antidotal treatment than those of Dr. Swan and Dr. Sawyer, though they never were made, and considered only as simple homœopathic treatment.

To this comes what Bœnninghausen says in his *Aphorisms of Hippocrates*:

“The antidotal power of a substance depends entirely upon its characteristic property of acting upon the living organism, of course after the eventual chemical or mechanical action is removed and only the dynamical remains. For this reason there are not only no universal antidotes against all poisons, just as there is not or never can be any universal medicine against all diseases, but even for the various poisoning symptoms of one and the same medicine different antidotal poisons are necessary, of which every one again has its particular and exclusive range of action, beyond the limits of which its power does not extend.” (Book V. p. 271.)

Speaking of the abuse of *Iodine* in diseases of enlargement and induration, he remarks that the worst of its action is the uncommon intensity and obstinacy, so that it is extremely difficult to find antidotes for it. “We have,” he continues, “in such cases besides *Hepar.* and *Arsenicum*, the best result from the highest potencies of the same remedy in repeated but smallest doses, dissolved in water, with the precaution, before taking the medicine, to shake the vial containing the fluid several times in order to exalt the dynamization somewhat, because otherwise, according to experience, the continued use is not well borne.” (Book VI, p. 416.)

To this passage Bœnninghausen makes the following note: “If there is any experience to prove not so much the more penetrating but rather the more extended efficacy of the highly potentiated medicine, this is especially the *antidotal power* which such remedies have gained against the ill effects of a former abuse of the *same* medicine. In such cases the repeated administration of the same remedy in the *lowest attenuations* causes each time a distinct aggravation without following improvement; whereas, if given in *high potency*, though not always, yet for the most part it produces a more agreeable and extensive improvement than most other antidotes which meet and annihilate only those complaints within their range, but remain without effect beyond it.”

Bœnninghausen's work was printed in 1863, and it is therefore probable that

he has practiced what is now claimed as a distinct branch of Homœopathy under the name of antidotal method a long time before, because it is to be expected from a practitioner of well known sagacity that he would not have spoken of this topic in such a comprehensive manner if he had not a trusty experience behind him.

Now, since questions of priority generally do not amount to much, and it is difficult to settle the merit of the invention upon an individual because there may be no record of it, it would be well to let it rest upon our good old friend Bœnninghausen, and with it lay the ghost which can only lead to useless controversy and leave the value of the invention itself out of question.

That it is a question of importance is true, and its discussion will no doubt lead in time to a proper application in practice if its limits are clearly defined.

There is no doubt, as Hahnemann has already demonstrated, that the simillimum is the true antidote, and if so, it will also be found the best prophylactic.

HOMŒOPATHY AND DRUG MIASMS.

It is encouraging indeed to meet with clear level headed discussion by brainy men, of a largely discussed subject such as "Homœopathy and Drug Miasms" gives us in the *MARCH ADVOCATE*, by Dr. Stuart Close. Expressions from observers like him are valuable toward elimination of error, correction of false concepts and enforcing allegiance to truths that are being made clearer day by day.

Those who are investigating are liable to go wrong in individual cases, but should be excused from censure for such mistakes, because they are laboring to establish rules or to discover principles. They are searching for and learning from the facts of experience. In so far as investigation shall be in the line of careful and safe experiment in search of the suspected or proved simillimum, they should be applauded.

While it is true that more "sickness, suffering and death has been caused by drugs than by war, famine and pestilence put together." We must go deeper than that, must place the responsibility more carefully and righteously by saying: The cause of the real or supposed need of drugs, in "famine, suffering and pestilence" is found in man's willful or ignorant disobedience of physical laws, to say nothing of his selfish gratification of perverted appetites and cravings, his immorality and greed engendered from his wrong use of the independence that was given him by the Creator. "Primitive people's" having fewer civilized (?) or depraved longings have less need for medicinal or drug interference, therefore fewer sophisticated (drugged) diseases. As a matter of course, diseases among primitive peoples (many are

found even in our rural districts) are more easily and quickly cured, homœopathically, just as they are more surely made to carry a larger burden of disease and pestilence if they are drugged, and drugged by the false and harmful methods which the modern and of the antique school of drug users—practice. Investigators in this matter of drug miasms find, contrary to Dr. Close's assertion, that *any* substance, in many organisms will leave their effects more or less permanently. And as one of the investigators, I protest against the assertion, "Not every person, patient, or prover is susceptible to every drug in crude form." Susceptibility may not be patent at the *time* of the impact of a given drug, but nevertheless that impact on the vital force or organism is there to stay, for the time being it may with the susceptibility for that drug, remain latent, to become later, active or patent.

The truth as to whether the doctor's assertion is the end of the matter is a debatable question. Hahnemann makes the broad assertion that "no substance can be placed in the human organism that does not produce symptoms." (Lesser writings).

Another phase of the subject is; what constitutes a drug? Different aliments, strawberries, milk etc., are not classed as drugs, yet many of these are veritable poisons to some people, while to others they are real foods or stimulants, all producing their particular effects for good or ill; when they prove to be disturbers of the healthful peace they must be classed as drugs, and in *provings* of these *foods* even, we have valuable *medicines*, when used according to the Law.

Susceptibility may not, at once be shown by a person, to a given drug; *Belladonna* or *Aconite* e. g., but to the compound *Bell.* and *Acon.* distinct and prompt susceptibility may be patent, because the combined drugs furnish a new substance.

If Bro. Close speaks from the plane of *crude* drug action, and from his experience or mode of observation he may be correct. Hahnemann goes farther than any one by leading us to infer that all substances do act unconditionally. This would suggest a possibility that a sign of action of a substance, to one observer might mean healthy action, to another a sign of departure from health. I think it is safe to hold to a safer *middle ground*, and say: The action of every drug or substance, on the human organism *does* produce action, through the vital force. (I like "power of life" better) upon the organism, leaving its mark or effect, which may, *in the presence of another and stronger drug effect*, (miasm) remain latent until conditions are so changed by continuation of life (or the power of life) either in sick or well condition, that such latent effect, becomes patent to the "person" or to the keen observation of the medical man.

I would hold also; in regard to susceptibility to characteristic

mental symptoms of a drug, or of a disease, that this susceptibility begins from the *human* side and not from the drug side. Therefore, a drug which today seems to meet with insusceptibility, may next month or year emerge from its latent and "quiet nook" in the organism ready to mount its "susceptibility" steed and "*do exploits*" after its kind, when the "persons" mental condition has wrought its spell and produced functional or physical conditions that show the signs of susceptibility to that drug. It is from this state of *inaction* that the use of a potency of a suspected latent drug miasm, has roused, by its similitude of potentized force or action, the *reaction* of the power of life to marked symptoms of a desire to throw off the incubus and become free. This hypothesis seems to harmonize with the thought, concerning the "homœopathic aggravation," resulting often from the exhibition of a potency of a suspected drug. This aggravation left to work itself out has frequently been followed by beautiful and curative results according to the law.

This leads to an observation made by Dr. Sawyer, "a potency of a drug or substance *cannot* produce an aggravation, unless there is in that organism the miasm of that drug or substance." This observation more carefully examined in the light of observed facts of experience is probably and philosophically true. The same law is bourn out when we observe the action of potentized nosodes and morbid products—*Fsorinum*, *Medorrhinum*, etc.

I want to be understood all along as being opposed to routinism and empirically prescribing potencies from "the list" of suspected drugs, even though the practice of prescribing according to indications based upon "isolated symptoms" bears out a phase of symptomatology before alluded to by the writer, viz: It is in these isolated symptoms that often is found expressed the totality; the isolated image of, it may be a particular drug or disease identity as expressed by the particularly susceptible organism, or its function in patient or prover. If expressed by change of a particular function from health to disease action, it would be an isolated expression of a sub-totality that for the time being is in obstructive relationship to the larger miasmatic totality of the general disease picture. Therefore the potency of a drug called for this "isolated symptom" is probably in homœopathic relationship and its exhibition warranted. Facts of experience strengthen this view and practice as Dr. Close states. Because such prescribing does not cure the whole case is not an argument against the homœopathicity of the practice, but is a decided one for the rationality of removing what ever miasm is *great* enough to stand in the way of curative sequence of remedies. At least, thus prescribing on an "isolated symptom" (Key note?) a potency of a drug suspected (from the symptom) as having been abused, is better homœopathy than empirically giving an "intercurrent remedy" or *Sulphur* or *Opium* "if well selected (?) remedies do not act."

F. O. PEASE.

Editorial.

THE FULTON INSANE ASYLUM.

This asylum has been taken out of the ranks of common every day institutions for the insane, because of the tremendous kick from the "old school," when Governor Stephens removed the old Board of Managers and appointed a new board favorable to homœopathy. The new Superintendent, Dr. J. T. Combs went into the institution under adverse circumstances, but by his exceptional executive ability completely changed the institution, raising the standard, enlarging the capacity and at the same time reducing the expenses of maintainance; but he was under the constant surveillance of enemies inclined to magnify every act.

On the 22d of Feb. an *anonymous* letter was sent the chairman of the Board of Managers, charging the doctor with immoral conduct. A meeting of the board was called for the 24th, who after an investigation in which the superintendent was excluded and no one was allowed to make a cross examination, declared the superintendent guilty and ordered his resignation, and Dr. Ray was appointed to fill vacancy.

On the 2d of March, the Governor convened the State Board of Charities at Fulton and gave the matter a thorough investigation which exonerated the doctor. On the 8th of March, the doctor was re-instated and undoubtedly will remain in charge until the expiration of the year.

While charges of conspiracy are made by the doctor's friends, judgment should be suspended until the question is definitely settled. In the meantime the friends of homœopathy should bury personal feelings and look to the one great end—the advancement of the cause of the single law of cure.

DUNHAM MEDICAL COLLEGE.

Contrary to the convictions of her disinterested (?) competitors and in spite of the unfavorable report of the Inter-collegiate committee of the American Institute of Homœopathy, DUNHAM MEDICAL COLLEGE is not only alive but actually flourishing. She has passed through three trying and eventful years and has come out crowned with glory and honor. These three years has

been a period of probation with the promotors of the institution as well as the whole profession. They have carefully studied every factor entering into the make-up of the college, noting the weak as well as the strong points. At the same time, abundant opportunities for listening to the voices of the profession have been given which was not ignored.

Much interest has been excited through the controversy over the action of the Inter-collegiate committee of the American Institute of Homœopathy, but none of it has reflected unfavorably to the college except that emanating from the source whose cussedness and underhanded trickery made the formation of a new college possible. Policy or wisdom would have closed their mouths, but this could not be expected when there was such a lacking of these two virtues.

The following extract appearing in the *American Homœopathist* with editorial comment tells the whole story.

It was isopathy, not "pure homœopathy," to which the inter-collegiate committee objected and on which the unfavorable report was based. It was for *not teaching* homœopathy, *pure or impure*, that a certain medical college was denied fellowship or recognition by the American Institute of Homœopathy. Neither was it because of its youth and inexperience, as set forth in a series of resolutions passed by the Des Moines (Ia.) Homœopathic Medical Society, for at the same session a college more recently organized received recognition. Neither was it "persecution," for application for this same recognition was made a year previously and referred to a sub-committee, that a thorough investigation of its teaching and standing might be made. Oh, no! It was not malicious. There is "something rotten in Denmark," and the committee was frank and honest enough to so report.—*H. C. Allen Editorial.*

[Sir? How does the *Medical Advance* know all these things? There is not a word or a whisper of a word concerning DUNHAM COLLEGE in the American Institute Transactions for 1897. All that the profession knows NOW concerning the controversy is the report of that sub-inter-collegiate committee which appeared in the HAHNEMANNIAN ADVOCATE, which report is not now and never has been denied! And upon *that* report the profession rests its decision! Read it again, Mr. *Advance*, and then say what business that sub-committee had to define homœopathy for Dunham, and not for Hering; what business it had for referring to the number of professors of Dunham who are not members of the Institute, any more than it had to do the same not-malicious thing for Hering, or Pulte, or the Cleveland Homœopathic; what business had it to refer to facts in Dunham, when the members of the sub-committee, with one honorable exception, live in exceedingly brittle glass-houses. If Dunham is knowingly doing that which is unhomœopathic, or unprofessional, let the committee come out in the open with it, so the Institute and the profession at large—many of whom have students in that college—may know what it is and give its decision accordingly. If that sub-committee or its full committee, voted (*ex post facto*) to suppress all mention of that sub-committee's report in the Transactions, then we

fail to see how it has bettered its standing with the profession. Suppressing that report after attention was called to its exceeding puerility by the homœopathic press is patterning after the ostrich: the head is in a hole but the other parts vividly visible. To damn a homœopathic college in star-chamber, and then suppress the proceedings lest an aroused and indignant profession condemn the process, smacks very much of the Dreyfus investigation. Does not the quoted article give color and form to our former charge that the DUNHAM fight was engineered from Chicago and for distinctly Chicagoeese purposes?

REPORT OF DR. H. W. PIERSON, REGISTRAR OF
DUNHAM MEDICAL COLLEGE.

Dunham Medical College has passed through three interesting and successful years, and at the close of her third session is able to make such a report as will be read with pleasure by her many friends throughout the length and breadth of this great land.

The crime of multiplication of colleges comes from old established institutions, who seem to regard priority of existence in the light of a patent which confers upon them not only the authority of imparting knowledge of medicine, but of determining the scope of the knowlege imparted, also the mediums through which it shall be given to others. This is the policy of monarchical forms of government, but contrary to the very foundation of a republic, which declares the power of making as well as governing shall be vested in the people and through them to their accredited representatives.

An ever increasing number of people have petitioned the representatives of existing medical colleges to give to the students, who might be entrusted to their charge, thorough and explicit instruction in the principles discovered and perfected by Samuel Hahnemann. They have been repulsed by the assertion that Hahnemann was a visionary, fanatical crank, whose teaching have no place in a scientific up-to-date college and that "they own that college any way and will run it in accordance with their own judgment." The murmurings of dissatisfied men and women grew stronger, until charges of actual dishonesty were made, declaring that any college that failed to teach the system of medicine as formulated under the distinctive title of Homœopathy by Samuel Hahnemann, had no moral right to make use of that distinctive name as a means for drawing students into its fold.

In response to this demand, Dunham Medical College was organized, and during the past session thirty-seven men and women, coming from New Hampshire, New York, Ohio, Indiana, Michi-

gan, Illinois, Iowa, North Dakota, South Dakota and Egypt, have become enthusiastic believers in the law of *similia similibus curantur* as laid down by Hahnemann. Of this number, three were graduates in medicine from the College of Physicians and Surgeons (Medical Department of Columbia College of New York City), Hahnemann of Chicago, and Homœopathic Department of State University of Iowa, who were willing to give six months of their time, listen to the same lectures and attend the same clinics with under graduate if by so doing they might learn that which had been as a sealed book in the past.

The degree of *Doctor of Medicine* was conferred upon six candidates, every one capable of going out into the world and defending, single handed, the truths of homœopathy.

The past three years has been regarded as a period of probation by the promotors of the institution, and every expression uttered either for or against, from within or from without has been carefully weighed and a proper estimate placed upon it. The result of this thorough investigation has been so gratifying that steps are being taken to place DUNHAM MEDICAL COLLEGE upon a solid financial basis. To this end, the incorporation has been placed at One hundred thousand dollars, divided into seven-five thousand assessable stock and twenty-five thousand paid up and non-assessable stock. Of the former, fifty-four thousand has already been subscribed, and of the latter nearly ten thousand has been taken.

The substantial evidence of permanence, together with the high standard of teaching required has resulted in bringing to her support men of influence and experience, who have stood aloof watching and waiting for evidence of stability before identifying themselves with its destiny.

The college property will be purchased by the new corporation and steps taken in the near future for the erection of a suitable hospital upon the vacant lot adjoining.

As soon as all the details have been perfected, a Preliminary Announcement will be made to the profession, which will be followed in due time by the regular college announcement.

TO STUDENTS OF MATERIA MEDICA.

In suggestions for study of *Materia Medica*, we propose to outline what would be a good method for the student who has actually begun his work on the subject. Thus, as a preceptor I

would advise and insist on careful reading of records or original provings, explain why these provings are made; also, induce him to "Prove" a drug, either upon his own organism or upon some one with whom he is closely associated, but in ignorance of name or nature of the drug proved. Such drug preferably, one which is well known and pronounced in its pathogenesis. The results of his provings to be later used by him as a copy from which he is to discover the name from his own observation. He also should do a fair amount of text book reading on the subject of *Materia Medica* and Therapeutics, advising to so read as to learn the relationships or at least to begin acquaintance with the relative aspects between symptomatology of disease, drug provings and therapeutics.

As text books, I insist upon the *Organon*, Chronic Diseases, Vol. I, Raues' Pathology and Therapeutics, (not the last 1898 edition) also THE HAHNEMANNIAN ADVOCATE, and the old volumes of the ADVANCE and the *Homœopathic Physician*, also Dunham's *Materia Medica* and Therapeutics. When our student has read himself into a really interested condition of mind, faculties, alert and hungry, I would select a special drug whose pathogenesis promised to interest him, see that he carefully studies the provings that drug—in Hering's Guiding Symptoms, then in the condensed. Also to make notes from all cases that he can find in journals when that remedy has been prominent or curative, and further illustrate from my own bedside practice. During this special work on the one remedy, I take pains to show the difference between this and other remedies similar in action, and emphasize the leading characteristics.

From the result of this study, and the thoroughness and interest taken by the student, I know whether he is ready to more systematically take up the study of drug pathogenesis, with a view of gaining a real knowledge of the medicinal forces, which he is to wield when fitted for active work as a physician.

To this end I propose to have him work along the lines of a systematic schema, which takes in Pharmacy and at least an acquaintance with the Botany and Chemistry of the most prominent drugs and substances to be studied.

I offer the following elements of the study: Medical Chemistry and Botany as reading exercise. Pharmacy more carefully read and especially as to the classification and preparation of drugs, which includes Tinctures, Drugs and Medical Chemicals.

Nosodes and Morbid products with methods of potentization by trituration, fluxion etc., etc., according to the classification of the homœopathic pharmacopœa.

As to the phenomena to be recorded from drug action, in systematic and accidental provings, clinical etc., etc., there seems to be a natural arrangement suggested for each department—i. e. drug pathogenesis and disease symptomatology, which may be indicated in this way, each step suggested in sequential order, as we go on in the study. 1st (a) Physiological action, this may be Toxic and pathological. The Toxic action divides into Paralyzing and Blood or nutritive changes. Pathological action, divides into Tissue metamorphosis, Chemical action and functional modifications.

F. O. PEASE

TO BE CONTINUED.

AMERICAN INSTITUTE OF HOMŒOPATHY.

TO THE READERS OF THE HAHNEMANN ADVOCATE: The annual meeting of the *American Institute of Homœopathy* to be held at Omaha, Neb., beginning on June 24th, 1898, bids fair to eclipse all previous gatherings of this vigorous association. The interest in the Institute has been stimulated and strengthened, and it is evident that an united effort will be made to advance the influence and power of the Institute in every possible way. There should be but one desire, one aim, and ambition in common to all the members of the Institute, and that should be to aid by every endeavor to try and make this meeting of 1898 exceed all our former records. The various Chairman of the Sections have prepared excellent progress, and they have made it a special point to consider, not quantity but quality in the papers presented. Each paper will be definitely arranged for in the sectional programs, and will be well and ably discussed. Some of the Sections have in preparation programs which will be entirely novel to most of the members of the Institute. Whatever changes are made will be made to increase the interest in sectional work. The Local Committee at Omaha have been most thoroughly occupied since last fall, and have done an immense amount of work. They are prepared to afford us a number of welcome surprises while we are their guests; in fact there seems to be no limit to their hospitality. There will be ample accommodations at Omaha so far as the hotels are concerned for all who attend the Omaha meeting, and the rates will be extremely

reasonable. It will not be forgotten that the great International Exposition will be held at Omaha during the time of the Institute meeting. This in itself, as it will be the greatest Exposition held in this country since the Chicago World's Fair will be a great attraction, various excursions have been arranged for, one to Yellowstone Park and return, another to Denver, to the Garden of the Gods, Colorado Springs, Salt Lake City, Glenwood Springs and return to Omaha. Others will be announced. The reports from various sections of the country indicate that the attendance at the Institute will be very large, and it is expected not only that every member should come himself to attend this meeting, but that he should try to bring with him at least one new member; this is certainly not a laborious task and could easily be done if earnestly undertaken.

Let us all pull together at Omaha, and make that session not only the most pleasant in its relationships, not only the greatest in its record of attendance, but the most perfect in harmony, the most marked in progress and in contributions to medical science. Railroad rates and different routes for reaching Omaha, and statement of hotel accommodations will be found in the annual circular. I am,

Very truly yours,

E. H. PORTER, Gen'l Sec'y.

Hahnemann Medical College of Philadelphia, celebrates its fifteenth anniversary on the 12th of May next. The Alumni Association are making arrangements for a very extensive celebration of this anniversary. Class reunion will be held in the morning, the commencement in the afternoon, and the banquet in the evening. Assuming that the spirit of fraternal hospitality shown by the Alumni of this College, at the last meeting of the American Institute in Buffalo, is but a shadow of the real feeling, when under the inspiring influence of their Alma Mater, it would seem that every alumnus of this grand old institution, would strain every nerve, rather than be denied the privilege of this semi-centennial anniversary.

Dr. R. B. Leach of Minneapolis, has succeeded in getting his Arsenization method for treating Cholera before the United States Senate and the same has been referred to the committee on public health and national quarantine, and ordered to be printed. The Doctor makes a very strong presentation of this subject, and it is to be hoped, that the aforesaid committee will not allow it to die on their hands without some recommendation.

Book Reviews.

Repertory of the Homœopathic Materia Medica, by J. T. Kent, M. D., 2009 Walnut St., Philadelphia. Price \$1.00 for every 40 pp.

HEAD EXTERNAL AND INTERNAL.

This fascicle contains 120pp of which 84pp are devoted to the most thorough, comprehensive, differentiation of PAINS IN THE HEAD to be found in a repertory. This is not only an *index* of the character of the pain, but also of the concomittant symptoms going with it. It also gives a complete range of the *modalities*, thus grouping everything necessary in directing the physician to the remedy that will prove the simillimum. This serves to resolve that bug bear of the physician's life—*headache* into a comparatively simple matter. It seemed as if the first part—MIND AND VERTIGO would be the most valuable number of the entire work, that a practical application of the second part shows its indispensable character.

EYE AND EAR—80pp.

This number is of great value to the general practitioner, by suggesting to him remedies which have escaped his thorough study, where there seems to be a localized expression of disturbance in these two organs. The same plan runs through this rubric, going from the general to particular with reference to location, character, modality and concomittants.

American Monthly Review of Reviews.—The March number is another achievement in monthly journalism. The topics treated in this magazine are such as occupy much space in the daily press, but the *Review* is able to treat them more deliberately and in a more carefully adjusted proportion. No other illustrated monthly appearing on the first day of March had so much as a reference to the De Lome letter, the *Maine* disaster, or the Zola trial in Paris; but these great themes of the hour are fully discussed in the *Review's* pages. The *Review's* readers expect to have them discussed there, so accustomed have they become to the essential qualities of timeliness and comprehensiveness in the "busy man's magazine."

The Hahnemannian Advocate

A MONTHLY HOMŒOPATHIC MAGAZINE.

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No. 5

Institutes of Medicine.

SPIRIT OF THE HOMŒOPATHIC DOCTRINE OF MEDICINE.

In March, 1813, Samuel Hahnemann wrote an essay upon the above subject which made no impression upon the scientific world; twenty years later it was reproduced, and brought forth some strong criticism. It is now reproduced for the second time, because there is nothing more imperatively needed, than that we should get back to the first basic principles. It will not do for us to say that we have a law of cure, but we must know *why* we have that law, and *how* it works in *all its minor details*. The ignorance upon this very subject, is the great stumbling-block of the profession today. The more thorough the knowledge, the greater becomes the expertness of our application of the same. We must not be content with even a superficial knowledge of its workings, but must become so intimate with the deeper and finer shades of meaning, that we may truly enter into its very spirit.

We hope, that the army of new readers to the *ADVOCATE* may be lead through the reading of this article, to a thorough and critical study of Hahnemann's *Organon of the Art of Healing*.

Hahnemann says "it is impossible to divine the internal essential nature of diseases and the changes they effect in the hidden parts of the body, and it is absurd to frame a system of treatment on such hypothetical surmises and assumptions; it is impossible to divine the medicinal properties of remedies from any chemical theories or from the smell, color or taste, and it is ab-

surd to attempt from any such hypothetical surmises and assumptions, to apply to the treatment of diseases these substances, which are so hurtful when wrongly administered."

To the explanation of human life, as also its two-fold conditions, health and disease, the principles by which we explain other phenomena are quite inapplicable. With nothing in the world can we compare it save with itself alone; neither with a piece of clock work nor a hydraulic machine, nor with chemical processes, nor with decompositions and recompositions of gases, nor yet with a galvanic battery, in short with nothing destitute of life. Human life is in no respect regulated by purely physical laws, which only obtain among inorganic substances. The material substances of which the human organism is composed no longer follow, in this vital combination, the laws to which the material substances in the inanimate condition are subject; they are regulated by the laws peculiar to vitality alone, they are themselves animated just as the whole system is animated. Here a nameless fundamental power reigns omnipotent, which suspends all the tendency of the component parts of the body to obey the laws of gravitation, of momentum, of the *vis inertiae*, of fermentation, of putrefaction etc., and brings them under the wonderful laws of life alone, in other words, maintains them in the condition of sensibility and activity necessary to the preservation of the living whole, a condition almost spiritually dynamic.

Now as the condition of the organism and its healthy state depend solely on the state of life which animates it, in like manner it follows that the altered state, which we term disease, consists in a condition altered originally only in its vital sensibilities and functions, irrespective of all chemical or mechanical principles; in short it must consist in an altered dynamic condition, a changed mode of being, whereby a change in the properties of the material component parts of the body is afterwards effected, which is a necessary consequence of the morbidly altered condition of the living whole in every individual case.

The exciting causes of disease act by means of their special properties on the state of our life, only in a dynamic manner, very similar to a spiritual manner, and inasmuch as they first derange the organs of the higher rank and of the vital force, there occurs from this state of derangement, from this dynamic alteration of the living whole, an altered sensation, uneasiness, pains, and an altered activity, abnormal functions, of each individual

organ and of all of them collectively, whereby there must also of necessity secondarily occur alteration of the fluids and secretion of abnormal matters, the inevitable consequence of the altered vital character, which now differs from the healthy state.

These abnormal matters that show themselves in diseases are merely *products* of the disease itself; which, as long as the malady retains its present character, must of necessity be secreted, and thus constitute a portion of the morbid signs. *They are merely effects*, and certainly do not react upon the diseased body that produces them as disease-exciting or maintaining substances, hence by clearing away or mechanically removing these waste products, the source of the disease can just as little be cured, as a coryza can be shortened or cured by blowing the nose frequently.

Now because diseases are only dynamic derangements of our health, and vital character, they cannot be removed by man otherwise than by means of agents, which also are capable of producing dynamical derangements of the human health, that is to say, diseases are cured virtually and dynamically by medicine. These active substances and powers (medicines) which we have at our services, effect the cure of diseases by means of the same dynamic power of altering the actual state of health, by means of the same power of deranging the vital character of our organism, in respect to its sensations and functions, by which they are able to effect, also the healthy individual, to produce in him dynamic changes and morbid symptoms, the knowledge of which, as we shall see, afford us the most trust-worthy information concerning the morbid stage, that can be most certainly cured by each particular medicine. Hence nothing in the world can accomplish a cure, no substance, no power can effect a change in the human organism of such a character as that the disease shall yield to it, except an agent capable of absolutely (dynamically) deranging the human health, consequently of also morbidly altering its healthy state. On the other hand, however, there is also no agent, no power in nature capable of affecting the healthy individual, which does not at the same time possess the faculty of curing certain morbid states.

Now, as the power of curing diseases, as also the power of morbidly affecting the healthy, is met with in inseparable combination in all medicine, and as both of these properties evidently spring from one, and the same source, the power of dynamically

deranging human health, and as it is impossible that they can act according to a different inherent natural law in the sick, to that in which they act on the healthy, it follows that *it must be the same power of the medicine, that cures the disease in the sick as gives rise to the morbid symptoms in the healthy.* Hence also we shall find that the curative potency of medicine, cannot be ascertained by any purer and more perfect manner than by the morbid phenomena and symptoms (the kind of artificial diseases), which the medicine develops in the healthy individual.

It is self-evident that medicine that tends to develop in the healthy subject different symptoms from those presented by the disease be cured from the very nature of things can never be suitable and efficacious in this case.

It is equally self-evident that remedies employed in a palliative manner can never effect a permanent cure, because according to a wonderful provision of nature, organized living beings are not regulated by the laws of unorganized (dead) physical matter. They do not receive the influence of external agents like the latter in a passive manner, but strive to oppose a contrary action to them.

The living human body does allow itself to be changed by the action of physical agents, but the change is not, in it, as in inorganic substance, permanent. On the contrary, the living human organism tries to develop by antagonism the exact opposite of the affection produced from without, as for instance a hand kept in ice cold water long enough and being withdrawn does not remain cold nor merely assume the temperature of the surrounding atmosphere as a stone ball would do or even assume the temperature of the rest of the body. The colder the water of the bath was, the longer it acted on the healthy skin of the hand, the more inflamed and hotter the latter will become. Therefore it cannot but happen that a medicine having an action opposite to the symptoms of the disease will reverse the morbid symptoms but for a short time, and give place to the antagonism pervading the living body which produces an opposite state, that is to say, a state the direct contrary of that delusive state of the health affected by the palliative which actually constitutes an opposition to the now recurring uneradicated primary affection and is consequently an increased degree of the original disease. And thus the malady is always certainly aggravated after the palliative has exhausted its action.

In chronic diseases—the true touch-stone of a genuine healing art, the injurious character of the palliative remedy often displays itself in a high degree, since from its repeated exhibition, it must be administered in large and even larger doses which are often productive of serious danger to life or even of actual death.

It would not be difficult therefore to perceive what are the laws of nature according to which the only appropriate cure of disease, the homœopathic, takes place and must necessarily take place. The first of these unmistakable laws of nature is: *the living organism is incomparably less capable of being affected by natural diseases than by medicine.* A multitude of disease-exciting causes act daily and hourly upon us but they are incapable of deranging the equilibrium of health or of making the healthy sick; the activity of the life sustaining power within us usually withstands the most of them, and the individual remains healthy. It is only when these external inimical agencies assail us in a very aggravated degree and we are especially exposed to their influence that we get ill, but even then we become seriously ill only when our organism has a particularly affectable, weak side (predisposition) that make it more disposed to be affected by the morbid cause in question and to be deranged in its health.

If the inimical agents in nature that are partly physical and partly psychical which are termed morbid injurious agents, possessed the unconditional power of deranging the human health, they would, as they are universally distributed not leave any one in good health. Every one would become ill and we should never be able to obtain an idea of health. But, taken on the whole, diseases are exceptional states of the human health and it is necessary that such a number of circumstances and conditions, both as regards the morbid agents and the individual to be affected with disease should conjoin *before a disease is produced by its exciting causes*, it follows, *that the individual is so little liable to be affected by such injurious agencies that they can never unconditionally make him ill, and that the human organism is capable of being deranged to disease by them only by means of a particular predisposition.*

But it is far otherwise with the artificial dynamic agencies termed medicine. Every true medicine acts at *all* times, under *all* circumstances, on every living animated body and excites in it the symptoms peculiar to it (*in a perceptible form if the dose be large enough*), so that evidently every living human organ-

ism must always and inevitably be affected by the medicinal disease and infected so to speak, which, as is well known, is not the case with respect to morbid injurious agents. Even the pestilential diseases do not effect every one unconditionally, and the other diseases leave many more individuals unaffected even when all are exposed to changes in the weather, the seasons, and to the influences of many other injurious impressions.

All experience proves incontestably that the human body is much more apt and disposed to be affected by medicinal agents and to have its health deranged by them than by the morbid injurious agencies and contagious miasms, or, what is the same thing, that the medicinal powers possess an absolute power of deranging human health, whereas the morbid agencies possess only a conditional power, vastly inferior to the former.

To this circumstance is owing the possibility of the cure of diseases by medicines generally, but in order that the cure should take place, the second natural law should also be fulfilled to wit: *a stronger dynamic affection permanently extinguishes the weaker in the living organism, provided the former be similar in kind to the later.*

Now as the dynamic affections of the organism (caused by disease or by medicine) are only cognizable by the phenomena of altered functions and altered sensations, and consequently the similarity of its dynamic affections to one another can only express themselves by similarity of symptoms; but as the organism must be more susceptible to the medicinal affection and must be more disposed to allow itself to be influenced and deranged by medicine, than by the similar morbid affection, it follows undeniably, that it will be freed from the morbid affection if we allow a medicine to act on it resembling it very closely in similarity of symptoms; for the organism, as an individual unity, cannot receive two similar dynamic affections at the same time, without the weaker yielding to the stronger similar one, consequently as it is more disposed to be more strongly affected by the one (medical affection), the other similar, weaker one (morbid affection) must necessarily give way, where upon the patient is cured.

Since the human organism even in health is more capable of being affected by medicine than by disease, so when it is diseased it is beyond comparison more affectable by homœopathic medicine than by any other, and indeed it is *affected in the highest degree possible* since it is already disposed and excited by the

disease to certain symptoms, it must now be more liable to be deranged to similar symptoms by the homœopathic medicine—just as similar mental affections render the mind much more sensitive to similar emotions; hence only *the smallest dose is necessary and useful* for their cure.

Hence the organism will be powerfully affected and possessed by the potency of even a very small dose of a medicinal substance, which by its tendency to excite similar symptoms, can outweigh and extinguish the totality of the symptoms of the disease; it becomes as I have said, free from the morbid affection at the very instant that is taken possession of by the medicinal affection, by which it is immeasurably more liable of being altered.

HOW TO ADVANCE HOMŒOPATHY.

E. W. BERRIDGE, M. D., LONDON.

Mr. President, Ladies and Gentlemen: Through the courtesy of our President I have been invited to address you on some subjects connected with our beloved science and art. In responding to this flattering appeal, I cannot help feel how imperfectly I can acquit myself of this pleasing task. In your ever progressing and enlightened country, free from the fetters of the king-craft and priest-craft of the old world, our art of feeling has advanced so rapidly, that it is to the veterans of America to whom the rest of the world should look for aid rather than to us who seem to be of yesterday. Nevertheless, I will attempt, however imperfectly to present for your indulgence and consideration, a few thoughts on that subject which we all profess to have at heart, namely: How Can We Best Advance Homœopathy?

It cannot be denied that Homœopathy has not advanced, and is not advancing as rapidly as we could desire, nor as rapidly as we once had just and reasonable grounds for expecting it to advance. In the United States, where it has taken the firmest root, and where its spreading branches the most widely overshadow the land with healing in their leaves, the old school is yet triumphant in point of numbers; and to this day the rules of medical trades unionism, euphemistically called "professional etiquette," are brought to bear upon us by our opponents. In Great Britain we have but two hundred and seventy-five vowed

homœopathic physicians, and this number includes not a few who have not the slightest claim to this honorable title, and while there are many colleges and universities empowered by the state to grant degrees in medicine, we have not one legally recognized school of Homœopathy. On the continent, matters are in the same unsatisfactory condition. Except in the United States, and for the last few years in Great Britain, there seems to be everywhere stagnation, if not retrogression. It ought to be far otherwise. More than forty years have elapsed since Hahnmann penned the last edition of his *Organon*; more than eighty years since he first announced the law of Similia, and yet how little fruit has his life work borne in comparison with what should have been. Why is this? To what causes are we to attribute the fact that the profession and the public have not more universally accepted Homœopathy?

There are those nominally among us, who have a stereotyped answer to this question. Hahnemann, they say, was too dogmatic, too uncompromising, too visionary; and as a panacea for the unbelief that now prevades the allopathic mind, they recommend that we should give up what they call our "sectarian attitude," that we should drop and disavow the name of Homœopathy; that we should repudiate as untenable that which they term the extravagances of Hahnemann, such as his doctrine of chronic diseases, etc., and finally that we should claim for Similia Similibus Curantur, not the position of a universal law, but only that of a very good and useful rule of practice to which there may be many exceptions. "Do this" they say, "and the old school will advance to meet us half way; the medical millennium will arrive, and the lamb will lie down with the lion." Yes, truly; but the lamb will be inside the lion. The experiment has been tried in both in the United States and Great Britain, and with what result. Fortunately for our school, not by acceptance of the proffered amalgamation. On the contrary, the old school repulsed these well-meaning but erring colleagues with scorn and contempt. And so it will ever be. Do not let us be mistaken in this matter. Our allopathic brethren are not all fools; they can discern the difference between the gold and the counterfeit, they are honest though in error and they will always reject the overtures of men who are not true in practice, to the principles which they profess, or who show signs of wavering in the presence of the enemy. If we wish the old school to amal-

gamate with our own, it will never be effected by compromise. Truth and error cannot co-exist. No man can serve two masters. No man can halt between two opinions without suffering the natural consequences of his indecision. If Homœopathy be false, then let us at once relinquish our distinctive name, and avow ourselves eclectic if it be true, let us stand firm, nor yield a single inch of our vantage ground. *Magna est veritas et praevalēbi.* Truth has no occasion to descend from her lofty eminence, and ask permission to be heard.

I speak unhesitatingly upon this subject because I speak from experience. My friend and co-editor of our Anglo American quarterly, "*The Organon*," was a leading allopathic physician, well versed in the science of which the old school boasts. He was one of the bitterest opponents of Homœopathy, and the originator of the law of the Liverpool Medical Institution which enacts that no Homœopathist should be eligible for membership, and that should any member adopt that system he should thereby forfeit his membership. I cannot wonder at it. He had seen the so-called "Homœopathy" practiced in that city; he knew how utterly false were the pretensions of many of its nominal adherents. It is to be wondered that he made no distinctions, knowing none and classed all under the same category? But when we became acquainted with each other and when I explained what the true Homœopathy of Hahnemann was, he listened attentively, put the matter to the practical test, became convinced of its truth, sent in his resignation to the Liverpool Medical Institution, as he was compelled to do under his own law, and is now as we all know, one of the most enthusiastic and uncompromising of Hahnemann's followers. Long afterwards he said to me, "if you had not been a Hahnemannian, you would not have converted me."

Such has been the effect of our wavering upon the minds of our allopathic brethren; what effect has it had on ourselves? Ever since that fatal error was committed by one we nevertheless hold in honor, of proclaiming "absolute liberty in medical opinion and action," a change for the worse has taken place in our own ranks. Ever since that time the name of Carroll Dunham has been held to sanction every kind of empiricism; forgetting that he himself in his teaching and practice was a true Hahnemannian, men have eagerly caught at his well-intentioned though mistaken, perhaps misunderstood words, and ever banded them-

selves together to overthrow those that remained true to the teachings of the great Master. I need not recount the various phases of the struggle, they are all well known to you; suffice it to say that the crisis is past, and convalescence has commenced. There are indications both here and in my own country, of a desire to return to a purer faith and a truer practice. How can we best accomplish that great work? How are we to advance Homœopathy, and render it the sole, and universally received science and art of therapeutics?

The answer is simply this: we must go to the fountain, and there drink of the water of life freely. We have neglected this; we have thought we were wiser than our teacher; we have attempted to run before we could walk, and the usual consequences have ensued. We must undo all this; we must be willing to begin again like little children, and learn the A B C, and when we have mastered the alphabet, we must try our hand at reading, and perhaps in time even writing an original work. The great error of the present race of homœopathist's is their neglect to study the *Organon* of Hahnemann, and it is to this great work, the very Bible of Homœopathy, that I especially desire to call your attention. I do this with the more earnestness, because I find there are many who have never even read it, much less studied it. The *Organon*, they say, "is full of Hahnemann's theories." Leave out the theories then, Hahnemann merely gave them for what they were worth as the best explanation he could give for certain facts. His theories were based upon his facts, not his facts upon theories. To know the true meaning of a fact is of scientific interest, but it is not essential to the fact itself. Destroy Hahnemann's theories if you chose, you will not thereby shake one single stone of the temple of Homœopathy. Yet even to the present day we find men wasting their time writing against Hahnemann's theories. Perhaps they do so because his facts are too strong for them.

"But," says another, "we have the new law, what more is needed?" Aye, the law; but of what use is a law unless you know how to apply it? You meet with a chronic case which is benefitted by your remedy; the symptoms cease, then return in a milder form. What are you going to do now? Will a mere knowledge of the law help you? If you have not the rules of Hahnemann to guide you, you will probably repeat the medicine and so do harm; whereas if you have studied his writings, you

will know that such periodical exhibitions are of frequent occurrence, and that the remedy must be allowed to act without interference. Will the law alone tell you how long to wait before deciding that the medicine will not act, and is therefore incorrectly selected? Will the law alone tell you that in all periodical diseases the best time to give the dose is just after the paroxysm? You talk of the law of Similia, but do you know what is the "like"? To judge from the perscriptions frequently made, the sole idea of "like" in the minds of many, appears to be a vague pathological resemblance instead of the minute semeiological correspondence of Hahnemann. Pathology is not without its use, but that use is not in the problem of selecting the most appropriate remedy. Pathology does not indeed often tell us whether a new symptom, is of favorable or unfavorable import, and hence whether it requires to be treated or not; but in the actual selection it is not of the slightest value, not only because it is theoretical, and more or less uncertain, but because even at its best, it can only generalize, and not individualize.

Was there only one utterance I could make during this visit to your mighty continent, it would be "study the *Organon* of Hahnemann." Read it again and again. Those who study it the most, testify that it never wearies them, that it seems ever fresh, that something new, or something the full force of which they have never grasped before, at each perusal meets their mental eye. Do not be led astray by those whose utterances would lead you to first study fallacious manuals on pharmacodynamics, or essays written by men whose object is to glorify themselves at the expense of a system which they have never comprehended, though they are indebted for the very reputation they possess. Do not be let astray by the fallacious dictum that the *Organon* should be placed for "frequent perusal, and is a trusted guide in the hands, not perhaps of the student, but of the educated, earnest practitioner." On the contrary, I maintain that the *Organon* of Hahnemann is the very first book which the student should read, without which he can really learn nothing about Homœopathy.

The *Organon* is like the mariner's compass, without which the finest ship is in danger of being wrecked. You may know your materia medica by heart, but without a knowledge of the rules by which to apply it, your success will be imperfect; but with this knowledge, and with faithful adherence in actual practice to the teachings of Hahnemann, your success will be certain.

It is not as a blind bigot or a fanatical enthusiast, or a mere hero worshiper that I urge these matters upon your attention. I am as ready as any man to worship a hero, but his right to the title must first be demonstrated to me. Since I first discovered how I was raised in early days by teachers, and taught to believe implicitly much that reason and maturer judgment have compelled me to reject as fallacious, I have become skeptical in all things, and required absolute proof before I accept a statement as absolutely true. And my absolute and unwavering acceptance of the truth of the practical teachings of Hahnemann is based upon experience. It is now eighteen years since I first commenced the study of Homœopathy; I have compared it with allopathy, and with eclecticism. I have tested it in the most severe acute diseases threatening life; in the most chronic and inveterate diseases which have baffled all other treatment, and in incurable cases, when only euthanasia was possible, and I have never once found Hahnemann's teaching to be wrong. Nay more, though Hahnemann's faithful followers have made many discoveries in the same field in which he labored, so vast was his insight, so profound his genius, that there is scarcely a therapeutic discovery of modern times of which you will not find at least the germ in his writings.

Hahnemann's system is the true, the only science of therapeutics, and if my words have persuaded any of you who may have departed from his standard to adopt a purer practice and a truer faith, I shall feel that my visit to you had not been in vain.

(The above paper was prepared for the American Institute of Homœopathy and was *read and received* by that body at its famous meeting in Milwaukee in 1880, and on the following day the writer was compelled to withdraw the same, because it touched too many vulnerable points in lives of many present. As a matter of self protection, all reference to the discourteous act was expunged from the *Transactions* of that year.

The general tenor of the meeting was so antagonistic to the theory of dynamics in medicine, one of the most vital principles involved in the law of cure, that the International Hahnemannian Association was formed with the following well known and highly honored men as their first representatives: P. P. Wells, President; T. E. Pomeroy, V. Prest.; J. P. Mills, Sec. and Treas.; E. W. Berridge, Cor. Sec'y; Ad. Lippe, Chairman of Materia Medica; C. Pearson, Clinical Medicine; E. A. Ballard, Therapeutic Surgery; T. E. Pomeroy, Obstetrics and Diseases of Women and Children.—E.D.)

HOMŒOPATHY AND DRUG MIASMS.

EDITOR OF HAHNEMANNIAN ADVOCATE: *Sir*—Many will have read with much interest Dr. Close's article entitled "Homœopathy and Drug Miasms" published in the March number of your journal. As some of its arguments appear to me illogical and therefore misleading, will you permit me through your pages to offer a little friendly criticism.

If I have read the article aright, Dr. Close is one who, while admitting the fact that the effects of a drug can often be cured by a high potency of the same drug, yet fears lest the too universal adoption of this method of treatment may lead to the establishing of that dreaded principle of isopathy to the subversion of true homœopathy, the priceless heritage bequeathed to us by the great Master in the heart of healing, the immortal Hahnemann.

A correct definition of isopathy and its true relation to homœopathy are questions which are occupying the minds of many homœopaths today and is certainly to the interest of homœopathic philosophy that they should if possible be determined.

I cannot but feel that many are facing these questions with a prejudice which must ever bar the way to correct solutions.

What are the known facts bearing on these questions, admitted by all and which may therefore form a common ground of argument? First, there is the fact expressed in the formula *similia similibus curantur*; secondly, there is the fact that the effects of a drug have been cured by a high potency of the same drug.

The questions at issue are: First, Does the latter fact establish the principle of isopathy, and may isopathy therefore be correctly and comprehensively defined to be the practice of curing the effects of a morbid agent by administering the same morbid agent? Secondly, If this be isopathy, does it constitute a separate law of cure, or is it simply an application of the law *similia similibus curantur*? What is the true relationship of isopathy to homœopathy?

Now, the prejudice with which some face these questions is born of the consciousness that, in admitting that the cure of the effects of a drug by the drug itself is an application of the law of similars, they must logically accept it as the most perfect application of the law, and therefore that which is always to be aimed at. To be forced to this conclusion is what they most dread, for it engenders the fear that the practice of homœopathy must then

degenerate into a simple effort to discover in every case what has made the patient sick, and having done so to administer it regardless of the symptoms present.

Even if this must be considered a degeneracy, surely the fear is unfounded for the symptoms in the case must always be looked to as the crowning evidence that any particular agent has caused the sickness. Whether or not, however, there be ground for the fear, and however much those who entertain it might deplore what they would consider the degenerating of homœopathic practice into routinism, they must remember that in the search for truth it must not be allowed to warp their judgment or turn them aside from logical deduction.

Influenced by this fear of routinism, Dr. Close takes what appears to me to be an utterly illogical position. He contends that under certain definite conditions a high potency of the drug abused, that it to say the force that has made the patient sick, is the simillimum, but warns us against and severely condemns the too extensive application of this method of prescribing. We are thus compelled to infer that under certain other conditions, the simillimum is not a high potency of the sick-making force and must be looked for among other drugs.

Let me quote from Dr. Close's article:

“Briefly stated, the application of the principle *similia similibus* is logically extended to cover drug diseases as well as natural diseases, by the administration of the simillimum, which consists under certain definite conditions, of a high potency of the drug abused. This is the true curative in cases which otherwise often prove incurable, as experience shows.

“The advocates of method, however, in their enthusiasm are in danger of carrying it to an extreme. Extremes are always dangerous. The particular danger which lies in carrying this method beyond certain limits is routinism. This means death to homœopathy and accurate prescribing. Rightly used the theory and method are valuable but as carried out by some of its advocates its deserves the severest condemnation.”

The difficulty of maintaining this position is evident from the following contradictory statement which appears further on in the article, when Dr. Close in the effort to show that a high potency of the drug abused is simillimum and not *idem*, something between similitude and identity, upsets entirely what has gone before and tells us plainly that there can only be one simillimum

to the effects of a morbid agent and that a high potency of the agent itself.

He says: "Accepting as true the law of Similars and the law of Potentiation, there can logically be only one simillimum to the effects of any drug or morbid agent whatever, and that is a high potency of the drug itself. The most that any other drug can be is a simile. This must be perfectly evident to any one who will reflect upon it. The last infinitesimal degree between simile and idem, between similitude and identity, between similar and the same, is expressed by the term simillimum. It is synonymous with equal, but it is not identical. Nothing can be so similar to the actual drug abused, and yet not be the same thing, as a high potency of the drug itself. Potentiation changes the form but not the essential nature of the drug."

Thus to refute Dr. Close's first contention that only under certain definite conditions the high potency of the drug abused is the simillimum, we have only to accept his statement that there can logically be only one simillimum to the effects of any drug or morbid agent whatever, and that is the high potency of the drug itself.

There is surely, however, a manifest fallacy in the argument which attempts to show that the use of a high potency of the drug abused is the use of simillimum and not idem, is homœopathy and not isopathy. Dr. Close uses the argument commonly advanced by those to whom isopathy is a bugbear, and who yet cannot deny that the effects of a drug have been cured by the drug itself, and maintains that difference of potency constitutes a difference of identity. If we admit that difference of potency constitutes difference of identity then clearly the simillimum, that which is most similar and yet not the same, is not a high potency of the drug abused or sick-making agent, but that drug or agent in the least conceivable departure in potency from that which caused the sickness.

If we introduce the factor of potency in determining what is or is not the simillimum, we land ourselves in utter confusion. The similarity of one force to another force and its consequent efficacy as a homœopathic remedy for the effects of that other force must depend solely on the power inherent in it to produce similar symptoms. The appropriate potency to be used depends solely on the susceptibility of the life force of the patient. Whether we prescribe the force that caused the sickness and thus

practice isopathy or a force as nearly as possible similar and yet not the same and thus practice homœopathy, we assuredly do not attempt to prescribe it in a potency as nearly as possible the same as the potency of the sick-making cause, but seek only to suit our potency the susceptibility of our patient.

In concluding his article, Dr. Close states plainly that to give a high potency of a drug which has been abused is not isopathy but homœopathy pure and simple, and in support of his statement he appeals to the following words of Hahnemann on the use of *Psorinum*:

“I say *homœopathic* use, for it does not remain idem (the same); even if the prepared itch substance should be given to the same patient from whom it was taken, it would not remain idem (the same), as it could only be useful to him in a potentized state, since crude itch substance which he already has in his body as an idem is without effect upon him. But the dynamization or potentizing changes it and modifies it, just as gold leaf after potentizing is no more crude gold leaf, inert in the human body, but in every stage of dynamization it is more and more modified and changed.”

“Thus potentized and modified also, the itch substance (*Psorin*) when taken is no more an idem (same) with the crude original itch substance, but only a *simillimum* (thing most similar). For between IDEM and SIMILLIMUM there is no intermediate for anyone who can think; or in other words, between idem and simile only *simillimum* can be intermediate. Isopathic and *æquale* are equivocal expressions, which if they should signify anything reliable can only signify *simillimum*, because they are not idem.”

Thus does Hahnemann define and dispose of isopathy and according to Dr. Close nothing could be clearer or more logical and the argument of the Master is final.

With all due deference to Hahnemann, in honoring whom I will not take second place to any, to my mind nothing could be more confusing or illogical.

Hahnemann's argument is that because crude itch substance does not produce the same effect as potentized itch substance, therefore potentized itch substance is not the same itch substance as crude itch substance, and because crude gold leaf is inert in the human body and potentized gold leaf may produce an effect, therefore potentized gold leaf is not the same gold leaf as crude gold leaf. Surely it would be as reasonable to argue that

because we obtained a curative effect from the ^{cm} potency of *Lycopodium* when the ^{6x} failed to act, *Lycopodium* in the ^{cm} potency is not the same *Lycopodium* as *Lycopodium* in the ^{6x}. Indeed we might almost as reasonably say that because 3 grains of *Arsenic* killed a man when one hundredth of a grain had no effect, therefore the *Arsenic* in the 3 grains is not the same as the *Arsenic* in the one hundredth of a grain.

If however we admit the force of Hahnemann's argument and with every stage of dynamization of crude itch substance, the wider the difference, then certainly to give a high potency of itch substance, is not to give the simillimum which must be the least possible departure in potency from the crude substance.

To the question, Does the fact that the effects of a drug have been cured by a high potency of the same drug establish the principle of isopathy, and may isopathy therefore be correctly and comprehensively defined to be the practice of curing the effects of a morbidic agent by administering the same morbidic agent? I would unhesitatingly answer, Yes. One single instance of the fact clearly demonstrated does away with difference of identity between the curative force and the sick-making force as an essential factor in the operation of the law of cure. If this factor be done away with we cannot avoid the conclusion that the force that caused the sickness is always the most appropriate remedy, for nothing can so surely produce the same symptoms as the same force. Isopathy may be correctly defined to be the practice of curing the effects of a morbidic agent by the same morbidic agent, because such definition correctly explains the term. It may be comprehensively so defined, because such definition includes all that it is necessary to say about it and to add that the morbidic agent must be in the same potency would be to destroy its correctness.

To the question, Does isopathy constitute a separate law of cure? There can surely be only the one answer; certainly not. Inasmuch as the law of similars will the more effectually operate the more surely the remedy administered is capable of producing the same symptoms, and as nothing is so surely capable of so doing, as the force that caused them, to administer that force is to make the most perfect application of the law.

I cannot conceive it possible logically to defend the statement that to give as a remedy a high potency of the agent that has caused the sickness is not isopathy; nor can I conceive of a log-

ical position between refusing to admit that an isopathic prescription can cure, and accepting such prescription as the most perfect application possible of the law of similars, and therefore that which is most to be desired.

It is to be hoped that these important questions in homœopathic philosophy will continue to be much discussed, in order that they may be the more speedily determined.

W. WARREN BALDWIN.

Port Carling, Muskoka, Canada.

ANTIDOTAL TREATMENT OF DISEASE.

This question is receiving so much attention at the hands of the profession, it may be interesting to quote the following literature from the *Medical Advance* for February, 1880, page 102.

Miss F., age 22, dark complexion, stout and fleshy, was attacked with nervous headache in November, 1879. The pain was very sharp as if pierced with a knife extending from the frontal region to the occiput. An allopathic physician was called and diagnosed rheumatism. He treated it with liniments and opiates, which would give relief for from one to three or four days at a time, when it would return with increased severity. The menses, which were light colored and scanty for months previous to the attack, became more and more scanty with each menses, until Jan. 1880, the flow entirely ceased. In December, 1879, she began to be deaf and towards the end of Jan., 1880, could not hear a shout close to her ear.

In April, 1880, I was called and prescribed *Belladonna*, which entirely relieved her headache in a few hours, since which time she has been free from pain except at the menstrual crisis when it resembles labor pains in character and continues about two days quite severely.

In May, 1880, at the time of the menses, on waking in the morning her hearing returned and she became blind the same day. This change was accomplished without any pain in the head, but on attempting to rise she felt giddy and fainted. During the entire summer she has been unable to see any object and most of the time could not detect daylight.

The pupils are widely dilated and a nervous twitching of the recti-muscles trouble her at times. In every other respect her eyes are normal. She can now, Nov., 1880, detect the windows in the room and at times define the outlines of a person, but her tongue is getting so thick and clumsy she can scarcely articulate a word and lisps badly when attempting to speak. Wanted from some of the experts, diagnosis and probabilities of cure.

On page 103 of the same volume, Dr. J. B. Morgan writes as follows: It reads very much like a case of hæmorrhage or meningeal inflammation, or both or even a tumor at the base of the brain, and involving the trunks of the second, third, auditory and hypoglossal nerves. A ophthalmoscopic examination will greatly aid in the diagnosis. Also urinary tests. The original Allopathic treatment probably included quinine in large doses. I have witnessed

similar symptoms after fever treated by that drug used during sickness. *Quinine in high potency and other antidotes to the crude drugs offer the best prospects of cure.* The prognosis is in my judgment very doubtful, but as the patient is yet young and the symptoms are unsteady, most of the trouble, with great care may be made to yield.

Several things are to be noted in this article which must be taken into consideration in every question involving the selection of a remedy with the hope of effecting a cure. In the first place, it will be noted that the blindness and deafness do not come as a result of direct medication, neither external or internal. Weeks and in all probability months have passed since any medicine has been taken that was capable of producing pathological conditions. In the present case, it was the result of changes in the relationship between the vital energies and the material substance gradually increasing in severity, because nothing was being done to restore harmony. It was, therefore, purely dynamic in character. It would be interesting to know the condition which preceded this nervous headache. But be that as it may the fact that she was under the care of an old school physician from November until April is very strong proof that the deafness and blindness were the result directly or indirectly of the treatment received. But the interesting part of the question lies in the fact that eighteen years ago, Dr. Morgan was advocating the use of quinine high, in such cases as these. The study of the pathogenesis of *Quinine Sulph.* will give the grounds upon which he reaches the conclusion that quinine has been abused. Another thing to be noted in the practice of those who find the simillimum in the highly potentized form of the *same agent* which has been abused is, that the remedy is selected after the material effects of the drug has disappeared and nothing remains but the evidence of a dynamic disturbance. It cannot, for that reason, be regarded as an antidote, but the selection of that remedy capable of producing a dynamic disturbance, most perfectly resembling that of the existing miasm and therefore coming within the law.

WAS IT CHANCE?

R. M. BARROWS, M. D., CHICAGO.

PROF. DISEASES OF CHILDREN, DUNHAM MEDICAL COLLEGE.

The following case which occurred in my practice a number of years ago when I first began employing the higher potencies, marks in a measure a new era in my life.

Bred as I was in the old school ways and methods, the adoption of the new school practice was a gradual growth with me. I remember with what fear and trembling I employed a 3x potency of *Phytolacca* in a case of threatened abscess of the breast, not daring to figure out the amount of medicine my patient was receiving, but just going it blind, having been assured by my homœopathic friend, Dr. Burt, that it would do the business—and it did, much to my surprise and joy. Thus with feeble and uncertain steps, I began to find a better method for the treatment of diseases. I emerged as it were from the chrysalis state of routine practice with its massive doses of crude drugs given purely on the name of the disease present to a new and advanced state of existence in which potentized drugs are given according to a fixed law.

But while this was a great stride ahead over old school methods, I found as time went on, I was unable to meet many conditions which arose in my practice by the 3x potencies and lower to which I had confined myself. My remedies would not act or if acting would aggravate the case. What must I do? Change the remedy. This I did frequently with no better result. What did I finally do? What every so-called homœopath must do until he finds a better way, resort to old school expedients, or let the case go to another doctor. This last no one would think of doing while there is a remedy or expedient in the universe, one could lay hands on. Nor do I blame anyone for so doing if he knows not a better way. But I wish this article to show you there is a better way. I believe it is through ignorance that most of us have—sinned by compulsion as it were—our homœopathy not being sufficient to meet many cases. Either homœopathy can't reach all cases or we don't practice it right. Believing the latter to be the case with myself I began experimenting with the higher potencies. It was with a good deal of hesitancy I began to employ the 30th and 200th potency. To my old school mind it seemed like giving moon-shine, but when indicated how quickly and certainly they acted. My using the very high potencies was marked and emphasized in a striking manner by the case I am about to relate. It was of a lady who holds a prominent place in society, a Mrs. B—, and the circumstances of my securing the case were in themselves peculiar.

The lady in question was about thirty-five, married, the mother of two children. She had been suffering for a week with an

acute attack of cystitis. Her sufferings were terrible. Every few minutes she was obliged to pass her water which was attended with great pain and tenesmus. This occurred both day and night and was wearing her out. She had severe pain in her back over her kidneys. Her urine was dark colored as if mixed with blood. Mrs B's antipathy to the medical profession was so intense, from some past experiences of an unpleasant nature, that her husband did not dare suggest calling in a physician. A friend of the family who was a patient of mine, formed a scheme with the husband to get some medicine of me and give as coming from this friend. It was done. I sent a powder of *Cantharides*^{50m} to be given in water two doses only, half an hour apart and then *Sac. lac.* The husband came in my office the next forenoon a happy man. Said within two hours his wife was sleeping and she had to get up but twice the whole night to pass her water. All the pain in the bladder and back was gone, except when actually urinating and this had much diminished. I was asked to call and look after the patient with her free and willing consent. This I did and am happy to say that in three days she was about attending her work as usual with no return of this distressing malady. I have attended this family through a number of years and am happy to say the lady has gotten entirely over her dislike to the profession.

To myself, the question came forcibly home, "Was it chance" that Mrs. B.— was so suddenly relieved by my administering the ^{50m} potency of *Cantharides*? Ask Mrs. B., or her husband or friends. Was the disease about to get well of itself? No, any candid mind would reject such an offense. It was a clear cut case of cause and effect as you can imagine. It made a deep impression on me and from that day to this, I have proved the effect of the higher potencies in a wide range of cases, both acute and chronic. I therefore beg of you my friends who have not tried the higher potencies to do so without fail before resorting to old school guessings, or remedies that cover up. I would not advocate the discarding of the lower potencies, they will reach cases that the higher can't touch, but in the vast majority of cases you will be charmed with the success that the latter will give you and they will remove oceans of worry from your soul.

CASE FROM PROF. WATER'S CLINIC, DUNHAM
MEDICAL COLLEGE.

Mr. D., age 45, dark hair, brown eyes and dark complexion; weight 180.

Come to clinic for "heart trouble." Family history good. Mother died of spinal meningitis.

Had all of the children's diseases very hard.

While in college did a great deal of smoking; the habit has been continued to this time.

About nine years ago first noticed a heart trouble.

Vertigo—tendency to fall forward.

Palpitation of heart.

Gall stone colic off and on for 20 years, last attack five years ago.

Nov. 11, '97. Mentally, usually cheerful, not easily irritated. Fear of being up high, feels as if he would jump from a roof.

Thought of being on a height, causes him to give away.

Would not attempt to go in an elevator to the top of a tall building for fear of being tempted to jump down.

Headache starting in left occipital region, going up over head to left frontal.

Occasional darting, shooting pains.

Radiating over forehead.

< stooping, "like it would fall off."

< walking.

< morning, gets up with it.

< hot temperature.

> cold.

> rest.

> gentle stroking of forehead.

< light closes eyes.

< light artificial.

< when nervous.

Sleep—awakens at 2 or 3 a. m., cannot go to sleep again.

Has to read himself to sleep.

Has to be perfectly quiet.

A chill starts in feet and goes up. (Nervous).

Dreams seem to continue on from the day's line of thought.

Irregular appetite.

Erucltations alternating with anorexia.

Hunger with loss of appetite when he sits down to table.

Likes plain food best.

Dislikes sweets.

Likes tart food.

Likes fats, but they cause sour stomach.

Eructations sour.

Taste disagreeable, foul, on awakening in morning.

Bloated, occasionally after dinner.

< before a spell of palpitation is coming on.

Heaviness of stomach after eating, feels like a load at times.

Bowels—tendency to constipation—regulates them by diet.

Chest—sharp pain in cardiac region.

Stitch like when reaching around to left with right arm.

Twisting the body.

< lying down—palpitation.

< lying on left side.

> lying on right side.

Pulse, 96.

Heart sounds normal, but fast.

Spine—sore spots along spine at times.

Cramping pain only occasionally.

Feet—cannot stand cold damp, it causes an < stomach symptoms.

Sweats—feet—profuse.

Offensive.

< cold wind on back of neck.

< change of weather—makes nervous.

> dry cold weather.

Sweat—profuse general upon exertion.

Crude medicines abused.

Strychnine—recently has tried to quiet his nerves with this.

Coffee.

Tobacco.

Quinine.

Silicia^{cm}.

Nov. 18. > Mentally.

Headache one day not so bad as usual.

Tired and drowsy, when well started is very active.

Sleep—> not awakening so early as formerly.

> chilliness in bed.

Wants to go to bed now, did not formerly.

> weariness on awakening in morning.

- > appetite > dislike for sweets.
- > eructations sour.
- > taste in morning.
- > bloating after dinner.

Bowels loose and very offensive.

Chest > sharp pains.

> lay on either side.

> spots on spine.

> feet.

Pulse 90.

Sac. lac. Dec. 16.

Nov. 24, had an attack of gall-stone colic come on while writing at 4 p. m., and lasted two days. Did not report.

Had dull, steady pain.

< pressure like a sharp pointed instrument in pit of stomach.

White of eyes yellow, skin yellow over body.

Great itching of skin of forehead at this time.

Urine loaded with bile.

Stool at first ash colored and remained so 8 or 9 days. Then a diarrhœa of almost pure bile for 4 or 5 days.

Bowels sensitive to pressure.

> nervousness.

Takes no stimulants.

Still craves smoking.

Felt dull and clouded during attack.

Hungry from morning to night.

> dreams.

> palpitation—slight last night.

< sour after jaundice attack.

Pains in chest gone.

Pulse 80.

Feels better today than for years.

Sac. lac.

Dec. 23. Marked improvement.

Stool still offensive—dark.

> vertigo better.

> heart fluttering.

> appetite.

Taste like podophyllum.

Sac. lac.

Jan. 6, '98. Headache last week.

Bowels regular, dark and offensive.
Sensation as if another attack of gall-stone colic was coming on.
Dull pain almost constant in epigastrium.

Nux^{65m}. Jan. 13. Reports feeling very well.

Feels sleepy all the time.

Weaker than formerly.

Still craves tobacco >

Sac. lac.

Jan. 20. No change.

Cal. Phos^{cm}.

Jan. 27. > drowsiness.

> tired feeling.

> tobacco craving.

Sac. lac.

Feb. 3. Dull pain from lower end of sternum to back.

< changing position of body.

< jarring or sudden moving.

> tobacco craving.

Thinks he passed another gall-stone.

Sac. lac.

Feb. 10. Headache before getting up in morning at base of brain.

Passed a gall-stone Thursday—less pain.

Stool light—offensive.

< thirst, drinks a pint occasionally.

Works better, writes four hours at a time.

Craving tobacco continues.

Tabacum.

Feb. 17. Feb. 24. General improvement. *Sac. lac.*

Mar. 3. Has gained twenty pounds since Jan. 1, '98.

Slight occipital headache in morning, a heaviness which passes off in a few minutes after rising.

Mar. 10-17. Reported well, better than he has been in years.

CASE OF MAL-NEUTRITION.

J. P. JONES, M. D., CHICAGO.

PROF. OF ANATOMY, DUNHAM MEDICAL COLLEGE.

K. W., male, age 10.

Parents history fair.

When child was born he weighed 11 pounds and seemed in good health until about four months old, then he commenced to "run down," at the time I saw him he weighed but 6 pounds.

No eruption of the teeth.

Fontanelles open. Head out of shape from lying. The sutures being so loosely united.

Bowels constipated.

Stomach very full (abdomen bloated). Stomach would not retain scarcely anything.

Temperature 1.04

Skin very dry and hung down from the bones like rags.

The child was taken first with a rash, which was out to quite an extent when I was called. He looked more like an old man than anything else I could compare it too. I was sent for, so I was told afterwards to have it said in the *neighborhood* that they had every physician in town, so I came last and of course could not lose much in way of reputation in the case, nor much outside, for I was like some others about there had not much to lose. I found by inquiring there had been a number of physicians called in from different cities. This made the case still harder in my estimation.

My first visit was at 2 a. m.

Jun. 10, 1895. The neighbors were all on hand, I saw six women in the part of the house I was in, and don't know how many more there were, I could hear sounds of whispers in other rooms. The mother was worn and tired out. Father had lost all hope. The clothes were ready to lay the little fellow out as the "Doctor" just before me in the evening had told them "he would soon pass out of his suffering."

At this juncture, I arrived on the scene, I looked the little patient over and made the bold statement that I was of the opinion there could be something done in the case yet. You ought to have seen the expression in the *neighbors* faces, some laughed and made so much light of my opinion I was almost disheartened myself. But just as soon as I laid my eyes on the case I thought of some high remedy I long wanted to test, and concluded now

was a good time. As I had much help sitting around, I thought best to put them to work and ordered a cold bath. This occupied some of my company, those that did not want to work, were sent home. By this time I made up my mind I was master of the situation and was going to run it or take my case and go home. I forgot to mention that the child would lie with the head thrown back and had two spasms in the fore part of the evening. I got things buzzing just as fast as I could, for with such a temperature I looked for spasms shortly. The first dose of medicine I gave was *Gel*^{cm} one dose, after the bath, which I superintended myself, the patient was robed in a flannel blanket. By the way I think every physician should be thoroughly posted on all forms of baths, as I believe they are, at times, great adjuvants to other remedies. In four hours I repeated the bath, after the last bath I found the temperature had fallen off to $101\frac{1}{2}^{\circ}$. I left my thermometer with orders that if the fever went up to 104 to give another bath and send for me at once. I gave *Placabo* and went away. The next day I called and found my little patient resting easy.

Jan. 11. I now gave a deeper remedy, *Cal. carb*^{cm} in three doses, six hours apart, *Placabo* every hour. After I had given the medicine, the servant came in with the "stock" of medicines that had been left over from numerous prescriptions. I took an inventory and found 15 different kinds, part of the bottles empty, some never opened at all. Powders by the sack. Remember the medicines were nearly all *Homœopathic*?

In three days the temperature was down to normal and I could see some change in general condition. The mother began to get uneasy, because I was not giving more medicine. As the child was very weak, I ordered him rubbed all over twice a day with sweet oil, and especially the abdomen producing "massage" movements to help relieve the constipation. This oil was absorbed to such an extent that feeding by stomach was almost abandoned for two or three weeks. This gave the stomach the needed rest and the work imposed on the parent occupied her to such an extent that it was meat and drink for her. I did not disturb the action of the *Calc. carb.* until I thought it had worked to a finish which was about six weeks. The constipation continued very obstinate, hard lumpy passages. I prescribed *Alumen*^{cm} one dose, March 20. This I thought at first was all that would be necessary, but did little good.

April 20, gave *Sul*^{cm}. This opened up a number of new symptoms, the former rash came out much worse; stomatitis, which was early in the case reopened, and things began to look as though I was going backward in the case. But I held my nerve for I knew if the *neighbors* and family could be held in check I would take care of the rest. With a wise look and very little talk to out siders (the neighbors) I kept the confidence of the family.

After three weeks of severe aggravation, the case began to improve nicely, with the exception of the constipation, which lasted until the child was over two years old. The case moved steadily on to a complete recovery, and today is a living monument to high prescribing. I have all the reason in the world to believe that all the low medicine in christendom would not have had the least effect on this case. For in the "stock" of medicine I found some four or five bottles of *Cal. carb.* ^{2x} and ^{3x} empty, which had gone down this patient's throat with no apparent avail. Such cases as this should teach us a great lesson. Non-interference, nerve, and a will to run a case, or not have a thing to do with it. This case has been the foundation of the position I hold today.

Diagnostic Nervous Manifestations of Syphilis.—Dr. J. Allison Hodges, in concluding a paper recently read before the Richmond Academy of Medicine and Surgery, gives the following:

1. Headaches, which disappear if paralysis occurs.
2. Insomnia, nearly always associated with headache, and appearing with the appearance of convulsions or paralysis. It differs from the insomnia of neurasthenia and melancholia in that it occurs in the early night, the victim arising in the morning ready for his daily labor.
3. Vertigo, occurring usually with the headache. It may be transient, but becomes worse as the disease progresses.
4. Tremor, present in one-half of the cases. It occurs most often in the order named: In the hands, tongue, and over the whole body, and is accompanied by headache. If it occurs in a limb it is the precursor of paralysis of the limb.
5. Hemiplegia.
6. Erratic distribution of paralysis, as aphasia with or without hemiplegia, ptosis, insanity or epilepsy, with paralysis of one arm or leg. It is suggested that ptosis occurring suddenly points nearly always to syphilis.
7. The use of electricity to determine central or peripheral lesion.
8. The presence of great weakness and mental dullness. This is one of the most valuable of the nervous manifestations, being out of proportion to the seeming condition of the patient.
9. History of the case. In women the history of many abortions in succession would point to syphilis.

Materia Medica.

A REPERTORY OF DREAMS.

Continued from page 209.

E. H. WILSEY, M. D., PARKERSBURG, WEST VIRGINIA.

- Dissecting** room, with a corpse which sprang and seized him by the throat, Chelid.
- a woman who was hang by the heels in his office, Iris. v.
- Distracted**, efforts of over study, **Cup. ac.**
- Distressing**, Aescul. hip., Amm., Cornus., Hyper., Jab., Lachn., Nit. ac., Merc. c., Petrol.
- with restless sleep, Iod., **Raph.**
- Doctor**, about 3 a. m. he dreamed that he was awake and with his, Mang.
- Dogs, Arn.**, Graph., Lyss., Merc., Sil., **Sul.**, Ver. a., Zinc.
- of being attacked by large dogs, **Atroph.**
- as young dogs clung to his body, **Lyc.**
- the flayer forced dogs meat into his mouth, **Alumina.**
- Dog**, of killing a small rabid dog, **Rumex.**
- that he was followed by a, **Sil.**
- was biting him, **Ver. a.**
- Dragon**, **Op.**
- Dreadful** dreams, **Caust.**, **Nux**, Nit. ac., Psor., Ran. sc., Verb., Zinc.
- Drinking**, **Dros.**, **Med.**
- Driving**, **Amm. c.**
- Drowning**, **Alumina.**, **Igt.**, **Merc.**, **Merc. i. fl.**, **Papaya. v.**, **Ran. b.**, **Rumex.**, **Sil.**, **Samb.**, **Ver. a.**
- that he is near, with an erection, **Ran. b.**
- Duels**, **Asclep. t.**
- Dwellings**, of attempting to enter, **Merc. i. r.**
- Dying**, and that his bed is surrounded by friends, **Arn.**
- sees his relatives, **Fluor. ac.**
- of a funeral and a wedding, **Chelid.**
- and of dead, **Coccul.**
- Ears** cut off of having, **Nat. c.**
- Earthquake**, **Ratan.**, **Sil.**
- Eating, Iod.**—human flesh, **Sol. tub.**
- Emaciated**, of being, **Kreos.**
- Embarrassment**, with, **Amm. m.**, **Ars.**, **Graph.**, **Phos.**, **Mag. c.**
- Endless** dreams the whole night, **Sep.**
- Enemies**, pursued by, **Con.**—by a large powerful enemy, **Arg. m.**
- Errors**, in a dream he reproaches himself about past errors, he is full of restlessness and anguish, **Nat. m.**
- Events**, of the previous day, **Acon.**, **Arg. m.**, **Bry.**, **Calc. fl.**, **Cicut.**, **Camph.**, **Fluor. ac.**, **Graph.**, **Kali. chlor.**, **Puls.**

Events, which seems weeks and months to transpire, **Sang**.

- of recent events, Sumbul.
- about what is intended to be done, **Camph**.
- late events, **Calc. p**.
- last events of the evening, Phos. ac.
- long past events, Calad., Ferr. i., **Sil.**, Spig., Seneco.
- of old events with great mental exertion, Anac.
- of happenings of morning hours, **Camph**.
- painful events, Osm.
- of past years, after awaking falls to sleep again and continues to dream of, Calad., Nat. c.
- after 3 a. m. the events of two days previous, Euph., Graph.
- important events, Osm.
- of his youth, Sil.

Evil dreams with violent weeping, Sil.

Explosion, he hears a loud explosion in his dreams, Stann.

Extravagant dreams, Magnolia—in half sleep, Acon.

Eyes, of violent stitches in, Calc. c.

- with open, Cann. i.

Falling, of plans Ign., Dig., Op., Mosch.

Fall, dreams he must fall from a height, Alumina.

- that he is about to fall from great height, Aur.

Falling, **Amm.** m., Aur., Bell., Caps., Chin., Cainca, **Dig.**, Dul., Ferr., Guaj., **Hep.**, Ign., Kali. n., **Kreos.**, **Merc.**, Mag. m., **Mez.**, Phos. ac., Plb., **Puls.**, **Sars.**, Sabin., Sul., **Thuya.**, Zinc. ox.

- from a height out of a hammock, Phos.
- from the roof of a house, Zinc.
- as if or being cast down, Calc. c.
- as, from a precipice, Hepar.
- that he was tumbling down a high mountain, Kali. c., Sep.
- from a height into water, Dig.
- from high places, Nux. m.
- when going to sleep, all manner of things come before her fancy, frightful dreams of falling down and so forth, Mag. m.
- from high banks, or being let down into deep wells, Merc.
- frightful dreams with starting up, he dreams he is falling from a height, Acon., Aur., Atroph., Calend., Chin., **Mez.**, **Merc.**, Nat. s., **Sul.**, Sumbul.

Fatiguing, work all night, Asclep. t., Aur., Bell., Carb. s., Graph., Mag. c., Phos. ac., Phos., Ver. a.

Fantastic, Acon., Ambr., Ant. t., Arg. n., Ars., Bar. c., **Calc.**, **Carb.** an., Carb. v., Fer. iod., **Graph.**, **Kali.** c., Kalm., Kali. n., **Lach.**, Lyc., **Merc.**, **Nat.** c., **Nat.** m., **Nat.** s., **Nux.**, Nit. ac., Nitr., **Op.**, **Sep.**, Spong., Sul., Sil., Zinc.

Farming, Merc. i. r.

Fasting, of, Acon., Bry., Calc., Ign.

Father had died, Alum.—fallen out with his father, Crot. h.

- was about to beat him, Kali. c.

Fearful, Ars., Calc. c., Graph., Sul., Sars., Sil.

Fearful, vivid, Mang.

—— dream of danger threatening from water, Graph.

Feasting of, Phos. ac.—and merry company, Asaf., Zinc.

Fight, anxious dreams of a fight with robbers, Ferr. iod., Mag. c., Nat. c., Sil.

Fighting, Brom., Coca., Calad., **Cepa.**, **Ferr.**, Guaj., Iris. v., Lyss., Mosch., Nitr., Nat. c., Nat. ars., Nat. m., Ran. s., Verbas.

Fingers are stiff, Calc. s.

—— of being seized by the, Sil.

Fire, dreams of, **Anac.**, **Ars.**, Amm. c., Ant. t., **Bell.**, Bar. c., **Carb.** ac., **Calc.** ph., **Calc.** c., **Curare**, Clem., Croc., **Daphne.**, Euphr., Fluor. ac., Graph., **Hep.**, Kali. n., **Kreos.**, **Laur.**, **Mag. c.**, **Mag. m.**, Merc. s., Nat. c., Naja., Nitr., Nat. m., Osm., **Phos.**, Plat., Papaya, **Rhus**, Rhodo., Spig., Spong., Stann., Stront., Sil., Zinc., Zing.

—— while sleep is otherwise sound, **Anac.**

—— she dreams about fire, she cannot get ready with her preparation to go, Plat.

—— of, but without many flames, Calc. ph.

—— of vivid, waking him, when he found that he was feverish and the room was cold, Carbol. ac.

—— and conflagrations from lightning, Euph.

Fishes of, Chin. bol., Arg. m.—Fishing, Ver. v.

Fit, that he had an epileptic fit, Mang. c., Sil.

Fixed idea, Acon., Puls., Stann.

Flayed, that men are, Arn.

Flood, fixed idea, Mag. m., Merc., Nat. c., Sil.

Flowers, of buying a beautiful bouquet of, Nat. s.

Foolish, Merc. i. r., Sep.

Flying, Atroph., Apis., Lyc., Nat. s.—over housetops, Xan.

Foreign, great drowsiness in the evening, as soon as she closes her eyes she dreams of far off foreign things, but at once awakens over them, Plat.

Forest, dreams, of Canth., Mag. m., Sep.

Forgets dreams, Aur., Acon., Arn., **Ars.**, Bary. c., Bapt., Bell., Carbo. v., Hell., Laur., Meny., Merc., Plat., Spig., Stram.

Formations, of syphilitic, Cocc. c.

Fretful, and vivid dreams, Cocc. c., Graph.

Friends, of old, Ferr., Rumex.

Frightened, dreams that some one seized him by the finger so that he was, Sil.

Frightful dreams, **Amm.** m., Aur. m., Asclep. t., Atroph., Bad., **Bell.**, Bov., Bry., Calc. c., Camph., Cann. s., **Cham.**, **Chin.**, **Con.**, **Coccul.**, **Croc.**, **Cycl.**, Cop., Cornus., Diad., Dig., Dory., Dulc., **Eup.** pur., Elaps., Euphr., **Graph.**, Hepar., Hydrast., Jac. cor., Kali. b., **Lyc.**, Lyss., **Lach.**, Mang., Magn. m., Merc., Merc. i. fl., Merc. i. r., Morph., Mur. ac., **Nat. m.**, **Nat. s.**, **Nit.** ac., Nicc., Nat. ars., **Nux.** v., Op., Ox. ac., Petrol., Plat., Populus., Peonia., **Phos.**, Ptel., **Puls.**, Paris., Ran. sc., Rhus., **Sabad.**, Sang., **Sil.**, **Sul.**, Sars., Sep., Sec., Thuya., Tarax., Zinc.

—— waking him at night without knowing where he was, Caust.

- Frightful** dreams which make him jump out of bed, **Dulc.**
- _____ with sound sleep, **Sars.**
 - _____ all night awaking him at 5 a. m., **Asclept. t.**
 - _____ in cerebro spinal meningitis, **Nux. v.**
 - _____ with crying and moaning, **Puls., Mag. m., Sep.**
 - _____ with restless delirious sleep, **Lyc.**
 - _____ with restless sleep nights, **Nat. c.**
 - _____ in dysmenorrhœa, **Cycl.**
 - _____ awakens her, **Lyc., Sul.**
 - _____ awakens with dyspnœa, **Nux. v.**
 - _____ after awaking, dyspnœa, **Chel.**
 - _____ awakens in the morning exhausted and unrefreshed, **Codein.**
 - _____ after falling down stairs, **Rhus. t.**
 - _____ dreams one to three hours after cold stage, **Eup. pur.**
 - _____ in intermittent fever, **Ars.**
 - _____ about fighting and killing (delirium tremens), **Stram.**
 - _____ that the world is on fire, with palpitation on waking, **Rhus. t.**
 - _____ cannot free himself upon awaking, **Calc. c., Dig.**
 - _____ dreams all night, **Amm. m.**
 - _____ toward morning, (Brights disease) **Ars.**
 - _____ disturb short naps when exhausted, **Lach.**
 - _____ awaken him at 3 a. m., **Ascl. t.**
 - _____ with palpitation, **Arg. m.**
 - _____ rheumatism, **Thuya.**
 - _____ screams out cannot sleep again, **Diad.**
 - _____ cause him to start from sleep, **Nux. v.**
 - _____ in typhus, **Arn., Bapt.,** (yphoid fever, **Phos.**)
 - _____ from which she cannot after waking recover herself for anxiety, and cannot sleep again, **Caust.**
 - _____ if he lies at night on his back or on his right side, he starts up and talks deliriously and cries out about his frightful dreams, **Mag. c.**
 - _____ every night, each dream lasts all night and she is weak in the morning, **Petrol.**
 - _____ dreams of mortal danger, misfortune, mutilation, robbers etc., **Mag. m.**
- Frolicing**, with girls, **Cocc. c.**
- Fruit**, hanging on trees fresh in winter, **Cast. eq.**
- Full of shame**, **Arn., Con., Led., Mur. ac., Mosch.**
- Funeral**, **Ratan.**—sad vivid of a funeral procession, **Formica, Nat. c., Brom.**
- Funny**, **Phos.**
- Future**, she dreams of such things as are actually seen the next day, **Sul.**
- Garden**, after midnight dreamed of entering a beautiful garden, **Comoc., Phelland.**
- _____ of stealing fruit in a garden, **Plb.**
- Ghosts**, **Alumina., Amm. c., Arg. n., Bov., Camph., Carbo. v., Cham., Chloral., Graph., Ign., Kali c., Med., Nat. c., Nat. m., Ol. jec.,** (grinning, **Op.**) **Puls., Sul. Sars., Spig., Sil.**
- _____ of being pursued by a, **Sil.**
 - _____ of a ghost sitting upon his chest and oppressing his breath, **Peonia.**

- Ghosts**, dreams of fisticuffs with, Sars.
- Gloomy** and frightful dreams, Asclep. t.
- God**, awful dream that God had repudiated him, Hyper.
- Gold, Cycl.**, Puls.
- Grave**, of falling into grave when digging up corpse, Iris v.
 ——— pits, **Anac.**, **Arn.**
- Hanging**, that he saw a recently deceased friend hanging dead by legs for hours, Coca. (of being hanged, Am. m.)
- Happened**, of what happened many years ago, Amn. c.
 ——— with reference to everything that happened last two days, Graph.
 ——— to her children, that something had, Kreos.
 ——— of something that really happened the next day, Mang., **Sul.**
- Happenings**, dreams about things transacted two days before, after 3 a. m. Euphorb.
 ——— of the day, Chel, Graph., Sep., Sil., Sars., (Kali. c., Nit. ac., vivid)
 ——— of the evening, Nat. c.
- Heavy** dreams, Aur. m., Aloe., Ant. t., Arg. n., **Chin.**, Colch., Chel., Dulc., Hepar., Hyos., Kali. br., Kali. chl., Laur., Lobel., Lyc., Mang., Merc., Nat. m., **Nat. s.**, Nux v., Phos., Phos. ac., Sars., Thuya.
 ——— ——— toward morning, **Nux v.**, Phos.
 ——— ——— leaving behind them a state of fright, Hepar.
 ——— ——— with cries and groans, Bry.
- Head** was excessively large, Sil.
- Help**, of calling for, Kali. c.
- Hemorrhages**, Phos.
- Hickories**, that his feet had grown into two, Crotal.
- Hideous** dreams, Phos.
- High** places, Lyss.
- Historical**, Amm. c., Ant. t., Caust., **Cham.**, Croc., Hell., **Mag. c.**, Merc., **Phos.**, Selen., **Sil.**, Stram.
- Home**, gladsome dreams of home, Mur. ac., (far from home, Acon.)
- Homesickness**, Glon.
- Horrible** dreams, Ant. c., **Arg. n.**, Casc., Chloral, Coccul., Calc. fl., Calc. c. Diosc., **Graph.**, Kali. c., **Kali. iod.**, **Lyc.**, Med., Merc. s., **Nat. m.**, **Nux v.**, Nit. ac., Petrol., **Phos.**, Phos. ac., **Psor.**, Ran. sc., **Sul.**, Sars., Selen., Sep., Verb., Zinc.
 ——— as if they would kill him, Lyc.
 ——— dreams about mutilations of men, Ant. cr.
- Horrid**, Con., Physos., Plant.
 ——— places on earth only, Croc. h.
 ——— of dead persons returning to life, Rumex.
- Horses**, Alumina., Zinc., Asclep. t., Hyper.
 ——— running, Atroph.
 ——— of stealing a horse, Rumex.
- Horse** back riding, Nat. c.
- Houses**, Pallad.
- House**-hold affairs, Bry., Bell.
- Hunting**, of Hyper., Merc. i. r., Ver. a.
- Hungry**, in the morning it awakens him, **Arg. n.**

Humming birds, Op.

Hurries for a distant place but he cannot reach it, Croc.

Hurt, anxious dreams as if he was to be, Ant. c.

Imaginative, Kali. c.—poetical, Ars. h.—sentimental, Kali. c.

Images, of hateful, Lyc.

Immediately, on falling asleep, Ars., Ambra., Bell., Granatum., Kreos., Kali. c., Mang., Phos., Sil., Thuya.

—— on closing eyes dreams of horrible grimaces, Sul.

—— on falling asleep she starts up from anxious dreams, Cor. r.

—— on falling asleep dreams of the business of the day, Staph.

Incoherent dreams in the evening, when dropping off into slumber, Plat., Sil.

Indians, of being among, Jug. c.

Indifferent, Bry, Chin., Mag. c., Nux v., Phos. ac., Puls., Rhus. t., Sep., Sul.

Insane asylum, Lyss.

Insect had burrowed deeply into his heel, Arg. n.

Insulted, of being, Nat. s.

Intellectual dreams, Senecio.

Intoxicated, of being, Raph.

Invention, full of Lach., Sabin.

Jealous, dreams, Camph.

Journeys, Apis., Bufo., Croc. t., Chel., Calc. ph., Carbol. ac., Chin. bol., Crotal., Hyper., Lach., Lac. c., Merc. c., Mag. m., Merc. i. r., Nat. c., Op., Psor., Rhus., Sang., Therid.

—— of long, Nat. m.

—— of a journey he could not take, something held him back, Nat. c.

—— of a distant, Sil.

—— vivid dreams of journeying, Brom.

Joyful, Croc., Grat., Kali. iod., Lach., Mur. ac.

Jumping of, Ver. a.

Killed of being, Chel.,—that she would be, Kali. iod., Lach., Mur. ac.

Knees, were swollen and painful, Coccul.

Knives, that she was pierced with, Guaic.

Laborious, Curare.

Ladder, that he was standing upon a high, Laur.

Lard, that she poured boiling lard into the fire, Nat. s.

Large, dreams that he had grown very, and was from thirty to fifty feet high, Ferr. i.

Laughs aloud while dreaming, Caust., Croc., Kreos.

Lectures of, Cinnab.

Lice, Amm. c., Gambog., Mur. ac., Nux v., Phos.

—— of great lice upon her shoulder and thinking long from whence they come, Chel.

Lightning, of being struck by. Arn., Euph., Spig.

—— struck close by him, Phelland.

Lively, Chel., Mang.

Lion, that he was a, Physos.

Loathing, dreams full of, and on awaking nausea, Sul.

Loathsome things, Arg. m.—diseases of others, Anac.

—— dreams of defilement of human excrements and urine, Zinc.

Long lasting dreams, Acon., Bry., Calc. c., **Coff.**, China., **Ign.**, Nat. c., Puls.

Lost on mountains, Ind.—in woods, Sep.

Love, Acon., Agn., **Alumina**, Amm. m., **Ant.** cr., Arn., Ars., Aur., Bor., Bism., Bov., Calc. c., **Cann.** i., **Canth.**, Carbo. an., Caust., Chel., **Chin.**, Clem., **Cub.**, Cocc., Coloc., **Con.**, Cop., Euph., **Graph.**, Hyos., **Ign.**, Kali. c., **Kreos.**, Lach., Led., Lyc., Mag. c., Mag. m., Meny., Merc., Mez., Mur. ac., **Nat. c.**, **Nat.** m., Nit. ac., Nux m., **Nux v.**, Oleand., **Opl.**, Ox. ac., Paris, **Phos.**, **Phos. ac.**, Plat., Puls., Ran. b., Rhodo., Sabad., **Staph.**, Stram., **Sul.**, Tarax., Thuya, Valer., **Ver. a.**, **Viol. t.**, Zinc.

Lovely of a distant beloved person, Plumb.

Luck, of bad, Alumina., **Amm.** m., Anac., Ant. cr., **Ars.**, Arn., Bar. c., **Bell.**, Cann. s., Carb. an., **Cham.**, **Chin.**, **Cocc.**, Croc., **Graph.**, Guaic., Ign., **Kali.** c., Kali. n., Laur., Led., **Lyc.**, Mang., **Merc.**, Mur. ac., **Nux v.**, Op., Petrol., **Phos.**, Phos. ac., **Puls.**, Ran. b., Rhus t., **Sars.**, Selen., Spig., Spong., Stann., **Staph.**, **Sul.**, Sul. ac., **Thuya**, **Ver. a.**, Verb., Zinc.

Lump in his throat and right ear, of a, Cinnab.

Lying in bed, as if someone was, Petrol.

Magnificence, vivid of **Coff. t.**

Man, that he saw a man in his room, Aesc. hip.

—— grasped him by the throat and tried to choke him, Phos.

Many, Acon., Alumina, Ambra, Ang., Arn., Asaf., Bar. c., Bell., Bov., **Bry.**, Calc. c., Carb. v., Caps., **Chin.**, Cic., Clem., Coloc., Crotal., Coca, Croc. t., Hepar, Kreos., Hyper., Dig., Ferr., Ferr. m., Graph., Ign., **Kali.** c., Lach., Lyc., Kali n., Mag. c., Mag. m., Mag. s., **Mang.**, Merc., Merc. i. r., Nat. c., **Nat.** m., Naja, Nat. ars., Nit. ac., **Nux.**, Paris, Petrol, **Phos.**, Phos. ac., Plb., **Puls.**, **Rhus.**, Sabad., **Sep.**, **Sil.**, **Stann.**, **Staph.** Strom., Stront., **Sul.**, Tarax., Tart., **Tereb.**, Therid., Thuya, Zinc.

—— anxious dreams at night, Nat. m.

—— dreams at night with loud talk in sleep, Sep.

—— dreams at once on going to sleep and anxiety all night through without waking, Hepar.

—— dreams after 4. a. m., Amm.

Marriage, Alumina, Sil., Nat. c.

Men, dreams of many, Cocc. c.

—— were on her bed, Merc.

—— dreams there is a naked man wrapped in her bed clothes, **Puls.**

—— fell dead from a height, Sabin.

—— that large men followed her and wished to violate her without sexual excitement, Kreos.

Mental of exertion, **Acon.**, Ambr., **Anac.**, **Arn.**, **Bry.**, Camph., Carbo a., **Chin.**, Cic., Clem., Coloc., Dulc., **Graph.**, **Ign.**, Iod.,

- Kali n., **Lach.**, Laur., Led., Mar. v., **Mosch.**, Mur. ac., Nat. m., **Nux v.**, **Oleand.**, Op., Paris., Phos., **Phos. ac.**, Plb., **Puls.**, Rhus t., **Saba.**, **Sabina**, Sars., Sec. c., Staph., **Sul.**, Thuya, **Viol. t.**, Zinc.
- activity great, and awake with clear intellect, Carbol. ac.
- of excelling in mental work, Acon., Anac., Arn., **Bry.**, Camph., Carbo an., Graph., Ign., **Lach.**, **Nux v.**, Puls., Rhus t., Sabad., **Sabina**, **Thuya**.
- Merry dreams**, Asaf., Croc., Caust., Coff., Dig., Lach., Mang., **Op.**, Phos., Squilla.
- Mice**, Colch., Sep.
- Mind affecting the**, Bry., Chin., **Ign.**, Lach., Nat. m., Nux v., Oleand., Phos., Phos. ac., Sab., Sabina, Sul., Thuya, Viol. t.
- Misfortune**, Clem., Kali bi., Led.
- Mishaps to others**, Can. s.
- Money**, Alumina, **Cycl.**, Mag. c., Puls.
- of counterfeit, Zinc ox.
- matters, Phos.
- Mormons**, of, Hyper.
- Morning**, many dreams in his morning slumber, Nat. m.
- Mortifying**, Ign., Mosch., Rheum., Staph.
- Mother**, dreams of mother's death, Mur. ac.
- Mowing**, of people mowing grain and clover, Glon.
- Mud**, of walking in, Iod.
- Murder**, Amm. c., Bell., Calc. c., Carbo an., Calad., Chrom. a., Guaj., Ign., Kali iod., Kalm., **Kreos.**, Lach., Lact. ac., Led., Lyc., Merc., Naja, Nat. ars., Nat. c., **Nat. m.**, Oleand., **Petrol.**, Rhus, Rumex, **Sil.**, Spong., Staph., Sang., Zinc.
- dreadful dreams of murder, fire and the like, Lappa, Nat. m., Naja.
- of committing, Petrol., Sil., Thea.
- accused of murder and was betrayed, Sil.
- Murdered**, of being. Amm. m., Agari., Atroph., Guaj., Ign., Kali iod., Lyc., Merc., Sil., Zinc.
- is to be, Sil.—murdered men running naked, Rumex.
- Mutilations**, horrible, Ant. cr., Nux v., Con.
- Nausea**, of, Arg. m.
- Needle**, of swallowing a, Merc.
- Nonsensical**, Pip. meth.
- Objects**, which he has longed for, he sees, Sil.
- Ocean Atlantic**, Ver. v.
- Occupied**, that she was, with many people and she wished to get away, but did not go so far as that, Bell.
- Occurrences**, in afternoon nap about the days, Crot. t., Sil.
- vivid dreams at night about the days, Sep.
- of the occurrences of his youth, Sil.
- vivid dream about something which actually occurred the next day, Mang., **Sul.**
- of the last days, Kali chlor., Selen.
- many of the day, Graph., Lach., Plat., Plant.

- Odors**, of burning punk, of sulphur, continuing after awaking, Anac.
Pain, at night he feels his pain in sleep and dreams about it, Lyc.
Painfully anxious dream as if she had a swollen cheek, Nitr.
Painful dreams, Cain., Med., Nitr. Osmium.
Paradise, dreams she has a view of, Coff. t.
Peevish, Ant., Asar., Bry., Caust., **Graph.**, Hep., Mag. s., Mang., Nat. m.,
People, of, Apis., Art. v., Ars. h., Bell., Calc. a., Diosc., **Equiset.**, Lyss.,
Merc., Puls.
—— he had not seen for years, Calad.
—— sleeplessness till 1 a. m., then dreams of people moving about dis-
figured in such a way that the perpendicular diameter of the face
almost equalled the size of the body, with delirium, Atroph.
Periodic, returning in the day time, Can. i.
Picnics, of delightful, Nat. s.
Pinched, that she was, in the back, Phos.
Pins, Merc., Sil.
Places, new scenes, Calc. fl.—where he had been, Arg. n.
Plans, of mixed plans he had made, Anac.

(CONTINUED.)

ANTIPYRINE—ITS SYMPTOMATOLOGY.

GENERAL ACTION—Reduces the temperature very rapidly. Allays pain. Alters the shape of the red blood corpuscles. Separates and decomposes the hæmatin. Leaves a depressant influence on the brain. Diminishes the oxydation. Acts as a heart tonic. Fills the capillaries.

MIND.—**ANXIETY**. Loss of memory. Loss of consciousness. Feels drowsy, or rarely exhilarated. Peevish and irritable. Talks in a jerky manner. All motions are made in the same way.

SENSORIUM.—Numbness. Snapping sensation in the head, nearly driving crazy. Prostration and dizziness. Vertigo. Feels as if intoxicated. Sensation as if the inside of the body were filled with ice.

HEADACHE.—Great migraine. Pain in the frontal sinuses.

EYE.—Closed on account of the erythematous swelling. Dimness of vision. Pupils dilated. Suffused, with great congestion. Catarrhal congestion, with great swellings of the lids. Ephemeral amaurosis.

EARS.—Ringing in the ear with much congestion. Buzzing sensation.

NOSE.—Violent and long continued sneezing. Coryza. Irritation of nasal fossæ. Coppery smell, which is not constant, but comes and goes.

MOUTH.—Itching and burning of the mouth, especially on the roof. Coppery taste, which is not constant but comes and goes.

THROAT.—Itching and burning. Hoarseness. Cough, with or without expectoration. Tight constricted feeling. Loss of voice. Swelling of lining of mucous membrane, giving sensation of suffocation.

APPETITE.—Anorexia. Thirsty only in a. m. on rising.

STOMACH.—Vomiting. Epigastric pain, causing to bend double and cry out. Gastro-enteritis. Expanding sensation rising from the stomach. Nausea, with or without vomiting. Burning sensation in the pharynx.

URINE.—Incontinence of urine. Amount is diminished. Great excess of nitrogen, as in typhoid fever.

CHEST.—Pain and tightness of chest. Dyspnœa. Tumor-like sensation over the notch of the sternum, with slight dyspnœa. Breathing hard and labored; can't lie down on this account.

PULSE.—Rapid and full. Goes up and down with the temperature.

BACK AND LIMBS.—Limbs swollen. Œdema of arms and hands. Pains in the shoulders running into arms and neck. Pains in the groins running down the inside of the thighs. Pain from the cardiac region to the left shoulder. Great coldness of the feet, without collapse. Great pain in all the limbs.

SKIN.—Profuse sweating. Cyanosis. Erythema beginning in the arms and running down. Urticaria, especially on the inside of the thigh. Swelling of the face and hands. Livid color of the face.

FEVER.—Intermittent sensations of cold. Cold sweat. Quick rising in temperature with the chill. High fever in the morning on rising.

CLINICAL CERTAINTIES.

Dr. W. S. Searle, in *Hahnemannian Monthly* for March, gives some interesting points from which we collect the following:

THE TONGUE OF VERATRUM VIRIDE.—There is a peculiar-looking tongue, not seldom seen in practice, and when it is found, *no matter what the disease, Verat. v.* is certain to cure. On the edges this tongue is moist and of a natural pink color (coated or not), but the central portion, from tip to root, is dry and

dark red, looking as if a red-hot iron had been applied to it. A tongue like this or any minor approach to it, positively indicates the employment of this drug.

BLACK TONGUE.—A dry, blackish tongue, looking as if charcoal had been chewed, and had colored the tongue; more deeply over its central portion, and more thinly near the edges, indicates *Chloral hydrate*.

SUDDEN CLEARING of the tongue in acute disease, especially when a smooth, red surface is left, always indicates a lingering convalescence.

STOMACH WORMS.—The only positive diagnostic symptom is swallowing during sleep. If it is present, worms are there. If it is absent, they are not there.

PURPURIC HÆMORRHAGES.—If physicians habitually inquired of their hæmorrhagic patients whether they found "black and-blue" spots on their limbs which they could not account for, they would discover purpura much more often than they do. Of course, the serpent poisons are here the most effective remedies, and, of them, *Crotalus* is most often indicated and curative.

BILIOUSNESS.—Always look to the urine for proof or disproof of the existence of this condition. If this secretion has a natural amber color, there is no lack of function in the liver. The only exception is in cases of lithemia, where the excretion of uric acid is paroxysmal.

THE LOBULE OF THE EAR.—Few, if any, octogenarians exist who have not a long lobule. It goes with a solid, square-built frame, while those in whom the lobule is short or non-existent, have long necks, big "Adam's apple," narrow chests, stooping shoulders, and the like. Of course, one with the best heredity may die early from zymotic disease. But these and accidents excepted, people live about as long as the ancestor or ancestors whom they most resemble physically. This law runs throughout nature. The plant lives after its kind. The parrot outlives the canary ten times over, and for no reason but heredity. The length of the lobule of the ear is, therefore, always a factor in my prognosis.

OFFENSIVE EXCRETIONS.—It is just as true of chronic as of acute disease that the worse the patient smells, the worse he is.

AN INDICATION OF HEART DISEASE.—Frequent, ineffectual belching should lead the physician to examine the heart.

Don't anæsthetize a female unless a third reliable person is present. Remember the disagreeable experience of an eminent Eastern surgeon.

Don't use vaginal washes in normal labors; use them only when the temperature is elevated. Never allow "nurses" to use them ad libitum.

Don't vaccinate a syphilitic, or one in whom symptoms point, without thoroughly boiling the scarifier afterward.

Don't extract a lens when patient has trachoma, or any other disease from which infection may follow.

Don't agree to "cure" syphilis under two years.

Don't sound a bladder. Only dilate the urethra.

Don't call herpes chancre.

NEW REMEDIES.

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PROF. OF MATERIA MEDICA IN DUNHAM MEDICAL COLLEGE.

In many of the medical journals we see reports of cases cured by the use of some new remedy, of which we have no proving.

The reports of these cases are very beneficial, if the observer gives a full report of the symptoms constituting the "totality," but unfortunately, many of the new remedies used, are alternated with one or more others while the credit of the cure is given the unproven new one.

This is not only unscientific but misleading, since it renders the clinical indications utterly worthless, as a guide to the selection of the new remedy in another case.

In a late number of the *ADVOCATE*, Dr. J. R. Haynes, of Indianapolis, reported a case of cancer of the nose, cured by *Bar. iod.*, giving all the symptoms upon which it was prescribed, and as the remedy was not altered with any other, there can be no doubt as to the efficacy of *Bar. iod.* in the case.

Such reports are exceedingly valuable, as they furnish reliable information concerning as yet unknown and unproven remedies.

The following cases are given with the hope that they may add something to the knowledge and usefulness of a practically unknown, and so far as I know, an unproven remedy.

Some years ago, I saw in one of our journals, name forgotten now, an article in which *Ferrum picricum* was recommended for warts, but I had never had occasion to use, until the following cases came into my hands.

Case I. Nellie McC., age 5 years, blond, well formed plump child. A close examination failed to elicit any symptoms except: Her hands were both literally covered with warts, from the tips of the fingers to above the wrists there was not a space the size of a silver dime that was not covered. These were confined to the dorsal surface, and ranged in size from a grain of corn to a pinhead, some were smooth and many were rough and hard, while many were conglomerate, two or three uniting to form an extra large one.

Thuja was given high and low, with no appreciable change, then remembering *Fer. picricum*, I gave her the 6th potency, a dose 4 times a day. Result—in 4 weeks the warts had entirely disappeared, and the hands were as smooth as her face.

Case II. Willie B., age 12 years. Rather large of his age, and of lymphatic temperament. Face very freckled, and has tendency to tonsilitis and pharyngeal catarrh, but no other symptoms that I could get at, except both hands on dorsal surface, completely covered with warts of the same kind as Case I, except warts were larger and rougher, single and conglomerate. Gave him *Fer picricum* 6th on 50 pellets, and had him take one, 4 times a day. Result—his mother reported that in about 3 weeks warts had all disappeared, and he was the proudest boy in Kokomo. I have not seen him since giving the *Fer. picricum*, and have not had opportunity to observe what effects the medicine had on the throat or freckles.

From the results obtained in these two cases, *Fer. picricum* impresses me as being a very useful Anti-Sycotic remedy, and one well worth proving.

THE COUGH OF KALI BICHROMICUM.—According to Cowperthwaite, this drug is frequently prescribed for, and is of great value in, subacute and chronic inflammations of the lower air-passages, but is never of value in the early stages. The cough is usually dry, deep, rough, hoarse, and accompanied by a difficult, tough, stringy expectoration. Kali is often needed for the hard, deep coughs that prevail after a common cold. While the tightness and constriction of *Phosphorus* are not present, yet there is no element of looseness in the cough itself wherein it differs from *Hepar sulphur*. The cough is usually brought on by tickling in the trachea, or at the bifurcation of the bronchi, and, according to clinical observations, is worse after eating, when undressing, and in the morning when walking; better after getting warm in bed and when exercising. The usefulness of kali in membranous croup, with symptoms characteristic of that disease, has led to its abuse in being empirically prescribed in all forms of croup in all stages, regardless of indications. Usually it is indicated only in the later stages, and when there is little or no fever.—*N. A. Jour. of Hom.*, January, '98

PHOSPHORUS AS A COUGH REMEDY.—Cowperthwaite, of Chicago, believes that in a general way *Phosphorus* deserves first place as a cough remedy. Its sphere of usefulness usually begins after *Bryonia* and similar remedies would cease to be indicated, whether in an advancing catarrhal condition ending in bronchitis, laryngitis, tracheitis, or in pneumonia. *Phosphorus* is never indicated early, but only after product formation is fully established. In the first mentioned the cough is dry, caused by tickling in the trachea, with some mucous expectoration, and accompanied by soreness, oppression and some constriction of the chest, the latter being an important differentiating symptom. The cough is usually worse when the patient lies on the left side, worse from talking, laughing or reading, and, contrary to *Bryonia*, is better in doors, and worse when going from warm to cold air. In pneumonia *Phosphorus* is indicated where there is a dry cough with bloody mucus of rust-colored expectoration, with violent oppression or tightness of the chest. It may also be useful in tuberculosis when the hollow, hacking cough is present.—*N. A. Jour. of Hom.*, January, 1898.

CHELIDONIUM—CANCER.

A writer in the *Homœopathic World* quotes from a Russian authority with reference to the remarkable value of *Chelidonium*, in the treatment of cancer, whether the growth be external or internal, and side by side with this report describes the external appearance of the great Johannes Bram who recently died from cancer. He says that when the first signs of his serious illness appeared last year he turned yellow and then brownish, and his strong frame shrank visably from month to month. It was the talk of all classes. In conjunction with these two reports, he reports from the proving of *Chelidonium* the following: whites of the eyes, dirty yellow, face grayish yellow, sallow sunken yellow especially forehead, nose, and cheek. Tongue, coated thickly yellow, skin, yellow, *yellowish grey* especially adapted to spare subjects, disposed to abdominal phethora. Who that has seen a true case of cancer has failed to be struck with the *yellow grey* complexion. The above is, to say the least, suggestive of a possible homœopathic cure for this direst of diseases.

LEUCORRHŒA—BORAX.

Dr. Wilson A. Smith, in the *American Homœopathist* reports a case that is diagnosed as a reolar hyperplasia and ulceration of the cervix. An examination presented a red inflamed mucus membrane partly covered with a secretion resembling the white of an egg. She said it made her sore and that she was worse before and after the menstrual period. It was accompanied with a sensation as of a hot fluid running down the thighs and she complained of a *sticking pain in the clitoris at night*. The menses were too soon and too profuse, although she never thought of them as being like a flooding. She was exhausted during the flow. The guiding symptom in this case was the *stitch in the clitoris*—characteristic of Borax. Upon searching, all the other symptoms were found under this drug and she was cured with but five powders of the medicine.

It would be interesting to know whether *borax* had been a prominent constituent in the douches employed in former treatment of this case, and it would also be interesting to note whether the character of the leucorrhœal discharge was changed under the action of *borax*, or *boracic acid* from that which first called for its use. In other words whether the *borax* failed to cure the cause for

the original leucorrhœa because it was not indicated and because of its persistent use constituted a *drug disease* of itself and of course could not be cured while it was being employed. The question of catarrhal discharges or discharges in general constitutes a very interesting phase in the study of medicine and should receive greater consideration than it has in the past.

LET THERE BE NO DISCRIMINATION.

LINCOLN, Neb., May 10, 1898.

H. W. PIERSON, M. D., 6401 Stewart Boulevard, Chicago.

My Dear Doctor—Nowhere are there to be found more patriotic and loyal men than there are found in the Homœopathic ranks. As a natural result of this condition, when President McKinley issued his call for volunteers there were numbers of good men, graduates of Homœopathic colleges and successful workers in our ranks, who saw fit to offer their services. It shortly came to my notice that the governor of at least one state desired to make some appointments from our school, but for the knowledge that they would not be accepted by the surgeon-general of the United States. Inasmuch as the surgeon-general has always held, when importuned by us, that no discrimination was practiced, this was to my mind sufficient reason for an indignant remonstrance. That we might be positive as to the status of affairs before taking action in the matter, I sent the following telegram:

“Lincoln, Neb., May 3, '98. J. B. Gregg Custis, M. D., 110 East Capitol St., Washington, D. C. Wire surgeon-general's decision relating to appointment of Homœopaths in army.” I received the following reply:

“Washington, D. C., May 3, '98. B. F. Bailey, M. D., Lincoln, Neb. Theoretically eligible. Practically debarred. Last one rejected because had not had yellow fever. J. B. Gregg Custis.”

In reply I immediately sent the following telegram to Dr. Custis. “May 4th, '98. J. B. Gregg Custis, M. D., 110 East Capitol St., Washington, D. C. Request Senator Allen of Nebraska to introduce resolution forbidden discrimination against any school of medicine in appointments to army or navy, and attaching penalty clause. (Signed) Benj. F. Bailey, President Nebraska State Board of Health. I endorsed this request, Silas A. Holcomb, Governor.”

Senator Allen has complied with this request, and introduced this resolution, and inasmuch as it seems that we cannot expect justice from the spirit of the law, but must demand it by the letter of the law, it behooves us to see to it that we take strong and rapid advantage of this opportunity and place upon the statute books of the country a law which shall recognize us in fact as well as in spirit. To this end I ask that you bring to bear upon the senators and members of the house from your state such immediate influence as will insure their vote in behalf of this resolution. Refer to above resolution as Senate File 164.

Fraternally yours,

BENJ. F. BAILEY.

A HEAVY PENALTY.

Medical Colleges in the state of Pennsylvania now file a bond of \$1,000 in the Court of Common Pleas as a guarantee that they will not dissect any human bodies except those that come to them through the regularly appointed legal channel. This bond is forfeited if they are discovered using any other body. In the State of Illinois a bond of three hundred dollars must be deposited with the Demonstrator's Association that none of the bodies furnished by that association will be used for any other purpose than that of demonstrating within the college, anatomical or surgical facts or ideas.

The action of *Pulte Medical College* in foregoing its regular banquet and, it is said, contributing two hundred dollars to the Hahnemann Monument Fund, is worthy of being especially mentioned in the columns of this magazine. Three important results were secured; the Monument Fund received not less than two hundred dollars; the public were made familiar with the glorious character of the founder of Homoeopathy, and the contributors to the fund realized, that it was more blessed to give than to receive. It would have been a very appropriate place for taking up a collection, whereby the public would have enjoyed the same great blessing as the faculty and alumni.

Editorial.

SKIN ERUPTIONS PRODUCED BY DRUGS.

The pathogenesis of most of our drugs, and especially those of the anti-psorics, shows a marked action on the skin. There are many drugs in active use to-day of whose pathogenesis we know but little and many times the general practitioner fails to recognize its action by the appearance of the eruption and is inclined to attribute its presence to the existence of some skin disease or external manifestation of some of the common exanthema. When a careful investigation into the previous life of the patient, with especial reference to medicine taken will reveal the fact that under the direction of some physician or at their own responsibility they have abused the use of some medicine or other forms of treatment. This eruption is nothing but the logical sequence of the same. With reference to this very question a recent contribution in one of our old school journals gives voice to the following sentiment. He says: "It is surprising how many cases are sent me by physicians who were not specialists of diseases of the skin, on the supposition that the individual was suffering from some true skin disease when in reality the discontinuing of the medicine the patient was taking for some other complaint was speedily followed by a complete recovery." The above statement that the simple withdrawal of the offending medicine is sufficient to bring about a complete recovery is subject to certain modifications; it depending altogether upon the susceptibility of the patient to the drug used, and the amount of exposure or rather the length of time to which the patient had been subjected to its influence. Many times the external evidence of the drug may have disappeared but the dynamic effect only requiring certain favorable conditions in the environment to bring out all its peculiarities, e. g. chronic effects from *Rhus toxicodendron* poisoning. Of all drugs which may produce lesions in the skin closely resembling certain forms of true skin disease the *Iodide of Potassium* ranks first—urticaria, wheals, bullous eruptions and even exanthematous patches may follow its administration, and in other cases an intense pruritis will develop which is thought perhaps to be due to the gout from which the patient is suffering rather than to the drug. Another drug which is abused with great frequency is that of *quinine*. This

produces an eruption more frequently than is commonly recognized, resembling urticaria in its form of eruption or that of an intense erythema. The eruption of *quinine* and *belladonna* may so closely resemble that of scarlet fever as to make the diagnosis of *quinine* or *belladonna* and that of scarlet fever very difficult to make particularly if the remedy employed has been that of *belladonna*, and *antipyrine* is said to produce an eruption somewhat similar to scarlet fever, although as a rule it more closely resembles that of measles. The question of treatment need not be discussed at this point because that is always governed by the one rule that the simillimum must be that remedy that most perfectly covers the totality of the symptoms. However, if the totality of the symptoms is covered by the pathogenesis of those drugs it then offers an inviting field for the employment of the high potency of that drug or combination of drugs which has been known to produce a condition most perfectly resembling that of the present disturbance.

IS THIS HOMŒOPATHY OR ISOPATHY?

A boy aged eight, was affected with intestinal worms (*lumbrici*) and for more than a year was subject to violent abdominal pains and frequent attacks of syncope and convulsions and anthelmintics were prescribed by physicians even in large doses only expelled single worms. By the advice of a paper his mother administered to him a powder made with a dry lumbrine rubbed up with sugar. This was followed by the expulsion of two masses almost as large as a child's head, consisting of worms coiled together. The cure was perfect and there was no relapse. The editorial remarks—"Quite Homœopathic." To this the editor of the *Homœopathic World* replies that Isopathy would perhaps be the most suitable term to apply to this treatment, or it might be considered as an illustration of the wisdom of the advice "Set a thief to catch a thief" or as an example of the discredited operation of casting out Devils Bezelbub.

Why was Hahnemann so bitter in his denunciation of Isopathy? Was it not because of the fact that all of his predecessors in the line of investigation, similar to his own, had stumbled and fallen over this rock? There can be but one law of cure and it matter little whether it bear one name or another, the important thing being the demonstration of the fact that it is the application of a law universal.

TO STUDENTS OF MATERIA MEDICA.

Resuming our schematic study, we find that under the above first division that, given a drug or substance for study, it matters not in what form of preparation it is, so soon as it is present in the human organism, modification of function will soon or late be manifested. In so far as the signs of such modification exhibit changes in the line of beneficial or harmful effects it becomes of interest to the student. When evidence of disturbance is shown, departure from normal and reconstructive phenomena, e. g. the symptoms are more or less valuable, and we should note whether such changes are TOXICAL PATHOLOGICAL (structural and functional), etc., etc., as suggested above. As we proceed in studying these various phenomena, we find another element of drug action obtrudes itself, viz., the ease or difficulty with which the drug effects the prover. It is in this field or method of drug action we find evidence of the primary and opposed aspects. The drug force *per se* on the one side, and the provers' powers of resistance on the other. That is to say, the drug force (dynamis) when entered into or in contact with the vital life power (dynamis) of the prover meets with more or less pronounced resistance. If this resistance is marked in the prover we have less noticeable evidence of disturbance; if it is *weak* in the prover, more evidence of disturbance, i. e. strongly marked symptoms of drug action is the result. We assume, in this connection, that we all understand that the drug force is a *constant quantity*, while the power of life, as shown in the prover, is an ever varying (changing) quantity. Hence we observe in the phenomena presented by the provers, a set of peculiar manifestations which we may classify in our schema as the second element for study of the physiological action of drugs, viz.—2d (b.) PHYSIOLOGICAL ACTION, AS TO SUSCEPTIBILITY. This is shown to us in the behavior of the power of life in the phenomena of the various temperaments, as indicated by action of the nervous system, e. g. in Anæsthetic or Hyperæsthetic conditions; reflexes, metastases, etc., etc. It is from a general observation of these elements of action that we are enabled to understand and note that these are quite plainly or naturally two modes of action, or rather, two classes of phenomena, forming the next section of our diagram of physiological action, viz.—PRIMARY AND SECONDARY ACTION. Primary action is studied from the view point of observed symptoms or effects, as related to the above mentioned

chemical action, and these chemical effects may be devided into plainly observed phenomena that are common to all provers and easily tracable to the mechanical irritation of the drug particles, or to the simple chemical action of the drug according to the *laws* of chemistry. We may then see that this primary action by mechanical and chemical relationship to the symptoms first developed that the organism of the prover is reacting against or with the drug primarily, and the symptoms that show the effects of the power of life to *recover* from these primary (primitive) effects, become the secondary. Thus we can add to our schema this—primary or physiological effects are due to and correspond to the crude drug material, which may be actually found in the mother tincture, 1x, 2x, and often in the 3x (decimal); also in the 1 and 2 (centesimal), while the secondary systemic effects are probably capable of being caused by the potencies above these numbers. Again, the primitive action may result not only from absorption (chemical) and from mechanical contact of tissues with the material particles of the drug, but also from inhalation and dynamic contact as in electricity and magnetism; or from intoxication from fumes of alcohol, ether and other potent gases or fluids. We may now for clearness assemble these various rubrics as follows: STUDY OF THE PROVING FROM REPARATION OR SUBSTANCE. This divides into drug—mother tincture, potency; producing 1st (a.) PHYSIOLOGICAL action, which may be either, or both, Toxical or Pathological. The Toxic divides into paralyzing, and blood or fluid (secretory) changes, while the pathological divides into Tissue metamorphosis, functional modifications and other signs of material or chemical action of the drug. Physiological action (b.) shown by Susceptibility of the power of life to the drug force in various temperaments, indicated through the nervous system in either direct or reflex phenomena. Physiological action (c.) shown by the natural division into primary and secondary groups or classes of symptoms. The primary divides into the mechanical irritation of drug particles, and the chemical action of those particles, according to the laws of chemistry, *per se*, and these effects correspond to the crude, mother tincture, and the 1st, 2d and 3rd decimal preparations, and 1st and 2d, possibly 3rd centesimal potencies, added to the above list.

The secondary signs of physiological action, showing the (more properly speaking) *reaction* of the power of life to recover,

or overcome the primary action. These secondary symptoms may be caused by doses of the potencies *higher* in the scale than those above mentioned.

From this on our studies, on the line of secondary phenomena, becomes more broadly helpful to us as homœopathicians, and leads us to the very natural division, viz., SYSTEMIC ACTION. So far as we have gone, it seems reasonable to conclude that having studied and learned in this schematic method, we can say, the whole includes what is meant by PATHOGENESIS.

(TO BE CONTINUED.)

F. O. PEASE.

THE ETIOLOGY AND PATHOLOGY OF DELIRIUM.

A boy, aged 14, of nervous temperament, timid and backward in disposition, caring very little for the society of boys of his own age, acquired a marked delirium during the course of an attack of typhoid fever. He had the usual hallucinations which commonly accompany such a condition, but developed a marked change in disposition and an acuteness of the memory. While in delirium he would assume the attitude of a bold and courageous boy and make use of the choicest and most accomplished diction imaginable, employing words and phrases his parents had no idea he even knew the meaning of. During one of his delirious spells he recited verbatim four stanzas of a piece he had heard only once two years previously, and, strangely enough, hesitated at the very verse where hesitation occurred when he had heard it. The strangest part of it is that he could not remember a line of the piece after he was well, and has not been able to yet.

I could cite many parallel cases, but this one will serve to illustrate more forcibly than words the present paper.

None of the hypotheses advanced by the medical profession up to the present time concerning the etiology of the various phenomena observed in delirium have ever been *proven*, and one theory therefore is just as tenable as another. General statements, theories, and time worn platitudes are of little value when compared with the specific statements which should be made regarding this expression of nervous trouble. To arrive at the true etiology, however, is no more difficult than is a proper conception of the morbid causative condition of the system at the time of the presence of the phenomena. A definite knowledge of the one will undoubtedly lead up to the other.

Whatever the true etiology and pathology may be, however, it is not the province of this paper to more than suggest, but there certainly is a constant and definite relation between the morbid influence and the cerebral centers presiding over the various mental faculties, all of which are abnormally affected.

It becomes an interesting and, indeed, a difficult study in psychiatry to trace the actions of a patient in, for example, acute typhoid mania, as in the case cited, to the conditions producing the observed phenomena.

One thing which we find in all delirious patients is interference with the normal interpretation of impressions conveyed to the cerebral centers by the various special senses, or a disassociation of ideas or conceptions, in conse-

quence of which, partly, we have the various manifestations of hallucinations, illusions, etc. But while this faculty is thus perverted, some of the other faculties, like the memory (as noted in the case referred to) are abnormally active.

In point of etiology is it not probable that there is a disturbed equilibrium between the inhibitory and accelerator cells of the gray matter? A paresis of the inhibitory cells would account for the over-activity of some of the faculties and a paresis of the accelerator for the depression observed in others.

Still this does not explain upon what morbid condition of the nervous system such phenomena depends. We know that delirium which takes place in acute diseases like typhoid fever is preceded by fever, which, according to Ott, is a disease of the nervous system, the thermogenic centers being stimulated by various substances thrown into the circulation. If the heat centers are disturbed by toxic products passing through the circulation, it is only reasonable to suppose that the same pathological state is accountable later on for disturbance of the other cerebral centers which are the longest to resist the toxic influence, and such a "toxic" causative condition of the system is no doubt at the basis of all forms of acute mania.—(*N. Y. Medical Times*).

The above articles illustrates the difficulties under which the dominant school is compelled to labor in every case upon which they are called to administer. If they cannot find the exact cause for the disturbance and remove the same mechanically they are first compelled to *guess* at the *etiology or cause* then *guess* at the degree of the pathological changes which have already taken place and when a conclusion, which is always the result of guess work, has been reached (and it is dependent upon the thoroughness of their preliminary investigation) they are compelled to *guess* at the treatment and because of this uncertainty they resort to polypharmacy with the *hope* that in some way the result will be satisfactory to the patient. It is never satisfactory to the thoroughly scientific observer, and they are constantly on the lookout for something better while their eyes are wilfully closed to the truth as revealed in the law—*similia similibus curantur*.

"None of the hypotheses advanced by the medical profession up to the present time concerning the etiology of the various phenomena observed in delirium has been proven."

Hahnemann says that all disease phenomena is due to a disturbance of the harmonious relationship between the vital energy and the material elements over which it exercises control. This applies perfectly to every case, and the beauty of the theory is that it provides a logical theory for the employment of an agent capable of restoring harmony when the patient is cured.

It was because of the absence of law and consequently the multitude of theories which confronted the investigation that led

me away from the employment of drugs to the use of electricity, oxygen, hygiene and mechanical means and finally into the comprehension of the existence of a real law governing the entire phenomena of life not only in health but disease. The investigation and consequent application of this principle for the treatment of the sick is so satisfactory that no desire exists for anything but a more perfect comprehension of its wonderful adaptability to the many phases of disease.

PERSONALS.

Dr. Cordelia B. DeBey now occupies a pleasant office, cor. 63rd and Stewart Ave., Chicago.

Dr. Cora Howerth of the class of '97, Hahnemann Medical College of Chicago, goes to Europe with her husband, Prof. Howerth of the Chicago University for a more extensive study in the hospitals.

Dr. J. P. Cobb, Registrar of Hahnemann Medical College, has gone south with his residence to 254 E. 47th St., Chicago.

Since osteopathy is bound to be taught in one way or another it is far better that Colleges properly equipped for teaching the science of medicine should make it one of their chairs instead of relegating it to a body of men who have run wild on this or any other fad. It will be noted that the new Homœopathic Department of the University of Kansas City has established a chair on Osteopathy.

It is with regret that we announce the death of Dr. Galivardin, Lyons, of France. He was one of the staunch Hahnemannians of that country and has made good use of his knowledge and professional abilities by his liberal contribution to the literature of the Homœopathic school. He will best be known by his book on the Cure of Alcoholism.

The readers of the *Medical Advance* and the HAHNEMANNIAN ADVOCATE have been honored by contributions from the pen of Dr. Galivardin through the courtesy of Dr. Clark of London.

Dr. Peter Deidrich, Dean of the Kansas City Homœopathic Medical College, died about the first of last April from septiemia. The doctor was only about 60 years of age and for the past twenty-five years has been a staunch supporter of his chosen profession.

We were surprised by the recent announcement that Dr. Eld-

ridge C. Price, so long connected with the *Southern Journal of Homœopathy*, has severed his connection with the *American Monthly Magazine*. His many friends will miss the scholarly contributions which regularly appeared in the columns of his magazine.

The following prominent physicians and surgeons were present at the recent surgical clinics given under the auspices of the Homœopathic Department of the University of Michigan:

Drs. F. E. Palmer of Albion, G. G. Towsley of Lowell, Dean T. Smith of Jackson, G. P. Hale of Memphis, P. Cornue of Ypsilanti, E. Noyes of North Adams, S. J. Allen of Charlotte, L. A. Hendershott of Irving, C. L. Stitt, of Stockbridge, J. A. Walker of Salem, A. V. Leonardson of Corunna, M. Graham of Jonesville, C. G. Jenkins of Mason, E. D. Osmun and O. E. Goodrich of Allegan, F. H. M. Long of Eaton Rapids, B. M. Porter of Centerville, F. C. Gilcher, and C. E. Womer of Republic, Ohio, N. R. Simmons of Toledo, Ohio, W. J. Mills of Howell and A. B. Avery.

MEDICAL PRACTICE ACTS FOR THE STATE OF IOWA.

The Secretary of the Iowa State Board of Medical Examiners has sent out a very interesting document, which should be read by every physician desiring to become a legal practitioner of that state.

Section 2582 provides, that after January 1, 1899, no person can begin the practice of medicine in the state of Iowa, except upon examination; that no person can be admitted to the examination, except upon graduation from a medical college recognized by the board as of good standing, and that no college can be recognized by the board that does not require of those graduating after January 1, 1899, attendance upon four full courses of study, of not less than twenty-six weeks each. No two of which courses shall have been given in any one year, as a condition for such graduation.

The meetings of the Board are held quarterly, on the first Thursday of February, May, August and November. The examinations are held on the Tuesday and Wednesday, two weeks prior to the Board meeting. The fee for the examination is

twenty dollars, which entitles the applicant to re-examination in case of failure, without additional fee.

The Secretary of the Board is Dr. J. F. Kennedy, of Des Moines, Iowa, to whom all communications should be addressed.

INTERNATIONAL. HAHNEMANNIAN ASSOCIATION.

We have, at the present writing, nothing but the bare statement, that this society will meet at Atlantic City, N. J., June 14th, and will continue in session until the work of the Association has been completed.

It would have afforded us great pleasure to have given frequent and extended notices of the coming meeting of the society, with the expectation that by so doing greater interest would have been aroused among those who are indifferent because the matter has not been thoroughly impressed upon their minds.

Judging of the future by the past, however, we may say without any fear of contradiction, that those physicians who have a desire to *know* wherein lies the superior excellence of the law of Similars over any other form of treatment, will find greater satisfaction from one session of this Association than from that of any other they have ever attended. The work is radically different from that presented in any other National Association, being a consideration of Homoeopathy pure and simple in each and every paper presented, in each and every bureau of the society. Homoeopathy is not presented as an incidental factor, but is given its logical place at the head of the list of *all* means employed, for the healing of the sick.

It would seem that an Association made up of men and women, agreeing so thoroughly as touching one particular thing, would be very tame, and lacking in interest, but the opposite is the characteristic of every session for the reason that the members of the Association are so familiar with the finer shades of meaning given to the different features of the law, that they are quick to take exception to any remarks that may seem to be contrary to their understanding of the application of the law. The high character of the papers presented, together with the thorough discussion of each subject, makes it a meeting of great helpfulness to the conscientious student of medicine.

The assurance of a profitable meeting, combined with the attractions of Atlantic City at this time of the year, ought to make this one of the largest attended meetings this Association has ever held.

AMERICAN INSTITUTE OF HOMŒOPATHY.

Every homœopathic physician in the United States, who is a reader of its journals, has been notified over and over again of the coming meeting of the Institute. Those who have read the literature of the school during the past year, know that from this meeting is liable to come forth measure fraught with great possibilities, for the future of homœopathy.

Unlike the *International Hahemannian Association*, the purpose of this society, is to look after the temporal welfare of the profession. It is the representative body of Homœopathy throughout the world, and being a strong central organization, it carries with its deliberation, immense power for good. It is a body of earnest and aggressive men and women, who have the great subject of Homœopathy at heart, whether they give any audible expression to the same at these meetings or not. It is a representative body, because each and every member of the profession are urged to be present, and have an equal opportunity for expressing their opinions, be the same good, bad, or indifferent. There are many subjects of importance to the profession which are thoroughly discussed, and carefully put into execution by this association.

It makes the world at large, and the profession in particular, know of the power of Homœopathy in this land, and for that reason, if for no other, it should have the loyal support of everyone who believes in the law of Similars.

It is the great social organization of our school, and the men and women who frequent its meetings enjoy a spirit of fraternity, that is known no where else among the profession, and as years come and go, these meetings assume much of attraction of a great family reunion. This year the social feature of the Institute will begin in Chicago.

Nearly every member, east of the Mississippi river, will be compelled to pass through Chicago. They can arrange so as to reach the Western Metropolis in the morning of June 23d, spend the day with their friends and join a party, taking a special car over the *Chicago, Rock Island & Pacific*, in the afternoon, and thereby reaching Omaha on the morning of the 24th in time to get thoroughly rested before the opening session of the *Materia Medica Conference*.

If enough applications are made to the city ticket office, corner of Dearborn and Adams streets, a special sleeper will be at-

tached to the *Rocky Mountain limited*, the finest train out of Chicago. One railroad fare plus \$2.00 for the round trip.

This magnificent train leaves Chicago at 4:30 p. m., reaching Omaha at 5:30 a. m. The sleeper will be side-tracked and you can sleep until time for breakfast.

Among the many hotels offering inducements to members and friends of the American Institute during their stay in Omaha is *The New Mercer*, corner 12th and Howard streets. This is one of the newest and best of Omaha's hotels and are making a special effort to secure a large clientele for future patronage.

Remember that the Exposition is in full blast and that it is important for you to engage your accommodations in advance if you would not be disappointed.

In writing either the Railroad or Hotel for particulars, it will do no harm to refer to the editor of this journal and special consideration will be given your request.

As a parting word, if you will notify us of your plans, we will make you acquainted with the arrangements made in Chicago for your comfort during your short stay.

Vegetarianism.—In a recent communication to the Societe d'Ethnographie, in Paris, M. Verrier treated of vegetarianism from the point of view of its moral and intellectual effects upon the nations who, either from choice or necessity, are to be classed as abstainers from animal food. While fully recognizing the dangers of a too abundant meat diet, as well as the advantages of a purely vegetable nourishment, the speaker nevertheless felt constrained to come to the conclusion that nature intended man to be carnivorous. The physical constitution of the human race is so ordered that to insure the development of their higher qualities its members are of necessity compelled to become to a certain extent meat eaters. The attributes that make for dominion and progress are but imperfectly present among the eschewers of animal food, and hence vegetarianism causes the downfall of dynasties and leads to the enslavement of peoples. If, continued M. Verrier, the Hindus, instead of following an absolutely vegetable regimen, had made use of meat in a rational manner, perhaps the British might not have found their subjugation such an easy matter. His argument was equally applicable to the Irish, who lived exclusively upon potatoes. As for the Japanese, with whom rice was formerly the staple food, the energetic nature of this people could not be cited in subversion of the rules laid down in his thesis. The reawakening of the conquerors at Port Arthur and the Yalu River was coincident with the establishment of a trade in butcher's meat throughout their archipelago. Concerning these statements the *Lancet* remarks that with regard to British supremacy in India, M. Verrier has entirely omitted to take into consideration the numerous and warlike Musselman population. In addition to whom, moreover, there are in Hindustan many millions of native meat eaters; and with regard to his Hibernian argument, surely such an erudite ethnologist cannot be ignorant of the fact that even in the most distressful cabin from Malin Head to Cape Clear the national animal may still be found. Now a pig does not yield any milk to speak of, neither can it be shorn to advantage or utilized for purposes of draught. The inference is too obvious to need elucidation.

Society Reports.

CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

The annual meeting of the Central New York Homœopathic Medical Society was held at the rooms of the "Citizen's Club," Syracuse, New York, Sept. 16, 1897. The meeting was called to order by the acting president, Wm. M. Follett, of Seneca Falls, New York.

Dr. Gordon W. Hoyt was appointed Sec'y *pro tem*.

Members present: Drs. Follett, Gwynn, Dever, Schumacher and Hoyt.

The minutes of the June meeting were not presented.

There was no report from the Board of Censors, or from the Sec'y and Treas.

There being a quorum, the president called for the election of officers for the coming year.

The Society, proceeding in the usual manner, elected the following officers: President, Wm. M. Follett, M. D., Seneca Falls, N. Y.; Vice President, Carl Schumacher, Syracuse, N. Y.; Sec'y and Treas., Dr. S. L. Guild-Leggett (re-elected); Censors, Dr. Stow, Jr., Chairman; Drs. Martin and Dever (re-elected).

In the absence of essayists, informal discussions occupied the time.

Dr. Follett related a case of *pernicious anæmia*, asking suggestions for treatment from the members present. He stated that there were few symptoms, except a general pallor of skin and of mucous membranes, with persistent sleepiness. He acknowledged that the case had puzzled him, and that although Arsenicum had seemed to be indicated, it had failed to help the case, whether used in high, or in low potencies.

Various suggestions were made by the members present.

Dr. Schumacher related a case of erroneous diagnosis, in which he had obtained most decided advantage over the Regular physician who succeeded him. The case was one of Cirrhosis of the liver.

During an acute attack of the complaint, the patient was persuaded that he needed more vigorous treatment, and, with the

consent of Dr. S——, a leading allopath was called. Dr. E—— regarding the case as a grave one, called Dr. D—— as counsel. Both physicians diagnosed Cancer of the Stomach, and proceeded accordingly. Within a few days, the patient was dead. The diagnosis recorded in the burial certificate would have been an obstacle to life insurance, and the family (German) being dissatisfied, asked Dr. Schumacher to make an autopsy. The doctor, out of consideration for the family—who were old patients—laid aside his objections and yielded to the request, with the proviso that the son, a veterinary surgeon, should be present.

The autopsy confirmed the original diagnosis of Cirrhosis of the liver, and notice to that effect was filed before the authorities. The stomach was found in a perfectly healthy condition; the liver in an advanced stage of induration, although it was not so diseased, but that with proper care and treatment, the patient might have had months and, perhaps, years of useful life.

Meeting adjourned at 4 p. m.

GORDON W. HOYT, Sec'y *pro tem.*

THE NORTHERN INDIANA AND SOUTHERN MICHIGAN MEDICAL SOCIETY.

The 14th semi-annual meeting of this Association, was held in the parlors of the Century Club, at Elkhart, Ind., May 11. Dr. T. C. Buskirk, of White Pigeon, Mich., presided. After the reading of the minutes of the previous meeting, the names of Dr. F. H. Parmelee, Toledo; J. B. Allen, Fort Smith, Arkansas; J. Richey Horner, Cleveland, Ohio; and E. S. Mather, Patterson, N. J., was presented for membership. The credential committee made a favorable report and they were elected members of the Association. The names of Dr. J. C. Gross, of Chicago; Dr. John C. Saunders, Cleveland, and F. A. Benham, Elkhart, Ind., were duly elected honorary members of the society. The following interesting programme was then read, and thoroughly discussed by the members present.

A Ruptured Drum-head, by Dr. W. B. Kreider.

Argentum Nitricum, by Dr. A. L. Fisher.

Action of the Salts of Barium on the Heart, by Dr. E. M. Hale.

Surgical Shocks, and how to avoid it by Dr. W. H. Parmelee.

Parturition, and how to minimize its suffering by Dr. J. B. Allen.

A Double Quatrain, Poem, by Dr. T. P. Wilson.

Report of Cases, by Drs. Thomas and T. A. Buskirk.

Chairmen of the bureaus for next meeting. Surgery, H. G. Kenyon; Ophthalmology and Otology, W. B. Kreider; Materia Medica, J. Borough; Practice, R. L. Lockwood; Gynecology and Obstetrics, M. H. Parmelee; Pediatrics, M. G. Thomas.

The following members of the society were present: T. C. Buskirk, White Pigeon; C. S. Fahnestock, La Porte; M. K. Kreider, Goshen; H. G. Kenyon, Adamsville; M. H. Criswell, Edwardsburg; John Boroughs, Mishawaka; John B. Rollman, Burr Oak; Martha Thomas, South Bend; A. L. Fisher, W. H. Thomas, Porter Turner, R. L. Lockwood, H. A. Mumaw, of Elkhart.

The election of officers resulted in the following: Pres. T. C. Buskirk; First Vice President, M. K. Kreider; second, John C. Rollman; Sec. and Treas., H. A. Mumaw. Meeting adjourned to Tuesday, Oct. 11th, in the city of Elkhart.

THE AMERICAN INSTITUTE.

In reply to many inquiries, will say that Membership fee is \$2.00, which entitles the elected member to the elegant certificate of membership and "bronze button" with Hahnemann's Medallion thereon.

The annual dues \$5.00 entitles the member to a large annual volume of Transactions, worth to any physician "double the money." The first year's dues should be sent, if possible, with the membership fee so that the name may appear in the proceedings. No doubt arrangements can be made each year so that the Transaction will be sent C. O. D. New members can get back volumes of the Transaction at a small cost by addressing the Secretary, Dr. E. H. Porter. There are full of valuable information, and make a grand addition to any medical library.

We would urge all the young graduates to strain a point to join the Institute this year. Those who are isolated from their colleagues need the help this national body can bring. In its Transaction will be found valuable facts about the spread of homœopathy, and the comparative success over other methods of medical treatment, that should be copied into every local paper. The old physician know the value of this sort of propaganda. If you cannot attend the sessions of the Institute once in a decade, it can come to you every year. "Come with us and we will do you good." Send for a blank application. We want to double the membership this year.

BOARD OF CENSORS.

T. C. DUNCAN, M. D., Chairman, 100 State St., Chicago.
R. B. RUSH, M. D., Salem, Ohio.
GEO. R. PECK, M. D., Providence, R. I.
A. C. COWPERTHWAITTE, M. D., Chicago.
MILLIE J. CHAPMAN, M. D., Pittsburg.

INTERNATIONAL COMMISSION FOR THE RESTORATION OF HAHNEMANN'S TOMB.

Very few of the followers of homœopathy are aware of the sad fact that the grave of Samuel Hahnemann, the founder of the homœopathic method of treatment, in the cemetery of Montmartre in Paris, is in a very greatly neglected condition, the body having lain there for fully fifty years and the surroundings having gradually and almost completely decayed.

The Quinquennial International Congress of 1896, held in London, which coincided with the year of the celebration of the centenary of homœopathy, resolved to signalize this event by the restoration of Hahnemann's tomb; and in order to carry this resolution into effect, elected an International Executive Commission, composed of members whose names are signed below.

It was the duty of the Commission, first of all, to secure the consent of the owners of the grave to the carrying out of the necessary works and to the legal transfer of it in perpetuity to the French Homœopathic Society, to be maintained by that body.

This task has been fulfilled.

The Commission will now have to occupy itself with the financial side of the matter; and with this object it has opened an international subscription and now appeals to all homœopathic societies, to all homœopathic physicians and to all followers of homœopathy throughout the whole world with an earnest request for assistance.

It is impossible to longer suffer that the grave, which preserves the mortal remains of one of the greatest physicians and benefactors of mankind, should remain in such lamentable neglect; and the Commission hopes that everyone enjoying the inestimable benefits of homœopathic treatment will consider it a matter

of honor to contribute his mite towards the erection of a monument, worthy of the undying fame of Samuel Hahnemann.

Subscriptions are received by the members of the Commission or are sent direct to the Secretary of the Commission in Paris. The list of subscriptions will be printed in the "*Revue Homœopathique Française*" and other journals of the countries represented on the Commission.

LEON BRASOL, M. D., *Chairman*, Russia.
St. Petersburg, Nikolaïevskaia, 8.

FRANÇOIS CARTIER, M. D., *Secretary*, France.
Paris, 18 Rue Vignon.

RICHARD HUGHES, M. D., England.
Brighton, 36 Sillwood Road.

BUSHROD W. JAMES, M. D., U. S. America.
Philadelphia, Pa., N. E. cor. 18th & Green Sts.

ALEXANDER VILLERS, M. D., Germany.
Dresden, Luttichaustrasse, 7.

MATERIA MEDICA CONFERENCE.

The Materia Medica conference will hold but one session at Omaha. This session will be held Thursday, June 23, in the afternoon. The subject for discussion is "*The Underlying Principles of Symptom Revision.*" The chairman, Dr. T. F. Allen, will introduce the subject in an opening address. The discussions will follow the address.

W. A. DEWEY, M. D., Sec'y.

Ann Arbor.

If it were not for the Simple Substance, such states as antipathy, sympathy, & affinity, could not be. It is the sphere of Homœopathy to deal with these things; to glean what is the real *Esse* and existence.

What reason has man to say that Energy or Force is first? Energy is not energy *per se*, but a powerful substance. The very *Esse* of God is a scientific study.

Bodies are not drawn together by means of their bodies, but by means of their Primitive Substance.

The Simple Substance is the means of identification in nature. The mineral, the oak, the wheat, are all identified by their Primitive substance, and exist, only, because of their Primitive Substance, which makes them what they are.

Book Reviews.

A Repertory of the Homœopathic Materia Medica, by J. T. Kent, Professor of Homœopathics in the Philadelphia Post-graduate School.

Has become an object for which we look forward to with great eagerness; and to say that we are pleased with the latest number, *The Nose and Throat*, is but to feebly express the satisfaction it gives us in the study of our cases; and this satisfaction over the work in general is heightened by the knowledge that at least one new part will be placed upon our table each and every month. We cannot commend this valuable work too highly to the profession. It is true that it is expensive, but it will amply repay its cost by the saving of time alone that would otherwise be spent searching through a *Materia Medica* for the indicated remedy. If you will buy the first section and make a careful study of it I will guarantee that you would not be without the additional copies, at any price.

A Manual of Hygiene and Sanitation, by Seneca Egbert, A. M., M. D., Professor of Hygiene and Dean of the Medico-Chirurgical College of Philadelphia, and published by Lea Bros. & Co., Philadelphia.

The author does not pretend that this is a comprehensive work upon sanitary science, but has so carefully compiled the accepted teachings from larger works as to make a very valuable manual for the use of students and those who do not care to go into an exhaustive study of this subject, important though it may be; and taken as a whole the work may be commended for its simplicity of expression, and completeness of detail. But exceptions may be taken to many of his general statements for example in his introduction he says:

“That health is that condition of the body and its organs necessary to the proper performance of their normal functions, and disease may be defined as a condition of the body marked by inharmonious action of one or more of the various tissues or organs, owing to an abnormal condition or structure.”

Then in another place he says:

“Disease is an entity, not a spiritual thing; a condition, not a theory. Con-

sequently it is to be combated with matter, force, and physical means though not necessarily with violence. In fact when we once understand the minuteness and delicate structure of the ultimate cells and tissues affected, we realize that oftentimes the gentlest application of the forces and means employed may be the most helpful and efficient. But when one has seen the ravages caused by it, as revealed in the pathological laboratory and at autopsies, not to speak of its manifestations in the living, as seen in the sick-room and in hospitals, I am sure that he cannot logically or even for a moment give credence to those who proclaim that it can be dissipated by the mere action of mind or of faith. Or to those others who declare that by subdividing and diluting, and subdividing again a single grain of substance, whether primarily powerful or inert, you endow it with a miraculous power to remove the 'ills that flesh is heir to.' "

"There are none so blind as those who will not see," and there are none so unfortunate as those who fail to look beyond the material element for the life principle. How logical and natural it is to look to the vital energy or force for the beginning of all things! When we remember that this vital force in its normal condition combines the primary elements, that form the organism so as to build them according to fixed and definite laws, into a perfect form. But when disturbed in its action, we have evidence of the disturbance in the various forms of disease manifestation. Since these disease manifestations never precede the disturbance of the life's force, it logically follows the true seat of the trouble must lie in the disturbed *relationship* between the life force and the organism. Hence the reason for selecting an immaterial agent acting upon the same plane as a curative agent.

After making due allowance for this primary error in his premises, the final arrangement of the book is admirable in all particulars. He begins with the air, the atmosphere, as the most potent factor for the conveying of miasmatic influences and carefully considers the conditions incident to a healthy invigorating atmosphere and the conditions that may contribute to the vitiating of the same together with the means that must be employed for its restoration.

Following this he takes up the atmosphere within the close confines of our buildings and considers the question of ventilation and artificial heating of our rooms. This of itself is a very important factor and has been carefully considered. Next in order he takes up water and food and then goes to the consideration of stimulants and beverages. He very properly classifies stimulants as *force liberators* and gives the admonition to remember that they *scarcely give anything at all to renew or replace the energy which they have set free*. For example, he says that

beef-tea, that almost universal stimulant, simply acts upon the vital and nervous functions to *increase their activity*, thus requiring that either tissue or food be oxidized to produce the necessary energy, but beef tea *as ordinarily made is no food in itself*, and unless this be otherwise supplied the body tissue must be consumed and the result in the end must be injurious. With reference to tea, coffee, and cocoa, he says that they supply fluid for the system and that stimulation of the assimilative functions that gives the sense of comfort after their use, cocoa and chocolate also having the advantage of supplying some food. But he says it is not uncommon in our hospitals to find tea or coffee drunkards; and with reference to alcoholic stimulants he says:

“Alcohol stands second only to fat as a respiratory material but the same effects could be produced in the body by the means of saccharine and farinaceous articles of food at one-fourth or one fifth the cost of the alcohol.”

His reference to beverages of any kind is reduced to the following: “That an ample supply of drinking water is essential to the satisfactory removal of the various waste matters of the body, and without it the latter may readily develop conditions favoring disease.” In the final chapter he gives definite instructions for examining and testing of the air, water and food, thus making a final conclusion to the matter which add to the value and general interest of this profitable little work.

The American Monthly Review of Reviews. When once familiar with the admirable arrangement of this magazine it becomes absolutely indispensable to the busy man. It is not only comprehensive, but it is reliable and from month to month we get a brief but complete regime of the history-making of the world. The April and May issue have been filled with the exciting theme incident to the Spanish-American question, and many points overlooked in the daily press is here brought out in its logical relation and the real significance presented in a most forcible manner. A complete file of the *American Monthly Review* will give a most valuable history of the conflict now raging and will increase in value as time passes by.

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There are two worlds; the world of thought, or immaterial substance, and the world of matter or material substance.

Name everything that is, or moves; it is sustained, from, and by power of this Primitive Substance. We do not argue that this is first power, but this is first substance.

Susceptibility is only a name for a state that underlies all possible sickness and all possible cure.

Now when a person becomes sick, he becomes susceptible to a certain remedy, which will affect him in its highest potency; while upon a healthy person it will have no effect.

When the dose is too large to cure, man receives it as a sickness.

The Hahnemannian Advocate

A MONTHLY HOMŒOPATHIC MAGAZINE.

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No. 6

Materia Medica.

WHITLOW.

JOHN M'LACHLAN, M. D., B. SC., EDIN; F. R. C. S. ENG.

SYNONYMS: Paronychia; Felon; Panaris (French); Panaritium (German).

In general practice one comes across cases of whitlow not infrequently, and at times they cause a good deal of anxiety to the practitioner. Whitlow has been *defined* as an *erysipelas inflammation of the finger*, and it certainly has many points in common with that variety of erysipelas known as *cellulitis*. 1. The causes are the same. 2. There is usually great constitutional disturbance. 3. The inflammation is diffuse and tends to go on to suppuration and sloughing. 4. There is the erysipelas-like blush of the back of the hand and arm.

CLASSIFICATION.—We may classify the varieties of whitlow in various ways:—

1. Paronychia ungualis.
2. Paronychia cellulosa.
3. Paronychia osseosa, or rather, Periostei, (the *maligna* of some writers).
4. Paronychia tendinosa.

1. *Ungualis*. This is the simplest and most superficial form, in which we find a drop of pus between the dermis and epidermis; this variety, as the name implies, is usually limited to the unguis phalanx, and is often at the side of, or round the root of, the nail, (a "*runaround*"). It corresponds, I believe, to the *super-*

facial whitlow of Abernathy; and, in its early stage, to the “*mere erythema*” of Christopher Heath, and in its later stage to the “*superficial whitlow*” of the same author. The pus may penetrate the true skin and so merge into the next form by *direct extension*, or it may give rise to it from the *absorption of its septic matter*. It may also affect the matrix of the nail, and thus lead to *onychia*, with temporary or permanent deformity of the nail. Whatever treatment may be adopted, I believe a poultice of boric lint is of great value, together with clipping away any dead cuticle. I mean by a boric *poultice*, three or four layers of boric lint wetted with hot water and covered by oiled silk and cotton wool; the essential nature of a *poultice* is simply that it is a means of applying heat and moisture, and the boric acid present in this case makes it antiseptic as well.

A form of superficial whitlow is sometimes seen occurring without any apparent cause and attacking one finger after another. The fluid beneath the cuticle is not always purulent, sometimes being merely albuminous and mixed with flakes of lymph. It never leads to any deep suppuration. It is most common in children and females, and is consequent upon general debility, or upon unknown epidemic or endemic influences being most frequently met with in the spring—perhaps “*sycotic*” in nature. It is described by French writers under the name of *tourniole* or *panaris phlyctenoide*. Clinical experience would seem to indicate that *Natrum Sulph.* ought to be very useful in this variety of whitlow.

2. *Cellulosa*.—The cellular tissue whitlow is usually the result of a poisoned wound, though it may sometimes arise idiopathically, or it may be secondary to the superficial form. As a rule it arises either in the cellular tissue of the pulp of the ungual phalanx, or at the *root* of the finger. It may lead to necrosis of the terminal phalanx, or it may open the sheath of the tendons.

3. *Osseosa*.—This variety usually leads to necrosis of a part of the terminal phalanx. It may arise (*a*) as a primary “acute necrosis,” (*b*) secondary to the cellular tissue whitlow. Usually only a part of the phalanx dies, the proximal end where the termination of the flexor sheath is attached and where the long flexor tendon is inserted as a rule escapes death, and thus the joint is preserved intact. The distal portion of the bone dies (1) because of the interference with the periosteal blood supply

from the great tension, and (2) because of the absence of the tendon sheath on that part of the bone.

4. *Tendinosa*.—I doubt whether this variety—the true “*thecal abscess*” as it is termed—ever occurs as a *primary* affection; but it may be (a) secondary to the osseous and cellular tissue varieties. (b) Caused by the surgeon opening the sheath of the tendon when incising a cellular tissue whitlow. By this means the synovial sheath is infected with septic matter, and the usual results are, spread of the inflammation, sloughing of the tendons, and a useless finger. In such cases when the little finger or thumb is affected (the synovial sheaths of which are continuous with the common sheath at the wrist under the anterior annular ligament) the suppuration rapidly extends to the palm of the hand and to the forearm above the anterior annular ligament; further the wrist joint itself may be opened and destruction of the whole hand result.

It must not be thought that I mean to imply that a *teno-synovitis never* occurs, for undoubtedly there are at least two distinct varieties. (a) Suppurative, which is usually traumatic and septic. (b) The lymph variety resulting from constitutional causes; but then these forms of teno-synovitis would hardly be included under the head of “Whitlow.”

TREATMENT.—When I was a student the diagnosis and treatment of whitlow were exceedingly simple—for the surgeon. A patient is brought in to the out-patient clinic, suffering, we will suppose, from whitlow. The presiding surgeon asks *one* question, “Did you sleep last night?” The patient probably says “No.” “Ah!” says the surgeon, “whitlow in the sheath of the tendon; free incision down to the bone.” But perhaps the patient affirms he *did* sleep last night, but it does not make much difference for the *fiat* still is—a free incision down to the bone *lest it burrow into the sheath of the tendons*. In this little operation two points were strongly insisted upon (1) to have something firm and unmovable (wood or stone) behind the patient’s hand, so that it would be impossible for the hand to descend from the knife, though it might be drawn towards the patient; (2) to cut in the middle line with the edge of the knife directed towards the tip of the patient’s finger, so that as the hand can only be pulled towards the patient, and not depressed, the incision will be enlarged in the proper direction, and no injury done to the patient (?) or surgeon. Now if a student, being examined in his

final "triple qual," let us say, the subject under discussion being whitlow, did not give these cut and dried answers on the treatment of this affection, he would have stood in great danger of being "referred to his studies" for three months at least. I am ashamed to confess that once upon a time I believed and taught this method of treatment, being at that time sunk in the deepest depths of therapeutic darkness, knowing nothing of the real healing powers of drugs in such conditions, and ready to sneer at anyone who ever suggested the possibility that drugs *could* be of use in such an *evidently* surgical case.

Are we then *never* to use the knife in whitlow? I would not go quite so far as to affirm that it should *never* be used though I have not used it for many years, and if I *had* to use it, I would look upon the case as a failure, not of homœopathy, but of my powers to apply it properly. One thing is certain, if the knife is to be used it ought not to be done in that blind and reckless manner usually recommended, for the sheath of the tendons must not be lightly opened into as the risks to the patient may be very serious. I have seen the sheath opened on various occasions but never yet saw it contain pus, nor the synovial lining even evidently inflamed. I have frequently seen fingers so disorganized as to be deemed worthy of amputation, and yet when the tendon sheath was laid open afterwards it was absolutely unaffected, being as smooth and shining as in health. If, however, a case is really doubtful, then give the patient an anæsthetic, render the limb bloodless by Esmarch's method, and dissect calmly and quietly through the doubtful part; in this way the exact position of the pus can be ascertained with certainty, and all haphazard butchery (misnamed "heroic" surgery) avoided. A poultice of boric lint is of great value as already stated, elevation of the hand by means of a sling and entire functional rest to the limb absolutely imperative.

Therapeutics.—Various remedies have been credited with producing panaritium, or "a feeling as if" or a "tendency" to it. It is unnecessary for me to give a list of such, I will content myself with giving a few particulars (culled from various sources) of a few medicines which I have found most generally useful in practice, together with the names of one or two others which though I have used but little in practice, I have always in mind when I meet with cases of whitlow.

Anthracinum: Said to be useful in the worst cases of felon or

whitlow, with sloughing and terrible burning. Compare its use in the worst forms of *Carbuncle*. Often useful where *Arsenic* seems indicated, and fails to relieve.

Apis: I have never had occasion to use this remedy in whitlow. It has cured many cases of whitlow with burning, stinging and throbbing; especially useful in "run-arounds" after abuse of *Sulphur*, also in "dessecting wounds." From its action upon serous membranes generally, it is likely to be useful in cases of *teno-synovitis* septic or otherwise, as well as in traumatic erysipelas with great œdema. *Sulphur* is its complement and follows it well.

Arsenicum: When gangrene is present, with a great desire to have the part wrapped up warmly. In its general indications it resembles *Anthracinum*, though the latter remedy seems to be suitable for a more advanced and a more serious state of affairs. Hence *Anthracinum* is given after *Arsenicum* fails to relieve the intense burning pains and other symptoms.

Fluoric acid: Cases of whitlow where this remedy is likely to be of use are relieved by washing or sponging with *cold water*, and aggravated by the application of heat. It seems to affect the fingers of the *left* hand rather than those of the right, and the pus tends to point on the *dorsum* of the finger. About a month ago I had a typical example of this variety, and where *fluoric acid* acted like a "charm." The "pointing" on the *dorsum* is a real thing, and not a mere sympathetic cellular tissue abscess. It is possible that incisions are frequently made into the pulp of the unguis phalanx of the finger when the pus is really on the *dorsum*; this mistake arises from the sense of fluctuation yielded by the pulp of the swollen finger covered by its thickened cuticle, even when no fluid is present. *Fluoric acid* and *Silica* are both useful in *bone felons*, but observe that *Silica* is aggravated by cold applications and ameliorated by warmth—the reverse of *Fluoric acid*. *Fluoric acid* is also useful in cases of onychia resulting in deformity of the nail, as often happens in cases of *paronychia unguialis*.

Hepar: Useful in cases where there is extreme sensitiveness to touch; cannot even bear the *weight* of a poultice, through the *heat* of the poultice ameliorates; patient likes to sit besides the fire. Parts affected often the right thumb or finger, with violent *throbbing* "gathering pain." *Lachesis* is complementary to *Hepar* in this affection.

Lachesis: Resembles *Arsenicum* and *Anthracinum* in its applications; in cases of gangrene, or where the swelling is of a bluish or purplish hue. Felons with "proud flesh."

Ledum: For whitlows, the result of punctured wounds, needle pricks, hang nails (*Natrum mur.*), splinters, etc. Affected part most comfortable when cold (*Fluoric acid*).

Natrum sulph.: Whitlow beginning as a *blister*, and the pain is more bearable out of doors; suppuration round the roots of the nails, caused by living in damp houses, cellars, etc.

Nux vomica: Patient is usually very cross, and prefers to sit by the fire and have the hand wrapped up warmly, and wants doors and windows shut. All his senses too acute. Thumb, right or left, most frequently affected.

Pulsatilla: The pains are accompanied with chilliness, relief from cool applications and the open air, aggravation in the evening, from warm applications or from letting the limb hang down. Patient very tearful.

Silica: Whitlow, where the inflammation extends to the tendons, cartilages and bones; bone felons (see *Fluoric acid*) and "run-arounds." Like *Fluoric acid*, useful in cases resulting in deformity of the nail; usually most comfortable when warmly covered. *Fluoric acid* is the complementary remedy. (Consult Allen's *Encyclopædia*, under *Silicea*).

Pathogenesis of Whitlow.—I do not suppose that any medicine, with the exception perhaps of *Fluoric acid*, has actually produced whitlow, during its proving. One can hardly expect provers to be so energetic and self-denying as to persist with a proving until such painful organic lesions are produced. For this reason, therefore, we are chiefly dependent upon *clinical symptoms* and *clinical experience* when we attempt to treat whitlow by the method of Hahnemann, and not as mere surgeons. In saying this I do not mean it as a sneer at the surgeon, for to be a surgeon was once my own dearest wish, but that was before I knew anything about homœopathy. At the same time, if ever I had to resort to purely surgical means in the treatment of this affection, I would regard the case as a "failure." Doctors in general are but necessary evils, the surgeon probably most of all, but nevertheless both *are necessary*.

In other diseases it is the same as in whitlow. Take pneumonia for instance, one can hardly expect provers to go on with

any given drug till it has actually produced a genuine pneumonia. It has therefore been suggested that the lower animals should be used for this purpose, and by the continuous use with gradually increasing doses of the given drug to see whether it can *produce* lobar pneumonia, or any other well defined organic lesion. Such a suggestion cannot be too strongly condemned, both on humanitarian grounds and because it is unscientific, and can only find a place in a science, falsely so called. Such a method could not by any possibility lead to any useful result, that could not equally well be attained by more legitimate means, so far as healing the sick is concerned. Suppose, for example, that six medicines can be proved in this way to have produced pneumonia, of what earthly advantage is it to know this, when we are face to face with an actual case of pneumonia? The mere physical signs of pneumonia are practically the same all the world over by whatsoever means produced; the dullness on percussion, the increased vocal fremitus, the crepitations, fine or coarse, give no indications that will guide us to the appropriate medicine; thus our half dozen medicines that have been thus proved to have produced pneumonia, simply become half a dozen harassing doubts at the bedside of an actual case. To be sure one might try them all in turn, taking twenty-four hours for each, and then by the time they were finished the patient would either be dead or the crisis passed. No! leave all such rubbishy methods to the "Old School," the homœopathy of Hahnemann does not need them.

To treat any disease successfully, we must know, or at least do our best to find out, *specific individual differences* both of the different medicines and of our patient, before we can use medicines intelligently. This is only another way of putting Hahnemann's *dictum*. "In making this comparison, the more *prominent, uncommon* and *peculiar* features of the case are specially and almost exclusively considered and noted; for these in particular should bear the closest similitude to the symptoms of the desired medicine, if that is to accomplish the cure." In other words, the *specific individual differences of medicine* must be similar to the *specific individual differences of the patient*. The lower animals can never give us this knowledge, and without it we are but little better than the allopaths. Leave us rather in our *fools'* paradise, hugging to our hearts the pleasing delusion that only *one*, or at the most *two*, medicines, can both produce and cure

pneumonia. This will at least give us an *appearance* of confidence (born of ignorance it is true) at the patient's bedside, which if of no benefit to the *patient* cannot fail to impress the *patient's friends*—a most important point if a doctor wishes to “get on.”

1. *Anthracinum*: The indications for this medicine are, I believe, only clinical.

2. *Apis*: “Inward burning about a *hang-nail* on the outside of the right fourth finger; no redness where it pains inside, and not aggravated by pressure. Fine burning and pricking in the finger tips. Sensation as if the finger nails were quite loose and as if he could shake them off.”

3. *Sulphur*: Many hang-nails on the fingers. Pain in the tips of the fingers in the morning, as if the nails had been cut too short. Pain on the flexor surface of the right middle finger as from a *sticking splinter*. Burning in the balls and tips of the fingers. At night, in bed, a semi-lunar painful drawing in the root of the nail of the right little finger. Tearing and drawing pains very marked. At night in bed tearing under the nail of the left ring finger, as if a needle were thrust in, especially violent in the evening. Shooting in the tips of the fingers at night. Stitches in the tips of the fingers. Crawling and pricking in the tips of the fingers very acute, worse on hanging the arm down.

4. *Arsenicum*: The indications for this medicine are chiefly of a general character.

5. *Hepar*: Indications chiefly general, though we find “stitches in one finger as from needles ”

6. *Nux vomica*: Indications chiefly of a general character, we find “jerking, sticking pains along the bone of the thumb, but extending backward. Burning in the ball of the thumb on lying down after dinner.”

7. *Pulsatilla*: Indications chiefly general. Also “pain as if a panaritium would form on the side of the nail of the index finger. Violent stitches in the tips of the right fingers.”

8. *Fluoric acid*: “The pains in the hands became exceedingly violent and the hand much swollen; next day the fingers, and especially the thumb, were violently inflamed; the hot bright-red skin on the tips was discolored, the last phalanx almost immovable, with violent pains in the hands extending up the shoulder, and fever; towards evening of the second day the pains become throbbing and the tips of the fingers more swollen; on the third

day the tips of all the fingers were white, and the thumb was enveloped by a white blister, upon which the nail seemed to rest, with constant tormenting throbbing pains; on opening the blisters there was discharged a thick brown very offensive fluid, which was very acid; under these blisters was seen on the fingers the uninjured true skin; on the thumb there was underneath a second blister, upon opening which commencing suppuration was found; the fingers healed rapidly; the thumb continued to secrete a thin pus and was only healed after four weeks. Pain in the left index fingers, as if in the bone, now and then during the day; the whole finger is painful internally, particularly in the evening. Burning internally about the bone. A violent burning stitch in the fleshy part of the left thumb. Prickings in the ends of the index fingers, most in the left. Acute prickings, as with a needle, in the fingers. Now and then a pain resembling a contusion in the ends of several fingers, as it were in the bones. Painless sensation beneath the nail of the left thumb, as if something were gradually working its way out, in the forenoon."

9. *Lachesis*: Visible pulsation in a large portion of the ball of the left thumb, and frequently recurring jerking. A pararitium on a finger in which there had formerly been frequent jerking preceded by jerking and pains, so that she could not bear the arm under the covering, frequently shooting upward and often downward into the arm, which was weak. Stitches in the tips of the fingers. Gnawing and crawling in the bones and flesh of the right third and fourth fingers; also under the nails as though something were crawling about under them."

10. *Ledum*: A feeling in the nail of the left third finger as if raised up by pressure from beneath, together with prickling in the tip of the finger. Stitches as with needles beneath the right thumb nail. The periosteum of the phalanges is painful on pressing it.

11. *Natrum sulph.*: Violent burning in the tips of the fingers. Boring in the joints of the fingers (many drawing and pressing pains) sticking pain in the tips of the left thumb behind the nail, evening. Sticking pain in the tips of the fingers. Violent stitches in the left thumb, in jerks, almost like pulsations of the pain. Fine sticking pain in the points of the right thumb and forefinger, as if the veins were being pulled out, whilst knitting at noon, (tearing pain in various fingers, very frequent). Sticking ulcerative pain under nail of the right forefinger. Beating in

the tip of the left little finger, like a pulsation, for several minutes.

12. *Silicea*: Pain as from a splinter in the flexor surface of one finger. Pain in the left index finger as if a panaritium would form. Sensation as if the tips of the fingers were suppurating. Feeling of numbness of one finger as if it were thick and the bone enlarged (tearing and sticking pain in various fingers), stitches in the ball of the thumb.

The above symptoms are taken from Allen's *Encyclopædia*. I regret that I am unable to make use of the *Encyclopædia of Drug Pathogenesis*, the repertory to that work being as yet incomplete. OXFORD, April, 1898.—(*Monthly Homœopathic Review*).

"INDICATED REMEDY VERSUS TREATMENT IN ORDINARY UTERINE TROUBLES."*

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In this short paper I assure you I shall not attempt to go over the field of uterine troubles in detail, nor shall I attempt to give a text book citation; what we want in this day is practical facts and not experimental theories. The general practitioner must be able to meet his female clientelle with some assurance of relief or cure. "Doctor! I have womb disease is a "Shibboleth" that is current with almost every woman in the land. Their complaints be what they may this organ is at once thought of as the "*causus morbi*."

When a female patient calls for treatment of a long and tiresome list of ailments, the Doctor, if he is *fin de siècle*, will take the case about as follows: Are you married? Have you given birth to any children? If an affirmative to this: Examination is asked for; results with a large majority about as follows. Yes, Yes.

Well, Madam, at your last confinement you sustained a laceration of cervix, that is, the mouth of your uterus was torn. This accounts for that backache, headache and all the various symptoms with which you suffer. An operation is submitted to performed and in great majority of cases little or no relief.

If the patient be a young woman, with painful menstruation and all its accompanying symptoms, she is advised to have uterus

*Kentucky Homœopathic Society.

curretted or ovaries removed. Uterus curretted, packed and the patient still continues to suffer as of old.

A specialist gets hold of this case and he promptly advises removal of ovaries. Good fat fee, patient sent home a physical and mental wreck.

I have seen so much of this foolish and unscientific work done, that I am almost a crank against such work and might err on the wrong side. I would not for a moment be understood as claiming surgical interference is not urgently demanded in many cases, but the modern methods of operating have been so wonderfully improved, that it is a pleasure to perform hysterectomy, remove the ovaries, etc.

What we need to appreciate is the fact that the class of cases met with in our city hospitals are very different from the class of patients we meet in our general practice. The difference is so patent that I shall not worry you in giving details. A conscientious homœopathic gynecologist is a man of beauty and to be much admired. He will give his patient the best and most scientific treatment, with every prospect of cure, but the gynecologist only talks and dreams of hysterectomy laparotomy, etc.

God pity the poor deluded woman that falls under his scalpel, save for such diseases that come under strictly mechanical measures, which are few compared with the great number of sufferers of this class. I undertake to prove that the well chosen remedy will right the great majority of these ills.

Having practiced my profession for 27 years with an experience of a good clientele to draw from I feel that I have some grounds at least to express myself on these lines. For thirteen years of my professional career, I was strictly orthodox from an old school standpoint and believed in heroic measures and decided doses. The change has been so radical and results so gratifying, I now frequently get so high in doses, that I become alarmed at the wonderful transition. Pardon this long preface.

I shall give you three cases, that I believe are typical ones, to show what the indicated remedy will do. I select these from the fact that the diagnosis and treatment had been given before they came to my hands.

CASE I. Sept. 20, '97. Lady 37 years, weight 225 pounds, married six years, four years ago gave birth to child, still-born, shortly after this began to feel bad, as she expressed it, menstrual period every three weeks, flow scanty, pain in back, headaches,

constipation, pain in region of uterus, a heavy bearing down, profuse, leucorrhoea very offensive. She gave these as the symptoms when she first consulted a physician six and one-half years ago. She was treated locally by him for two years, using during this period all manner of applications, douches, suppositories *ad nauseam* consulted specialist, he curetted, packed and treated case for two months with no marked relief. Advised removal of uterus, to this the patient objected; she returned home and continued local treatment until she finally gave up in despair. Some friend prevailed on her to try little sugar pills. She finally came to me. The language she used in expressing her opinion of doctors would be interesting reading. After her *spleen* was delivered about doctors, I recorded her case in detail. I give the principal symptoms that guided me in my prescription. Menstrual period every three weeks, scanty, colored clothes green, lasts seven or eight days, severe headaches, a crazy feeling, attacks before menses so severe she loses her mind, gets crazy, believes she is going crazy, when she gets up she feels as if everything was pressing out, afraid to walk without supporting abdomen, tired and worn out feeling, the bearing down so severe, kept a recumbent position two-thirds of her time.

Gave one dose *Lil. tig^m* to be repeated every twenty-four hours for three days. Fourth day, patient walked into office with an expression that gave me more satisfaction than words could convey. Her report was that bearing down pains had all left her, headache relieved but she felt weak and was very apprehensive that her troubles would return, mind seemed anxious about this, as from some impending trouble, *Ignatia^{3x}* one dose night and morning until relieved, to report in one week; patient returned in four days, relieved of all pains and aches and you may be sure she meant it. Handed me a check for \$50.00 with the remark that "she was my patient from this time on."

Now gentlemen there is the case, make of it what you may. I never examined her uterus and do not know that she has one, the patient is well and free from any trouble at this writing.

CASE II. Lady 27 years of age, married six years, one child five years old, two years ago began to suffer during menstrual periods, flow scanty and in shreds, vacillating mood, depression, ill humor, then lively, deep seated pain in head, frightful dreams, sticking pains in various parts, sensation as if menses would appear, better in open air; leucorrhoea offensive, uterus has been

curretted twice, no relief. This was done by a competent specialist.

Owing to her mental condition, the removal of ovarics was advised; the patient refused and returned home as she believed a physical wreck. The menses always came away in strings as she described it.

Crocus^{30x} one dose night and morning for one week, reported much relieved, mental symptoms are better, gave *Sac. lac.* until next period came on without warning, flow natural, no shreds. This was in January, 1898. Has menstruated regularly ever since. No further medicine, patient remains well.

CASE III. Young lady 21 years of age, has been irregular, going from six weeks and then three weeks for several years. Dark complexion, bright intelligent woman, a graduate of Cincinnati Conservatory of Music. Six months ago began to grow despondent, pains in uterine region. Dysmenorrhoea, had to take her bed for two or three days each menstrual epoch, bowels constipated, began to lose flesh very rapidly, would cry over trifles, crampy sensations in vagina, limbs would go to sleep, disgusted with everything; this was a prominent symptom spoken of by her a dozen times. On this leading characteristic I gave *Puls*^m two doses. *Sac. lac.* for one week. Patient made rapid recovery and is her lively and cheerful self again.

These cases could be prolonged indefinitely and are by no means exceptions to the rule as indicated by title of these cases. Man may have been developed from the quadruped and his natural position to be on all fours as some claim; we may be a set of degenerates and medicine as commonly understood may and is largely empirical.

One thing, I do know, in the language of Fitz James.

“Come one, come all this rock shall fly
From its firm base as soon as I.”

So firmly rooted is the law of Similia Similibus Curantur in my mind. I would add that in taking all cases, the mind is often the key note that will reveal a world of information on which to base our selection of remedy. Let the trouble be what it may, the nervous system is the individual.

By keeping this thought in our mind seemingly incurables will be reached through the dynamic force of our remedies.

The great trouble with us is, we are simply too lazy to study

our cases and want some short cut. Our cures would be multiplied ten fold if we would wake up and use what nature has so generously given us—a sure method of cure.

Do not be afraid to use cm potency if your symptoms are properly taken, prescribe pathologically if you will, but give the remedy indicated by your pathological symptoms and remember to give the one remedy at a time. No one, two or three glass method, if one is correct two cannot be at one and the same time. Common sense with a little knowledge and industry will bring you success.

A good deal of knowledge and hard study and close differentiation will bring to your patient good health and to you the chief end of man in this age—dollars.

THE PATIENT AND THE REMEDY AT THE MENO-PAUSE.*

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Perhaps at no other period of a woman's existence, in her role of patient, do we encounter such a confusion of symptoms, such misleading reflexes, such vitally important nervous phenomena, such alarming hemorrhages, and such a demand therefore for clear and painstaking prescribing, as we frequently find confronting us at the termination of our patient's menstrual life.

Several remedies immediately suggest themselves as the possible Simillimum in this disturbed state of the female economy. I propose to differentiate a few of the prominent ones, and am led first to consider, what I will term the HEMORRHAGIC GROUP, since some aggravated form of uterine hemorrhage is very often the moving factor in the case, that is the symptom that most alarms the patient.

While it is true that the patient and not the hemorrhage must here as elsewhere constitute the basis for our prescription, yet it is justifiable to advocate almost empirically a few remedies because of the frequency with which we are called upon to use them in the conditions under discussion. *Secale*, *Kreosote*, *Ustilago*, *Trillium*, *Crocus*, *Hamamelis*, and one or two of the great serpent remedies, *Lachesis*, *Naja*, *Elaps Corallinum* etc., may be mentioned, each presenting important points for remembrance in this connection.

The symptoms calling for *Secale*, are generally confined to

* Read at meeting of Kentucky Homoeopathic Society.

either the nervous system directly, or to the circulation. The action of *Ergot* on the uterus is too well known to need touching upon here. It is to the *Secale* patient that I would direct your attention. Typically she is a thin, scrawny woman, with a dry, harsh, shrivelled, yellow skin, old before her time. The flow of blood is dark, thin and persistent, passive rather than active, but in severe cases reducing the woman to such an extent that she may lapse into unconsciousness when the flooding paroxysms are present. Formication under *Secale* is often noticeable. She will spread her fingers apart and complain much of the disagreeable tingling. (*Lac Caninum* also has this symptom). Prostration is extreme. The mind is disturbed and full of anguish. When *Secale* is indicated at the climacteric, you will be apt to elicit a history of old menstrual difficulties with a tendency to miscarry.

Ustilago is *Secale's* boon companion, and it is difficult at times to decide between the two. It will also be remembered as a fungus growth very similar in action to *Secale*. The hemorrhage under *Ustilago*, however, is characteristically bright red, partly fluid, and partly clotted. *Ustilago* causes passive congestion of the uterus. Even the slight touch necessary to a *digital* examination, brings on a return of the hemorrhage. *Ustilago* also finds a place in retroflexion of the uterus. The cervix is soft and tumified, the os patulous.

Under *Ustilago*, vertigo is prominent, with severe frontal headaches. The drug is said to have an affinity for tall, slim women who have for years been threatened with tuberculosis.

Hamamelis is distinguished by the preponderance of the sore feeling in the affected parts. This is your patient's chief wail of complaint. The exhausting hemorrhage is of minor importance.

Trillium has a most profuse hemorrhage at the climacteric period. The flow may be bright red or dark or clotted and induced by the slightest over-exertion. Syncope, vertigo, dimness of vision, palpitation, severe pain in the back, and persistent recurrence of the flow every fourteen days, should direct your thoughts to this remedy. The face of the *Trillium* patient is generally sallow, and she may even present the yellow saddle across the nose, so characteristic of *Sepia*.

Kreosote is useful in those cases that are characterized chiefly by the great offensiveness of the discharges. The flow is also intermittent. Fainting fits frequently attend the discharge of

large clots of putrid blood. There is great burning and swelling of the labia. Corrosive itching within the vulva and burning on urination. The feet swell. There is restlessness which is especially aggravated during repose. The value of *Kreosote* at the menopause is very frequently unnoted.

Crocus encroaches on *Kreosote* in the putridity of its hemorrhages but the *Crocus* discharge is dark and stringy. The well known sensation of something alive in the abdomen, has often led to the selection of *Crocus* for climacteric difficulties. The patient is sure to incline to hysterical manifestations. The nervous system is on a tension and breaks out anywhere.

Lachesis stands very high in the list for cases of uterine hemorrhages at the climaxis, but the nervous symptoms under *Lachesis* generally guide one to this remedy very readily. The aversion to pressure about the neck, waist or abdomen, the chilliness at night, and flushes of heat by day, showing that the circulation is sluggish and fitful, the aggravation after sleep, the heart irregularities, the mental anxiety, and sensitiveness, all this belongs to *Lachesis*. In disposition, we find the *Lachesis* patient proud, jealous, melancholy, and distrustful. Her physical makeup is below par. She is a frail creature, constitutionally very poorly fitted to bear the culmination of physical distress that seems to be measured out to her in overwhelming proportions, just at the time in her life when she is longing for some respite from many years of suffering.

The serpent remedies all show their relationship and remind us forcibly of their origin in the sluggish conditions to which they apply, as evidenced in the circulation, the coldness of the external parts, the extreme sensitiveness to every impression whether it be of light or noise.

Sulphur at the menopause is a standby. When this remedy is indicated the individual is apt to present certain physical peculiarities, old landmarks as it were, so familiar to you all that I would not recall them, were it not for the fact that they go to make up the picture which I wish to focus upon your mind's eye. We are told that the constitutional bias under *Sulphur* is the key note to the remedy. An old student of *Materia Medica* is generally able to prescribe *Sulphur* without putting a single interrogation to his patient. He notes the stooping shoulders, the narrow chest, the dirty hue of the skin, where the marks of past eruptions are still apparent to practiced observation, the

temperament of the patient, as indicated in facial expression, carriage, movement, voice, all bear their quota of significance.

The woman is sure to complain of headache, usually a vertex pain. She will tell you of her burning feet, her "smothering spells," and the tormenting hot flashes indicative of the general vaso motor disturbance that is so often a morbid accompaniment of this period. She will complain of intense itching and burning in the vulva, any leucorrhœal discharge that she may have will be acrid and excoriating. If she suffers from metrorrhagia, the flow will be thick and black, and markedly intermittent like *Kreosote*. Her appetite is variable. On rising in the morning, she feels no desire to eat, but grows faint and hungry around 11 a. m., and must then satisfy her craving for food or she knows that she will succumb. She is irritable in mood, exacting and imperious, a difficult person to live with, disposed to overestimate her own importance, similar to *Platina* in this respect, though under *Platina* the exalted state of mind has more of the strictly personal in it. *Sulphur* magnifies the attractiveness of her belongings. She has fantastic illusions, old rags appear to her fancy like rich garments. *Platina* considers herself superior to her associates.

In sharp contrast to the *Sulphur* temperament, we find *Pulsatilla* another great remedy for women suffering from any of the many disturbances peculiar to their sex. The mild, gentle, tearful *Pulsatilla* patient, does not always receive the sympathy which she deserves. She will describe her sufferings volubly, indeed she delights in going over the subject of her many aches and pains, but the true *Pulsatilla* patient is very timid, and is almost certain to shed tears during the recital. When suffering from metrorrhagia, at the change of life the flow will be of dark conglobated blood, emitted in paroxysms and attended with severe labor-like pains. Its pronounced *variability* however, is the distinguishing feature. Under *Pulsatilla*, the symptoms are ever shifting. The neuralgic pains that belong to this remedy shoot all over the body. They never appear to find a secure location. The various discharges from the body, also change in color and consistency. Then though the *Pulsatilla* patient is proverbially chilly, she insists upon having fresh air. A close room stifles her. Her face flushes from the slightest exertion.

She is delicate and dainty in her appetite, turning with especial loathing from fat, greasy food, but indigestion, pain and pres-

sure at the pit of the stomach, bad taste in the mouth, and this last of the rankest kind, quite naturally suggest the drug. Your *Pulsatilla* subject finds it difficult to sleep during the forepart of the night. She is restless and anxious about her health, full of cares about her domestic affairs, differing so widely here from *Sepia*: who is ever ready to take unto herself the administration of her neighbor's difficulties, but is perfectly indifferent to the nearer concerns of home. *Pulsatilla* has great dread of men, the proving reads, and is subject to many queer fancies. Altogether the characteristics under this remedy are so clear cut, and run with such marked directness throughout all of the many morbid states in which the drug is called for, we can readily understand its high place in our school of medicine as a tried and proven polycrest.

Sepia often figures at the menopause with brilliant results. It follows well after *Pulsatilla*, but temperamentally, the remedies are as far asunder as the poles. The *Sepia* patient may and does possess a fine organization. Her constitution is delicate, her hair dark, her skin fine, her brain particularly active. She is subject to all manner of mental perturbations. It is a great remedy for women. When indicated at the climaxis, you may be reasonably certain that your patient has long been afflicted with uterine and ovarian difficulties, and you have reached her at the approaching conclusion. Leucorrhœa, prolapsus, bladder involvement, irregular and painful menstruation, disorders during pregnancy, headaches, constipation, all these she can recall in retrospect.

Metorrhagia often tends to chronicity at the climacteric period, the uterus prolapses, and annoys the patient immediately. The discharge of blood is easily excited, and is accompanied by icy coldness of the hands and feet, flushes of heat, and paroxysms of shuddering. The patient becomes exhausted. Bitterly too does she complain of a sensation of emptiness at the pit of the stomach. Constipation is usually present with a feeling of weight in the anus. In mood she is sad and despondent, irritable, and fault finding.

Sanguinaria Canadensis at the menopause is often overlooked. For cases of chronic sick headache which have long resisted all medication, this remedy has been known to achieve wonderful results. The headache is characteristic. Beginning in the occiput, the pain runs up over the head, like *Sepia* and *Silica*,

and settles over the right eye, but differing from the two drugs named, it is accompanied by decided nausea, distended veins, marked redness of the face, and is usually a day time headache, decreasing as night advances. Quiet and rest soothes the distress in the head. Vomiting also relieves.

Amyl Nitrate has a sphere of usefulness in those irregularities at the climacteric, which result in overcoming the patient from sudden rushes of blood to the head.

Actæa Racemosa meets those conditions in a woman's sexual life that are characterized by, or more properly speaking, belong to the so-called rheumatic habit.

Cinchona, *Calcarea carb.*, *Ammonium carb.*, and a score of other remedies might be mentioned and enlarged upon, but I feel that I have gathered the most prominent ones into this little discussion. As I remarked before, when we hold ourselves true to the governing rule of Homœopathy, that of considering the patient and not the disease, the whole *Materia Medica* becomes our field.

Whenever any personal idiosyncrasy of our patient takes us into remote pastures, and new remedies loom up, we need not hesitate, for restriction in drug selection is a thing unknown.

THE THERAPEUTICS OF CATARACT.

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Since the publication a few months ago of a paper upon cataract, a great many inquiries have reached me asking for the key to an apparent therapeutic enigma therein contained, the purpose of which was to render as concisely as possible by means of numbers the indications for our remedies.

I have cheerfully furnished this as far as I could, but as the requests still come I have decided to give the subject in detail, together with the authorities quoted. The numbers at the beginning of each remedy are the same as those used in the former article, but from this paper have been omitted all symptoms except those of the eye itself.

It must be remembered, however, that the choice of a remedy in any given case of cataract, must be determined not alone by the eye symptoms as here given but by taking into consideration the *tout ensemble* of the case, the entire personality.

Again, all eye-strain of whatever variety must be removed by the proper glasses, or if necessary by other means.

The symptoms of this list are largely culled from Hering's masterly work on *Materia Medica*. Burnett says: "A specific for cataract in the very nature of things cannot be found, because there are no two cases exactly alike." And Dr. Malen adds: "The cause of cataract is psora; the remedies principally antipsorics. It is not possible to say that in this or that species of cataract this or that remedy will cure. The *taut ensemble* of the symptoms must always decide us in the choice of the remedy."

NO. 1. SULPHUR. Dimness of vision as of a veil or gauze before the eyes; as from a fog; weakness of the eyes; blindness; cataract, with innumerable dark spots floating before the eyes.

Gas or lamplight appears to be surrounded with a halo (cataract or glaucoma). Amaurosis after the sudden disappearance of an eruption; can only see outlines of objects; web-like forms appear before the eyes; single objects seem double and indistinct. Burning in eyes. Photophobia in gaslight.

In middle of lens an opacity as if it had been punctured with a needle; cortical cataract. Dimness of vision so marked as to prevent recognition of friends. Mist and fog before eyes with beginning cataract in right eye. Cataract after suppression of an eruption.

Clinical. This is the king of cataract remedies. Dr. Malen reported the following:

Case. Lady, 60 years old; vision slowly lost during two years until she was completely blind with mature cataracts. After a few months' treatment such improvement occurred that she wrote me her vision was as good as one of her age could expect.

Case. Man, aged 51, lymphatic, mature cataracts of both eyes; could not see to walk; could barely distinguish daylight from darkness. *Sulphur* was given which brought out an eruption over the body and with its appearance the vision returned.

Case. Man, aged 42, bilious temperament, blind in left eye from cataract for six years. Twenty years before had had itch which was suppressed. *Sulphur* was given and a violent itching eruption came out over the body. Vision improved until he could count fingers and make out the outlines of objects.

Dr. Jahr reported the following:

Case. Infant, born with cataract. Was greatly benefitted with *Sulphur*.

Dr. Kirsch reported:

Case. Mrs. E., aged 48, heavy eyelids, mist and grey fog before eyes, and feeling as of sand in them; burning and flashes of light; beginning cataract, nebulous sight. Under *Sulphur* eyes became clearer and an eruption came out behind her ears.

Dr. J. Mouremans reported:

Case. Man, cataracts nearly mature; greatly benefitted by *Sulphur*.

Dr. DeKeghel helped a case of soft cataract with *Sulphur*.

Dr. Becker:

Case. Carpenter; tetter of face suppressed; sight became impaired; pupils misty, smoky. After *Sulphur* was exhibited the eruption reappeared, and the vision improved.

Dr. Emerich:

Case. Mr. M., tinsmith; terrible itching eruption disappeared and blindness supervened in left eye. Lens was hazy. After taking *Sulphur* for some time the eruption returned and the vision cleared.

Recommended also by Drs. Norton, Bachr and Jahr.

No. 2. CAUSTICUM. Photophobia in daylight.

Sight obscured as from a gauze before eyes; as from a mist.

Flickering before eyes as from swarms of insects. Eyes became dim and vision indistinct; it seems as though a thick cloud or fog was before the eyes.

Obscuration of sight as if a veil was drawn before the eyes. Perpendicular half sight in partial cataract.

Asthenopia with dimness of sight after eruptive fever.

Burning in the eyes with ophthalmia.

Clinical. Dr. Kirsch reported a perfect cure under *Causticum* of a lady with cataract. Dr. Hanbold mentioned a case of a lady aged 61 cured by *Sulphur* and *Causticum*.

Recommended also by Drs. Bernard and Norton.

No. 3. CALCAREA CARB. Cataract in farsighted eyes.

Great dread of light, especially in the evening; worse from artificial light. Ophthalmia.

Rainbow around the light.

Dimness of vision as if looking through a gauze.

Cataract; shadows before the eyes.

Clinical. Dr. Charge succeeded in curing a case of cataract that co-existed with general psoriasis, after the administration of *Sulphur* and *Calcarea*. Dr. Martin cured a case of hard cataract with *Calcarea*.

Dr. Villars reported:

Case. Man, aged 50; scrofulous. "Partial opacities of the crystalline lenses were clearly observable in both eyes." Cured.

Recommended also by Drs. Hughes, Marcy, Bæhr, T. F. Allen, Bernard, Norton and Jahr.

NO. 4. MAGNESIA CARB. Black spots or motes before the eyes.

Burning of eyes and dimness of vision.

Lenticular cataract.

Scrofulous ophthalmia with obscuration of cornea.

Clinical. Dr. Prie says that this remedy was largely instrumental in the amelioration of thirteen out of twenty-two cases of cataract which he treated.

Recommended by Drs. Jousset, Jahr, Schroen, Norton, Marcy and Hunt.

NO. 5. PHOSPHORUS. Halos, flashes of light and black spots. Photophobia.

All objects appear to be covered with a grey veil, or look red.

Sees better in dim light.

Amblyopia and amaurosis; objects appear misty.

Rapidly increasing myopia. Senile cataract; lens white. Cortical cataract.

Clinical. Dr. Schuler:

Case. Mrs. E., opacity of lens, cataract immature. Gradually became clear under *Phosphorus*.

Dr. Burnett:

Case. Lady, had been nearly blind with cataract several years. "Under *Phosphorus* the opacities cleared up and her vision became clear and remains excellent.

Dr. Streintz:

Case. Retired major, aged 75, amelioration almost equal to a cure from *Phosphorus*.

Dr. Bernard:

Case. Maiden lady, aged 34, cataract in left eye. Great improvement of sight and diminution of cataract.

Recommended by Drs. Martiny, Bæhr, Norton, Marcy and Hunt.

NO. 6. SILICEA. Photophobia in daylight.

Cataract; dim vision after suppression of foot sweat.

Black spots or sparks before the eyes.

Dim vision as if looking through a gauze, or grey cover.

Cataract; lens cloudy; cannot discern objects.

Choroiditis in myopes.

Scrofulous ophthalmia.

Clinical. Dr. Martiny treated one case of hard cataract successfully with *Silicea* and *Phosphorus*.

Dr. Becker:

Case. Lady, whose profuse foot sweats were stopped and vision became dim as if she saw through smoke; could only read large print. *Silicea* taken a long time cured.

Dr. Hering relates cases helped with *Silicea*.

Dr. Kirsch reported:

Case. Man, aged 61, cataract which entirely disappeared with great improvement of sight after exhibiting *Silicea* for two years.

Dr. J. Mauremans reported a cure completed under *Silicea*.

Recommended also by Drs. Jousset, Bernard, Jahr, Norton, Marcy and Hunt.

NO. 7. GRAPHITES. Photophobia, worse by daylight.

Nearsightedness with asthenopia. Sees as through a mist.

Chronic ophthalmia, with moist skin eruptions.

Clinical. Recommended by Drs. Marcy and Hunt.

NO. 8. IODINE. Obscuration of sight, like a veil before eyes.

Optical illusions in bright colors.

Pain and smarting in eyes.

Clinical. Recommended by Drs. Jousset, Marcy and Hunt.

NO. 9. LYCOPodium. Photophobia, worse by artificial light.

Floating black spots before the eyes.

Vision weak, as if a veil or feathers were before the eyes.

Sees things dimly, as through a fog; can only see rude outlines of objects; haziness of lens.

Cataract with suppressed menses; after typhus; with chronic dyspepsia.

Burning, sticking pain in eyes.

Clinical. Dr. Diez:

Case. Mrs. B., aged 31, cataract in left eye with suppression of menses. *Lycopodium* was given with reappearance of catamenia and improvement of sight until vision was completely restored.

Recommended by Drs. Norton, Jahr and Bæhr.

No. 10. MERCURIUS. Failing sight; dark spots or clouds before eyes; cannot bear light of a fire.

Dimness of vision; eyes hot. Lachrymation; muco-purulent discharge.

Chronic syphilitic ophthalmia.

Clinical. Dr. Buchan affirmed that he had "resolved a recent case of cataract by giving the patient frequent doses of *Calomel*."

Dr. Boerharve declared "*cataractas mercurius solvit*."

Recommended by Drs. Marcy and Hunt.

No. 11. CONIUM. Objects look red.

Black spots before the eyes with vertigo.

Appearance as of a fringe falling over the eyes.

Weakness of sight; amaurosis.

Nearsighted with asthenopia.

Intense photophobia, worse by daylight.

Cataract from contusion; grey lens.

Scrofulous ophthalmia; burning.

Clinical. Dr. Hughes mentions a case of traumatic cataract which had continued for eighteen years, as cured by Dr. Bayes with *Conium*.

"A priest afflicted with cataract took *Conium* and applied the bruised leaves. This enabled him to read his breviary without difficulty, and to walk about without a cane or guide."—(*Frank's Magazine*).

"A girl, aged 23, had dim sight two years, and complete cataract for more than one." Under *Conium* treatment in really dangerous doses, her "vision cleared wonderfully but all objects appeared red and her menses became suppressed."—(*Ibid*).

Dr. Staerk relates three cases as cured by *Conium*. One, a man aged 50, who was totally blind; the second, a girl of 22, whose vision was scarcely better; and the third, an old rheuma-

tic whose aches were aggravated with every change of weather, *ad omnem temporis mutationem excruciabatur.*

Recommended also by Drs. Jousset, Bernard, Buchan, Burnett and Jahr.

NO. 12. CALCAREA FLUORICA. Cannot see distinctly because of a blur or mist before the eyes. Flickering and sparks before the eyes.

Clinical. One of my best cases was cured by this remedy. Man, aged 48, who had cataract in the centre of each lens. He suffered with deep fissures or cracks in the palms of his hands and was continually trying to cure them with all kinds of ointments. I forbade anything used locally except cold cream or mutton tallow, and kept him upon *Calcareæ fluor.* for several months, with the result of completely restoring vision.

NO. 13. NATRUM MURIATICUM. Fiery zigzags around objects. Dim sight as if looking through gauze; objects seem covered with a thin veil.

Amblyopia; amaurosis; asthenopia. Ciliary neuralgia.

Muscular insufficiency.

Sensation of sand in eyes.

Clinical. Dr. Burnett reports:

Case. Man, middle aged, double cataract; great liability to take cold; eyes painful. "All of these symptoms disappeared under the use of the remedy."

Case. Woman, aged 38, cataract in right eye; ophthalmia; mist before the right eye; exceedingly fond of salt; had habit of putting it into her tea. The Doctor stopped the use of salt and in a year the cataract disappeared of itself.

NO. 14. SEPIA. Black spots before eyes.

Gauze or stripes before eyes.

Dullness of sight with photophobia.

Incipient cataract; vision failing; appearance of spider webs or lace before the eyes.

Conjunctivitis in scrofulous subjects. Worse in summer.

Clinical. Dr. Gaillon reports:

Case. Lady, aged 67; incipient, hard cataract. Great improvement under remedy.

Recommended also by Dr. Norton.

No. 15. PULSATILLA. Oversensitiveness to light.

Dimness of sight as from a mist.

Amblyopia and amaurosis.

Asthenopia with menstrual derangements.

Ophthalmia. Burning, itching of eyes.

Clinical. Dr. Stender reports a case of a cataract in a scrofulous boy cured by *Pulsatilla* and *Sulphur*.

Dr. Caspari:

Case. Mrs. D., aged 36; inflammation of the eyes, followed by immature cataract. Under *Pulsatilla* vision cleared and the cataract disappeared.

Recommended also by Drs. Bernard, Bæhr, DeKeghel, Burnett, Norton, Marcy and Hunt.

No. 16. AMMONIUM CARB. Cataract.

Sparks before eyes at night.

Large black spots before eyes. Eyes weak and watery.

Clinical. Dr. Quadri:

Case. Woman, aged 22. Hereditary tendency to cataract. Insipient cortical cataract, greatly improved by local application to skin. Dr. Goudret mentions twenty cases cured by remedies of which an ammoniacal pomade was a constituent part. His treatment was very harsh, but it accomplished results.

No. 17. CANNABIS SAT. Scrofulous sore eyes.

Opacities of cornea and lens.

Cataract; weakness of eyes and diminished vision.

Clinical. Recommended by Drs. Bernard, Martiny, Jahr, Schroen, Marcy and Hunt.

No. 18. EUPHORBIIUM. Lens milk white; cannot see to go alone; though she sees better on a dark day. Cataract.

Chronic ophthalmia; lids itch and burn.

Clinical. Dr. Hering records one case as improved by this remedy.

No. 19. COLCHICUM. Soft cataract.

Cataract with increased size of lens.

Lens pressed forward against iris. Iritis in rheumatic subjects.

Dimness of vision with opacity of the cornea.

No. 20. EUPHRASIA. Eyes very sensitive to artificial light and sunlight.

Vision dim as through a veil; worse evenings.

Obscuration of vision. Cataract.

Dryness and burning in eyes.

Ophthalmia; hot tears.

Clinical. Dr. J. Mauremans.

Case. M. J., aged 77, cataract; saw appearance of snowflakes and spider webs in the air all of the time. Everything seemed surrounded by mist. Improved.

Dr. Rummel mentions the case of a girl aged 12, with soft congenital cataract, greatly helped with *Euphrasia*.

Recommended also by Drs. Marcy and Hunt.

No. 21. *CALCAREA PHOS.* Light, particularly candle or gas light, hurts the eyes. Conjunctivitis.

Veil over eyes; eyes misty in amaurosis or cataract.

Clinical. Recommended by Dr. Norton.

No. 22. *CHELIDONIUM.* Photophobia, with pain and sparks before the eyes.

Misty appearance before the eyes. Cataract.

Amaurosis with rheumatism; also after suppression of skin eruptions.

Opacity of lens, weak sight, cannot distinguish letters. Neuralgia in eyes.

Clinical. Dr. Buchmann gives two cases of cataract cured by it.

Dr. Burnett reports one "brought about."

It has been used empirically by dropping the liquid into the eye, a very reprehensible practice.

The name is derived from the Greek word for swallow, because it was believed this bird used the remedy to cure her blind nestlings.

No. 23. *SENEGA.* Dim vision.

Promotes absorption of lens fragments after cataract operations or injuries to lens.

Paralysis of muscles.

No. 24. *KALI JOD.* Vision dim and foggy; sees objects indistinctly.

Syphilitic choroiditis and iritis.

Clinical. Burnett records a case of cataract in an elderly,

gouty gentleman, whose sight decidedly improved while taking this remedy.

Recommended also by Drs. Jousset, Marcy and Hunt.

NO. 25. SPIGELIA. Weakness and dimness of vision, with sparks before the eyes.

Photophobia; neuralgia.

Sensation as if eyes were too large.

Cataract associated with rheumatism.

All things appear as if seen through a gauze; dimness of lens.

Clinical. Dr. Hoffendahl reported one case cured by this means.

NO. 26. CARBO ANIM. Dim sight; eyes feel weak.

A net seems to swim before eyes.

Senile cataract.

Water. A puncture of the capsule which admits the aqueous humor into the substance of the lens produces cataract, but if enough water is imbibed the entire lens liquifies and is absorbed. "The cloudiness of the fibers of the lens is occasioned by the action of reagents which withdraw water from it." (Babuchim). Hence cataract patients ought as far as possible to abstain from the use of salt, sugar and alcohol.

Clinical. "It is an admitted fact that certain persons having gone to Carlsbad and used the waters have returned cured of their cataracts." (Burnett).

Dr. Garcia-Lopey published a memoir upon the effects of cataract treated with *Sapura-water*, giving a table of 118 patients, of whom 14 were cured; 65 relieved; 15 received no benefit, and of 24 he had no knowledge.

I give my patients large quantities of water to drink at proper times, for there is a time and a manner to do even that with most benefit and least discomfort, and at the Sanitarium I use that form of electricity which stimulates the nutrition of the lens.

I have largely abstained from giving my own experience for two reasons; first because I desire to tabulate it and thus make it more servicable, and second because while I use the above remedies according to indications I have had the best results in many cases with an African product called *Jubannia*, but which I am as yet unable to furnish to the profession as I have hoped to do.

In conclusion, no one has any right to expect any results in the treatment of ordinary cataract in one or even in two months. To do so is to ignore the nature of cataract, for it consists of a structural change which is slow in coming on and it must be slow in going away.

We occasionally cure a case in five or six months; but many cases have been cured eventually which for one or even two years showed very little signs of improvement. Patients, patience!

DRUG AGGRAVATIONS.*

H. H. BAKER, M. D., TERRE HAUTE, IND.

When I was asked to present a paper before this Institute, I quickly selected the subject as announced for several reasons:

1st. In studying the theories of Homœopathy it has been upper most in my mind for some time.

2d. It is a question on which I myself wish more light, and which I hope to obtain from the discussion which will follow.

And lastly, because they are little utilized by those who recognize Drug Aggravations, too much neglected by others who admit a possibility of Drug Aggravations, and even unpractical notion of the theories by the great majority of our profession. I might say that I have not written upon this subject with a view of augmenting your knowledge so much as to impress upon you its importance, and urge the more careful consideration which that importance demands.

I shall not spend time proving that there *are* Drug Aggravations; but if any doubt such to be the case, I shall merely request them to be a little more painstaking in their observation, when aggravations can hardly fail to be recognized. The fact that the author of our superior system of medication, the "Learned Hahnemann" as he was styled by even his critical contemporaries, had so much to say on this subject, backed by his keen and almost unequalled power of observation, together with an extensive experience, should convince us of the great importance of our subject.

This is not one which belongs only to the realm of the theorist, or of the high potency physician, and which can be scanted by the dilutionist as of no practical importance—for to *all*, the

*Read before the Indiana Institute of Homœopathy, May 24 and 25, 1898.

Drug Aggravation should be either a guiding finger to a curative potency, or a confirmation of a well selected remedy.

Now, what is a Drug Aggravation? I would define it as an exacerbation of disease symptoms already existing, produced by a drug, and not assignable to the disease itself.

I make a distinction here between Drug Aggravation and Drug Effect. A drug may have an effect entirely foreign to the train of symptoms constituting the disease under treatment—may produce an entirely new set of symptoms. Such a prescription would be more allopathic than homœopathic. Let us limit this paper, therefore, to the consideration of such drug effects only as are an increase in the disease symptoms already existing.

Why should we strive to avoid Drug Aggravation?

First, because they are injurious. Hahnemann says (*Organon* Sec. 275). "Too strong a dose of medicine, though quite homœopathic, notwithstanding its remedial nature, will necessarily produce an injurious effect." We have all seen and admit the serious effects of the strong dosing of our allopathic brethren; and yet how often is this disregarded or even disbelieved. Hahnemann's statement (*Organon* Sec. 276), that "too large a dose of medicine—homœopathic to the case, will prove to be *far more injurious* than an equally large dose of unhomœopathic medicine, in every respect unsuited to the disease." So the nearer we come to a perfect homœopathic prescription; the more injurious would be large doses; and the more alert must we be to recognize a Drug Aggravation.

Second, Drug Aggravations should be avoided, because they are unnecessary, and, by careful observation and consideration of the changes in the symptoms, they *may* be avoided. What may seem strange to many of my hearers, I firmly believe, that many a life is jeopardized by the long continued exhibition of a drug. I well remember the first case of diphtheria, I ever saw—a boy about nine years of age, presenting a well defined delirium of *Hyoscyamus*—the low muttering—the picking at imaginary flocks in the air, etc. The physician in charge—an old homœopathist and an excellent prescriber—remarked that the boy had been in this condition two or three days, and he had been giving him *Hyoscyamus*^{3x}; but it seemed to do no good. The *Hyoscyamus* was discontinued and the delirium soon ceased. Now I am confident one or two days delirium would have been saved this patient; and valuable time not lost, had the physician

omitted his *Hyos.* after exhibiting it at a reasonable time.

I have seen this same delirium with involuntary discharges develop in typhoid fever—get considerably worse under *Hyos*^{3x}, and disappear shortly after the withdrawal of this remedy.

There is a point in this connection which is generally overlooked, and which should be emphasized, viz. That diseased organs are much more susceptible to the homœopathic remedy than healthy organs. In Sec. 28, *Organon*, Hahnemann states that “an *adult patient* is more easily effected by a minute dose than a *healthy infant* a day old.” If this is true there is less reason for the large doses than is assumed by most prescribers. We use large doses, most of which are *not* homœopathic to the case—hence see little if any result unless it be aggravation. Then when we do select a remedy strictly homœopathic to a case, and on account of the large doses produce a Drug Aggravation, we are loath to admit it, but consider the result an exacerbation of the disease. The drug is pushed still further, and the Drug Aggravation correspondingly increased until the discouraged physician changes the remedy and so releases his patient. Just here is where I urge the necessity of careful discrimination between Drug Aggravations and disease symptoms. If it is a Drug Aggravation, the remedy should, of course, be withdrawn.

But the question naturally arises, and it has often puzzled me—How are we to distinguish? Perhaps the suggestions I can make may be of some service.

A Drug Aggravation is apt to appear as a more or less *sudden* intensification of the symptoms; while any change in symptoms due to the disease would be more gradual, or at least in keeping with the known character of the disease. By sudden I do not mean in an hour or so necessarily—but the intensification of symptoms comes much more quickly than can be accounted for by the course of the disease. For instance: A patient with chronic rheumatism which had affected during six to eight weeks one foot, then another, a knee, hip, and a hand and wrist; and whom I had relieved from time to time with *Rhus*, *Pulsatilla*, *Colchicum*, etc., sent for me one day when I found her left ankle, considerably swollen, hot, red, and quite painful on least motion. I prescribed *Bryonia*^{1x}, 20 to 25 drops in $\frac{1}{3}$ glass of water. Next morning the report was “ankle more swollen than ever; more inflamed, and more painful when it is moved,” a decided change for the worse over night; and a much more decided

change than had appeared in the case at any time while under my care, and on this account I assumed I had an aggravation.

What was the indication for medication? I prescribed *Bry*³⁰ in water, a teaspoonful every half hour or hour till better, then less frequently. Improvement was quite marked, and patient up and around inside of 24 hours, since when she has had 2 doses a day of *Bry*³⁰. Three or four weeks later there had been no recurrence. Now it may be argued that without this last prescription of *Bry*³⁰ the case would have improved just the same. I think not. But however, the point I wish to emphasize is that it would have been a poor prescription to have continued the 1x of *Bryonia*. I need not multiply illustrations.

Another means of distinguishing between Drug Aggravations and disease symptoms is that frequently some *new* symptoms will arise foreign to the disease—and yet known to be in the pathogenesis of the drug—hence assignable to the drug.

Third, we should strive to avoid Drug Aggravations because they delay the progress of the case. As long as a drug aggravation exists and the physician is fighting this phantom disease with the very drug which produced it and is continuing it, so long is he wasting time which should be directed against the disease proper.

Of course the physician who has not heard of Drug Aggravation, and would not recognize a full fledged one if he met it on the street, has *many more severe* cases than the other class of physicians, and he gets the credit of “pulling them through,” when there was little hope.

But this is not the “highest aim of healing” with a conscientious physician, which, according to our Master is “the speedy, gentle and permanent restitution of health, or alleviation and obliteration of disease in its entire extent, in the shortest, most reliable and safest manner according to clearly intelligible reasons. (Organon Sec. 2).

So far I have been considering Drug Aggravations of considerable severity and of long continuance, and showing why they should be avoided.

But now let us consider our subject in another light. If the Drug Aggravation is only slight or the physician is sufficiently skillful to prevent its long continuance, then it is beneficial instead of baneful; a help rather than a hindrance; a confirmation, not a condemnation.

A Drug Aggravation (not drug effect, please note). A Drug Aggravation whenever noticed, is an indication that the remedy is correctly chosen. Too severe and long lasting an aggravation, as we have seen should be avoided either by changing the potency of the remedy or discontinuing it. But a slight homœopathic aggravation should be hailed with delight as suggestive of a cure.

If we continue the discussion from this point we are immediately involved in the question of potency, which I had intended to avoid, as a question which will doubtless remain as far from settlement in medicine as the tariff question has in politics.

But a few *general* remarks touching on potency seem necessary to conclude my points. Hahnemann (Organon Sec. 278) in answering the question. "How small must be the dose to fulfill the requirements of a perfect cure" says: "To determine the dose of each particular medicine for this purpose, and how to render this dose so small as to accomplish its purpose gently and rapidly at the same time, is a problem which obviously is neither to be solved by theoretical conjecture, nor by sophistic reasoning. Pure experiments and accurate observation alone can solve the question."

Again he says (Sec. 279 Organon). "Experience proves that the dose of a homœopathically selected remedy cannot be reduced so far as to be inferior in strength to the natural disease, and to lose its power of extinguishing and curing at least a portion of the same, provided that this dose, immediately after having been taken, is capable of causing a slight intensification of symptoms of the similar natural disease." He does not state that the converse of this is *not* true, viz. that if a slight Drug Aggravation is not produced a cure will *not* result—for cures are doubtless often made where no Drug Aggravation has been perceived.

But if we *do* notice a Drug Aggravation, even though it may be ever so slight, we are convinced of being on the right track in our medication. Then what a valuable point it becomes in making the prognosis!

I would therefore urge that this question be kept in mind; that every prescription be watched with the Drug Aggravations in view; and if they are observed and treated as Hahnemann suggests, I bespeak for our school of medicine better prescribers, more thorough homœopaths, and far more successful results.

Look out for the Drug Aggravation!

KIDNEY VARIATIONS.*

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When I was a medical student fifteen years ago I had the good fortune to have for my preceptors two of the best diagnosticians in the State of Ohio, Drs. J. M. Crawford and J. D. Buck, and when I reached my senior year I began thinking that I, myself, was not usually far afield when the question of the diagnosis of a case came up; and at this time I developed an irresistible temptation to hold a necropsy on all my patients who died (and the percentage was quite large in proportion to the number treated during my dispensary work in college and the first few years of my practice), that I might confirm my diagnosis in the case. After I had been in practice five years I changed my tactics in this line, my desire to do post mortem work did not abate in the least, yet the object in view underwent a radical change and I secretly resolved to expend even a greater amount of time and energy in this work than ever before, my principal object being to find out how many mistakes I had made in the diagnosis of each case.

For the last four years I have been the official pathologist to our County Coroner and this position has opened up a much wider field for me in researches of this kind. All these cases are homicides or death caused by violence in some form or other, and I find not only extensive pathological lesions with absolutely no history of a previous sickness, but all kinds and sorts of transpositions and variations of the viscera. I have given especial attention to the variations as to position, relative size, number and relations of the kidneys. One decade ago these deviations would have been interesting to the anatomist and pathologist alone; but now that clinical methods have become more exact and the domain of the surgery of the kidney fully established, a brief and concise report of a few of these cases may be interesting to the profession in general.

I would classify these abnormal conditions as follows;

1. Variations as to positions.
2. Variations as to numbers.
3. Malformations.
4. Vascular abnormalities.
5. Alterations in form and relative size.

* Indiana Institute of Homœopathy, Indianapolis, 1898.

These abnormalities are much more common in males than in females, the proportion being as four to one. The left kidney is more commonly absent than the right.

The first case I wish to call attention to is that of a male, age 40, homicide. I examined the left kidney and for a time could not locate the right, and was just ready to announce a case of single kidney when I discovered it in the posterior part of the right iliac fossa, resting upon the psoas and iliacus muscles, in the angle formed by the bifurcation of the right common iliac artery. This gland weighed four ounces. Its outline was that of a flattened ovoid body, the long axis being parallel to the long axis of the trunk. The base of the mesentery was attached obliquely across the anterior surface of the kidney, the lower half of which projected free from the pelvic brim. The hilus occupied almost the entire anterior surface from which the ureter emerged and the two renal arteries entered. There were four arteries to this right kidney, two coming off from the abdominal aorta and two from the right common iliac. The principal vein merged from the hilus in three rootlets, which soon united to form a vessel of the usual caliber; pursuing an oblique course upwards and inwards to join the inferior vena cava.

Case 2. Male, age 42, homicide. Right kidney misplaced, lying in front of the bodies of the fourth and fifth lumbar vertebrae and the first sacral. It curved upon itself at the promontory of the sacrum. It was fixed by the normal areolar tissue. The pelvis was placed on the anterior lower extremity. Blood supply was normal, shape triangular, weighed two ounces, the suprarenal capsule was normal.

Case 3. Male, age 40. Left kidney two inches lower than the normal situation, rectangular in shape, pelvis on the anterior surface, stone in the pelvis as large as an olive, blood supply from three arteries, two from the abdominal aorta and one from the left common iliac—anterior common iliac in this case, because there was an axial rotation of the abdominal aorta, the left common iliac lying anterior to the right from the bifurcation of the abdominal aorta at the fourth lumbar vertebrae and the promontory of the sacrum, the point of the divergence.

Case 4. On the 8th of this month I made a necropsy on a subject, a prosperous farmer 53 years old—homicide—in which

each kidney weighed one pound. The left was two inches higher than its normal situation, the right contained a teaspoonful of pus in its pelvis, the cortex of both were thick and white, pyramids dark red, had the gross appearance of the large white kidney. All the viscera in this body were very much enlarged, yet there was absolutely no history of disease. This man had not seen a physician but once for years. Possibly a brief description of the viscera in this subject will not be out of order here. The brain weighed sixty-four ounces, convolutions, sulci and fissures not prominent, abscess as large as a walnut at the apex of the temporo sphenoidal lobe on the right side. The lungs weighed four pounds (normal forty-two ounces); the heart weighed two pounds (normal ten to twelve ounces), there was a mitral insufficiency; the liver weighed six pounds (normal four), there were three abscesses in the liver as large as an olive, containing a greenish pus, one large cicatrix enclosing a calcareous mass, the result of encapsulated pus; the spleen weighed two pounds (normal seven ounces), containing three abscesses as large as a cranberry containing yellowish gray pus; pancreas degenerated; the prostate was very much enlarged, the bladder was sacculated, two large pouches being formed which contained a thick, flaky urine which had a very strong odor. As I said before, this subject was hale and hearty, did not know that he had a lesion of any kind in his body, at least he had not complained enough to consult a physician except the one time above mentioned.

The two kidneys are not usually the same shape but if normal have the same weight. The left is usually longer and more narrow than the right. I have in several instances found considerable difference in the relative size, one being one-fourth, one-third to one-half as large as the other. In these cases the smaller viscus had undergone a fibrous transformation, while the corresponding one had become hypertrophied. I have found a slight relative difference in very many cases, and I am inclined to believe this is more common than is generally supposed.

Case 5. Homicide, male, age 46. No kidney on the left side and no renal vessels or ureter. Adrenal body present. Right kidney weighed six ounces, not diseased as far as a gross examination could determine. Corresponding vessels were larger than normal. No deviation from the normal in other viscera of the body. This condition was congenital and the cause of a

single kidney in all probability was the absence or small size of the artery at whose termination the viscus was developing or was about to develop. Single kidney does not seem to influence the health or comfort of the patient nor the duration of life, some of these cases living to a ripe old age.

Case 6. This was a foetus in which I found what is called the horseshoe kidney. The kidneys were situated in the lower lumbar region and were bound together at their upper portion by a transverse band, had two ureters, the hilum was absent, ureters passing out from the lower extremity of the kidneys. I do not know the exact period of gestation. On external inspection one would say full term, but on internal inspection I found that the ossific centers of the lower extremity of the femur, the upper part of the tibia and of the inferior maxillary were not developed. These are the characteristic indications for full term gestation.

These variations are as common in the animal as in man, especially in the horse, the cow and the sheep. Butchers tell me they frequently find a single kidney in the bullock, and sometimes a supernumerary gland, placed either near the other two or in another part of the abdomen, and sometimes as low as the pelvis, each possessing its own ureter. Absence of both kidneys is exceedingly rare, yet there have been such cases reported. Royer, a French writer, reports several cases in the foetus and in full term children and one in a monstrosity. Coen mentions one case. Life, of course, is impossible after a few days. Moulin reports a case of a girl 14 years of age, at whose necropsy neither kidneys, ureters nor bladder were found. She urinated through the umbilicus, which was near the pelvis. There is room for speculation in regard to this case. Moulin endeavored to account for this condition by surmising that the urinary products were secreted by the liver and carried to the umbilicus through the umbilical vein. Polk, of New York, removed the only kidney a patient had. Death did not ensue until the eleventh day although there was a complete anuria.

Displacements of the kidneys are very common. This class includes not only cases where one or both viscera occupied altered positions, but also those of movable kidney, regarding whose features, causation, symptomatology and treatment so much has been said and written. Some authors classify these as fixed and movable, others movable and floating. It is exceedingly difficult to separate cases of fixed dislocation from

those in which the mobility is very slight. In children I almost invariably find considerable range of movement, and even in adults there is always a small degree of mobility. What one surgeon will call a movable kidney, another will term a fixed dislocation. Then again, great confusion has arisen because many writers refuse to recognize any difference between the terms movable and floating kidneys other than mere degree, i. e. floating kidney being a very movable one. It seems to me the following would be a good classification.

1. Fixed displacement, where the mobility is not more than one inch in any direction.

2. Movable kidney, where the mobility exceeds one inch, i. e. where the viscus is decidedly movable in its relaxed bed of areolar tissue.

3. Floating kidney, where the viscus has a mesonephron and floats freely in the peritoneal cavity.

I have a patient, female, age 37, who has been the possessor of a floating kidney for ten years. It took me quite a while to diagnose this case. At first I looked upon it as a trouble due to gastric derangement, as all that train of symptoms was present, but finding no indicated remedy giving any relief whatever I made a more careful physical examination and found myself chasing the right kidney all over the peritoneal cavity. Several times I have asked for an operation, insisting that fixation is the only permanent relief she may ever hope for, yet these symptoms do not constantly annoy her, but she is afraid of the knife. I have applied abdominal support which gives some relief. She has implicit faith in high potencies and said to me not long since, "Dr. Meade, you perform such wonders with your high potencies, do you not think you will be able to anchor my kidney with them if I will persistently take your medicine and follow your directions?" I was just leaving her to get into my buggy when she asked the question and have never given her an answer.

A PAINLESS LABOR.

A. M'NEIL, SAN FRANCISCO, CAL.

March 18, 1897, Mrs. K. called to engage me for her approaching parturition. She is about 30, a brunette, varying towards plumpness, health good. This is her second pregnancy. She related the history of her first and it appalled me. She was in hard labor forty-eight hours, the forceps were then used, pro-

ducing a rupture of the perineum, which was immediately repaired and successfully healed. Her baby died when a week old.

This pregnancy has proceeded with but little disturbance so that she did not present a clear case on which to base a prescription. However, doing the best I could, I gave her *Sepia*⁵⁰⁰, one dose.

On the morning of the 28th, I was informed by telephone that she was in labor. Soon after was called urgently. When I reached her I found the baby had been born, afterbirth passed and she as happy as any mortal could be. She told me that the labor, if it could be so called, lasted between two and three hours and was painless, only involuntary straining.

Was there any relation between this and the powder of *Sepia*? At the risk of being called credulous or worse, I maintain the affirmative. My experience has led me to believe what is laid down in the books, that usually a woman's labors resemble each other. There is a woman in this city that has had three births under my supervision and all of them alike, viz., only *one pain*, but that contains the concentrated suffering of an ordinary labor. Just one excruciating, prolonged agony and all was over; and labors like Mrs. K.'s are so rare that when they do occur we are compelled to conclude that something has caused them. And moreover, several years ago I reported a case to the Association that was also painless, in which labor had begun of the ordinary type. She was a *primipara*, and when I discovered that every pain produced a desire to deposit, of course I gave *Nux vomica*, one powder of the 200th, and in an hour or so the child was born with no suffering except what I have mentioned. Even when the head was passing the perineum she kept asking me in calm tones if "it was passing."

Now when I have one of the usual labors I feel that if I knew enough that there would have been no suffering. I know the incredulous will shake their heads and say that is a remarkable assertion to hang on two cases in thirty years' practice. Yes! I know it. And it was a prodigious thing for Hahnemann to conclude that *similia* was the law of cure, because after taking *Peruvian bark* he experienced symptoms like those he had cured with that drug.

Why should the performance of any function be painful? We have all cured cases of dysmenorrhœa that were as painful as

ordinary labors. As for the curse that Eve and her daughters should in sorrow bring forth children, there was also a malediction laid on the ground at the same time that it should produce thorns and thistles. But that does not prevent the former from using labor-saving machinery to kill weeds. But pardon me, I am a physician, not a theologian.

NEURASTHENIA.

HELEN M. PARKER, M. D.

PROF. NOSE AND THROAT, DUNHAM MEDICAL COLLEGE.

Miss Ruth P——, age 18 years. School girl. Tall, plump girl with brown hair, blue eyes, of amiable, lively disposition. Normally inclined to be rather more plump than the average.

Family history: Father was an inebriate, died in his 40th year, when the above was 8 years old, of tuberculosis following pneumonia. Two of his sisters died of consumption.

Mother—living, aged 42 years, has had a fair degree of health, though not strong. Recently has had a growth in roof of mouth which she feared was malignant, proved to be an exostosis on a molar tooth. Her father and mother both died of cancer.

Aug. 1, 1896. Patient presented herself for treatment, saying that her mother said she was so "cranky" that something must be done or she would turn them all out doors.

She also complained that her breath was very fetid, that she had a short hacking cough, loss of appetite, aversion to greasy or sweet food, with asthenopia and burning in fauces.

Observation showed numerous very bright red small pimples, with yellow tops over the nose, on chin and forehead. Inquiry elicited the information that they were very sore and came sometimes in an hour or two, and after bursting went away in nearly as short a time.

Nasal mucous membrane very red, dry and glistening.

Long and persistent questioning failed to bring out anything further except that she had lost thirty pounds in weight during the preceding eight weeks, that she could not sleep at night and that she cried nearly all day.

S. L. Three powders, to be taken daily on rising and report at end of week.

Aug. 7. Reports no improvement. Was able to get the following in addition to the above.

Patient is constipated, says that it is natural for her, never had more than one evacuation a week, and that with great strain-

ing and much lameness following the effort in the abdominal muscles.

Patient menstruated first at 11 years of age. Had very profuse and two frequent menses for four or five years. When aged 16 had the measles, since which the menses have been very irregular and very scanty. Last period was during the preceding October.

Still feeling that the real cause of all this disturbance was yet to seek, I called upon the mother when the daughter was not at home. I found that at the beginning of the previous school year this girl, who had always easily maintained a high rank in her class, began to worry over the school work. Notwithstanding the fact that she was still one of the best pupils in the class she fretted, fearing that the preceding years' work was not well done and that at the end of the year, when she would be a candidate for graduation, she would fail to "pass" the examination. In spite of the assurance of friends and teachers that she had always done her work well and that she surely had no cause for fear, she still worried. Largely as a consequence of this mental state and its physical effects, it is believed, she did ingloriously fail to graduate.

The chagrin and grief that this caused was the cause of her sudden loss of weight.

She was the victim of many sympathizing friends who pitied and consoled with her so that she never was allowed to forget the cause of her grief.

Causticum^{6m}.

She was sent away to some friends who were ignorant of her troubles, where she rode on country roads every day and all day. Was coaxed to eat new laid eggs, cream, fresh fruit, etc. When she came home she was put to work in an office where no one knew of her blighted ambition but where she was stimulated to read and think in different channels.

Every week she reported and received a supply of *S. L.*

She reported that she never was constipated a day after taking the medicine, for three months. She improved in every way except the cough; pimples and still no menses but an acrid mucous discharge.

Dec. 1. *Causticum*^{cm}.

Dec. 7. Reports that the next day after the last visit her menses came. Had a great deal of pain. Flow very scanty,

only lasted three hours, followed by a discharge of mucous.

S. L.

Eight weeks from the December menstruation she had a return of the menstrual flow, complained of constipation again.

Causticum^{30x}, three doses.

The patient continued to improve until June when she fell and sprained her wrist. For the pain and lameness which attended this she received *Rhus tox*^{cc}.

The wrist recovered and improvement continued.

This case was under treatment six months longer, receiving one dose each of *Sulphur*^{cm} and *Graphites*^{50m} to complete the cure.

Last week the patient and her mother called to tell me of her continued good health. Feels better than she ever did since she was 10 years old.

Remembering Hahnemann's assertion that it is useless to try to cure a bodily condition brought about by grief, anxiety or other emotions while the same state of mind or feeling exists, I set about changing the habits of this patient and insisted that those friends who could not see her without reminding her of her misfortune, must not visit her and that the family should go their daily ways as if nothing had happened.

ANGINA PECTORIS—CACTUS GRAND.

FRANK R. WATERS, M. D.

PROF. PHYS. DIAG. AND DISEASES OF THE THORAX, DUNHAM MEDICAL COLLEGE.

Mrs. S. Light, sandy complexion. Nervous. Age 26.

When a child and up to 16 years of age her parents were in affluent circumstances and she had no cares. At this time business reverses changed affairs—the father died—this 16-year-old girl through her exertions supported herself, mother and two younger children until she was 21.

The strain of this undertaking was the starting point of a heart condition and with a number of exciting experiences increased the tendency to bring on spell after spell of nervous aggravation.

Mrs. S. was married to an exceptionally fine gentleman with means and they have consulted a number of physicians both in New York and the west, and was finally recommended to go into the mountains of Colorado which, from the rarity of the atmosphere, nearly finished her and they hurried away, Mr. S. having

business interests calling him to Chicago, where he expected to remain but a short time.

Jan. 17, 1898, was called to their hotel. Found Mrs. S. having one of her heart spell—found her laying upon a lounge, her hands pressing forcibly in the region of the heart.

Labored beating of heart—90 per minute.

>Pressing with hands.

Clutching sensation “like a strong hand.”

Unconscious at times.

Lips cyanotic.

Comes in exacerbations.

They have usually lasted two hours or more.

A spasmodic clucking sound during respiration.

<From excitement.

Cactus^{50m.}

Jan. 21.

Has had a slight symptom of clutching in region of heart.

Sac. lac.

Feb. 14.

Has taken cold.

Like a pressure on chest.

Has had a chilling.

Hot and cold sensation up and down back.

>Quiet.

Head heavy. <Motion.

Slight cough.

Bryonia^{200.}

Feb. 16.

Slight improvement except cough.

Bryonia^{200.}

Feb. 17.

Return of heart symptoms. Not nearly so severe (probably from the coughing).

Cactus^{50m.}

Feb. 25.

Cough—improvement stopped.

Bryonia^{10m.}

They concluded as there was a decided improvement in heart symptoms, would select and change to more convenient quarters.

Feb. 26.

Was taken about 1 a. m. with colic and running off of the bowels.

Stool offensive—sharp odor.

Burning discharge from bowels.

Thirsty—little water and often.

Cold water <cramps.

Mr. S. was affected about the same way; could find no cause in food eaten.

*Arsenic*²⁰⁰.

Mar. 5.

A return of bowel symptoms, same character as before. Noticed a handsome green calsomined wall, and concluded it was the cause; probably containing arsenic.

Arsenic^{50m}.

Residence corrected, no further bowel trouble.

Mar. 15.

Headache—neuralgic.

Left temple.

Comes and goes.

Flushed face.

Artificial light <eyes.

Easily startled by noises.

Belladonna^{50m}.

Mar. 16.

Some return of heart symptoms. Remained a short time.

Hard throbbing most noticeable.

Soreness, bruised-like sensation in region of heart remained.

Arsenic^{50m}.

Mar. 22.

Feet burn on bottoms; will put them out of bed at night.

Sulphur^{50m}.

Mar. 24.

(Trouble for the Doctor). Has developed an itching eruption over face, much to her disgust. (Had not remembered an itch she had when a child).

April 1.

Sac. lac. Eruption improved. Feeling much better.

April 10.

Headache—neuralgic—left temple, etc.

Belladonna^{cm}.

April 24.

Slight clutching in region of heart. Not so severe as the last attack.

Cactus^{60m}.

April 30.

Sac. lac. Continued improvement.

May 30.

She feels perfectly well, has gained thirty-one pounds in weight. Claims she was never so well in her life.

During the treatment of this case circumstances were constantly producing tests of her improvement. One such occurred about six weeks ago: while down in the business district an officer fired his revolver in the air to frighten an offender into stopping from running away—the law-breaker running in front of Mrs. S. and fell at her feet, she not knowing whether he was shot or not. She informed me that her heart gave several hard thumps and that was all. Another time a man was thrown from a car against an upright support of the elevated railway, creating considerable excitement, with but a slight effect upon her heart, although it happened almost directly in front of her.

A CASE OF ASTHMA.

C. S. DURAND, M, D., COLORADO SPRINGS, COLO.

Miss R., age 19. Has had asthma since childhood. Has had typhoid fever, diphtheria and all the diseases of childhood, at which time the asthma did not trouble her.

Attacks every two weeks formerly, but now nearly all the time. First came on pneumonia.

Family history, mother and two brothers have asthma.

SYMPTOMS: Oppression of chest, dyspnoea, worse at night and in summer.

Severe attacks during menses, lighter between the periods.

Menses irregular for six months.

Wants to go out of doors during paroxysms. Better riding rapidly as long as she continues to ride.

Nov. 26, 1897. *Puls*²⁰⁰.

Nov. 29. Began menstruating. *Sac. lac.*

Dec. 6. Some return of asthma, worse about midnight. *Ar*¹⁰⁰⁰.

Dec. 24. *Ars*¹⁰⁰ at intervals since last report. Improving.

Jan. 17. Severe attack of pleurisy, very painful, lasting for three days for which *Bry*³⁰ was given.

At the present time, Mar. 14, 1898, she remains well. Not a single severe attack of asthma since the first dose of *Ars*¹⁰⁰⁰, and no symptoms of it for two months, whereas she had it nearly all the time before.

I want to give all the credit that is due in this case to the climate. While the climate alone would not have cured, neither probably would the medicine have been sufficient in Illinois, her former home. If homœopathic physicians in the east have occasion to send patients to the Rocky Mountains for consumption or asthma, there is no other place in my judgment as good as Colorado Springs. I shall be pleased to meet any at the trains that may be sent to my care, and assist them in every way possible.

CURE OF A COMPLICATED CEREBRAL AND NERVOUS DISEASE.

M. A. RUHFUS, M. D.,

Translated by A. McNeill, from the *Allgemeine Homœopathische Zeitung*.

Every novice in homœopathy accepts a case that has been previously diagnosed as atrophy of the brain and, of which another physician had declared that a hundred medical men could not cure such a case only with reluctance. At least these were my feelings in the following case, which I consider worthy of publication because of the successful result.

The patient was a boy of 12 and had the following symptoms: cloudiness of intellect, weak memory, vertigo, headache which he could not describe only that it was in the region of the sagittal suture, violent pulsation in the temporal and carotid arteries; head hot, face hot and red, dilated pupils which did not react to rapid changes of light, fiery sparks before the eyes at times, and he could not see small print. The nose was inclined to dryness; tongue had a thin mucus coat, taste flat, little appetite or thirst, stomach and abdomen slightly tympanitic, or frequent vomiting of ingesta, bile and mucus and obstinate constipation. The urinary secretion not much affected, the urine was red and without sediment, voice hoarse, rough, hollow and almost aphonic, his language was therefore unintelligible and lisping. Inspection of

the mouth, throat and the somewhat flat chest revealed nothing abnormal.

The patient was lying almost continually on his back and required help to rise up in bed or to his feet. As soon as his head was raised, increased vertigo, retching to vomiting, attempting to walk revealed great weakness and uncertainty of movement in his legs, he must be led and supported to avoid falling, his legs became tangled and at every step he lifted his feet too high. Examination of the spine by pressing on the spinous processes and the practice of Copland's experiments gave negative results. Along the course of the crural nerve, there were some anæsthetic spots. The vascular system was in an irritable condition, the pulse-beating from 90 to 100 per minute, with chilliness some times in the evening. The skin which was perfectly dry was hotter on the head than on the legs. The sleep was sometimes restless, during sleep the cervical muscles drew the head backward; mind quiet and calm.

No cause for the disease was discoverable. The time in which it began was not definite. Its course was chronic and certainly the prognosis was very unfavorable.

Before the homœopathic treatment there had been, notwithstanding the diagnosis of atrophy of the brain and the statement that it was incurable, there had been leaches, blisters etc., employed.

I explained the origin of the present condition in the following manner. Without doubt there was a congestive, inflammatory condition which was manifested by the signs of determination of the blood to the head; strong pulsations of the temporal and carotid arteries, headache, vertigo increased warmth of the head, redness of face, the seeing of sparks and more particularly the frequent vomiting and persistent constipation. The meninges took part in the irritable condition, and thereby were excited into an increased secretion of serous fluid which as a matter of course caused a pressure on the brain and thereby the paralytic weakness in the different nerve tracts, the clouding of the mind, the weakness of memory, the dilatation of the pupils, the decrease of vision, the almost aphonic voice, the anæsthesia of the spots on the thighs and the almost entire absence of the control of the lower extremities by the mind.

The patient was therefore afflicted with a chronic *hydrocephalus internus*. In order to remove the symptoms of irritation of

the brain and thereby to guard against a farther increased secretion from the meninges, to assist in the resorption of the serous exudation and to avert the pressure on the brain, I gave *Belladonna* 5 pellets in a $\frac{1}{2}$ pint of rain water, a teaspoonful every two hours the first day. As the symptoms lessened in the evening, on the second day, every four hours, and the third only three times.

On the fourth day there was a considerable change of the condition perceptible, the mental cloudiness, the weakness of memory, the dilatation of the pupils, the diminished vision, the signs of congestion of the head, the vomiting, the irritation in the vascular system were gone without leaving a trace.

In the hope that the medicine would continue to act beneficially only sugar of milk was given for 8 days. But during this period the condition of the patient did not change. I believed myself justified in thinking that the present state of the patient was no longer dependent on the pressure of the exudation on the brain and that its long continuence on that organ another complaint had arisen viz: The paralytic weakness of the affected portion of the nerves. I was therefore under the necessity of looking for another remedy, capable of causing an increased innervation of the paralyzed nerves. Experience had taught me that *Phosphorus* performs glorious service in different diseases of the respiratory organs and as its physiological action in the healthy human organism, produces severe hoarseness, bordering on aphonia and paralytic-like weakness of the lower extremities. I gave it in the 30th two pellets night and morning. After using 6 pellets I found on my visit that the voice was clear and plain so that the patient could read and speak intelligible. The weakness and unreliability of the legs remained the same the next 8 days. During this time, probable from a diatetic fault there arose gastric complaints, sour eructations, pressure in the stomach, pressing frontal headache etc., and the stools which had been regulated by water clysters were constipated. As the physiological effects of *Nux vom.* shows similar symptoms of paralytic weakness of legs, I gave it in the same way I had *Phos.* In four days he took 8 pellets of *Nux* which removed the gastric condition and regulated the stool.

The beneficial action on the spinal cord and the nerves of the lower extremities was unmistakable, which manifested itself by the patient walking better, so that the feet were not lifted so

high and he could go alone across the room supported by two canes, although with uncertain steps. The anæsthetic spots on his legs were not discoverable, no further improvement occurred in 14 days and as longer waiting on account of the impatience of the parents and of allopathic interference, was not possible, I resolved to try *Aluminum metallicum*, which had been given twice successfully by Bœnninghausen in two similar cases of paralytic weakness of the legs. I gave a solution of 5 pellets (*Aluminum*³⁰) in a half pint of water, a dose of a teaspoonful night and morning. on the third day there was an improvement and therefore the remedy was given only in the evening.

The benefit was progressive and on the 18th day after giving *Aluminum*, I had the joy of discharging him fully cured. The boy could now go to school every day with a clear mind, healthy eyes and strong legs so that he could not only walk but run.

A REPERTORY OF DREAMS.

Continued from page 293.

E. H. WILSEY, M. D., PARKERSBURG, WEST VIRGINIA.

Pleasant dreams, Acon., Agn., Alumina., Ambr., Amm. c., **Amm. m.**, Ant. cr., Ant. t., **Arn.**, **Ars.**, Asaf., **Aur.**, Bar. c., Bell., Bism., Bor., Bov., **Bry.**, **Calc. c.**, **Can. s.**, Canth., **Carb. a.**, Cic. Caust., Chel., Cham., Chin., Clem., Cocc., Codein., **Coff.**, **Con.**, Coloc., Como., **Croc.**, **Cycl.**, Dig., Dros., Euphorb., **Graph.**, Hell., **Hyos.**, **Ign.**, Jacea., **Kali. c.**, **Kali. n.**, Kreos., **Lach.**, Laur., Led., Lyc., **Mag. c.**, Mang., Mar. v., Meny., **Merc.**, Mez., Mur. ac., **Nat. c.**, **Nat. m.**, Nit. ac., Nux m., **Nux v.**, **Opi.**, Oleand., Paris., Petrol., **Phos.**, Phos. ac., **Plat.**, Plb., **Puls.**, Ran. b., Rhodo., **Sabad.**, Samb., Sars., **Sep.**, **Sil.**, **Spig.**, **Spong.**, Squilla, Stann., **Staph.**, Stram., Stront., **Sul.**, Tarax., Val., **Thuya**, **Ver. a.**, **Viol. t.**, Zinc.

—— well remembered dreams with sound sleep, Plat.

—— before midnight, afterwards frightful, Phos. ac.

—— of earthly splendor and greatness, which on waking up, continued to keep her in a cheerful mood, Stann.

Poisoned, of being, Kreos., Nat. m.

Praying in a public place with great applause, Ars. h.

Precipices, **Cepa.**, Lac. acid., Anac., Hepar.

—— that he was descending a, Chin.

Preaches without having memorized and "gets stuck," Ant. t.

—— that he must preach without having committed the sermon to memory, Anac.

Pregnant of being, Pic. ac.

Priests had discovered that she had committed crimes, Nat. s.

Prisoner, of being taken a, Nat. m.

Projected occupation, Camph.

Procession, with music, he awakened as from sound of kettle drum, Chel.

Provoked, of being continually, Ver. v.

Prophetic, Can. i.

Pursued by wild beasts, Sul., Sil., Hydrast.,—mad bulls, Ind.

—— by a ghost, Sil.—by persons seeking to harm her, Nux m., Ver. alb.

—— by cats and dogs etc., Nux v.—hunted, Ver. alb.

Pustules on his face, covered with white ugly, Anac.

Quarrel, Acon., Alumina., Amm. c., Ant. cr., Arn., Aur., Bapt., Bary c., Brom., Bry., Calc. c., Canth., Caust., Cham., Con., Guaj. Kali. n., Hepar., Mag. c., Merc. i. r., Nicc., Nat. c., Nat. ars., Nitr., Nux v., Opi., Phos., Phos. ac., Plat., Puls., Sep., Sabin., Selen., Spig., Stann., Ratan., Sil., Staph., Tarax., Ver. alb., Crotal., Peonia., Stram., Zinc.

—— with dead people as if they were alive, Kali. c.

—— in which he stabbed his antagonist in the chest with a large knife, Nat. c.

Quarreling with a beggar, caused him to scream out, Mag. c.

—— with someone which awakens her in tears, Sabina.

—— with a dead sister and other dead friends, cried about it, woke with night mare and sensation of stone in stomach, Cedron.

Queen Victoria, of seeing, Rumex.

Queer dreams, Phos. ac., **Quiet** dreams, Atroph. s.

Quiet dreams, of death from nervous fever, Kali. chlor.

Rainbows, that the sky is spanned with, Coff. t.

Rape, anxious dreams of a threatened, Sep.

Rash, that she has a, Amm. m.

Rational, dreams are very, Aur.

Rats, could see, Sep.

Recalling things long forgotten, Calad.

Reconciliation, vivid dreams about a, Mang.

Recollected, Mang., Meph., Genseng., Carb. v., Nat. m.

Remember, cannot, Arn., Aur., Bapt., Bell., Bov., Bry., Cactus., Canth., Carbol. ac. Carbo. an., Carb. v., Chel., Cic., Chrom. ac., Cocc., Con., Granatum, Lyc., Mag. c., Mag. m., Meny., Merc., Mur. ac., Nat. m., Phos. ac., Plat., Rhus, Sa d., Samb., Sars., Selen., Seneg., Spig., Stann., Staph., Stram., Sul., Sul. ac., Tarax., Ver. alb.

Reflection, of wearying, Ars.

Repeating, Arn., Nat. m.

Restless dreams, Led., Bry., Lyc., Nitr., Oleand., Sul., Zinc.

Revelling, Graph., Kali. c., Lyc., Nat. c., Nat. m., Nux v.

Petrol., Sil., Sul., Zinc.

Reverie, full of, Ambr., Ars., Bar. c., Calc. c., Carbo. an., Carb. v., Con.,

Graph., Kali. c., Led., Lyc., Nat. c., Nat. m., Nitr., Petrol., Psor., Sep., Sil., Spong., Stront., Sul., Tart., Zinc.

Ridiculous, Codein., Jug. c.

Riding horses, Therid.

Riots, Bry., Con., Guaj., Ind., Kali. c., Lyc., Nat. c., Nat. m., Phos., Puls., Stann.

Robbers, Alumina, Arn., Aur. met., Bell., Kali. c., Mag. c., Acon., Mag. m., Merc., Nat. c., Nat. m., Petrol., Phos., Pib., Psor., Sil., Sinap., Ver. alb., Zinc.

—— with loud screams while asleep. Aur.

—— after 4 a. m., Rumex.

—— anxious dreams about robbers, awakens with loud screams and is hardly able to convince himself after he gets fully awakened, Nat. c.

Romantic, dreams, Amm. c.

Robbers after a blow on the head, Nat. m.

—— anxious, awakens frequently with violent palpitation and screaming, Zinc.

—— and fighting with them, Fer. iod.

—— has fallen among, Alumina.

—— that they are in the house and will not believe it till a search is made, Nat. m.

—— and murderers when sleeping on the back, Arn.

—— from street, Bell.

—— with fright upon waking with fixed idea that dream is true, Ver. alb.

Rocks, of rolling among, Crot. h.

Sad, of, Aur., Ars., Ascl. t., Can. i., Carb. s., Caust., Guarea., Graph., Lyc., Laur., Nat. c., Nat. m., Nit. ac., Nux. v., Op., Phos., Puls., Rheum., Stront., Spong. Zinc.

—— past experiences, and on waking he did not know, whether it was real or not, Caps.

—— dreams of diseased relatives, Mag. c.

Scientific subjects, Guaj., Carbo. an., Ign., Phos., Spong.

Scaffold, he was on a very high scaffold without being anxious, Laur.

Schoolmate, about seeing an old, at which he rejoiced, Ant. cr.

Scolding, full of, Hepar., Phos. ac.

—— and reproach for immoral conduct, Arn.

Screams, anxious vivid dreams at night so that he is awakened, by his, Euph.

—— aloud in his sleep with anxious dreams, Nit. ac., Sil.

Scenes, of new, Calc. fl.—beautiful, Coff. t.

Scuffling, about, Phos.

Sea voyage, two nights in succession, though he had never been at sea, Sang.

Sentimental, dreams, Kali. c.

Sexual, amorous, Aesc. h., Ant. t., Carb. ac., Coloc., Chin., Canth., Con., Diosc., Graph., Ind., Ign., Jacea., Lach. Lyc., Merc., Nat. c., Nux. v., Nat. m., Nat. ars., Oleand., Phos., Peonia., Plat., Puls., Sabad., Sep., Sil., Staph., Viol. t.

—— amorous with debility in both sexes, Plat.

—— with erections and pollutions, Camph., Can. i.

—— emissions, Graph., Iris., Kali. br., Op., Sep., Staph.

—— with emissions later, long continual erection, Rhod.

—— with two emissions in one night, Puls.

—— with emissions every second or third night, Nux. v.

Sexual, amorous with one to four emissions every week, Ustil.

- _____ erections without an emissions, Merc.
- _____ with erections, Phos. ac.
- _____ nocturnal erections without lewd dreams, Stann.
- _____ dreams with erection all night, Aur.

Coition, she dreams of it without voluptuous sensation, Bor.

- _____ dreams at night as if she felt the excitation, from coitus in the pudenda, Lyc.
- _____ with no emission, Lyc.
- _____ with profuse sudden emissions, and waking on right side, Sumbul.
- _____ lewd dreams of practicing coitus, but being disturbing in it on awaking, erection and voluptuous fancies, Sil.
- _____ lewd dreams of coition and on awaking sensation as after an emission, Amm. c.
- _____ that she had coition twice and orgasm twice, Sul. ac.
- _____ she dreamed of strong desire for coition, and on awaking a tumultuous desire therefor, which was especially seated in the clitoris, Sul. ac.
- _____ dreamed of coition but without emission, on waking painful erection, Thuya.
- _____ dreams of, Bor., Amm. c., Amm. m.
- _____ without emission, Lyc.
- _____ without emissions, Ars. s. f., Bism., Lyss.
- _____ that she was about to have connection with a man but for some unknown reason the dream changed before the act was accomplished, no emissions, Iod.

Erectic dreams, Kali c., Aur. m.

Excitement of sexual organs, Op., Sep.

Intercourse, dreams of, with erections but no emission, Lact. ac.

- _____ of having unsuccessful intercourse with men, Ind.
- _____ husband, Nat. m.

Lascivious dreams, Acon., Amm. c., Amm. m., Anagalis, Astac., Arig., Bor., Canth., Clem., Con., Cycl., Diosc., Graph., Hyos., Ind., Inula, Kali. br., Lach., Lyc., Merc. i. r., Merc. s., Nat. c., Nat. m., Nux. v., Op., Oxytropis, Phos., Sep., Sil., Staph., Thuya., Tromb., Vinc.

- _____ with emissions, Bism., Caust., Calc. c., Coloc., Camph., Dig., Euphorb., Iris v., Jacea, Kob., Lil. t., Nat. ph., Op., Phos., Phos. ac., Rhod., Sil., Senecio, Sinapis.
- _____ dreams with exhaustion, Lil. t.
- _____ with emission which awoke him, Selen.
- _____ dreams and erections disturb sleep, Cainca., Sep., at 6 a. m. Kobalt.
- _____ with copious emissions, Merc. i. fl., Rhod.
- _____ without emission but excitement of genitals, Hyos.
- _____ dreams with awakening emissions, Carbol. ac.
- _____ several nights in succession with emissious, Ant. cr., Meny.
- _____ with one to three emissions a week, Sars.
- _____ with erection, wakes him up with headache, Sars.
- _____ with painful erections, Cact.

Lascivious, dreams with painful emissions, Sars.

- — are very repugnant to her, Sil.
- — with leucorrhœa, **Petrol.**
- — after midnight, Cann. s.
- — with relaxed penis, Sabad.
- — awakens him often, Cainca., **Sil.**
- — with a profuse emission, a sticky fluid with aversion to coition, Plat.
- — vivid, Bism., Carb. v., Hydrast.
- — with emission without erection, Stann., Coloc.
- — uncontrollable erections without emissions, Coloc.
- — in the morning during which he would have had an emission, had he not have awakened, Arg. n.
- — after coition, with emission and long continued erection, Rhod.
- — of a beautiful girl, with an emission, Caust.
- — with strong sexual impulses, Sil.
- — with violent emissions, **Kali m.**, Sep., Caet.
- — with erections, Cann. i., (disturb sleep), Lith.
- — and frequent waking with erections, tenesmus, vesicea and lascivious titillation in the urethra, on the account of the erection he could not pass water, Lith.
- — with erections and emissions, Formica.

Priapism, Camph.

- — and emission as soon as he falls asleep, **Pic. ac.**

Voluptuous dreams, Amm. m., **Ant. cr.**, Agn c., **Calc. c.**, Coloc.,

- Graph., Genseng, Kali n., Kali c., Merc. c., **Opi.**, Sars.
- — with emissions, Cain., Can. i., Coloc., **Kali c.**, Kali ch., Oleand.
- — images in his dreams, with emissions. Ant. cr.
- — without emission, disturbing the sleep, Coloc., Ran. b.
- — dream with sensation as if he had had an emission, Mez.
- — dreams with painful erection, Cactus.
- — without erection with emissions, Spig., Stann.
- — with violent erections and emissions in restless sleep, Nat. c.
- — in which he had an emission without awaking, Nat. c.
- — disturbing sleep, awoke weak with swollen sensation in ovary, Nux m.
- — at night with emission and great voluptuous excitement, after being half awakened by a thunder-storm, so that he was led to masturbate, Nat. c.
- — dreams in afternoon with profuse emission and hard erection, Paris q.
- — nocturnal sleep disturbed by voluptuous dreams, emissions and long continued erections, Nat. m.
- — dream in afternoon, with erection without emission, Plumb.
- — dreams, restless sleep on account of, without, but often with emissions, Bism.
- — dreams, vivid, with erections without emission, Led.

Shame, full of, Con., Led.

Ships, dreams of, Senecio.—Ship-wreck, Papay v.

- Shooting**, of, Merc., Merc. i. r., Amm. m.—hears shooting, Hep.
- Sick**, that a gentleman she knew lay sick in her house, Nat. s.
 ——— dreams of sick men, Calc. c., Mag. c., Spong.
 ——— of a sick mother without thinking of her through the day, Cast. eq.
- Sickness**, Amm. m., Anac., Asar., Bov., Calc. c., Cocc., Dros., Hep.,
 Ign., Kali. n., Kali. c., Kreos., Mosch., Nitr., Phos.,
 Nux v., Rat., Rheum., Syph., Sil., Squill., Zinc.
- Singing** in sleep, Croc., Bell., Sull.
- Slanderous**, dreams, Mosh.—**Sleigh** riding, Sars.
- Small-pox** marks, that his face was full of ugly, Anac.
- Smoking** cigars which he never does, Tell.
- Smother** her, that an immense sheet of letter paper was coming down to
 Merc. i. fl.
- Snakes**, dreams of, Alumina., Arg. n., Bov., Colch., Grat., Iris. v., Kalm.,
 Kali. c., Ran. b., Ran. sc., Rat., Sil., Sep., Tab.
 ——— being in bed with her, Lac. c.
- Snow**, of, Kreos., Art. v.
- Sobbing**, anxious dreams with weeping and, Mag. c.
- Song**, dreams of trying to sing political songs in spite of being in the presence
 of spies, Asclep. t.
- Soldier**, Chel.
- Solicitude**, of, Mur. ac.
- Son**, dreams of the death of his son, Fluor. ac.
- Sorrowful** dreams, Ars., Graph., Mur. ac.
- Spider** of a large, Sars., Oxytropis.
- Spinning**, Sars.
- Stabbed** while dreaming, dread of being, Lach.
 ——— dreams as if she would be killed by being, Guaj.
- Stealing**, fruit in a garden, Plumb.
- Stone**, that he is about to knock his foot against a, Ars.
- Stool**, of soiling himself, Aloe.
- Stories**, she dreamed whole, Amm. c.
- Storms** at sea, Cepa., Sil.
- Strange**, finds himself laughing when awakens, Acon.
- Straining**, head, Graph.
- Strife**, dreams full of, Caust., Hepar, Kali. n., Mosch., Phos. ac., Stann.,
 Staph.
- Studies**, Cinnab., Ign.
- Stung**, anxious dream of being stung behind the ear by an insect, Phos.
- Suffocating**, when sleeping on back, Arn.
- Suffocation**, Iris v., Xan.
- Swollen**, that his body was excessively, Squilla.
 ——— that she was, Carbo. s.
- Supernatural** things, Asclep. t.
- Suicides**, Naja.
- Swimming**, Bell., Chin. bol., Iod., Lyc., Merc. i. r., Ran. b.
- Talking** to her, dreams that someone is, Aur.
 ——— surprised with the elegant language with which he can express him
 self, Lyss.

- Teeth**, of breaking off a tooth, Kali n., Nitr., Ther.
— falling out of. Nux v.—tooth, Tabac.
— that she herself pulled out a fine tooth, Nat. m.
— that teeth were loosened by medicine, also a piece of the jaw, Coca.
- Terrifying** dreams, Amm. c.
- Thieves**, dreams, robbers, see.
- Thefts**, Camphor.
- Thirsty**, of being. Dros., Mag. c., Nat. m.
- Thirst**, at night she awakens with thirst which she had already before felt in her dreams, Mag. c.
- Throttled**, terrifying dreams as if about to be, Sil., Zinc.
- Throat**, dreams the throat grew up, Xan.—stoppage of, Kreos.
— being sore, Bor.
- Thunderstorm**, Arn., Ars., Euphr., Nat. c., Spig.
- Tickled** the soles of her feet, that someone, Phos.
- Tinder**, dreamed she smelled burning, Anac.
- Tiresome**, dreams, Asclep. t., Equest., Sep.
- Tomb**, of being near a, Anac.
- Tongue**, was so large that it extended out of her mouth, Tab.
- Tormenting** dreams after 3 a. m., Mez.
— dreams, Alumina., Carbo. v.
- Traveling**, journeying, see.
— but she could not go, something like nightmare held her back.
Nat. c.
— by railroad, Piper. m.—mostly by r. r., Apis.
— but could not get off, it vexed her, Kali n., Nitr.
— in all parts of the world, Crotal.
- Trees** growing on fences without ground under them, Lye.
- Trouble**, Rhus. t., Acte. r., Bapt., Rumex., Ustil., Nux v., Hyper., Ceba., Hydrast., Lye., Ars., Hyos., Carbol. ac., Kalmia., Aur. mur., Led.
- Troublesome** dreams, Graph., Cinnab., Lycopus., Asar., Sang.
- True**, seeming as if true on waking, Nat. c., Nat. m.
— dreams which come true, Asaf.
- Unhappiness**, heavy dreams of impending, Aur. mur.
- Ugly**, dreams, Cann. i., Myrica.
- Unpleasant** dreams, Cycl., Cornus., Ferr., Gels., Kal., Merc., Merc. c.
— dreams with disposition to swear, and act like a rowdy, in latter part of dream, Cajup.
— that he is about to be put to death and at same time he is innocent of crime, Chrom. ac.
- Unremembered**, Agari., Agn. c., Arg. m., Bell., Carbol. ac., Chel., Cic., Canth., Carbo. v., Cocc. c., Chrom. ac., Cinnab., Coca., Coccul., Fluor. ac., Hydrast., Hell., Hyper., Iod., Ip., Laur., Lil. t., Mez., Mur. ac., Plat.
- Urinating** in a decent manner when he is wetting the bed at night, Kreos., Sul., Sep.
— that he is, and on awaking has urgent desire, Sep.
- Urinate**, that he must, Merc. i. fl.

Urinate, that he was trying to urinate in a bottle, but could not do so on account of being in a crowd of men and women, **Amm. br.**

—— that he wants to, wakens that he finds it be a fact, **Lac. c.**

—— that he has an attack of stranguary, which proves to be a fact the next morning, he did not get over it for two hours, **Chrom. ac.**

Vermin, Alum., Amm. c., Bov., Chel., Kali. c., Lac. c., Mur. ac., **Nux v.**, Phos., Sil.

Vexatious, Acon., Agari., Alumina., **Ambr.**, Amm. c., Amm. m., Anac., Ant. cr., Arn., **Ars.**, **Asar.**, **Bor.**, Bov., Ery., Calc. c., **Cann.** i., Caust., Cham., **Chel.**, **Chin.**, Cina., Cocc., Con., Dig., Dros., Gambog., **Gels.**, **Graph.**, Hep., **Ign.**, Kreos., Lach., Led., **Lyc.**, Mag. c., Mag. m., **Mosch.**, Mur. ac., Nat. c., Nat. s., **Nat. m.**, Nit. c., **Nux v.**, Op., Petrol., **Phos.**, Phos. a., Puls., Rheum., **Rhus t.**, Ruta., Sabi., Sars., Sep., Sil., Spong., **Staph.**, Stront., **Sul.**, Sul. ac., Zinc.

—— about the ill treatment of others, Dros.

—— conduct of a strange servant, Rumex.

—— anxious dreams, Graph.

—— with moaning and groaning in sleep, Graph.

Vexing dreams, sleep full of, Kali. chlor.

—— causing one to scream out, Sul. ac.

Vivid dreams, Acon., All. s., Ambra., Amm. c., **Anac.**, Arg. m., Ant. t., **Ars**, **Arn.**, **Ars. s. r.**, Aur., Bapt., Bary. c., Bell., Bism., Bry., Brom., Calad., Calc. c., Calc. fl., Calc. ph., Cann. s., Canth., Caps., **Chel.**, Carbol. ac., Carbo. an., Carbo. v., **Cham.**, **Cic.**, Chin., Clem., Chron. ac., Cinnab., **Coccul.**, Cocc. c., **Coff.**, Con., Coloc., Cycl., Croc., Dig., Dros., Euphorb., Ferr., Fer. i., **Graph.**, Guaj., Hyper., **Ign.**, Iod., Ip., Kali c., Kali s., Led., Lach., Laur., **Lyc.**, Lob., **Mag. c.**, Mar. v., Meph., Mang., Meny., Mag. m., **Merc.**, Mez., Mosch., Mur. ac., **Nat. c.**, **Nat. m.**, Nit. ac., Nux m., **Nux v.**, **Ol. jec.**, Opi., Peonia., **Petrol.**, **Phos.**, phos. ac., Plat., Psor., **puls.**, Ran. b., Rheum., **Rhus t.**, Ruta., **Sabad.**, Samb., Senecio, Sep., **Sil.**, Sinapis, Spig., Stann., Stram., **Staph.**, **Sul.**, Tarax., Thuya., Valer. Ver. alb., Viol. t., Zinc.

—— anxious dreams at night, Lyc.

—— awakened by, **phos.**

—— busy about them for a long time after awaking, **Nat. m.**

—— dreams in cerebro spinal meningitis, **Rhus t.**

—— of days occurrences, **Acon.**

—— all night long, Mang.

—— with new plans for the morrow, Naja.

—— of images life-like, Ast. r.

—— with nocturnal emissions, **Jacea.**

—— of past events, Sil.

—— like a living reality, **Nat. m.**—after midnight, Can. s., Mez.

—— of persons he had not seen for years, Calad.

—— believes them to be true, **Arg. m.**

—— not easily remembered, Aur., Petrol.

- Vivid**, about old occurrences, **Anac.**, Calc. c., Sil.
 — vexing dreams, **Ars.**—vexed by her daughter, **Nat. s.**
 — uneasy dreams as soon as he falls asleep, **Ambra.**
 — dreams after midnight, they are before his eyes even in the morning,
 Zinc.
 — dreams can only partly be recalled, **Phos.**
 — about persons and events, **Aster. rub.**
 — very before midnight, **Mez.**
 — about scientific subjects, **Guaj.**
 — strange dreams, **Bary. c.**
 — at night and talking in sleep, **Lyc.**
 — she awakens from vivid dreams about the days business and she be-
 lieves even after awaking that she must do what she has dreamed,
 Lyc.
- Vomiting** pus and blood, **Hepar.**
 — worms, **Chinbol.**
- Wagons** and teams, **Senecio.**
- Waking** state, in a **Acon.**, All. s., Amm. c., Arn., Bell., Bry., Cham.,
 Chin., **Graph.**, **Hepar.**, **Ign.**, Lach., Merc., **Nux. v.**, **Op.**,
 Oleand., Petrol., **phos.**, Phos. ac., Rheum., Sep., Samb., **Sil.**,
 Stram., **Sul.**, Selen.
- Walking** up and down the room reading, **Agar.**
 — on hot floor, **Apis.**
 — **Acon.**, Bry., Cham., Sil., Sul.
- Wandering**, dreams, **Kali. i.**
- War**, frightful dreams of, **Verbasc.**
- Warts**, that back is covered with warts and excrescents, **Mez.**
- Water** dreams of, All. s., Alumina., **Amm. m.**, **Ars.**, Ceba., Dig., **Graph.**,
 Ign., **Kali. c.**, Kalm., Mag. c., **Mag. m.**, Nitr., **Merc.**, Murex.,
 Sil., Ver. v.
- Water**, of bathing in, **Chin. bol.**
 — of being in, Ver. v.—near, **Ceba.**
 — has fallen into, **Ferr.**
 — of black water and darkness, **Ars.**
 — of boat foundering in, **Alumina.**
 — of boat capsizing and people drowning, **Lyc.**
 — of drowning, Sil., Ver., Ver. v., **Zinc.**
 — of driving in, deep, **Valer.**
 — of falling into, Amm. m., Dig., **Ferr.**, Ign., Phos. ac.
 — of having water poured over him, **Ox. ac.**
 — of being on water, Ver. v.
 — of putrid, **Arg. n.**
 — of riding on horseback through a stream and the water freezes on
 him, **Chrom. ac.**
 — of sea water, **Chin. bol.**, **Sang.**
 — of high waves, **Ceba.**
 — of a shallow stream, **Comoc.**
 — that his daughter has tumbled into the, **Iod.**
 — frightful dreams of, **Polyporus.**

- Water**, of danger from, Mag. c., Kali. n., Nat. c.
Weakening, dreams, Med.
Wedding, Alumina, Mag. m., Zinc., Nat. s., Nat. c., Chel.
Weeping, Kreos., Chel., Sil., spong., Nat. m.—with tears, Glon.
 ——— violently in a dream at night, Kali. c., Mag. c.
Wells, of deep, Ceba., Merc. c.
Windows two nights in succession, broken, Hepar.
Window, that he tried to break a, Bry.
 ——— of people standing before the, Merc.
Woman, of cutting a, to pieces as an animal for salting, Calc. fl.
Women, of marrying two, Nat. c.
Woods, dreams of straying in the, Mag. m.—Canth.
Work full of, dreams, Ambra., Gels., Zinc.
World, sees end of, Rhus. t.—of **Bloody Wound**, Chel.
Wrong, that he has done something, Coccul.
Worms creeping, Amm. c., Mur. ac., Nux v., Phos.
Writing, Prunis. sp., Senecio.

Cure rests in the degree of susceptibility.

Remedies operate by contagion. He caught the disease, and catches the cure.

Dynamic wrongs are corrected from the inside.

Principle teaches you to avoid suppression. A Homœopath cannot temporize. Those sufferings are necessary sometimes to show forth that patient's sickness so that a remedy may be found.

The affections in a very large degree make the man.

You must see and feel the internal nature of your patient as the artist sees the picture he is painting in oil. He feels it. Study to feel the economy, the life, the soul.

If Homœopathy does not cure sick people you are to despise it.

You cannot depend on lucky shots and guess work, everything depends on long study of each individual case.

This opens a field of tedious labor, and many failures, but if once in awhile you succeed in curing one of these lost ones it pays.

Memorizers have not perception; they can only remember what they see, and they do not see much.

Memory is not knowledge until it is comprehended and used; then grows the ability to see.

Understand the remedy first, the keynote last.

Every ignorant man thinks that what he knows is the end of knowledge.

What appears to be intuition comes from using that which is in the understanding.

Editorial:

PAIN AND ITS HOMŒOPATHIC TREATMENT.

Whenever Dr. William Bœricke, of San Francisco, puts his pen to paper for the purpose of writing a good Homœopathic article, success is sure to crown his efforts, because he has a thorough practical knowledge of the subject to be treated. An excellent illustration of this fact is to be found in the leading article of the *North American Journal of Homœopathy* for May from which we take liberal extracts. He says: "Pain is always a symptom; true, at times one of much dignity with imperious demands for immediate consideration, but nevertheless a symptom of mischief somewhere, and it behooves the wise physician to discover whenever possible, its pathological basis, as it does the careful prescriber to analyze its character and condition." We are apt to find two extremes in medical practice, those who would ignore the pathological basis, and those who would insist upon it as the foundation upon which all prescriptions must be made. It will be observed here that he says "the *wise* physician should carefully note the pathological basis," but he does not say for the purpose of selecting the simillimum. Again, "how futile to cover it up by some pain killer, and thus not only deprive ourselves of much valuable information as to the disease, but moreover loads the system with some foreign intruder and possibly lay the foundation for some drug habit, by no means an imaginary evil."

There is nothing that will drive a sane man crazy or deprive a man of ordinary good sense of his reason so quickly as the presence of pain, and the more severe its character the more determined will he be to resort to illogical and improper means for relief, and perhaps to no other source may be attributed the long lasting, almost irradicable effect of drug disease than to this very cause—a determination to get relief from pain, cost what it may, and the matter of cost is usually out of proportion to the cause.

The cause for pain is varied and must always be considered in the Homœopathic prescription. While the prescription may not seem to be based on pathology, strictly speaking, the path-

ology of the cause must be considered by the careful physician, in order that he may determine to a certain degree the nature of the trouble to be remedied. If the close observer detect evidence of deficient nutrition and therefore properly interprets the cry of the hungry system for proper nourishment he will have gone a long ways in his selection of the similimum. If his careful study or investigation for the exciting cause leads him to detect a certain train of circumstances bearing out the theory of a malarial history, if he sees the periodicity, which is one of its manifestations, he will look for his remedy within a certain scope. If the history of the case, on the other hand, points to an infection of syphilis or gonorrhœa, his investigation will follow in this line. It is true that the Homœopathic remedy may seem to have no connection whatever with any of these accepted pathological causes, but many times they will aid in the differentiation; but whatever may be the condition, it will never do to allow the central thought to escape the attention of the observer, that *it is the patient which must be treated and that the totality of symptoms expressed by him must be the basis of the prescription.*

Bœnninghausen gave us three legs for the therapeutic stool: Location—place; Character of sensory disturbance; Modality—modifying factors, weather, time of day, environment, heat, cold, dampness, etc.

Every complete symptom must be made up of these three elements, and whenever possible they should be so analyzed in the true prescription. In the pathogenesis of any drug those symptoms which furnish these three conditions are the symptoms of greatest value and as a rule are the symptoms upon which the greatest dependence may be placed. Considering these three conditions separately we find many well tried and thoroughly verified remedies adapted to and acting especially upon certain parts of the body. This elective affinity for certain organs of the body is very evident from the proving and from the results following the application of the same. "Our provings are simply records of symptoms produced independent of their pathological interpretation and the builders of our homœopathic materia medica worked wiser than they knew by keeping the record pure of all pathological speculations and making the outward expression of the morbid condition produced, the objective and subjective symptoms, the only legitimate basis for recording drug action and for guidance in drug selection."

“As an illustration of the importance of *location* in the selection of a remedy, a careful study will show how intimate *Cactus* is associated with the *heart*; *Podophyllum* with the *duodenum*; *Argentum* with the *joints*; *Oxalic acid* with the *spine*; *Belladonna* with the *brain*; *Aloes* with the *rectum*; *Ceanothus* with the *spleen*, etc. But the differentiation must be drawn much finer than this and it is in this fine discrimination that we find the elements of success in the careful prescriber.”

“For example, we naturally think of *Chelidonium* for pain under the *right shoulder blade*; *Cedron* for *supraorbital* pain; *Gelsemium* and *Picric acid* for *occipital* pain; *Spegelia* when pain centers around *left eye*; *Coffea* for pain in the *parietal bone*, as if a nail were driven in; *Mezereum* when the trouble seems to be located in the *malar bone*, etc.

“*Myrtus* becomes associated with the *upper left chest about the third rib*, and *Illicum* with the corresponding place on the *right side*; *Kalmia* for all sorts of *flying* pains in the region of the *heart*; *Ulmus* for pain in the *wrist*; *Zinc*, aching in the *last lumbar vertebra*; *China* for sensitiveness of scalp, *mel-cum-sale hypogastric* pains, and so on indefinitely. In this category belongs sensory hyperesthesia which is characteristic of certain drugs; for example, the *olfactory* hyperesthesia of *Carbolic acid* and of *Phosphorus*; the *acoustic* hyperesthesia of *Belladonna* and *Salicylic acid*; *ophthalmic* hyperesthesia of *Oxalic acid* and *Conium*; *cutaneous* hyperesthesia of *Ergot*, etc.”

In the treatment of pain such changes in the functional integrity of the senses, whether increased or decreased or perverted, becomes helpful indications, thereby showing the value of the second leg to the stool, the *kind* of pain; for example, “the valuable suggestion offered by the *burning* character of pain to *Phosphorus*, *Arsenicum*, *Carbo vegetabilis*, etc., independent of the fact that *burning* pains are usually associated with morbid conditions of the *mucous membrane* and *skin* and these tissues determine the form of pain more certainly than does the character of the morbid process, although as a rule burning pains are effects of passive state or incipient decomposition.”

“Pain located in bone is, as a rule, of a *gnawing, boring* character and is usually worse at night and influenced by changes in the weather; remedies presenting similar conditions will be found to act on bone, for example, *Aurum*, *Mercurius*, etc. Serous membrane gives us the *sharp, sticking* pain as is also pro-

duced by *Bryonia* and *Kali carbonicum*, which experience teaches has a direct relationship to *Serous membranes*. *Throbbing, beating, hammering* pains point to movements of the vascular walls, congestion, inflammation, etc., easily covered by *Aconite*, *Belladonna*, *Glonoïn*, and *Veratrum viride*. *Drawing and tearing* sore pains occur in *muscles, tendons, fibres*, etc., and are usually rheumatoid in character with remedies like *Arnica*, *Rhus toxicodendron*, *Rhus radicans*, *Cimicifuga*, etc. The *stinging* pain calls to mind the corresponding sensation and *Apis*, *Theridian*, *Natrum muriaticum* are types of this class. We also have the *erratic* pain of *Pulsatilla* and *Kali carbonicum*. The blood like sensation of *Anacardium*, the hot needle sensation of *Arsenicum*, the corresponding icy needle sensation of *Agaricus*, the general coldness of *Veratrum*, and the absolute refrigeration of *Heleoderma*. Constricting pains are frequently met with a feeling of constriction of the trunk as if the clothes were too tight or as if a cord were compressing it often present in spinal affections. *Plumbum* produces a similar sensation. Local constrictive sensations are certain indications when present, such as the constriction about the heart of *Cactas*, around the sphincters of *Apis*. The opposite sensation of expansion points to *Canabis indica* in the head, *Medorrhinum* if located in the eye they feel as if tearing, and to *Argentum* if in other parts of the body. In thoracic pain of a severe type due to poor digestion with flatulence that becomes incarcerated, *Argentum nitricum* in men and *Nux moschata* in women are of exceptional value. For the intense pain located in the left side of the chest in or near the cardiac region and pointing strongly to *Angina pectoris*, there is no remedy so perfectly meeting this condition as that of *Nitrate of amyl*, although *Spigelia* and *Oxalic acid* are somewhat similar to it in their pathogenesis. Pain associated with defecation, aside from the commencement of dysentery should lead to a careful examination pointing as it does to inflamed hemorrhoids, fissures, ulceration, etc. Homœopathy possesses two remarkable remedies for rectal pains, *Rhatania*, *Sanguinaria nitrate*.

Of even greater importance in the selection of the indicated remedy than that of *location* and *character of sensation* is the third factor, the *modality*. When these are clearly defined you are often able to select your curative agent without special regard to the character of the pain or the location of the same.

Of prime importance in this third class will be found *aggravation* with reference to *time*; for example, the *morning* aggravation of all the *Kali's* and of *Nux*, the *forenoon* aggravation of *Natrum muriaticum* and *Stannum*, the *afternoon* aggravation of *Pulsatilla*, the *early evening* aggravation of *Lycopodium*, remembering here that many congestive and vascular affections are worse in the evening; the night aggravation of many remedies like *Aconite*, *Mercurius*, *Syphilinum*, etc., etc., the after midnight aggravation of *Arsenicum*, and of which nothing is more characteristic. The remarkable aggravation of *Lachesis* after sleep and the amelioration of *Nux*.

The Doctor closes this valuable paper as follows: "There is nothing more satisfactory than to see the wonderful restorative and quieting effects of a well chosen Homœopathic remedy in cases that have passed through the gamut of all sorts of treatment and palliative measures with the disease more firmly established and fastened upon the patient, plus discouragement if not despair; it can be done in but one way, not in any haphazard fashion, only by following out the principles of our art faithfully and patiently. It is not an exaggerated statement that Homœopathy can take the incurable cases of the old school, the victims of mere palliations, the candidates for narcomania, and cure a good percentage. How? Just in this way. Make our diagnosis according to the most approved method of the up to date physician, bring in all our pathological theories and lore, apply all hygienic and dietetic aids, but then *for purposes of homœopathic prescribing*, forget for the time being most of this interesting knowledge, take the patient as a morbid symptomatic being—take account of his stock of symptoms, subjective and objective, arrange the totality according to *location, sensation and modality*, fit your remedy to this organized morbid human form and the curative response will come just as sure and as long as there is reactive vitality left."

NEWS ITEMS.

Temple S. Hoyne, A. M., M. D., was unanimously elected Dean of the newly organized faculty of Dunham Medical College and Hospital. The College enters upon the coming session in the best shape for hard, earnest work of any time in its history. Dr. John Storer of Boston, has recently opened up an office in the Columbus Memorial Building, occupying the suite with Drs.

Crutcher, Beaumont, Ludlam, Harvey, Sayre and Ward. He will have a chair in the Department of Ophthalmology, Otology, Rhinology and Laryngology. Many other changes in the faculty have been made which will be announced later in the season.

Politics of the American Institute is waxing hot and at present writing the only thing that is in any way certain is that there will be a hot time in the old Institute on the night before election. It is known that there are two candidates for the presidency, Chas. E. Walton of Cincinnati, who by all rights should have been made President at the meeting in Buffalo, and Benj. F. Bailey of Lincoln, Neb., who made such a vigorous run in Buffalo.

For Recording Secretary, Dr. Wilson A. Smith of Chicago, editor of the rejuvenated *Medical Visitor*, is willing to step into the shoes so ably filled by Dr. Frank Kraft of Cleveland, Ohio, editor of the *American Homœopathist*. The simple fact that a vicious fight is being made against Dr. Kraft because he is such a vigorous exponent of justice and truth, should bring to his support all lovers of fair play. It must not be understood that Dr. Smith is a party to this malicious piece of spite work, for he is above any such petty manipulations of the franchise of any member of the Institute of Homœopathy. f

It is reported that the headquarters of the American Institute has been transferred to THE NEW MERCER, corner of Twelfth and Howard streets, because of the crowded condition of the MILLARD. This hotel is practically new and contains fifty very large rooms with bath and one hundred exceptionally large and pleasant rooms without; it is within a short distance of the College where the Institute is to be held. They are making special arrangements for parties and it will be well to engage room before starting for Omaha.

Experience has demonstrated the uselessness of attempting to get up exclusive or official trains for any such meetings because people will follow their own inclinations and the best roads will only agree to attach special cars to their regular trains when there is an unusual demand for space. The CHICAGO, ROCK ISLAND AND PACIFIC road gives us the privilege of riding in their magnificent "*Rocky Mountain Limited*" without additional cost, and surely that is enough of an inducement to fill the train, especially when they leave Chicago at 4:30 p. m., cutting off our sleeper in Omaha the next morning at 5:00, allowing us to sleep until we are ready to get up. The "Lake Shore" and "Nickle Plate" now run into same depot in Chicago. Write George F. Lee, City Agent, 91 Adams St., Chicago.

It is rumored that Dr. Frank Kraft has been "ousted" from his place in the Cleveland Medical College because of his espousal of the cause of Dunham College vs. Intercollegiate Committee.

The Hahnemannian Advocate

A MONTHLY HOMŒOPATHIC MAGAZINE.

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No. 7

Materia Medica.

TILIA EUROPEA.*

B. G. CLARK, M. D., NEW YORK.

Gentlemen: In presenting this study of *Tilia Europea* for your consideration, I desire to say that I have followed the order outlined by Dr. Ad. Lippe in a book published in 1854, entitled "Key to the Materia Medica or Comparative Pharmacodynamics," in which *Tilla* was one of the eleven remedies presented for comparison in the following order: *Aconite, Sulphur, Arsenicum, Phosphorus, Belladonna, Calcarea Carbonica, Pulsatilla, Tilia, Sepia, Agaricus, and Rhus Toxicodendron.* That this remedy should have been selected by so gifted a teacher, and placed among the polycrests for comparative study, would seem to indicate that he considered it a very valuable remedy. Yet in our later works the remedy is seldom mentioned, and only a few of our physicians seem to have any knowledge of it. It is for these reasons that I have brought this study of *Tilia* to your attention.

I have compared all the remedies given by Dr. Lippe and included them among those presented for comparison with one or two exceptions. I have added other symptoms which seem to be of importance, with their comparisons, making in all one hundred and forty-eight (148) remedies with corresponding

*Read before the Materia Medica Society of New York, May 18, 1898.

symptoms occurring five hundred and fifty (550) times. Of these,	
Pulsatilla and Sulphur each occur	22 times
Lachesis,	16 "
Sepia,	15 "
Belladonna and Phosphorus each occur,	13 "
Calcarea Carb., Carbo Veg. and Rhus Tox. each occur,	11 "
Mercurius and Thuja	10 "

The others occur from one to nine times.

I would call special attention to its value in muscular weakness of the eyes, and to its peculiar hemorrhage from the nose (and other organs) blood being thin and pale. As a remedy in diseases of the antrum (maxillary), typhoid fever, diarrhoea, subinvolution, amenorrhoea, and rheumatism. The sweats of this remedy are profuse and easily excited. I trust this work may lead others to study this valuable but much neglected remedy.

SYMPTOMS.

CORRESPONDING REMEDIES.

Generalities.

Especially suitable for females.	Bell., Cham., Ign., Plat., Puls., Sabina., Sec. c., Sepia.
Especially after parturition.	Arn., Cham., Coff., Caul., Puls., Rhus, Carbo veg.
Especially for children.	Calc. carb., Cham., Sil.
Especially during dentition.	Bell., Calc. carb., Cham., Ign., Lach., Sil., Sul.
Left side of body is mostly affected.	Lach.
Aggravation in afternoon.	Alum., Bell., Calc. Phos., Kali. Bich.
And evening.	Kali carb., Kali nit., Lyc., Puls., Rhus., Sepia., Sil., Sulph. Sinnop. n., Thuja, Zinc.
Aggravation in warm room.	Iod., Mez., Puls., Sec. c., Senega, Thuja.
Aggravation by heat of bed. (skin symptom)	Alu., Bov., Calad., Calc. carb., Clem, Cocc., Cycl., Dolich., Kobalt., Lactic ac., Merc., Puls., Rhus., Sulph., Sars.

Aggravation during motion only (rheumatic symptom).	Bry., Calc. Phos., Colch., Ledum., Nux vom.
Amelioration in cool room.	Iod., Mez., Puls., Sec. c., Thuja.
Amelioration from motion.	Ars., Aur., Caps., Con., Cycl., Dulc., Euphorb., Ferr., Lycop., Puls., Rhod., Rhus., Sabad., Samb., Sulph., Tarax., Valer.

Mind and Disposition.

Melancholy, disposed to weep.	Aur., Calc. carb., Caust., Graph., Ign., Lycop., Nat. mur., Puls., Sulph., Viol. od,
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Sensorium.

Giddiness with staggering.	Kali carb., Nux vom., Petrol., Sec. c., Sars., Stram.
Giddiness with feeling of gauze before the eyes.	Acon., Bell., Cicuta., Ferr., Nux vom., Puls.

Head.

Stinging pains in forehead.	Acon., Bell., Canth., Nat. carb.
Stinging with heat in head and face.	Nat. mur., Sil., Sulph.

Eyes.

Sensation as of gauze before the eyes.	Calc. carb., Caust., Crocus, Kreos., Lycop., Lach., Nat. mur., Phos., Petrol., Sepia., Sulph., Tabac.
Bin-ocular vision imperfect (Muscular asthenopia)	Caust., Conium, Gels., Hydr., Macrotinum., Mur. ac., Nat. mur., Nux v., Kalmia, Ruta, Secal., Tabac.
(Retinal asthenopia)	(China, Spig.)

Ears.

Stinging in ears.	Bell., Caps., Conium, Merc., Nux vom., Puls., Sang., Sil., Spig., Sulph., Zinc.
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Nose.

Bleeding from nose—the blood is thin.	China, Kreosote.
Blood. Pale but quickly coagulates.	China, Dig., Dulc., Kreos., Merc., Nit. ac.
Coryza with sneezing.	Arg. nit., Ars., Al. cepa, Calad., Calc. carb., China, Dros., Euph., Gels., Merc., Nat. mur., Puls., Staph., Tart. em., Squilla, (Skookum chuck).
Coryza with tickling in nose.	Arg. n., Arg. m., Asar. caps., Carbo v., Ign., Mag. c., Physos., Sepia.
Coryza with roughness in the throat.	Carbo v., Caust., Puls.
One side obstructed.	Alu., Bov., Chel., Ign., Kalmia, Nux m., Rhod., Staph., Sulph., Sulph. ac.

Face.

Pain. Sore, as from sub-cutaneous ulceration in the right side of the face over cheek bone, followed by a similar pain in the left side of the face beginning in the temple and extending to jaw bones ending in the gums.	(As a remedy for disease of the antrum, Maxillary, also Kali iod., Chelid.) (Hepar., Puls.)
Pimples about the right corner of the mouth.	Bell., Hep., Merc., Sepia.

Teeth.

Shifting pains in all the teeth	Mang., Puls.
“ “ aggravated by cold water.	Arg. nit., Ant. cr., Bry., Calc. carb., Caust., Cham., Hepar., Lach., Mang., Merc., Nat. mur., Nux vom., Nux m., Puls., Rhus, Sil., Staph., Sulph.

Painful tension in the left articulation of the jaw. Am. mur., Lach., Merc., Nux vom.

Painful articulation—preventing mastication. Hyos., Spig., Rhus, Sulph., Verb.

Mouth.

In the morning when awaking the mouth is covered with mucus, which even covers the teeth and impedes speech Bell., Cocc. c., *Graph.*, Hydr., Ign., Iod., Magn. c., Mur. ac., Nicc., Puls., Rheum., Selen., Sil., Spig., Staph., Stront., Tabac.

Appetite and Taste.

Disgust even when thinking of eating. Ars., Asaf., Colch.

Desire for something refreshing. Caust., Cocc., Phos., Phos. ac., Puls., Rheum., Sang., Valer., Ver. alb.

Throat.

Burning in the throat. Ars., Apis., Canth., Carb. veg., Croton tig., Euphorb., Merc., Mez., Phos., Ran. bulb., Ran. scl., Sabad., Sang., Sec. c., Verat. alb.

Sensation of swelling of uvula.
 " with desire to swallow.
 " and hoarse voice. Alu., Bell., Carbo veg., Cocc. c., Merc., Nit. ac., Nux vom., Seneg., Sabad., Sulph., Thuja.

Stomach.

Eructations, putrid. Acetic ac., Arn., Cocc., Hepar., Kali b., Merc., Nux vom., Puls., Sepia., Sulph., Valer.

Eructations with nausea. Alu., Acetic ac., Arn., Ars. Asar., Bell., Canth., Caust., Cocc., *Colch.*, Hepar., Iod., Kali b., Lact. ac., Lyc., Magn. c., Pet., Sulph. ac.

Nausea from thought or smell of food.	<i>Colch.</i> , <i>Mosch.</i> , <i>Sepia</i> .
Burning mentioned by Dr. Lippe occurs during first day of proving, and is not constant.	

Abdomen.

Bloated abdomen; pain as from incarcerated flatulence, and repeated noisy discharge of it with much relief.	<i>Calc. Phos.</i> , <i>Carbo veg.</i> , <i>China</i> , <i>Fluor. ac.</i> , <i>Iris. v.</i> , <i>Lach.</i> <i>Lycop.</i> , <i>Nat. carb.</i> , <i>Nat. mur.</i> , <i>Nat. sul.</i> , <i>Nux vom.</i> , <i>Olean.</i> , <i>Sulph.</i> , <i>Ver. alb.</i>
Loud rumbling and rolling in the abdomen, with discharge of fetid flatus with which watery fæces escape occasionally.	<i>Aloes</i> , <i>Arn.</i> , <i>Caust.</i> , <i>Dulc.</i> , <i>Hyos.</i> , <i>Phos.</i> , <i>Phos. ac.</i> , <i>Puls.</i> , <i>Stront.</i>
Abdomen painful, when touched, especially around navel.	<i>Acon.</i> , <i>Bell.</i> , <i>Bry.</i> , <i>Canth.</i> , <i>Carbo veg.</i> , <i>Caust.</i> , <i>Cham.</i> , <i>Cup.</i> , <i>Lach.</i> , <i>Phos.</i> , <i>Rhus</i> , <i>Samb.</i> , <i>Verat. alb.</i>
Sensitiveness, soreness, and sensation of sub-cutaneous ulceration in upper part of abdomen.	<i>Coni.</i> , <i>Hell.</i> , <i>Rann. sc.</i> , <i>Sulph.</i>
Stitches suddenly appearing in the A., and extending into the pelvis, and impeding breathing.	<i>Chel.</i> , <i>China</i> , <i>Kali c.</i> , <i>Lach.</i> , <i>Ran. sc.</i> , <i>Samb.</i>
Burning around the navel, extending into the small of the back.	<i>Acon.</i> , <i>Berb. v.</i> , <i>Carbo v.</i> , <i>Diosc.</i> , <i>Lach.</i> , <i>Nat. carb.</i> , <i>Plat.</i> , <i>Sepia</i> .

Stool and Anus.

Frequent desire for stool, with repeated but scanty s. of soft fæces.	<i>Calad.</i> , <i>Grat.</i> , <i>Merc. cor.</i> , <i>Puls.</i> , <i>Sulph.</i>
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First part hard, last soft.	Oleand.
Discharge of putrid flatus with which some watery contents the rectum escape—moisture	Carbo a., Carbo v. Nat. mur., Nit. ac., Rann. sc., Sil., Sulph., Thuja.

Urgent desire for stool while urinating without previous desire.	Aloes., Canth., Cicu. v., Squilla
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Urinary Organs.

Constant almost painful pres- sure upon the bladder with frequent micturition.	Canth., Cocc. c., Dig., Dulc., Equiset., Eupa. pur., Lil. tig., <i>Lyc.</i> , Phos., Ruta, <i>Sepia</i> , Squil- la, Stann.
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Micturition very early in the morning with delayed evac- uation and swollen feeling of the urethra.	Arg. n., Arn., Can. sat., Clem., Cocc. cact., Conium, Hepar., Mur. ac., Rheum., <i>Sepia</i> , Thuja
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Female Sexual Organs.

Frequent pressing on the uter- us as if everything would fall out of the pelvis.	Ant. cr., Bell., Coni., Graph., Lil. tig., Mag. mur., Murex, Nat. c., Nux vom., Pallad., Plat., Puls., <i>Sepia</i> , Sulph.
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Leucorrhœa, pale mucus, worse while walking.	Bov., Carbo a., Carbo v., Graph., Lil. tig., Mag. mur., Merc. v., Nat. mur., Phos., Sars., Stront.
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Sensitiveness and soreness of uterus as after parturition.	Arn., Bell., Bry., Lach., Lil. tig., Plat., Puls., Rhus tox., Thuja.
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Menses delayed (8 days) flow only one day, (blood pale)	Ars., Bov., Dulc., Graph., Lac. ac., Nat. carb., Phos., Puls., <i>Sepia</i> , Sil., Sulph.
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Soreness and redness of ex- ternal genitals.	Amb., Ars. Calc. carb., Carbo v., Graph., Petrol., <i>Sepia</i> , Sulph., <i>Thuja</i> .
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Larynx and Trachea.

Stitches in larynx aggravated by talking.	China, Lach., Lauro., Nit. ac., Sil., Sulph. ac., Psor., Zinc.
Hoarseness with mucus in the trachea.	Ang., Bar. carb., Cannab. sat., Cham., China, Iod., Lach., Nat. mur., Nit. ac., Stann.

Chest.

Oppression with numbness of arms.	Cann. sat., Carbo a., Cham., Cocc., Crocus, Cup., Lyc., Kali c., Nux v., Ox. ac., Rhod., Sil.
Drawing in left nipple.	Euonymus, Zinc.
Darting " " "	(Sil.)

Upper Extremities.

Weakness of the arm.	Agar., Am. carb., Ars., Bism., Calc. c., Caust., Coff., Colch., Gels., Kali c., Lach., Nux v., Pet., Plat., Phos., Ruta., Sec., Zinc.
Tearing in the forearm down from elbow.	Aethusa, Asaf., Angus., Berb. v., Bism., Bry., Carbo v., Caust., Dulc., Calc. c., Kali c., Magn. c., Mez., Nit. ac., Phos., Ran. bulb., Rhod., Sars., Staph.

Lower Extremities.

Trembling and weak or weariness.	Arg. n., Ars., China, Coni., Eupat. purp., Nat. s., Nux v., Physos., Sec. c.
Drawing pains in hip joint.	Sulph., Coloc., Lach., Nat. s. Thuja, Valer.
Knees, drawing and tearing pain.	Alu., Caul., Caust., Bry., Coni., Ferr., Nat. mur., Phos., Psor.
Feet and ankles, drawing and tearing.	Ambr., Alu., Anac., Bry., Caul., Chel., Can. sat., Mag. carb., Oleand., Rhod., Rhus tox., Nat. s.

Feet and ankles with distended veins. Ambr., Ferr., Ham., Plumb.

Sleep.

Sleeplessness with restlessness, the bed seemed to be too hard to him. Arn., Bapt., Laur.

Sleep.—Unrefreshed. More tired in morning than when lying down in evening. MAGN. c., Sepia.

Fever.

Chilliness in the evening. Arn., Hepar s., Kali c., Laur., Lyc., Magn. m., Ox. Ac., Phos., Puls., Plat., Rhus, Sabad.

Heat all over, but most in head and cheeks. Acon., Bell., Bry., Calad., Cina, Dros., Hepar., Hyos., Ipec., Nat. c., Nux v., Petrol., Plat., Sabad., Sepia., Stram., Sulph., Thuja.

Sweat.

Sweat warm, profuse soon after falling asleep. Coni., (Selen) Nit. ac.

In rheumatic fever with increasing pains just in proportion as the sweat increases. This symptom is given in "Lilienthal's Therapeutics" as a special indication, and I have verified it in one case, but do not know where he obtained the symptom.

Symptoms of Ferr. are also worse while sweating. Remedies having "profuse sweat not affording relief" are China, Merc., Sepia.

Night sweats.

Acet. Ac., Am. m., Bar. c., Bry.,
Calc. c., Carbo a., Caust., China,
Ferr. pic., Jabor., Graph., Iod.,
Ipec., Kalmia, Kali c., Lach.,
Lyc., Nat. c., Nit. ac., Pet.,
Phos., Puls., Rhus tox., Sabad.,
Sepia., Stann., Staph., Sulph.,
Thuja, Zinc.

Skin.

At night in the heat of the bed
eruption of small *pale red*
pimples in clusters, with vio-
lent itching and burning af-
ter scratching.

Anacard., Am. c., Ars., Caps.,
Carbol. ac., Caust., Dolich.,
Lach., Led., Merc., Gambo.,
Puls., Sil., Sulph.

SOME INDICATIONS IN HEMORRHAGE, EPISTAXIS &c.

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PROF. OF MATERIA MEDICA, DUNHAM MEDICAL COLLEGE.

PARIS QUAD.—Sensation as if the eye was pulled by a thread
towards the brain; marked congestion and fullness at
root of nose, epistaxis.

MILLEFOLIUM—Epistaxis with congestion of the chest cavity, at-
tacks may cease or seem to stop from cold water ap-
plications &c., but begin again. In cases of scanty
menstruation, but long continued, with epistaxis;
fingers cold and tremulous hands; skin very relaxed;
anxiety.

COCCUS CACTI.—Epistaxis with severe sneezing and whooping
cough.

CARBO VEG.—With paleness of the face.

COFFEA—With heaviness in the head.

CONIUM—Blood in small drops, dark in color in old persons.

SYMPTOMS RELIEVED BY HEMORRHAGE.

BROMIUM—Chest and eye symptoms better from bleeding.

BUFO—Headache better (also *Magn.*, *Sulph.* and *Merc.*)

CHAMOMILLA—Confusion of thought improved.

HAMAMELIS—Bleeding from nose and ears improved the head
symptoms.

PETROLEUM—Moderate epistaxis improves the headache.

AGGRAVATION FROM HEMORRHAGE.

BORAX—Headache worse from bleeding.

PHOS. ACID—Epistaxis in typhoid without relief.

CROCUS SAT.—Hemorrhages destroy the health of the child (despairing mood) dark blood; daily epistaxis in warm weather; nose bleeds easily; blood is hot, thick and black.

GENERAL.

COFFEA—Blood starting suddenly; watery blood.

OLEUM JECORIS—Bleeding from nose on stooping, with amenorrhœa.

NAT. MUR.—Frequent epistaxis at night, brought on by stooping.

RHUS GLABRA—Hemorrhage from left nostril and mouth.

CORALL. RUB.—Bleeding every night (*Nat. mur.*).

MERCURIUS—Epistaxis during coryza, also at 10 a. m. with bleeding from the ear.

IS CHLOROFORM DANGEROUS?

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There is a general impression that this question should be answered with a decided affirmative, and that the action of the drug on the heart is responsible for many deaths.

From the report of the chloroform commission, held a few years ago, we learn that it does not act in the heart at all, but on the respiratory organs, and that there is not the slightest danger in it if it is only properly given.

I quote from Dr. E. A. King's article on the subject.

The objects of the chloroform commission, kept in view throughout their experiments, were to test the safety of chloroform as an anesthetic and compare it with ether, and with the mixture of alcohol, chloroform and ether known as the A. C. E. mixture; to persevere with these anesthetics till death resulted; to note the different effects produced by the drugs and by asphyxia; and to investigate especially the alleged liability of chloroform to produce stoppage of the heart. To this end no fewer than 558 experiments were made, principally on dogs and monkeys, who passed from unconsciousness to a painless death. The report gives the fullest scientific details of each case, and embodies the results of the most lengthened and most carefully tested

series of experiments with anesthetics ever made. Its key note, recurring over and over again with added emphasis, is that chloroform anesthesia is entirely free from risk, so long as the breathing is in no way interfered with; and that in death from chloroform the respiration always stops before the heart does. The commission has been able to demonstrate conclusively that chloroform has no direct action on the heart, and has proved that the sudden effects on the heart's action are not really due to the chloroform at all, but are the result of asphyxia in suffocation.

Now in the common method of giving chloroform, Dr. King asserts, no attention whatever is given to the respiration; the patient is allowed to choke, and struggles as he breathes the pure vapor, which should be diluted with air, while the physician anxiously watches the heart.

He says doctors may dispute over the question from their own standpoint, but his object is to draw attention to the fact that there are two distinctly different methods used in administering chloroform, within the principle laid down by the commission, in which the operator is guided entirely by the respiration, watching it in such a way as never to allow it to be interfered with; the other in the principle of attending only to the pulse; from his own experience he can testify that under the one method there is nothing to excite or distress the patient, while under the other he is made to take the very bitterness of death.

SULPHATE OF QUININE.

Ever since the discovery of Sulphate of Quinine by the French chemists, Pelletier and Gaventon, there has never been a drug so misused and abused except opium and its alkaloids. The *Cinchona* as used by the Jesuits was fully as successfully in fevers as the alkaloids, in these latter days the objection being its bulk. The bark will often cure, when the Sulphate of Quinine fails. My early medical education at three of the best Allopathic colleges in American and the Hospitals of London, Dublin, Edinburgh, Paris, Berlin and Vienna, taught me that the Sulphate of Quinine was as harmless as flour and the panacea for all the ills that flesh was heir to. In the earlier years of my practice, Sulphate of Quinine was administered in nine-tenths of the cases that I prescribed for. The first case that I noticed, the injurious results of its administration

was a Mrs. T——. She had a bilious remittent fever. I called to see her one evening and found her pulse and temperature normal and perspiring nicely and bowels open. I left three Quinine Sulphate Powders of 2 grains each (P. and W. make) with instructions to give one every 2 hours. After the first powder was given, the family went about their duties and when the time came to give the second powder, they found Mrs. T. breathing heavily and unconscious and unable to be aroused. I was hastily summoned and seeing the condition of my patient, called the most skillful physician in consultation; we applied electricity and used every means to restore the patient, but the lady never rallied. She was murdered by the Sulphate of Quinine!

I was so annoyed at the incident, that I had Prof. Wheeler, then professor of chemistry in Chicago Medical College, examine the two remaining powders, and he pronounced them pure and unadulterated Sulphate of Quinine.

CASE No. 2, came into my hands through the Odd Fellows, the brother had been given up to die of pneumonia, under Dr. S——, an eclectic; under *Aconite*, *Bryonia*, *Phosphorus* and *Tart. emet.*, the brother was convalescing. One morning I called to see him and found him sitting up in a chair, washed and dressed. His wife said that their old family physician had made a friendly call and suggested that quinine would expedite his recovery. I freely expressed the opinion that quinine would be sure death. At 2 o'clock the old family doctor made another friendly call, and he and the brother's wife persuaded my patient to take a 2 grain powder of Sulphate of Quinine. At 3 p. m. I was hastily summoned and found my patient comatose. I worked with him for an hour and in spite of my efforts, he crossed the river, in two hours after the administration of the Sulphate of Quinine. Dr. S. was so mystified that he sent a specimen of his drug to Cincinnati for examination and the result was that it was pronounced pure Sulphate of Quinine.

CASE No. 3, was that of Mrs. S. who went home to visit her mother after a long journey. She was attacked with neuralgia of bowels and spent a restless night. The next morning Dr. R—— called and found her comfortable, he prescribed 3 two grain powders of Sulphate of Quinine. The first powder was given and her mother went about her household duties, leaving her daughter to rest. In about an hour she returned and finding the patient sleeping heavily, she did not disturb her. In two

hours, when the time for the second powder came, she returned to her daughter to administer the medicine and to her horror she found she could not arouse her daughter. The doctor was hastily summoned and did everything within his power to restore his patient, but in spite of all his efforts she passed away in four hours after the fatal dose. The two remaining powders were sent to me and I had my old professor of chemistry, Theodore G. Wormley examine them and he pronounced them pure and unadulterated Sulphate of Quinine.

Let the observing tourist visit a strange city and he can tell its morality by the number of its church spires, its intelligence by the number of its school houses and the practice of medicine in vogue by the number of people wearing glasses, using ear trumpets, and the number of cases or chorea he meets with.

Some of my professional brethren, that I have mentioned the deleterious results from taking the Sulphate of Quinine, suggested that they were isolated and simply idiosyncrasies, and to satisfy myself, one Sunday morning, I took a 2 grain pill of Sulphate of Quinine at 8 and 10 o'clock a. m. At 10:30 a. m. I attended church. I could not follow the speaker and it made me mad.

I felt a dulness in my head with vertigo.

My head throbbed and ached.

Left side of head broke out in a hot sweat.

My left eye had dazzling, bright objects flickering before it, following with dark spots, which terminated in complete blindness of the left eye.

No effect on ears.

Nose had a watery discharge with sneezing.

Neuralgic pains from left to right side of face.

Lips dry and burning.

Teeth ached.

Bitter taste in mouth with metallic taste when swallowing and salivation.

Throat felt rough with difficult swallowing.

Craved whiskey, and when taken did not satisfy.

Nausea and throbbing at pit of stomach.

Stitches in liver and spleen.

Colic in abdomen.

Stools yellow and watery.

Urine frequent, scalding with a pink sediment.

Sexual desire increasing.

Voice husky.
Oppressed breathing.
Dry spasmodic cough.
Pressure in chest.
Palpitation of heart.
Stiffness of neck and lumbago.
Hands tremble.
Weariness of legs.
Debility.
Unrefreshing sleep, and numbness of the parts on which I laid.
Numb feeling all over.

These symptoms continued till Monday following, when I took *Natrum mur.* 6x at 8 and 10 a. m., when all the pathological symptoms gradually disappeared. Every case of confinement that I have attended in late years, where the child was afflicted with strabismus chorea, or "3 months colic," I found that the mother, during her pregnancy had taken Sulphate of Quinine for neuralgia or ague. Where the heroic treatment is extensively used, is it any wonder, that there are such a large number of sudden deaths, that are attributed to "heart failure" and other mysterious causes?

TO STUDENTS OF MATERIA MEDICA.

(CONTINUED.)

In our investigations into SYSTEMIC ACTION, and for purposes of coherent progress and study we divide this into: ACTION SHOWING CESSATION OF SYMPTOMS, i. e. *towards health*; ACTION SHOWING CONTINUATION OF SYMPTOMS, i. e. *towards chronicity* and, ACTION SHOWING INTENSIFICATION OF SYMPTOMS, OVERCOMING THE POWER OF LIFE, i. e. *decline of vital power*—death.

In these divisions is manifested all the phenomena included in the formula "reaction of the vital force." The student will learn from study of the prover, or of the symptoms presented by a group of provers under the same drug, how to recognize the symptoms that point to recovery and also that some of these are attended with others that do not so point, and which should be classed as *concomitants*. These may indicate that while some symptoms move towards return to healthy, normal action of some of the functions, others, concomitant to these, indicate that the power of life is striving for the mastery over the disease

making force, and if the concomitants are becoming less and less in intensity, then the student will recognize that health (normal equilibrium) is returning. If these concomitants are increasing in intensity, then the decline is fore shadowed. Again, if it is observed the symptoms are moving in expression of *equal action*, that is to say, the concomitants seem to hold the forces of life in check, so that there is neither decline from or return to the normal equilibrium of forces—health, then the condition of *chronicity* is shown.

From this, we learn that the relationship of the drug or disease making force, to the powers of resistance (susceptibility) of the power of life, shown in chronicity, is a parallel relationship.

(This would seem to explain why the higher potencies are used more frequently and effectually in chronic diseases). This relationship is noticable in all conditions of disease movements, acute as in chronic; where the duration of action of a dose, in potency, varies in direct ratio to the *movement of declination* of the power of life, the duration of action is shorter, and longer, when the power of life rises toward equilibrium or health. Frequent doses if the curative movement ceases or does not continue, repetition so long as the remedy is in homœopathic adjustment to the conditions calling for it, and a change to another potency or remedy if the conditions change. In the Systemic Action then, we become acquainted with the more subtle "reaction of life," while in the earlier physiological action, we learn of the mechanical and chemical actions. Following up the study of this systemic action, we find that the three divisions above, viz: Movements towards health, chronicity and decline, express themselves in the natural re-division thus. *Reaction* shows movement towards: Resolution or subsidence; Continuation or chronicity; Retrograde or destructive, and often *Reproduction of action*. Study in accord with this division, or with this in mind to direct our studies will certainly guide us to a comprehensive knowledge that will lead to orderly conclusions.

It is from an observation of the above phases of systemic action of drugs, and of the power of life while under the influence of those drugs, that we will come into an understanding of *Symptomatology*, both of drug and disease manifestations, and which will enable us to recognize the *Similitude* of the drug pathogenesis' to the symptomatology of miasms, whether artificial or spontaneous (natural).

In studying the behavior of the power of life, under the sway of sick-making forces, as expressed by Resolution, Continuation, Declination, Reproduction etc., of the signs of the systemic action, we also become acquainted with and must study the next natural divisions, viz: Idiosyncrasy, Individuality, Peculiarities and Modalities, and in these as in all the phases of drug action will be found the genuine key notes of remedial value, as also those of diagnostic value from the symptomatic point of view.

In the further handling of this subject, we intend to define the several elements, last noted, suggesting the natural divisions that result from orderly study.

(TO BE CONTINUED.)

F. O. PEASE.

The human mind should not be burdened with technicalities. They destroy description, and close the understanding.

You must be able to recognize every ambassador of the internal man.

The physician must see, and feel, as the artist does his picture. He must perceive, by his knowledge of the human heart, that good woman's state whose religious melancholy he could not otherwise understand.

Every scientific man today is trying to find something he can claim as his own. Such a man cannot understand Homeopathy. He worships himself. Has dwelt on the externals so long that it is impossible for him to think rationally.

The physician who violates his conscience, violates his ability.

Man's unbelief and opinion do not affect truth. The experience which the Homeopath has, is experience under law and confirms the law.

What matters it what people think of a just man? His reputation will take care of itself.

A man, whose services are worth having, can starve in the gutter, in order that he may do good, for the love of his neighbor; and he will acquire this power, this perception. Such a physician may realize what it is to have a duty to perform.

Materia Medica never inspires perception. The physician must have the love of his use, and he becomes wise in proportion as he loves his use, and in proportion as he lives uprightly with his patients; that is, desires to heal them; beautify their souls. Can the physician, who does not love his neighbor as himself, get into this position?

You cannot meditate too much on even the extreme of the human race. It becomes your solemn duty to heal the good, bad, and indifferent.

Institutes of Medicine.

PSORA, SUPPRESSED RHEUMATISM AND GONORRHEA

REPORTED BY GUERNSEY P. WARING, M. D., CHICAGO.

The following case received treatment in Prof. H. W. Pierson's clinic, Dunham Medical College, and became of general interest to the students as well as others attending this clinic, held more especially to illustrate and demonstrate the teachings of the Organon.

March 21, 1897.

Mr. C——, Englishman, age 34, shoemaker, married, light complexion, blue eyes, weight 190.

Predisposition.

Grandparents negative.

Mother—much rheumatism and neuralgia.

Father—always good health.

Four brothers, two sisters, two died with scarlet fever, all had other children's diseases, much croup, otherwise healthy.

Childhood.

Had children's diseases, much croup.

Vaccinated, human viris, no immediate bad effects.

Foot sweat, much, offensive, long standing, until 18.

Feet blistered easily, much burning and scalding.

Eruption on wrists in warm weather.

Nervous, frightened easily, followed by stomach trouble and diarrhea, attacks short, no vomiting.

< thunderstorm; excitement; at night; when alone.

Rheumatism.

Age 18, came on suddenly, "after curing foot sweat."

Legs, calves, muscles.

Pains cutting, pulling, aching, with heaviness, some soreness but no swelling.

< walking in rain; from cold; lying.

> sitting; feet up; rubbing; heat.

> limbs drawn up when lying.

Use local application of vinegar, red pepper and salt petre, followed by relief, attack lasted one week.

Rheumatism.

Age 25, second attack, soon after coming to America.
Came on after working in basement in cold damp draughts.
In the onset same as before, excepting calves which were more painful, and much swelling.
Used some local application, with less relief.
Also took black cathartic pills.
Swelling soon subsided, followed by fainting, prostration and palpitation.
Pains went to the chest, < left, and was confined to the house for twenty-six weeks.
Pains extending from chest to shoulders, and down to lower end of sternum.
Sensation of heavy weight pressing in.
< lying, could not get breath, (did not lie down for more than a year).
< walking; deep breathing; at night.
> sitting up straight; quiet.
> warm room with plenty of fresh air.
Sleepy, but could not sleep, would wake with a start, sensitive, irritable, thought would die.
Sweat, much, steaming hot, chilly after.
 < least exertion or excitement.
 < days and early in the attack.
Great prostration, very low.
Treatment, allopathic, much purging, with all sorts of local applications.
Convalescence, slow, two years before could lie down and sleep naturally.
Pains seemed to settle in left chest, causing more or less "heart trouble" ever since.

Gonorrhœa.

Age 28, only one attack.
Discharge, yellow, and greenish, lasting three months.
Treatment, injection of sugar of lead, and Zip.
Soon after discharge ceased, chest trouble grew <, continuing to the present.

Present Symptoms.

MENTAL.—Cheerful, anxious to get well, some irritable but not despondent.

HEAD—Some dizziness, head whirls.

< in house; working hard; when tired.

Headache, vertex, dull heavy pain, hot.

< morning, 5:00 to 9:00; damp weather.

> after clearing head and expectorating mucus.

NOSE—Catarrh, discharge white, thin, offensive, with sneezing.

< mornings, from beer and tobacco.

STOMACH—Appetite and digestion fair.

Some bloating and eructation after eating.

< beer, tobacco, milk, salads.

CHEST—Pains same as during long sickness, only not so severe.

Pains, under left nipple, extent to shoulder and arms.

Sharp, catching, with smothered feeling, palpitation.

< excitement; hurrying over work.

< sitting and bending forward, stands at his work.

< damp weather, before a storm.

> moderate exercise; artificial heat.

SKIN—Rash, wrists, summers only.

Itching much, always had it.

> scratching; in cool air; using sulphur ointment.

< at night, getting warm.

Boils, three past year, one on chin, two behind right ear.

Surface of body very clear from eruption or hair.

HANDS AND FEET—Swell some.

< exercise or hard work; towards night.

Feet burn, smart, scalding sweat, offensive.

< after standing; toward night; in bed some.

SLEEP—Starts and jerks in first sleep.

> on right side (since chest trouble).

> fore part of night, wakeful after 4:00 a. m.

Dreams, being in trouble, traveling in a boat or in the water.

Sweat, often wakes in profuse sweat.

< chest, some on all parts of body.

Followed by chilliness.

WEATHER.

> warm, clear, settled.

< cold (very sensitive to zero temperature).

< damp, cloudy, cold, windy.

Böenninghausen's Checking System brought out the following remedies: *Sul*⁷⁴, *Puls*⁷¹, *Bry*⁷¹, *Nux*⁶⁹, *Rhus*⁶⁶, *Calc*⁶⁴, *Sil*⁶³, *Merc*⁵⁹.

This group without doubt contains the simillimum. Upon its selection for the first remedy, depends largely, not only the cure of the patient, but the reputation of the physician; consequently the real study of the case has now only begun.

In the process of exclusion of remedies the question arises at once, "Is this an acute, or chronic case?" Let us see.

Among the first predisposing symptoms we find the father had rheumatism, and the patient's brothers and sisters all had *much croup* with other children's diseases, two dying with scarlet fever. The patient in childhood also had a persistent skin eruption, offensive, scalding, foot sweats, nervousness and gastric troubles, all proving that a chronic condition was even born with the child.

Later in the record attacks of rheumatism and gonorrhoea are found, which were treated in a way to suppress rather than cure.

Hahnemann distinctly teaches that *chronic diseases* develop as a result of suppressed local or acute expression of some internal affection, and that the process is from *below upward*, and from *without inward*.

This patient's rheumatism is traced from the calves to the chest, "from below upward," where it remains. The gonorrhoea and skin eruption, treated with the most repelling local application known, were evidently suppressed, same with the foot sweat, thus filling the other requirement, "from without inward." Hence, we see at once that the chronic condition inherited has been farther developed in the patient's lifetime.

Having a chronic case, the next step will be to discover that which has been the predisposing cause. Until the predisposing causes are removed no permanent cure can be made. All the treatment this patient has received during years of sickness has not been curative because the predisposing miasmatic conditions have not been eliminated, perhaps never even sought for.

Glancing over the list of remedies "checked in," we find three great constitutional deep acting remedies—*Sulphur*, *Calcarea carb.*, *Silicea*, all powerful anti-psorics, the first named ranking the highest. This could not have occurred unless psora had been the greatest predisposing cause, and in case there are symptoms of other causes present, it is safe to conclude that they

have developed by reason of psora having been the first condition.

Again, a remedy in order to be curative in this case must be one that will act in harmony with Hahnemann's teaching; namely: that the process of all cures in chronic cases are from *within outward*, and from *above downward*, the same being an unfolding process in the reverse order through which the chronic disease has developed. Therefore, a remedy must be selected in this case which will accomplish this unfolding process, or we shall fail in our attempt to cure the patient. No remedy is more often called for to bring such a result than *Sulphur*.

We will prescribe *Sulphur*^{30m} one dose dry.

March 29, 1897. (One week later).

Pains in back, third day after medicine, continuing three days.

Much aching, early before rising, back and legs.

> lying on back; first rising in morning and moving about.

Chest—cutting pains, left side.

< lying on left side, > on right side.

Pains less severe, but moving around, extending to arms, back and left knee. Can lie down with more comfort.

Sac. lac.

April 5.

Pains now extend down left leg to foot.

< in calf, at night. Also in different parts of the body, shifting from place to place.

> in the chest, only had one attack past week.

Diarrhea—for three days, profuse, offensive.

< mornings on first rising.

General improvement.

Sac. lac.

April 19.

Pains in legs, resembling first attack of rheumatism. If anything more severe, continuing for several days.

> now. Can lie down without bringing on chest pains.

Still greater improvement than last report.

Sac. lac.

It will be sufficient, perhaps, to state that during the next two months the patient gradually improved, the pains finally leaving by way of the feet, without any repetition of the dose or other medicine being given.

June 20.

Return of the old symptoms.

Slight pains in the chest, increasing in severity.

Sul^{cm} one dose dry.

July 1, 1897.

Patient came to my office greatly alarmed, declaring he had the clap, but such a thing could not be, as he had not been exposed.

Discharge, profuse, greenish and yellow.

Sac. lac. (with sufficient explanation to patient).

July 15.

Chest pains all gone.

Discharge less, thicker.

Urine, frequent, urging, < at night.

Pains, burning, < after urinating.

Cordee < left side, very painful.

Sac. lac.

July 22.

Urination. less painful, some burning.

Cordee, not so frequent though just as severe.

Prepuce swollen and much irritated.

Sac. lac.

August 2.

Discharge, soreness and burning some less.

Night sweats, like used to have during long sickness.

< face, head and neck.

Skin, eruption on wrists, "Same old thing."

Feet, burn < after walking, standing.

Sac. lac.

August 18.

Night sweats same, only < every other night.

Very prostrating, sour and offensive, followed by chilliness long lasting.

Generally about same as last report.

Mental—irritable, must have something done.

Irritated because of sweats and pain.

Discharge thicker, greenish.

Pains > cold water, out doors.

Puls^{2c} (one powder at night till better).

September 9.

> in every way.

Discharge much less, very thin, only drop at a time.

Pains in chest seldom noticed.

Eruption on wrists all disappeared.

Can work sitting at the bench now.

Following this date there was nothing of much importance in the case, only the usual convalescence with an occasional aggravation until January, four months later.

January 17, 1898.

Very sensitive to cold, chilly anywhere, all the time, weak, nervous, irritable.

Constipated, cramping pain in bowels, bloating.

< afternoon and evening after eating.

Sweat some upper part of body, cold below knees.

< in bed, when first retiring.

Silicea^{65m}.

March 1.

Patient reports all well, and had remained so when last seen, about the first of June.

Silicea naturally followed *Pulsatilla* and in this case proved to be the finishing remedy.

SCROFULA.

A. MCNEIL, M. D., SAN FRANCISCO, CAL.

December 16, 1897. E. S., age 6, brunette, emaciated, was brought to me. She is precocious mentally and physically; cutting her first teeth at four and one-half and walking at ten and one-half months. Has had diphtheria twice since the glandular disease appeared. Had ophthalmia with morning agglutination of the lids, and when they were separated, stringy pus would flow from the eyes. *Apis* high cured this. Was four years under one physician who treated her from the beginning of the enlarged glands without any benefit. Then another for two months. He, after the medicine first given did not benefit, lanced the swelling, although at that time there was discharge of pus from another part of the tumor. She

lost strength and flesh very fast at this time and a consultation being held, it was agreed that a more radical operation viz: laying the sore open and scraping the gland offered the only chance for recovery, and it was by no means certain that that would save her. Her father refused to permit the operation and she was brought to me.

She is gentle, plays well, is heroic in enduring suffering. She has much darting, lancinating or shooting pains from the occiput forwards. The pains in the diseased glands are of the same character and run in the same direction. The pus is stringy, yellow or green, fetid and acrid. The side of the suffering is on the left side. She has pains in different parts of her system. She likes milk, bread, butter and potatoes and these all agree. Has no thirst for water. Has never eaten meat, as her father is a vegetarian. Is subject to vesicles on the lower lip. Has leucorrhœa which is acrid and streaked with blood. Toe nails bend over the ends of toes and are sensitive.

I worked out her case, by the aid of Bœnninghausen, on Underwood's Checking Lest. *Sepia* had all the 14 symptoms and it aggregated 38 points. *Silicea* was next with 34, but one of the symptoms was absent and moreover it had been given by one of her physicians. I therefore gave her *Sepia*⁵⁰⁰ one dose December 17, 1897, and on the 30th another of the ¹⁰⁰⁰.

February 28, 1898, the ulceration is almost healed. Feels, eats and plays well. She has dandruff in her hair which she never had before. The leucorrhœa which had disappeared has returned, and she has an enormous appetite for eggs. I gave her *Calcarea*¹⁰⁰⁰ one dose.

March 20, was called and found her suffering from malarial fever, for which I gave *Sabadilla*³⁰ one dose. In 3 days the fever was gone and she was convalescent. The ulcers have healed.

At this date, June 4, she has gained flesh and color and is a very healthy child. I forgot to say that I permitted no medical applications to the ulcers, and made no change in her diet. Still refrained from meat.

She only received the three doses I have mentioned and I am confident that the second dose of *Sepia* was at least unnecessary. There is one point to which I wish to call attention viz: the giving of *Calcarea* after *Sepia*. If we turn to the Relationship of the Remedies in Bœnninghausen, under *Sepia* in the rubric of

glands we will find 14 medicines mentioned, one of which is *Calcarea* in the lowest type.

The craving for eggs belongs pre-eminently to *Calcarea*, although *Oleum animale* has craving for soft boiled eggs. The dandruff also points to *Calcarea*, while *Sepia* has it, but only when it comes in circular patches resembling ring worm. All of these were sufficient reasons for the administration of *Calcarea* and the result proved that the choice was right. The Relationship of the Remedies is a point that has been much neglected. Always, when a remedy has done all that it is capable of doing, its curative action having ceased, even in highest potencies, the case should be restudied and the Relationship of the Remedies, as found in Bœnninghausen, given due weight in the selection of the next medicine. Permit me to remind you of the paper by him in the Transactions of the I. H. A. for 1893, page 200, on the Relationship of Remedies. He it was who developed this subject and no one has written on it so well.

WAS IT TUBERCULOSIS ?

JENNIE E. BARROWS, M. D., BERKELEY, CALIFORNIA.

Mr. E. R., aged 31 years, came to me March 23d, 1897. The history of his case given by himself was that in November, he caught a severe cold resulting in pneumonia and pleurisy, the right lung being most affected. Following pneumonia he had inflammation of bowels, followed by piles, which were suppressed; then an attack of rheumatism followed by eruption on body and limbs which was also suppressed. When the eruption was on the surface, the cough was better (his physician was an allopath). After the eruption healed, his cough was again as bad as before it came out, his doctor used an aspirator to try and draw off the pus and finally sent him to the surgical ward in the hospital, to have an operation for the purpose of washing out the lungs, so my patient was told.

The surgeons after making a thorough examination, said he was not a surgical case and to put him in the consumptive ward, which he immediately left and came to me. He was pale, waxy, emaciated and coughed at every breath. He could walk with difficulty. I ordered a warm bath and gave him one dose of *Sulphur*^{em}. He was raising two-thirds of a large vessel of pus during the night with very little rest night or day from the inces-

sant coughing. He raised in 24 hours over two quarts of very offensive sputa, which looked like pus.

March 24, the day after taking the *Sulphur*, and for several days he raised masses of black, tenaceous sputa which resembled decayed lung tissue, they growing less frequent and lighter and then in shreds or strings. The sputa more liquidified than before taking the remedy. It would come about half a tea cup full at a time. After coughing he was enabled to sit up and was very greatly exhausted after each coughing fit. He perspired at night freely and the sputa and perspiration was so offensive that it scented the room, requiring disinfectants. His appetite was very capricious, desired things he never cared for when well, would cough and vomit any food taken. The sputa became more liquidified, with yellow green lumps and more profuse and watery.

April 6, I gave him two powders of *Syphilinum*^{cm} Swan's preparation, one at night and one in the morning, the effect was marvellous. The cough became less frequent and the sputa lighter, more frothy occasionally, greenish yellow lumps, sometimes the whole mass raised would look green; the taste of the sputa would nauseate and cause him to vomit. In 30 days from the time he came to me his cough was entirely gone, and from this time he relished his food and ate heartily. In thirty days from the time he came he gained in weight 17 lbs. In 60 days he gained thirty-two pounds, and says he feels better than before he was ill. The selection of *Syphilinum* was from my attention being drawn to the marks on his limbs from the eruption he had before I saw him, they being of a copperish hue and also the great offensiveness of the sputa and breath, both of which left him upon the cessation of the cough. The question arises was this Syphilis transferred to the lungs by suppression, (he insists he never had Syphilis). He had the advice of several allopathic physicians, who told he had but a short while to live, and I do not think he could have done so had not the disease been arrested.

There was one peculiarity in his case, he never felt cold. I had a physician of our own school examine him when he first came to me and again when he had been with me one month and gained 17 lbs, he said there was no hope for him when he first saw him, and when he had gained in flesh 17 lbs. He said it was a temporary relief and he would fall back and probably die suddenly. There was no back set and on June 8th he went to work

as butler in a large boarding house, and at the present writing, has not been ill since his recovery; before he was sick he had for several years a bronchial cough that has never returned. I have seen him on an average every month since his recovery and he is well. I regret not having had the sputa microscopically examined, but I only hoped to relieve him, not anticipating a cure possible. Would like to hear the opinion of others on the subject.

THE CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

ROCHESTER CLUB, Rochester, N. Y., Dec. 12th, '97.

The quarterly meeting of the Central New York Homœopathic Medical Society was called to order by Dr. R. C. Grant, Chairman *pro tem.*, at 11:40 a. m.

Members present: Drs. Carr, Grant, Biegler, Hoard, Ross, Sayles, Graham, Kaiser, Clapp, Schumacher.

Visitors present: Drs. Howland, Jones.

The minutes of the June and September meetings were read and approved, in so far as they were complete.

The privilege of the floor was granted to visitors.

Dr. Carr was appointed to read the Organon, Sections 245-251, with the notes.

Dr. Nash, who was unable to be present, had sent an essay upon those sections.

Sections 245-251.

"THE MODE OF ADMINISTERING REMEDIES."

An ambitious young theological student preached a sermon before the faculty of his college. He took for his text—"In the beginning God created the heavens and the earth." The sermon was a wonderful *effort*, but judge how his "fine feathers" must have drooped when he heard his favorite professor, in reply to a question upon its merits, say: "very good, but *he can't beat Moses.*"

In re-reading these paragraphs I am reminded of that story, and I confess to many misgivings in setting about the task of elucidating them. It is impossible to believe that anyone ever has written, or can write, a clearer, or, in any way, a better exposition of the principles of homœopathy than Hahnemann. Still, it is the duty and privilege of every lover of these princi-

ples, to endeavor, with care, to interpret the meaning of each paragraph truthfully.

First; we come to the question: how shall we *apply* the *curative* remedy? The application is no less important than the selection. A man, in the face of an enraged lion, having a gun of the latest improvement, properly loaded, might as well be unarmed, if he knew not how to use it. So with the physician and his remedies. The *remedy, when and how* to give it, and when to *withhold* it, becomes an important problem.

The first proposition, *when*, is easily answered by the phrase, now almost a truism, "when *indicated*"; but to know when it is indicated often puzzles the wisest head. The second, proposition, or *how* to give the "indicated remedy," is as easily answered by one of the strongest tenets of homœopathic philosophy: in the "minimum dose"; but to judge of that dose is as often and as equally puzzling. The third proposition, *when to withhold*, is answered in paragraph 245 of our subject today: "perceptible and continued progress toward improvement, in either acute, or chronic disease, as long as that progress lasts, invariably contra-indicates the repetition of any medicine whatever," etc.

Different degrees of susceptibility to the impress of the curative, or of the vital power to sustain that impress, will often delay improvement to the "perceptible" point.

This is the case in different individuals, even in the same disease. In these cases we are again puzzled to know the exact time necessary to wait. No doubt a curative is, for this reason, many times unnecessarily repeated, or abandoned.

Of course, in chronic disease, we are justified in waiting, and still waiting, if we are reasonably sure that the remedy is well chosen. In acute disease, according to the severity of the case, I have repeated the medicine every one or two hours, until I, or the attendants, saw either aggravation or amelioration. I then withdrew the medicine, that reaction might be unobstructed. I know that a medicine continued after the impress is made, hinders reaction, and often leads the inexperienced to conclude that the right remedy has not been given. I had this lesson to learn many times in my early practice of homœopathy. As an instance: A bad case of APIS erysipelas, remained *in statu quo* several days. At last I was unavoidably detained, the patient got *out of* medicine; after which the nurse reported "*rapid improvement.*" Moral: Don't let a patient get out of medicine,

unless you want him to get well, or to get yourself into disrepute with the nurse.

Sac. lac. is a "powerful good" remedy to give, after either improvement or aggravation has been established by the appropriate remedy. And most people would rather have two tumblers on the table than one. The physician seems to be doing more, and will do better if these are skillfully managed.

I have little to say concerning Section 246, but recommend a careful study of the note of explanation appended. In chronic cases, my rule is, not to repeat, during unquestionable progress, or improvement. Many fine cases are reported every seven days. But I know that failures are frequent along that line of treatment. When such treatment is successful, it is because each dose has exhausted itself before the next is given, or because reaction, once established, is so strong that repetition does not upset, though it may retard and obstruct it.

Sections 247—248 are very true, and I have nothing to say concerning them.

As for the "new and troublesome symptoms" mentioned in paragraph 249, these are, simply, drug provings, and if *carefully observed*, they may eventually be utilized, and incorporated into our *Materia Medica*. So, also, the cured symptoms (those not covered by the present provings of the indicated remedy), may be utilized. But all such symptoms whether produced or cured, can be employed only after long experience.

Now, this paper is not an exhaustive treatise upon those paragraphs, but, rather, a suggestion by which to open free discussion of the subject which is often much more profitable than a lengthy discourse.

In conclusion, let me advise every physician, to read what Jahr says upon this subject, on page 20 of his "Forty Years' Practice." Some have sneered, and still do sneer at Jahr, as an "indefatigable compiler," but he was a good observer, and I would that more were like him in that respect.

E. B. NASH.

The paper was presented for discussion.

Dr. Grant moved that as Dr. Biegler had something to say illustrative of Iodine—the subject of one of the essays—and as he was unable to remain but a short time, he should be invited to present the illustration at once. Motion seconded and carried.

Dr. Biegler said that he was daily more impressed with the truth of the sections, forming the text of Dr. Nash's paper.

He found that next to the difficulties of selecting the remedy, comes the danger from repetition of the dose. He felt that a frequent reading of the paragraphs mentioned, with the supplementary notes, was necessary to the full understanding of the author's meaning. A case that he had visited that morning, might teach a lesson. The patient, had suffered a few hours of exacerbation, after three days of perfect comfort following the prescription of a remedy carefully selected, four days previously. The physician in charge had prescribed a new remedy which Dr. Biegler thought was a mistake. Dr. Biegler said that the physician should have waited at least 12 hours, before administering a new remedy, or repeating the first one. Dr. Biegler said that he should give further and careful attention to this case. He then said that a fine example of the effect of an unfrequent repetition of the dose was present. That personal application of a truth was not always justifiable, but that the evidence in this case was so remarkable as to be irresistible. That the case mentioned, now, apparently, in such good health, had had, to his knowledge, but two prescriptions; one preceding its entrance to the hospital, and one during its residence therein. He then read the illustration of the use of Iodine.

The paper was received with applause and it was moved, seconded and carried that this paper, and the discussion thereof, should be incorporated in their proper order, with the minutes following the essay upon Iodine, by Dr. Schumacher.

Adjourned.

The meeting was again called to order by the vice-president, Dr. Carl Schumacher, at 2:40 p. m.

Dr. Grant, appointed to give clinical illustrations to sections 245-251—cited two cases illustrative of faulty repetition.

The first, chronic, had occurred in his own family. His wife, after a siege of typhoid fever some years before, had remained for a long time in an unsatisfactory condition. Dr. Grant finally consulted Dr. Julius G. Schmitt; who took the case carefully and made a prescription of *Sulphur*. The prescription was followed by some < and a subsequent relief that lasted more than six months. A part of this time the patient had spent with Dr. G.— who was on his vacation, and she had continued to improve, except in one respect. This one symptom had not been

relieved, although the general health was so much better. Dr. Grant again consulted Dr. Schmitt, who tried by repetition, to accelerate the action of the remedy. It was a mistake. Almost immediately, the patient suffered a return of old symptoms which have continued all these years, off and on, under the most careful prescriptions. Dr. Schmitt recognized the mistake the moment after the dose was on the tongue, and had it been possible, would have removed the remedy.

The second, acute, was a well advanced case of diphtheria. When first called, the doctor found a bright red, glossy pharynx, with patches of dirty grayish membrane, and an œdematous uvula.

The latter condition at once indicated *Apis*, and a potency of the 200, in solution, was left to be repeated at intervals until evening. The evening report showed an alarming increase of symptoms. The entire throat and roof of mouth had become œdematous, and the membrane had rapidly extended. The symptoms were still *Apis*; but the danger from œdema of the glottis was so great that the doctor chose the next most similar remedy, which was an antidote, (*Lach.*), and gave one dose. In the morning he found the patient convalescent. The lesson derived from that experience was long lasting.

Dr. Carr acknowledged the instructiveness of the cases reported by Dr. Grant. Like Dr. Grant, he had through experience, acquired the ability to wait on the single dose. As an instance of the quick response of the perfectly indicated remedy, he mentioned the case of a woman who during her entire life-time had been subject to tonsilitis. The first time this patient came to his office with premonitory symptoms of tonsilitis, she received a dose of *Merc. bin.* A little later, she had to leave for four or five days her home, and because of symptoms at that time developed, received two doses of *Phyto.* She improved for a week, when suddenly, she developed fever, aphonia, wheezing, anxiety and restlessness. She was given one dose of *Lac. can^{cm}* and while the doctor was preparing the *Sac. lac.* powders to follow, she remarked, "why Doctor! I am better!" It is needless to say that her recovery was rapid. The doctor considered that the nature of the attack and its progression to the larynx, with anxiety and dyspnoea, indicated *Lac. can.*

Dr. Schumacher mentioned three cases of diphtheria, a disease that had been very prevalent in one part of Syracuse. The

first case was one in a family in which three patients were finally affected. It was far advanced when he was called; the membrane had invaded the larynx, and he had little hope of success. However, the patient did well on *Merc^{cm}* for two weeks, but was then suddenly taken with violent screaming, and died within two hours. The second case, like the third, he had in time. It was left sided and recovered promptly on *Lach*. The third was right sided, and responded equally well to *Lyc*.

Dr. Carr thought that early in a case of diphtheria, before the deposit takes place, there would be indications for a remedy, either in the hour of invasion, or in some < and > of circumstance. He believed that the deposit should not be waited for, but that it should be anticipated.

Dr. Ross believed that, in making a prescription, we should remember the line of drug action; i. e., if a drug causes evening <, it should not precede, but follow that time, etc. He questioned Dr. Grant upon the second case reported (the *Apis* case) asking if it were rutable to antidote, during an aggravation.

Dr. Grant said that it was when life is threatened.

Dr. Carr thought that a violent < from repetition, or over dosing, is wisely antidoted.

Dr. Grant believed that Dr. Ross's exception would hold in a chronic case, but that with rapid action and threatened life, in acute disease, it is unwise to await possible reaction. As to *Lachesis*, in the case reported, he thought that it simply modified the over action of *Apis*.

Dr. Hoard called attention to the observation made by Dr. Biegler, during the morning session, concerning the choice in dose, as well as in remedy. Dr. Hoard had verified this statement many times. In a case of his own, an asthmatic with *Puls*. indicated, a few doses of 30, made no impression whatever. Being called later to the same patient when suffering from a severe attack, he gave one dose of a high potency, which relieved for six months. In a case of heart disease, with *Puls*. indicated, the 200 had no effect while the 6x., in repeated doses, gave perfect comfort.

Dr. Ross verified these facts by his own experience. He had been called to a woman whose sickness began with a chill. This was followed by heat, fainting, and evening <; must have window open; regular scant, dark menses; and a sensation "as if

hovering in the air." He gave *Puls.* 30, 200, 1000 without effect, and a ^{cm} with relief of all symptoms.

He quoted a second case, one of sciatica, in which he could obtain no symptoms except that the patient was better from motion and warmth. He gave *Rhus*²⁰⁰, 500, 1000 without effect. The 50^m caused slight >, and the ^{cm} >, for six weeks.

A paper, prepared by Dr. Dever, was then read.

CARBOLIC ACID.

The value of carbolic acid, as a therapeutic remedy, is but little appreciated, by the profession at large. There was a time, not far remote in the history of medicine, when you could scarcely pick up a journal (allopathic), for the examination of a clinical case, without finding Carbolic acid in a majority of the prescriptions. This, of course, was an abuse of a good remedy and no exception to the allopathic method. Nevertheless, as in all cases, the excessive use of the remedy left in the minds of the thinking men some valuable suggestions as to its homœopathic use. Bacmeister, Boyce, Duncan, Hoynes, Hodges, and others have given us provings of the remedy, which appear in Vol. III, page 353 of *Herings Guiding Symptoms*. But it is especially to Dr. Hoynes that we wish to give the credit for the cure of a case in detail.

The history of this case extends over a period of forty years or more. And while we must necessarily omit many of the minor symptoms, which appeared from time to time, we shall try to present a faithful picture, of the leading characteristics, from which Dr. T. S. Hoynes selected the remedy. The writer of this paper was the patient. The following is a careful description of the symptoms which led to the prescription.

During the winter of 1848, when I was a boy, I contracted the disease described by Dr. Raue as *Prurigo contagiosa*, or (Prairie Itch). The disease was suppressed by a combination of lard, gun powder, nitrate of potash, hepar-sulph, and flowers of sulph. well rubbed in. The suppression was followed by inflammatory rheumatism, which gave way to a chronic form of that disease. This was aggravated by damp weather, and attended by a numbness in the whole system. There was, also, a hard, pressing, numb headache in the frontal bone, extending backward over the occipital bone, to the neck, with a feeling of constriction, or band tight around the head. This condition lasted for a num-

ber of years, during which time I received prescriptions from Lippe, Guernsey, Hering, and Raue, without the slightest benefit. From the study of my own case, I was lead to the conclusion that *Ambra-grisea* might help me. I accordingly took one dose of the 200th Dunham, with relief of the rheumatic symptoms, and a reproduction of the *itch* which ended in carbuncles. These were attended by an excessive inflammation and an inordinate degree of burning. After suffering for over a year, with no prospect of relief, Dr. F. Woodruff of Ann Arbor prescribed one dose of *Ars^{2c}* Dunham. No more carbuncles. No eruptive disease from 1873, and a period of uninterrupted good health until 1886, when I had a recurrence of the carbuncles. These were attended with burning and itching. Brown crusts or thick scabs would form over the smaller pustules, and when detached, they would bring out a center composed of thick pus, leaving a clean hole right through the skin, which had the appearance of having been punched out. The larger carbuncles differed somewhat from the small pustules which we have just described; inasmuch as they first appeared as a small, itching, burning pustule, with a small blister in the center which would break, and discharge a clear water, changing to pus mixed with blood. The discharge was much less than so great an inflammation would appear to warrant. At the end of from two to four weeks, the whole top of the carbuncle would slough out leaving a deep, clean, but ragged cavity to heal by granulation. Heat aggravated all of the symptoms. While there was more or less eruption on the skin, at all times of the year, the greatest difficulty appeared about the 20th of June, and subsided the first of September. So regularly did this condition recur, that I learned to look for an attack at each successive season. The eruption which appeared at all seasons of the year, was attended with an itching, burning sensation, and an irresistible inclination to scratch, until the blood came through the skin. The itching was always aggravated by undressing to go to bed. The breaking of the skin was followed by thick scabs which burrowed deep into the skin, and when detached left a brown spot with a sensation in the skin as if it had been burned.

For the symptoms here given, Dr. T. S. Hoyne prescribed *Carbolic acid*^{cm} 1 dose; and although this prescription was made in June, 1892, and the first carbuncle had already made its appearance, it soon dried up, and no others from that time to the

present writing. The eruption continued to be virulent for the first year, since which, there has been but little skin disease. The appearance of the carbuncles, together with that of the cutaneous difficulty, has not been followed by other abnormal conditions.

I. DEVER.

The paper was presented for discussion.

Dr. Carr recognized the numb, prickling, burning pain mentioned as belonging to *Carbolic acid*.

Dr. Ross said that the constriction "as of a band about the head," was marked under *Carb. ac.*

Dr. Carr thought that the "clear-cut, punched-out holes" resembled a condition produced by *Anthracinum*.

Dr. Ross mentioned the "intense burning" of *Anthracinum*.

Dr. Schumacher then read a paper upon

IODINE.

Iodine, and its various compounds, so extensively used by both homœopathic and allopathic practitioners, have not been given the credit due to their value, in the treatment of acute, or croupous pneumonia of their sphere of action.

The physiological pharmacodynamics of *Iodine* show a great effect upon the respiratory process which is registered in the Homœopathic Materia Medica as: "*anxiety, great oppression of the chest with burning, tearing, or stitching pains; sensation as if something resisted expansion; cough, with asthmatic breathing, and stitching pains in the chest; blood-streaked, or rust-colored sputum; shortness of breath, with pain on taking a deep breath; difficult breathing.*"

Such are the proven symptoms of *Iodine*, and such a group of symptoms whether the diagnosis be physical or toxicological, confirmed or not confirmed, means an *Iodine pneumonia*. And *Iodine* is the curative remedy.

In such cases as developed only the pleuritic symptoms of *Iodine*, and when physical examination shows pneumonia to be present, *Kali jod.* is the better remedy. In these circumstances, *Tart. em.* may have been given without benefit.

Kali jod. is, also, often indicated in a secondary croupous pneumonia, developed during the course of bronchitis, and when *Phos.* had acted unsatisfactorily.

When croupous pneumonia is seated in the clavicular, or sub-

scapular regions, and there is a disposition to tubercular deposit, the early administration of *Kali iod.*, is of great importance.

Kafka, after 12 years of experience with *Iodine* in pneumonia, writes in his "Homœopathic Therapeutics, 1865:" "*Iodine* will abort croupous pneumonia, within 6 hours, at the beginning of localization; and, with good care, without unfavorable interference, it will subdue all cough and expectoration within 24 hours."

"The *Iodine* is to be given in the 3 or 1 centesimal potency, 6 to 10 drops in $\frac{1}{2}$ pint of water, one teaspoonful every half hour, or hour."

I have no recorded cases of pneumonia treated with *Iodine* to report. I follow Kafka's therapeutics, strictly, and find *Iodine* sufficient and superior to all other remedies that I have used in treatment of this form of the disease. The stage in which this kind of case is received by me, makes no difference in the treatment. I give *Iodine* and it cures radically within 10 days.

I give *Iodine*, even in high fever and delirium; but, in that case, I begin with the third potency, following with the second, or the first, as the fever, or delirium decreases.

The first centesimal potency according to the homœopathic pharmacopœia is the tincture. The tincture given in the high fever, or delirium of croupous pneumonia will undoubtedly aggravate the symptoms.

CARL SCHUMACHER.

The paper was presented for discussion.

Dr. Carr was much pleased with the very interesting paper just read by Dr. Schumacher. He found but one thing to criticize: i. e. the doctor seemed to recommend *Iodine* for croupous pneumonia. Dr. Carr would have preferred to find the emphasis placed upon the *indications* for the use of *Iodine* and its various compounds.

Dr. Schumacher: "The difference in the use of the two remedies is regional. When the pleuritic indications are present, *Kali iod.* is the better remedy. As to diagnosis, one can hardly avoid it, as not only the patient but his friends desire to know what is *the matter*."

Dr. Carr said that he was very careful not to give a diagnosis too early. He spoke of a case, to which he had been lately called, that had been treated two weeks for symptoms of inflammatory rheumatism. When asked his opinion as to the disease present, he said that he did not know the nature. The next day,

examination of the urine revealed a sp. gr. of 1039, and $\frac{1}{2}$ of 1 per cent of sugar.

Dr. Schumacher said that certainly homœopathy knew nothing of sick nomenclature.

Dr. Ross was much interested in the paper and the discussion. Six years before he had a case of pneumonia, which he treated according to Kafka's method, and in a week the family wanted another physician. He said that it was not the fever, nor the pathognomonic symptoms, that should be treated, but rather the totality of symptoms. The homœopathic physician should be able to diagnose the remedy from the symptoms, not from the disease signs. He had produced excellent results in pneumonia with *Bryonia*. In the case of his mother who was violently ill with extreme thirst, > by pressure, < by motion, *Bry*^{2m} relieved at once, and produced rapid convalescence.

Dr. Leggett ventured to suggest that the *title* of a brief illustration of the use of *Iodine* which she would present might please the sticklers for proper expression.

Dr. Grant after hearing the title, insisted that it *must have been written during the late discussion.*

One case in which the remedy indicated the disease miasm before it was known.

On Oct. 22, 1896, Mrs. B. aged 33, saying she had been ill one year, reported the following history:

Married 9 years.

Labors, 5.

Miscarriages 1 at 6 weeks.

Last child, July 6, 1896, still born.

During the last pregnancy, she had treated a goitre from a recipe found in an old doctor-book.

For internal use:

Iod. pot. 1 fl. oz.

Sars. 6 "

Tarax. 4 "

Dissolve in 1 tea cup of water, and add 1 pint of simple syrup.

Dose: 1 teaspoonful before each meal.

For external use:

Tinct. Iod. - - 2 oz.

Soft water, - $\frac{1}{8}$ "

Sulphite of soda, to remove color.

Applying with soft brush, once daily.

The goitre disappeared before labor, but returned afterward. During pregnancy, the disappearance was followed by swelling of the left leg, which was consequently bandaged. The bandaging of the left was followed by the swelling of the right leg. The bandaging of the right leg was followed by swelling of the right hip, and this by great distress in the left side. The distress, after shifting several times, from left side to right hip, went to the head, where it continued, with some > after labor, until such time as I was visited.

During pregnancy, the headache was constant, the pain shifted to side lain upon, with the sensation of something rolling about in the painful side. At the time of report, the *pain* was better, but there was a constant sensation of soreness and weakness in the vertex.

The further disturbances during pregnancy had been: hydramnion; eruption, both papular and pustular, in the hypogastric region, with frightful itching and smarting, that would drive the patient out of bed; itching > by scratching, and a hot bath.

The eyes were troublesome, intensely photophobic, and glasses alleviated only for a week or two. At the time of report, there was: < from light; > from heat and hot applications.

Across the upper face there was a colony of pinkish, painless blotches, and a flushed and swollen appearance of the nose; alæ, septum, and anterior nasal passages.

Other symptoms:

Tongue: deeply cut.

Throat: raw, < swallowing.

Eats little, hunger soon after.

Gas: impossible to eructate.

Chilly: cold hands and feet.

Sleep: fair.

Forgetful.

> Out of doors, but no ambition to go out.

Aching pain left hypogastrium, < lying, at night.

Leucorrhœa: bland, "like white of egg."

Menses: regular; first dark then bright.

" before and after, pain size of "thumb-end"
on crest of illium.

Goitre: first noticed one year previously.

" hard, solid, very little pain.

There being few but local indications that pointed to any

remedy, I finally began with such as were productive of, or useful in the case of goitre. The anamnesis pointed to *Iodine*, and I found that it covered and described the eye and the nasal symptoms; the cracked and fissured tongue; the pressive pain in the vertex; the dry sensation in the throat; the various eruptions; the dyspnœa caused by bloating of the abdomen; the difficulty of lying down; the eating every few hours, etc. So, I gave one dose of *Iod*^{50m} (F).

Nov. 10, '96.

Improvement both general and particular. Goitre smaller.

Dec. 13, '96.

Improvement less.

Iod^{50m} (F).

Jan. 2, '97.

Still better.

In the second month of the visits of this patient, she expressed a desire for me to see and treat her husband for "constipation." So on Nov. 11, '96, he walked into my office saying, "I am Mr. B—— I have syphilis, and have had it for seven months!"

The last vestige of doubt concerning the woman was removed at once. I realized that at the time of her inoculation, the woman had been under the influence of *Iod. of Pot.*, and that the *Iod. of Pot.* had prevented a more violent attack of syphilis than had developed.

The husband was much worse. Aside from the syphilitic attack of eyes, mouth and throat, he had a thoracic fistula of 14 years standing, that had followed an attack of pyo-thorax. He had begun to cough, had lost flesh, and was in an alarming condition. He needed *Ars. iod.*, and was greatly benefitted thereby. I was to be absent from the city for three months; so I suggested that he go to Dr. H—— who was to have charge of my patients. But I suspect that he went to fields where *Syphilis* could be treated scientifically.

S. L. GUILD-LEGGETT.

This paper was but slightly discussed.

Dr. Biegler during the morning session, had described the marked indications, for the use of *Iodine* in chronic disease, as *emaciation, hunger and fears*. The fears were of all kinds, and the patient was full of them. The Doctor considered it best to give in regular case, together with the results of prescription, and so presented his case under the caption:

SYMPTOMS OF IODINE AND CALCARIA-CARB.

August 14, 1897.

Patient, 21 years of age.

Anxious and fearful.

Impressed with all kinds of fear.

Fear of sickness; fear of evil, including the doctor.

Fears some misfortune may befall him; fear of going from home.

Incapacity for mental exertion; cannot concentrate his mind upon anything, except very active physical work.

Feels as if going crazy, and must keep in motion.

Avoids people; fears they will look at him and notice his mental condition.

Anxiety, causing restlessness.

Walks all the time; will not sit down, pulls at his shoe strings, even when walking.

Anxiety with impatience.

Worried when car loads of lumber and coal are not delivered at specified time.

He is always ready and willing to do the most laborious work, such as delivering coal, and unloading lumber.

He does not like Sunday because he may not work.

He does everything in a hurry.

Excitable mood; irritable.

Any mental effort hurts his head.

Thunder-storms cause pains in his head.

He is tall and emaciated; has a ravenous appetite; eats in haste.

Cannot bear to be touched.

It is with great effort that he shakes hands.

Decided aversion to be washed; aversion to noise.

Profuse icy-cold sweat on back of hands, when excited.

Aversion to heat and < from heat, although he does not like cold weather.

Feet cold.

He has been salivated with *Bin. Iod. of Mercury*, by one of a hoide of medical vagrants who pretend to practice homœopathy.

Eruption repelled; its form unknown, and a subsequent eczema suppressed.

On this, the first visit, he was brought to my office; but no amount of persuasion, by mother and father, could induce him to remain. After I had taken his hands, which were covered with icy-cold sweat, he ran out to the side-walk, where he clung to the fence with a grip that could not be loosened, until he started for the train. This was fear.

At this time he received a dose of *Iodium*^{cm.}

August 24.

Mother reports him much better; the symptoms "must keep in motion, felt as if going crazy," much >. Fear of evil and of physician changed, for the >. He speaks kindly of the doctor.

Appetite not so ravenous.

Does not shun people so much, at home.

Stated, for the first time, convulsive twitching of hands, face and mouth. Wringing and twisting in chair.

September 16.

Mental and physical symptoms the same, but ameliorated. Repeated dose of *Iodium*^{cm.}

November 5.

Generally >, but mental application bad.

Anxiety and fear in a less degree, but yet pronounced.

Calcaria carb^{cm.}

November 17.

Patient came to the office, and, although he *would not remain with me*, he was agreeable, and talked pleasantly for an hour, with people present in another room.

His memory is extraordinarily good. He can name the page of almost any account in his father's books, but, he has not the patience to find it; nor is he capable of mental application.

This is a case in which the symptoms of *Iodium* and *Calcaria* are about equally mixed. No doubt *Sulphur* must come in, somewhere, but not after *Calcaria*.

JOSEPH A. BIEGLER.

Dr. Biegler having finished the record, said, that it was most remarkable to see a tall young man of twenty-one years, startingly emaciated, stand clinging to a gate-post, (for a full hour and

a half, with a grip that could not be released), while his parents reported his case. The doctor thought that the improvement under the prescriptions, was quite as remarkable.

Dr. Graham mentioned the case of a carpenter who feared to pass "Four Corners" i. e. Powers Block; as he was sure that the buildings would fall upon him. The doctor said that the man would shake and tremble in abject fear, when driving past those buildings. The doctor asked if it were possible to cure such a symptom in a perfectly healthy man, who was accustomed, in his business, to be at any height, or below any height, without shadow of fear. The doctor had been unable to relieve the case.

Dr. Carr thought that the case carefully taken from its childhood up, and each variation from the normal noted, might give the key to a prescription that would remove the condition.

Dr. Kaiser recalled a peculiar symptom exhibited during his late sickness; the sensation "as if every loaded wagon, going by the house, passed over his body."

Dr. Biegler acknowledged the difficulty of obtaining a key to the situation. He related an instance: a case of diarrhoea following so-called typhoid. The symptoms were such as caused the doctor to inquire "if there had been a fall." The reply was *no*. At the second visit, there was twitching of the muscles of the face, which led again to the inquiry, and a second denial. At the third visit, the mother suddenly recalled that just before the typhoidal attack, there had been a fall from an apple tree to which but little attention was given. One prescription cured permanently.

Dr. Carr recalled the case of a child of two years, whom he was called to treat for indigestion. (Ah! exclamation from all.)

The child could sleep for only 10 minutes at a time. After long questioning, the doctor elicited the fact of a suppressed eruption. A prescription was then easy.

The discussion being finished, the Sec'y offered the delayed report of the Sec'y and Treas. The report was read and accepted.

The Sec'y also reported brief visits to Drs. R. Gibson Miller of Glasgow, Scotland; E. W. Berridge and Thomas Skinner of London, England.

Dr. Miller said that he was almost alone in Glasgow in the practice of pure homoeopathy. He made kindly inquiries as to its progress among his old friends in America. He inquired especially for Dr. Kent, whose pupil he had been, and in whose

work he had always taken great interest. It was Dr. Miller's father who founded the Miller prize, formerly awarded by the Homoeopathic Medical College of Missouri in St. Louis, for the best examination in the philosophy of Hahnemann.

Dr. Berridge kindly inquired for his many American friends, and wished to be remembered to them. The Sec'y could find no better way to reach them *all*, than through the reports of the C. N. Y. The great usefulness of Dr. Berridge's "Repertory of Eye Symptoms" is well known to the profession.

Dr. Thomas Skinner recalled the "warm" reception he had received in America of which the memory would be lasting. (He was in Philadelphia during the hot season). He gave the Sec'y an interesting description of what is known as the Skinner-potentizer, showed the first machine, explained its principles and action, and was very indignant that a perfect machine, packed and forwarded to H. W. Pierson, of THE ADVOCATE has been "smashed" by the American Express Co.

These visits of the Sec'y to these firm adherents of the greater homoeopathic principles of Hahnemann were enjoyed, and will long remain a pleasant memory.

The appointment of essayists for the next meeting was referred to the President.

The motion to adjourn until March 17, 1898, was seconded and carried.

S. L. GUILD LEGGETT, Sec'y.

It is the imperfect machine that causes death. The Vital Force is of the soul, and cannot be destroyed or weakened. It can be disordered, but it is all there.

Man cannot be made sick or be cured except by some substance as ethereal in quality as the Vital Force.

It is unthinkable to speak of motion or Force without a simple, primitive substance. Force, or action of a nothing is unthinkable.

It is a serious matter to allow the mind to drift into thinking of anything but quality when speaking of Force.

There is nothing in the world which does not exist by something prior to itself. With the grossest materialistic ideas man can demonstrate this.

There is at the present time, a continual discussion of Force as having prior to it Energy, with nothing behind it. This is confusion.

There is an Innermost to everything that is, or else the Outermost cannot be.

Society Reports.

SOCIETY OF HOMŒOPATHICIANS.

The fifth annual meeting of the Society of Homœopaths held its session at "The Oriental," Manhattan Beach, Long Island, the week of June 27th.

A good attendance of members showed unflagging interest in the aims of the Society, and a goodly number of visitors from New York, Brooklyn, and adjacent cities showed awakening interest and certainly an appreciation of the work already accomplished in past meetings.

The first session promptly began on schedule time, Tuesday morning at 11 o'clock. Dr. Stuart Close, of Brooklyn, was appointed Chairman, and the Bureau of Homœopathics opened by a paper read by F. O. Pease of Chicago. The discussion upon his subject, "What the Power of Life Is," by members and visitors also, who were voted the privileges of the floor, was intensely interesting and instructive. Dr. Close, Chairman of the Bureau, announced that there were three papers upon the same subject with titles very similar and that his own paper, "The Vital Force; What Is It?" would discuss that of Dr. Pease's.

Dr. F. S. Davis, of Quincy, Mass., followed with an able paper on "Susceptibility to Disease," giving remarkable cases illustrating his theme. The discussion of this and other papers took up nearly the first and second days of the meeting. The Clinical Bureau was rich in papers and reports that as to value and results of adherence to the law, and the more instructive discussion following each paper, reminded us of the good old days of the I. H. A. and made more poignant the regret that selfish and mistaken motives should have divided that once flourishing association. It is too true that allegiance to men, and their medical politics and special methods instead of to the principles that were declared in its Constitution, that almost annihilated the I. H. A.

All assertions that the S. of H. is given to favoring any method or practice outside of the law of similars is not true. As evidence of this, and to contradict or annul the statements of

those who are opposed to the S. of H. and who from *intention* or ignorance of the aims and objects of this Society, represented it as favoring any method, the following resolutions were adopted by the Society.

“WHEREAS, We believe the Law of Similars to be the Law of Cure, and similarity of symptoms to be the only guide in selection of the curative remedy, and

WHEREAS, The treatment of artificial or drug diseases, the same as natural diseases, must be governed by homœopathic principles; therefore be it

Resolved, That the empirical prescription of remedies for any purpose whatever, whether under the name “Antidotal Treatment” or any other name has not been and cannot be endorsed by this Society.

Resolved, That this Society repudiates the practice of prescribing as an “antidote” for any drug, irrespective of the actual symptoms, whether it be to give a high potency of a drug known to have been used in crude form or whether it be to give a dose of *Sulphur* ‘when well selected remedies fail to act.’”

It was the sense of the meeting expressed in the above resolutions which should be accepted in the true spirit of standing for the right, and also that individuals who may choose to investigate in line of wider applications of the law of cure have rights to their opinions and observations, but as a society and members of that society the resolutions expressed the position held by it.

The meeting was a decided success and the papers will show the high class of work done, and that the members are alive to the truth as it is in the teachings of the master.

It was good to meet and talk homœopathy with such men as Close, Kimball, Patch, Rushmore, Howard, Carleton, Butler, Adams, Kennedy and a dozen others, good men and true. Applications for new members gives hearty encouragement for the future of the Society of Homœopathicians.

F. O. PEASE.

CALIFORNIA STATE HOMŒOPATHIC.

At the last meeting of this Society, Dr. J. M. Selfridge gave a talk on Dr. Bœnninghausen’s idea of the high potency of a drug antidoting the ill effects of a low potency of the same drug. He said:

“Doctor Sawyer, of Chicago, has made a sort of fad of this

subject, and time will tell whether he is correct or not. Hahnemann says in the *Organon* that it is his experience that medicinal diseases are incurable, that is, where the diseases have been made chronic by the medicines given. Sawyer claims that the effects of a drug taken to excess can be antidoted by a high potency of the same drug. In getting the history of the case he commences on the first drug taken, antidoting it, and then the others until he has covered them all. He then gives the indicated remedy and cures. He even potentizes a compound cathartic pill and gives it to antidote the effects of too much drugging from these pills. I have a case at present which is partially cured. A lady who once in two weeks would be attacked with very severe pain in the right side in region of liver, with indigestion eructation of gas, vomiting, immense accumulation of fæces in colon, great tenderness of the liver, and, undoubtedly gallstones. Two years before had been paralyzed on the right side. Had diabetes also. Was confined to bed. The only thing which seemed to give relief was tincture of opium. Some thought relief might be had by removal of gallstones. In taking her history I learned that when she was thirty-seven years old, her father, who was a physician, had given her twenty-seven blue mass pills. I was satisfied it was a medicinal disease started at that time. I suggested that she take a very high potency, the C. M. of *Mercurius vivus*, a single dose. In two weeks she was on her feet, bowels susceptible to enemata of moderate quantities of water. Since then she has had paroxysms now and then, but lighter. The appetite is good at present, bowels fairly active. Repeated the remedy several times, but not oftener than once in ten days."

Dr. Pratt—I have known the case for years. She had a dark, yellow color which has disappeared, and she sleeps well now and has a regular stool every day. I believe there is a great deal in Bœnninghausen's idea. It requires good judgment to know when to use the high potencies. We used to think the 30th high, but not now.

Dr. Tapley—Two years ago a lady who was lean, lanky and hardly able to get up stairs, came to my office. The diagnosis was polypus of the uterus. Two doctors said she could not live. There was every indication of a cancerous condition. I treated with different remedies for some time but could not stop the hæmorrhages. She had symptoms of mercury poisoning. I made her remove a red-rubber plate she had in her mouth, gave

a high potency of the red vulcanite, then several other remedies. She passed the polypus, the hæmorrhages ceased and she is now cured, and says is better able to do the work than she was ten years ago. Another case with lycopodium symptoms, sour vomiting, etc., with aggravation in the afternoon. She had had many physicians. She had many mercury symptoms. I advised her rubber plate removed. Three months afterward a friend called and she said was well. I have seen beautiful results by the removal of amalgam filling and red-rubber plates.

Dr. Buell—I would like to ask Dr. Tapley if he believes the rubber plate caused the polypus and allowed it to pass away by the removal of the plate?

Dr. Tapley—I believe the rubber prevented the action of the remedies. If the soil is there I believe the rubber is liable to cause cancer. I believe the removal of the polypus surgically would have killed that patient.

UNION MEETING OF KANSAS DOCTORS.

Kansas is unique among the sisterhood of states. We naturally look to her citizens for the espousal of something new, so it was no surprise when the announcement went forth about a year ago that the different schools of medicine would meet in Topeka on the fourth of May, 1898, in joint session for the discussion of points of common interest.

In accordance with the program, a large and representative audience met in one of the legislature halls of the State Capitol, Wednesday evening, May fourth.

The exercises were opened with a selection by Watson's Orchestra and was followed by an invocation by Dr. H. Z. Gill, member of the State Board of Health.

Governor Leedy was to have given the address of welcome on behalf the state, but was detained at his post of duty as commander-in-chief of the State Militia and Dr. H. A. Warner acted as substitute.

Mayor Fellows, on the part of the citizens of Topeka, gave a very appropriate welcome. He spoke of the good effects to be derived from such an union, saying that physicians had a common enemy—disease—which was worthy of their keenest metal, and that union bore with it an element of strength that was not to be ignored.

It would remind one of the admonition of Hahnemann that, "The mission of the physician *was not* to construct so-called systems by interweaving empty speculations and hypotheses concerning the internal essential nature of the vital processes and the mode in which diseases originate in the invisible interior of organism whilst suffering humanity sighs in vain for aid."

Dr. H. M. Orchiltee of Haddam responded to the addresses of welcome on behalf of the three state societies. He said the purpose of the meeting was the devising of ways and means for promoting the physical and mental welfare of afflicted humanity, and thought it eminently proper that the great state of Kansas, already famous for its advances in social and political government should be the commonwealth that would make an epoch in medical history, by the breaking down of insignificant barriers, which had grown almost insurmountable by reason of the prejudices of ignorance.

Dr. Henry Robey next spoke on the "Sanitary Supervision of Schools." He preceded his discourse upon the subject by a few preliminary remarks, speaking of the gigantic proportions of the undertaking to bring together the three schools of medicine. He then opened his address by speaking of the advancement of the world, saying it resembled rather the progress of the glacier than the comet. He said that civilization was beginning to wake to its duty and to see that "public health is public wealth." The saving of life is the paramount duty of the world, and the world looks to the medical profession to bring the state to the ideal condition of sanitary supervision.

The public school is the last to yield to sanitation and it is probably because the teachers are not sanitarians. Often the pupil reads his own death warrant on commencement day. The time is drawing near when sanitary conditions will be more observed in the school room. The home is the only place besides the school room that so badly need sanitation.

Dr. E. M. Hoover of Halsted next addressed the meeting, taking for his subject, "The Relation of Disease to Crime." He spoke first of the creation of man the necessary beauty of his early condition, being without disease or crime. Then of the fall and the inception of crime and disease. These two discordant notes, disease and crime, go hand in hand.

Some are caused to be punished where they rather deserve pity and they are drawn into crime by impulses too strong to be withstood. In such cases, hovering on the border land between health and disease lies the danger of injustice.

Dr. G. W. Hogeboom was the next speaker and his subject, "Medical Legislation," was of interest to all the members of the three societies. He began his paper by asking whether the public exercise of what might be called the "healing art" for a fee or reward a proper subject of legislation by the state. He thought that all who were in the business of preying off the public by selling to them as medicines, impure and unwholesome articles, that would quicker kill than cure, should receive the severest penalties that could be inflicted under the law.

There are laws already in force, which are evidences that a law could be enacted which would make it a crime for any one to swindle the poor and ignorant in matters, where life and death are involved. He believed that a law could be passed mitigating the nuisances if the support of the citizens outside of the medical profession could be enlisted.

A resolution was offered at the close of the address that those present should do all in their power to secure favorable medical legislation.

After the speaker had finished, Watson's orchestra gave another selection and the rest of the evening was devoted to a general introduction and handshaking.

AMERICAN INSTITUTE OF HOMŒOPATHY.

IT WAS HOT! No matter what "it" may be made to stand for the descriptive statement is *apropos*. The town was hot—the streets were hot—the air, sweeping over vast prairies, was hotter than anything else unless it was poor, sweltering humanity who could find no place in which to get anything to cool his parched tongue except in the halls of the exhibitors at Creighton College.

The local committee had poor material for an ideal convention town but did exceedingly well with the material at hand.

The College building was all that could be desired—large, airy amphitheatres, an abundance of convenient side rooms for committees, plenty of light, comparatively little noise and very convenient to all the hotels.

The majority felt they must be with the crowd and were almost unanimous in their condemnation of their accommodations. Every one who went to the *Mercer* had large comfortable rooms and a liberal table and seemed happy and contented.

The receptions and public meetings were exceedingly enjoyable affairs. No one will forget the lavish hospitality of Hon.

and Mrs. Geo. W. Lininger. The free and easy reception by Dr. and Mrs. W. H. Hanchett at their beautiful home and last, but not least, the reception and initiation into the Order of the Knights of Aksarben. Many and varied were the tests of loyalty but once having passed through the trying ordeal no fear is ever felt of any lack of fidelity on the part of even the most insignificant subject of this wise and noble potentate.

The usual trolley rides, trips to the packing houses, smelting works and exposition filled in the chinks and afforded abundant opportunities for that exchange of friendly greetings which constitute such a prominent factor in all such gatherings.

The Institute proper was a success, the papers were of a high order of merit and the discussion were marked for their clearness and incisive character. Many old familiar faces were absent and those who have assumed to lead off in the different bureaus gave way to younger aspirants for public favor. The change was refreshing and to a certain degree tended toward a freedom of expression not usually witnessed on the floor of the Institute. The rankest of heresy had its exponents which only served to bring out the strongest expressions of loyalty to the law of similars. In the *Materia Medica* Conference which preceded the regular meetings of the Institute, the *Materia Medica* and *Clinical Medicine* bureaus was this especially noticable.

Materia Medica Conference. This was like the play of Hamlet sans Hamlet. There was to have been but one paper, on the "Underlying Principles of Symptom Revision" by Timothy Field Allen, M. D., of New York, but neither the essayist or the paper materialized, so the discussion became general and because it was unencumbered it was very interesting and instructive. It was the consensus of opinion that little of real worth had been accomplished by the special meetings of the conference and that the work of the Bureau of *Materia Medica* could be so divided that proper consideration could be given this subject within the Institute. A committee was appointed to make such report to the business session of the Institute.

Bureau of Clinical Medicine. This was the first of the sectional meetings on the program, and under the efficient direction of Van Baun of Philadelphia and Gatchell of Chicago, the Institute had reason for expecting valuable symposiums of three important topics, viz., *Croupous Pneumonia*, *Antitoxine* and *Mountain Fever*, and the work of the bureau was not unsatis-

factory although many of the original essayists were absent which resulted in a heterogeneous presentation of the subject of croupous pneumonia, thereby marring the symmetrical effect.

With reference to the *Ætiology*, the discussion brought out the fact that croupous pneumonia was not an infectious disease but a local manifestation of a distinct constitutional weakness and that the diplococcus pneumonia was simply an effect and never the exciting cause. That the heart was really the barometer of pneumonia but that the use of alcohol, nitro-glycerine and strychnia was to be condemned in the treatment of threatened heart failure because they destroyed the reliability of the heart symptoms without adding any to its potential energy. That in this disease as in all others the remedy indicated under the law of similars was the most valued aid. The use of local applications came in for its full share in the discussion and had many advocates but the strongest argument was against its use. Some of the views presented sounded somewhat out of place in a Homœopathic discussion but the prevailing sentiment was in favor of the strict application of the law.

The Action of the Antitoxines in the Prevention and Cure of Disease.

Dr. Ch. Gatchell started out with the proposition that the therapeutic action of *antitoxines* was an explication of the homœopathic law of cure. He then made the statement that it was an established fact that certain antitoxines acted in a *curative* manner when administered in a related diseased condition. His third statement was the most important of all—that *when given in pathogenetic doses to the healthy subject, the antitoxines produce symptoms resembling those of the related diseased condition.*

His conclusion was that antitoxines differs in no respect from that of other medicinal remedies.

These propositions brought out the most vigorous discussion of any paper before the Institute and those who had used the remedy outnumbered the others three to one but hardly a man could be found who gave it because of its homœopathicity to the case but because of the exigencies of the case and his feeling of impotence without it. Some strict Hahnemannians stated that their rate of mortality was lower without the antitoxines than could be shown by those who depended upon it and this only tended to show that the dependence upon this new agent

was to a certain degree an index of their knowledge of the underlying principles of Homœopathy. The discussion was a profitable one.

Materia Medica. Unlike the Bureau of Clinical Medicine this section made an unwise selection of topic and comparatively little good came from the discussion of "The Four Pathies—Antipathy, Allopathy, Isopathy and Homœopathy. Their Place in Therapeutics. If any one point was clearly established by the spirited discussion it was the woeful ignorance of the real meaning of all the pathies, including homœopathy.

Surgery came next in order and as usual "drew a full house" and no one can wonder at it for the papers were scholarly productions and were discussed by the keenest, brightest minds in the profession. They showed by their every word and act that they *knew* what they were talking about. This is the saddest comment that can be made upon the medical side of the profession. It is too much theory, speculation, dogmatic statements not backed up by tangible, logical, invincible proof. It is a pleasure to listen to a discussion by a body of surgeons because there is always something to be learned; the wisest among them is always ready to listen, and here is another significant fact that whenever you find a surgeon who has a knowledge of *Materia Medica* it is generally reliable and in this field as in surgery he knows what he is talking about.

The *Bureau of Ophthalmology, etc.*, commenced its work in Chicago, but brought some valuable thoughts to the Institute; which for some reason did not attract the general membership, although every topic was especially suggestive to the general practitioner.

Section of Pedagogy. The day was hot and the members were getting restless but the general character of the papers were excellent.

The general subject was *Nutrition and the Disorders Dependent upon Faulty Nutrition.* Marasmus, Dyspeptic Diarrhœa, Scorbutis, Rachitis, etc. It seemed as if too much dependence was placed upon the nutriment and not enough study given to the abnormalities of the infant and its progenitors.

Neurology. The gem of the entire session was given Tuesday evening in the parlor of The Millard—Proof of the Law of Similia from the Electro-Physiologico—Chemical Standpoint by

Prof. E. H. S. Bailey of the State University of Kansas. It was a masterly presentation of facts from different standpoints demonstrating beyond question the solid foundation, as a scientific fact, upon which the law of similia has been built. (We hope to publish the paper in extenso).

MARQUETTE.

What is Marquette? Can they offer sufficient inducements to justify a man in riding three hundred miles, in a dusty train, through an uninteresting country and after a stay of but thirty hours retrace his steps and again take up the work where he left it?

These were a few of the questions suggested by an invitation received from the citizens of Marquette by about fifty of the leading physicians of Chicago. It might be stated, parenthetically, that Marquette showed good judgment in sending such able representatives as Mr. Geo. W. Hibbard, the General Passenger Agent of the "Marquette Route," and Dr. Albert Foster, for their affable manners did more to dispel imaginary objections than many words in the mouths of others. Suffice it to say that thirty-five physicians and surgeons with their wives, daughters or sons accepted the generous hospitality of the citizens of Marquette and on the night of the 14th of July (which, by the way, was the anniversary of our last appearance upon this mundane sphere), marched in single file through the gate of the Northwestern depot to the special sleepers reserved for our party.

An uneventful ride brought us into the midst of the pine regions of Northern Wisconsin by morning, where evidence of the relentless destruction of valuable forests by fire was apparent on all sides. No vigorous growth of timber was visible from the windows of the rapidly moving train, but many well cleared farms in a fair state of cultivation showed the results of a generation of hard work.

The only thing to mar the pleasure of the morning ride was the difficulty soon made apparent of securing breakfast. The heating apparatus of the buffet had become deranged in some way and many were compelled to be satisfied with the mental suggestion that there was no such a thing as hunger before reaching Marquette.

The last fifty miles of the journey was through a broken, hilly country in which limestone first put in its appearance, to be

followed shortly by the inexhaustible supply of iron ore for which this country is justly celebrated. One peculiar fact noted is the entire absence of coal, necessitating the substitution of the expensive charcoal for the reduction of the iron ore. This means that most of the ore is shipped away in the crude state, necessitating immense docks especially adapted for economically loading of the many vessels which are drawn to Marquette for this purpose.

At Negaunee, the terminus of the Northwestern, we received the first whiff of the invigorating, ozone laden air of which we had heard so much. The sample was very refreshing, especially for those whose morning repast had been nothing but the empty promises of the greatly perplexed waiters. Advantage was here taken of the delay to fill up on the more substantial provisions of Negaunee's restaurants.

This place has an elevation of nearly one thousand feet above the level of Lake Superior, thus giving it an altitude of about fifteen hundred feet above sea level.

One of the first tokens of the approaching welcome came in the form of a blue card which was handed us before leaving the train, upon which was printed—

MARQUETTE CITY & PRESQUE ISLE RAILWAY CO.,

PASS BEARER

on July 15th and 16th, 1898.

F. O. CLARK, *President.*

At about 11 o'clock the train pulled into the depot of Marquette where it seemed as though the whole town had turned out to welcome returning friends. They were not idle curiosity seekers standing around to gaze upon the stranger, but the friendly host welcoming his guest. Enough carriages were drawn up at the other side of the depot to swiftly bear the entire company to the elegant Hotel Superior (of which more will be said later on).

Signs were indicative of an active campaign, so ample justice was given the bounteous luncheon spread before us. At 2 o'clock the engagement opened with a trolley party to Presque Isle, one of the most delightful breathing places any city can boast of. It is a natural park of about five hundred acres projecting out into the clear depths of Lake Superior. Its base consists of brown sandstone, rising in some places to a height of from fifty to one hundred feet, and showing the effects of the ceaseless beating

of the waves by its deep caverns and grotesque markings similar to the famous "Pictured Rocks" for which the south shore of this lake is noted. Man has done much to beautify the spot with his fine roads, etc., but the greatest charm is to be found in the fresh, invigorating air, constantly coming in from over this broad inland sea. Malaria is a thing unknown the year round and a careful investigation failed to disclose the presence of a tired or lazy looking man or woman. Everyone looked so bright and cheerful, skins clear and fresh—evidence of perfect health—that I wondered what Chicago would do if her naturally busy, energetic people could have such a wonderful life preserving influence about them from day to day. They tell the story of their host of centenarians and pointed out several worthy citizens who have been "about 90" since the memory of the rising generation was to be trusted; but this like their fish stories must be taken with due allowance for the stimulating effects of an overcharge of Nature's "laughing gas," ozone. Carriages, steam and naphtha launches, enables each one to pass away the time as best suited, his or her fancy, so our first taste of Marquette's hospitality was charming. Indeed, it so far surpassed anything expected that we were ready to throw down our arms and make an unconditional surrender, but they would not have it so and the siege was continued.

It was evident that the steward of the hotel knew the effect upon the appetite of the fresh arrival, for there seemed to be an abundance after eating double what would have seemed sufficient at home. Thoroughly reinforced by the bountiful dinner we prepared for a bombardment at the Opera House, expecting to *listen* to eulogies on the place by *those who knew all about it*, when much to the surprise of those present, the tables were turned or to retain the same figure of speech, the Chicago doctors spiked their guns. Dr. A. K. Crawford was the first speaker who responded to the Address of Welcome by Judge Stone. He said, the earth was divided, climatologically into two divisions—mountains and sea—the rest amounted to nothing from a health standpoint. The pure air, charged with ozone being the great desideratum in both cases.

Marquette, he went on to explain, possessed peculiar advantages by virtue of its location. It was neither too hot or too cold, too wet or too dry; its altitude was just right and by virtue of these facts it was an ideal spot for the curing of consumption, bronchial affections, including asthma and pleuretic adhesions,

catharrhal diseases, including hay fever; malaria; heart troubles; but more important than all else he would recommend it to people with nervous troubles.

Dr. D. A. K. Steele, Dean of the Faculty of the College of Physicians and Surgeons, was the next speaker from Chicago. He said the physicians had come for the purpose of investigating the claims of Marquette as a health resort and were simply charmed by the beauty of scenery, the purity of its waters, the invigoration of its air and the delightful effect produced in the strong healthy appearance of its citizens.

The Hon. Peter White contributed his share to the entertainment of the guests by reciting two of his famous French dialect poems. The music, both vocal and instrumental, was characteristic of the people—charming.

Owing to the lateness of the hour the informal reception was omitted and a general exodus was made for the hotel where the cry was "on with the dance." Until the wee sma' hours brave men and fair ladies kept step to the enchanting strains of music.

It might be mentioned, in passing, that Hotel Superior was really built for a Sanatorium some five or six years ago, and is consequently designed for the *comfort* of its inmates, instead of the satisfying of the insatiate greed of the manager of the majority of our summer resorts. This is a beautiful structure with large, light and airy rooms, broad and inviting corridors and verandas and placed upon a high elevation facing the lake.

The second day was a repetition of the first, a drive to the State Prison for the incorrigibles—Michigan is opposed to capital punishment in any form. From thence to the Steamer Marquette for a ride upon the lake, the round of pleasure to terminate in a garden party upon the spacious lawn of the Hon. Peter White. This was a most appropriate picture to leave in the minds of the departing guests for the wealth and beauty of Marquette—both products of the soil—were there.

Acquaintances were made which will ripen into lasting friendships and in the future a bond of fraternity will exist between Chicago and Marquette which will grow stronger as time passes.

At 5 o'clock Saturday afternoon a tired but happy party boarded the special on the Chicago, Milwaukee and St. Paul R. R. for a night's ride to Chicago. Before leaving, the following resolutions, beautifully engrossed, were presented to the Reception Committee as a feeble expression of the appreciation of their guests for the many courtesies shown.

MARQUETTE, MICH., July 16, 1898.

"We cannot but express our deep and heartfelt thanks to the committee and citizens of the city of Marquette for their more than kind and delightful entertainment of us since we left our homes in Chicago and Milwaukee. And what is of even greater import is the conviction we each and all of us carry away of the beneficent influence which this climate will exert over the myriad sick and afflicted beings whom we shall direct to your hospitable shores."

The following names were appended to the same:

Drs. Edward Andrews, D. A. K. Steele, A. K. Crawford, Bayard Holmes, P. M. Woodworth, H. C. Allen, S. S. Bishop, A. C. Cowperthwaite, E. Wyllie Andrews, J. E. Gilman, W. P. Walters, F. C. Holtz, W. Jayne, J. P. Cobb, J. C. David, W. L. Ballinger, W. M. Harsha, J. R. Boynton, R. W. Bishop, A. C. Wiener, John Bell, Bertha Van Housen, C. P. Pruyn, G. Gurnee Fellows, A. C. Crofton, C. S. Kahlke, W. P. MacCracken, H. F. Patrick, F. A. Metcalf, J. C. Gill, T. H. Patterson, Sanger Brown, H. W. Pierson and W. J. Cronyn, O. W. Carlson of Milwaukee.

Measles and Smallpox are not on the outside. Man is protected on the outside, and is attacked from the inside when there is susceptibility.

There are degrees in susceptibility. The Old School calls a certain kind of susceptibility "Idiocynrasy," though they have failed to find out what this is.

Think how susceptible a man is to sickness, when the Rhus vine will poison him when he is on the windward side, half a mile away.

An individual will be susceptible to nothing else; gross, coarse, vigorous in constitution; yet there is one thing he is susceptible to, and that is what he needs.

The signs are visible, but the *Esse* is invisible.

The endency of the human mind to run after things visible, that can be felt with the fingers, leads one to adopt foolish theories like the Bacteria doctrine and the Molecular theory.

A physician above all men if not innocent should be anything else but a doctor. A bad man has only coarse, vicious ideas of the human heart.

The time may come when Homœopathy of the purer kind will be popular, but it is a very long time ahead.

MONTHLY REVIEW.

Hepar Sulphur in "Colds."—It is useful in that of catarrh when there is aching all through the body. It should be here placed, not as a remedy useful in the incipency, but for the advanced stage of "cold." If it be given at the commencement, it frequently spoils the case, whether it be one of coryza or of sore throat, because it is more suitable to what has been termed "a ripened cold" when phlegm has formed. Swallowing produces the sensation of something sharp being in the throat; it is often likened to a fish-bone. Again it will seem as if there was a crum of bread there. Here we should compare *Mercurius*, *Nitric acid*, *Argentum nitricum* and *Alumina*. The colds for which *Hepar* is the remedy are re-excited by the least exposure. When *Mercury* has been abused there will be an additional indication for the choice of *Hepar*.—(*Hom. Eye, Ear and Throat Journal*.)

Evil Effects of Vaccination. Dr. Bepin Behari Maitra presents the following succinct statement in the *Calcutta Journal of Medicine* for January, 1897:

Dr. Compton Burnett, in his excellent little work on *Vaccinosis*, has very truly observed that "the protective power of vaccination is due to a *diseased* state of the body," and that this diseased state or "Vaccinosis shows itself as a formidable acute disease that may terminate fatally, or it may manifest itself as a chronic affection," and that "chronic vaccinosis more particularly lies completely beyond the ken of ordinary medicine, and although it will sometimes turn up in literature as 'ill-effects of vaccination,' it is, nevertheless, but an unrecognized waif, much to the disadvantage of suffering mankind and of medical science." He has given cases illustrating the following sequelæ of Vaccination, with their successful treatment by *Thuja*:

1. Actual acute vaccinia, and other serious acute disease threatening life, imbibed by infants from vaccinated mothers and wet-nurses.
2. Pustular eruptions on the skin.
3. Post-orbital neuralgia for twenty years.
4. Chronic headache of nine years' standing.

5. Enlargement of the glands.
6. Falling off of the hairs.
7. Habitual influenza, general illness and headache.
8. Acne of face and nose, and nasal dermatitis.
9. Chronic catarrh of the nose.
10. Diseases of the nails.
11. Ptosis or paralysis of the upper eyelids.
12. General paralysis.
13. Irritation of the spinal cord.
14. Scrivener's cramp, cephalgia and enlarged spleen.
15. Neuralgia of eyes of nine years' standing.
16. Arrested development of hemiparesis.

During the last few years I have been watching cases of vaccination and have noticed the following evil effects from it:—

1. Acquisition by the patient of a scrofulous constitution.
2. Enlargement of the lymphatic glands.
3. Liability to catch cold on the slightest exposure; thus giving rise to various sorts of lung mischief, as bronchitis and pneumonia. A few years back I read in one of the American Homœopathic Journals, that a veteran practitioner had stated that ever since his first vaccination, in his twentieth year, he could not stand cold as he used to do before.
4. Enlargement of the liver and spleen, with various disorders, arising therefrom.
5. The loss of tone in the muscles.
6. Various eruptions and ulcerations in the skin.
7. Loss of digestive power.
8. Tympanites of the abdomen, constantly noticed ever since.
9. Inflammation of the tympanum of the ear.
10. Dysentery.
11. Fever.
12. In case there be no present illness, still at a future time during an attack of fever, or during teething of children, severe form of diarrhœa or dysentery.
13. In some cases, without any marked illness, general malaise or a feeling of weakness for some time, which would recur several times.
14. In case of arm to arm vaccination, the second child acquires from the first hereditary syphilis or a scrofulous constitution.

15. If the child happens to be suffering from ulcerations, scabies, or other forms of skin disease, hepatic or splenic enlargement, vaccination has been found to aggravate them.

16. Inflammation of the axillary glands, a fortnight after the vaccination.

A Rare Variety of Vicarious Menstruation. "Dr. Oswiemiński has observed a rare form of vicarious menstruation, where a female, menstruating first in her eighteenth year, married at the age of twenty-four. After a childless marriage of ten years her husband died. Three months before his death her menses disappeared for the first time, while at the same time a colossal swelling of the right mammary gland appeared in their stead. A large quantity of colostrum could be pressed out. At the same time there were pains in the breast which radiated into the arm. These symptoms lasted for three days and gradually disappeared, to reappear every month in place of the regular menses. The left breast was unaffected. He has observed this peculiar phenomenon six times."—*Wiener Medizinische Presse*, No. 42, 1895.

Our New War Taxes Compared with those of the Sixties. The main feature of this law will naturally be compared with the successive revenue laws of the civil war period, and nothing will be more noticeable in such an examination than the large number of possible sources of revenue which have been passed over on the present occasion. The greatest similarity between the revenue systems of that war and of this is in the stamp taxes. Nearly all the business documents formerly subject to duty have been included in the present act, though in many cases at lower rates than before, and a few additions have been made. But instead of the few articles now taxed under Schedule B, the excise formerly applied to a long list of manufactured and other products, including such articles of common use as coal and oil, gas, candles, ground coffee and spices, cotton, sugar and confectionery, chocolate and cocoa, salt, slaughtered animals, furniture, umbrellas, and photographs; and the rates were high enough to make a decided difference in retail prices. Over against the business taxes now imposed upon a few occupations must be set a long list of corporations which were formerly taxed from 1 to 5 per cent. on their gross receipts, and a still longer list of occupations reached by means of license taxes. Thus the tax on

gross receipts applied to railroads, steamboats, ferry-boats, toll-bridges and toll-roads, telegraph, express, and insurance companies, lotteries, theaters, and museums, while the license taxes applied under the act of 1864 not merely to the occupations previously enumerated, but also to every other trade, business, and profession. In addition to the taxes on legacies, there was a succession tax applying to real estate. Finally, besides the income tax, there was a whole system of direct-consumption taxes on such articles of pleasure and luxury as yachts, carriages, pianos, private billiard tables, gold and silver plate, and watches.

It has been said that "contemporary budgetary history makes no like exhibit of unopened resources and unemployed powers." The new law serves rather to emphasize this statement than otherwise, by showing that even in war it is not necessary to tax everything taxable, or even everything which might easily bear taxing. The taxes imposed are certainly not excessive, and it is quite possible that some portions of the act will be found so satisfactory that it will be advisable to retain them as permanent sources of revenue in time of peace, to take the place of the income tax, which has been declared unconstitutional.—From "Our New War Taxes," by Max West, in the *American Monthly Review of Reviews* for July.

Book Reviews.

Diseases of the Skin, *Their Constitutional Nature and Cure*, by Dr J. Compton Burnett, Boericke and Tafel pp. 284. Third Edition, Revised and Enlarged.

The preface to the first edition of this valuable little work so perfectly covers its scope, that we produce it in this review with the hope that it may induce every reader of this magazine to not only buy, but carefully study its contents.

In the following pages I take largely the clinical standpoint, and consider the Diseases of the Skin constitutionally. The treatment of skin diseases as merely local affairs concerning the skin only, as is now current with *nearly* all medical men of all schools and all the world over, is, in my opinion, nothing less than a crime against humanity, and eminently characteristic of the cultured shallowness of the medical profession of to-day.

In "these days of 'scopes and meters," *thinking*, in the profession, is well-nigh dead. One sees no end of percussing and auscultating: the faintest murmurs, sounds, tinkles, *râles* and *bruits* are well known and learnedly discussed of, but what of the *curing*? what of the *real* ætiology of the Consumptive process itself? Bacilli. Yes, but what went on before bacillary life became possible? and how are the bacilli to thrive unless the soil be, for them, of the right kind?

I do not maintain that there is no such a thing as a skin disease of a purely local nature, such as common phtheiriasis and other parasitic dirt diseases that impinge upon the skin, but, speaking generally, I do maintain the following points:—

1. That the skin is a very important living ORGAN of the body.
2. That it stands in intimate, though ill-understood, relationship to *all* the internal organs and parts.
3. That its healthiness is conditioned by the general healthiness of the organism,—*i. e.*, a healthy skin on an unhealthy body is inconceivable.
4. That, speaking generally, its unhealthiness—its diseases—come from within, sometimes even when they initially impinge upon it from without.
5. That being *biologically within* the organism, being *fed from within*, having its *life from within*, having its *health from within*, and having its *diseases from within*, it must also be treated *medically from within*.

6. That skin diseases are most commonly not mere organic, but at the same time organismic, or constitutional.

7. That the skin being an excretory organ, and being spread out all over the organism, is often made use of by Nature to keep the internal organs free from disease.

8. That as each portion of the skin corresponds vitally with some internal organ or part, so the skin disease is often merely the outward expression of internal disease.

9. That, in fine, the generally received *external* treatment of Diseases of the Skin, whether with lotions or ointments or whatsoever else, is demonstrably shallow in conception, wrong in theory, harmful in practice, and therefore inadvisable.

These points embody my views on Diseases of the Skin; they guide me in my practice, and I might call upon the dermatologists to refute them, did I not hold them to be absolutely irrefutable.

If disease of the body bubbles up, so to speak, into the skin like water from a spring, to treat this Disease in (of) the skin by washes and ointments, or other outward applications, is really *not* treating the *diseased state* at all, but *only preventing its peripheral* expression.

The skin does not live an independent life of itself—hung on, as it were, outside of us—but is of all our organs the most systemic; but what can we expect from an age in which people think they get a beautiful healthy skin from soap, and sound teeth from tooth-powder?

The bark of a tree is a very fair analogue of the skin, and when I one day asked my gardner why the bark of a certain apple tree was so knobby, rough, and unhealthy-looking, he replied, "The *roots* have got down on the clay, Sir."

So it is, I opine, when a person's skin becomes diseased. "The roots have got down on the clay."

The Hahnemannian Advocate

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Clinical Verifications.

CLINICAL CASES.

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Three of the following cases, illustrate conditions of spinal irritation, with long, persistent, trying backache; two of whom had suffered in this way, practically, all their lives; one was cured with *Medorrhinum*; one with *Picric acid*, and the third with *Theridion*; the fourth case being that of a cataract cure.

Spinal Irritation—*Medorrhinum*.

Young man; age 21 years; a refractive eye error existed, with insufficiency of the external recti muscles, of a degree as to make me feel that, if the eye strain should be corrected, the backache would also be dissipated; for I reasoned, that the reflex from the eyes was of a sufficient degree to account for the spinal suffering; a correction of which straining, in many cases, often cures backache and spinal irritation. Glasses were adjusted, that exactly neutralized the refractive error, and this with prism-exercises, that were applied to the weak eye muscles, brought the heterophoria into obedience, so that the defective muscular eye relation was reduced to a minimum, and a condition of reasonable orderly balance resulted; yet notwithstanding this correction the backache continued unrelieved. The young man stated that he was never free from backache, and never remembers to have been without pain there; he has constantly a sense of tension in the lumbar region, and in the posterior as-

pect of the thighs, that extends down the legs, especially noticeable when the muscles seem stiff and drawn, as if too short. He has indurated submaxillary glands, the left one being much the larger, and very prominent, as large as a good sized marble, and very hard to the touch; he suffers from more or less neuralgic, crampy pain in region of the left submaxillary gland, which extends to the corresponding ear, and to the side of face, producing a sensation as if "knotted" at times; feels generally worse in damp weather; the backache is better from walking, but aggravated on sitting; he has a disposition to stretch the legs, and is ameliorated thereby; the ischiatic bones ache while sitting, so that he must constantly change his position for relief; when retiring at night his back aches hard, and the pain is aggravated by lying upon it. Disposition for urination is urgent, and until he micturates he has an increasing aching in the renal region, which is relieved however by voiding the urine. Formerly had much involuntary seminal drain, but now seldom does. Has a disposition for sexual intercourse, but on attempting it, the penis suddenly relaxes, without seminal loss. Has acne, with scars and indurations, in the face and about the shoulders. Lips are red and bloated. When the back aches hard, he feels like withdrawing from the company of his friends; wants to be alone. His legs become numb, if he rests the buttocks, rather toward the base of the os sacrum, in the chair tilted backward, with the legs elevated as high as the head, on the window-sill, for instance. Feels desperate and unreconciled concerning his backache. Had watering and sandy feeling in the eyes, that was dissipated by the use of glasses.

The following symptoms of this case are found under the proving of *Medorrhinum*, viz:

Mind. *Wild and desperate feeling; feeling of desperation; very impatient; alteration of happiness and gloominess.*

Eyes. *Watering of eyes, heat and sensation of sand under the lids; decided tendency to irritation of edges of lids.*

Upper Face. *Swelling in region of left submaxillary gland, size of a goose egg; at times sharp, shooting pains in it. Face covered with acne: dry herpes.*

Lower Face. *Swelling of submaxillary glands.*

Urinary Organs. *Pain in renal region, profuse urination relieves.*

Male Sexual Organs. *Impotence.*

Neck and Back. *Tenderness of spinal column, on stretching; lumbar vertebrae sensitive to touch; pains in lumbar portion of spine; myalgic; induration of testes; pain in back of hips, running around and down limbs; pain in sacrum and coccyx.*

Lower Limbs. *Longing to stretch legs. Rheumatic pains in muscles of legs; legs dead and heavy.*

Temperature and Weather. *Aggravation in damp weather; pains in limbs.*

The following additional symptoms disappeared as improvement progressed, viz: *Full, bloated, red lips. Sexual disability. Tension from back to legs on stooping, as if the flexors were too short. Pain in ischiatic bones while sitting and leaning backward. Aggravation while sitting; impelled to keep legs in motion and stretch them. Legs easily get numb, as if paralyzed, if he leans back, resting on ischiatic bones, with the legs raised as high as the head. Starting and jumping, as he is about falling asleep, causing violent jerking up of the legs. Medorrhinum* was given in the cm. potency, three powders at first, then allowed to rest upon it for two months; marked relief in the backache was noticeable almost at once, and after the first week he reported a decided gain, "never having been so free from backache so long as he could remember;" improvement steadily progressed thereafter; in three months he called his back perfectly well; the sexual ability had not completely returned, however, but seemed to steadily gain; in other respects, general vigorous health was surely asserting itself; he now considers himself perfectly well, though the left submaxillary gland is still somewhat enlarged and indurated, though perceptibly reducing in size.

Spinal Irritation—Plicric Acid.

Mrs. B., 57 years old; has not menstruated for two years; had the right eyeball enucleated some fifteen or twenty years ago, for what she said was a tumor in it; the left eye of late years has become painful on use, having a hot and strained feeling, with darting pains, and a sensation as if the eyeball was puckered, drawn, and sandy, especially so on reading or sewing. Her principal complaint, however, was of the backache, extending from the head down the spine, which she has had ever since 14 years of age, coming on immediately after having fallen heavily upon it, in consequence of a chair having been pulled out from under her, as she was about sitting down; she fell

forcibly upon the coccyx, and seemed to jar the whole spinal system, since which, she affirms, she has never been free from pain along the whole length of the back. She now suffers from hæmorrhoids, with a feeling as if the rectum was filled and heavy; aggravation on going up stairs, and on standing; has, by spells, a dull, throbbing pain in the piles that protrude, also smarting and burning, at times, that makes her feel weak; has a sense of lameness in the lower part of spine, as if a *piece was gone*; she is sleepy and languid all the time; has much hot pain below the waist, that is much worse if physically or mentally tired; has much sense of heat in the vagina and bowels; disposition to urinate often, but more so when lying down than when in the erect position. Feels discouraged and indifferent; sense of great weakness across the sacrum; it hurts the back more to sit than to stand, or walk in the house, though it is much worse if she walks out of doors; head feels tired throughout, as if the brain itself, and mental capacity was too tired to be used.

Aesculus hip.^{2c} was given first, and seemed very efficacious in relieving the hæmorrhoidal trouble, and the back felt considerably better for a time. On measurement of the refraction, the eye proved markedly astigmatic, so that a cylinder of plus 0.75 for the distance, placed at an axis of 75 degrees, neutralized the error; while, for the presbyopia, plus 3 dioptrics, being added to the above mentioned cylinder, made the reading distance comfortable; with this combination the vision was relieved from strain, and the back, for a time, seemed better. It was not long, however, before the old backache reasserted itself, though the hæmorrhoids continued greatly relieved. A study was now again made for the *simillimum*, and *Picric acid* was the remedy chosen and prescribed, thereby proving its efficacy by curing the patient. Under the proving of *Picric acid* are the following symptoms, viz:

Mind. *Great indifference; lack of will-power. Cannot collect thoughts; quickly prostrated from using mind. Disinclination for mental and physical work; desire to sit still, without taking any interest in surroundings. Mental prostration after least intellectual work, developing burning along spine, with great weakness of legs and back. Brain fag.*

Inner Head. *Dull headache in forehead or occiput, extending down spine; aggravation from slightest attempt at using mind. Any attempt at using mind brings on headache and causes burning along spine.*

Sight and Eyes. *Feeling of sand in eyes, smarting pain. Eyes smart and burn.*

Stool and Rectum. *During stool: burning, smarting and cutting at anus. After stool: great prostration; burning and smarting at anus.*

Neck and Back. *Burning along spine and very great weakness of legs and back, with soreness of muscles and joints. Tired aching feeling and some burning in back and legs; in women. Heat in lower part of spine; aching and dragging feeling in lumbar region, aggravated from motion. After doing fine work especially at night, failing of sight, blur before the eyes; played-out feeling of whole body; bodily exhaustion with mental clearness.*

Lower Limbs. *Great weakness and heaviness of lower limbs and back, with soreness of muscles and joints. Great weakness in region of hips.*

Nerves. *Tired feeling on least exertion; all over body.*

Sensations. *As of sand in eyes. Aching in back. Smarting pain in eyes. Burning along spine; and of eyes. Heat in lower part of spine. Heaviness in small of back; in region of hips.*

In addition to the above enumerated symptoms of *Picric acid*, the following were also dissipated under its use, viz: *Great discouragement. The left eye feels puckered up, hot, drawn and strained. Hæmorrhoids feel heavy, and as if the rectum was filled, aggravated by ascending, and on standing. Dull throbbing pain in rectum, making her feel weak. Heat in vagina and bowels. Urging to urinate, worse when lying, than when standing. 'Back-ache is much worse while sitting, than when walking or standing in the house, but is worse while walking out of doors. Tired, sleepy feeling all the time. Work (walking), in open air prostrates.*

Neurasthenia-Theridion.

Theridion cured the following case, in a lady about fifty years of age. She had been a patient of mine for years; having had much serious, refractive trouble with the eyes, as well as an unbalanced condition of neurasthenic exhaustion about to be described. After several unsuccessful attempts at a correction of her refractive defect. I finally succeeded in getting the following glasses, notwithstanding she had an esophoria of 2 degrees, and a R. hyperphoria, varying from 1 to 3 degrees; the glasses were as follows, and were worn with comfort, viz., for distance, $\left. \begin{array}{l} \text{R. plus 0.25 } \ominus \text{ cyl. plus 0.50, ax. } 82\frac{1}{4} \text{ degrees.} \\ \text{L. plus 0.75 } \ominus \text{ cyl. plus 0.50, ax. } 50 \text{ degrees.} \end{array} \right\}$; while for reading, plus 2.75 dioptics were added. I fully attribute this

acquired ability in adjusting her glasses, to the effectiveness of the remedy that proved to be the *simillimum*, for until this was found, the eyes continually went wrong, and her physical and mental ails were great and persistent; this opinion is also strengthened by the fact that, although able to use her glasses with considerable comfort, she was subjected to a spell of general and serious aggravation, that was promptly met, and dissipated by another dose of *Theridion*^{2c}; since which she has remained perfectly well. The history of this case is as follows, as copied from my case-book. Eyeballs ache and burn much, amel. by pressure, and by cold, wet compresses. On attempting to move the eyes they feel stiff, and unwieldy, hurting more to look up, than downward; the simple act of *looking* however, making them ache hard, rather more so; the right eye, has a dull, hard, aching pain in forehead. Eyes and head feel tired, with hard aching. Tired, weary feeling of head, which is aggravated by the talking of others. Tension and clutched feeling, at times, about the spinal nerves. Feels better, in all respects, for a short time after having eaten. Dull pain across shoulders, making her feel sick and disheartened; the back is very sensitive and painful when resting it against the chair, so that she must avoid it. White bread always disagrees, but she can eat brown bread, made of rye and indian meal, with impunity. Sees a large black speck floating before the left eye, mornings. Is made tired, both mentally and physically, by lectures, etc., so she can't go to church, in consequence. Has perplexing, trying, vivid dreams, often ludicrous and annoying, of extensive traveling, etc. She awakens very tired, after the night's sleep. Eructations of wind, tasting of the food. Misty look of near objects. Feels irritable and impatient with herself. With pain in back; it feels heavy and weighty. Occasionally has leucorrhoea, somewhat thin and yellow, flowing away. Sore feeling as if bruised the whole length of spine, and across shoulders, aggravated by using the mind, in listening to a lecture; the pain in spine is distressing and markedly discouraging, making her feel depressed and disheartened. All mental worry aggravated the suffering in the spinal system. The back is not relieved by lying, though a *long rest* ameliorates, and she feels much more comfortable after the morning bath. Stomach feels full, especially after her evening meal, and this sense of fulness continues through the evening. A *long time* after eating, has sour rising, and much raising of gas. The me-

chanical use of the arms, as well as an effort of the mind, makes the back ache and causes nausea. She is very sensitive to shrill sounds, that shock the system, and vibrate through the body. Don't get a comfortable place when lying down, so that she must move much, in an effort to get composed, and is a long time in getting there. Mind becomes very much depressed, with the spinal pain; don't see the pleasant side of life; its events seem to trouble and worry her, although, naturally, of a very happy disposition. Several remedies were prescribed, covering a long interval of time, and although apparently somewhat better, by spells, she would invariably fall off again. After the first dose of *Theridion cur*^{2c} was given however, she promptly felt much relief, and continued better for months; at the time, of her last visit, she reported, that she had been feeling less well for several days, and I found her suffering from a general aggravation of all her symptoms, especially those of the back and mind. She was given another dose of *Theridion cur*^{2c}; she then disappeared from my attention, but has reported to me occasionally, as I have met her on the street and elsewhere, that "the medicine again acted like a charm," and her health seems perfectly good. My theory is that the remedy, by its curative influence, permitted the establishment of a passive condition of the muscles, whereby the measurement of the defective refractive error was made permissible, and although the eye symptoms were much relieved thereby, yet the neurasthenic condition continued practically unrelieved, and was only permanently corrected by a repetition of the *simillimum*. The straining reflex to the spinal system, from the eye error, was minimized by the artificial correction of the eye defect, by means of the glasses, and the *Theridion* emphasized and completed the cure through its own, inherent, correcting force, from its power in directing the proper application of the misdirected vital forces, in accordance with the usual wonderful methods of our law of *similars*. The symptoms of *Theridion*, that called attention to its possible usefulness in this case, were, first, the *sensitiveness to shrill sounds, that shocked, and prevailed the whole system, vibrating through the body*; and secondly *the sensitiveness of the vertebrae to pressure in sitting, resting the back against the chair, when she must change the pressure there, by sitting sideways, in order to avoid it*.

Cataract Case—Cured by *Zincum met*^{2c}.

This case was that of a lady, 58 years of age. Striæ of

opacity existed in both crystalline lenses, but the left one was so dense, and the visual acuity so greatly blurred, that it had become practically useless for vision, in consequence. The history of the case showed a condition of inflammation of the choroid in the left eye, whereby a degenerating change had occurred in the crystalline, causing numerous and dense stripes of opacity in its cortex, with much haziness existing in the interstices between the radiating, dense striæ. Her symptoms, all being referred to the left eye, consisted of a *severe, bruised, sore, smarting, burning, itching and stinging sensation, at intervals, coming suddenly, as if pepper had been thrown into the eye, causing great, and scalding lachrymation, much spasm of the lids, and general cringing therefrom*; these spells occurred more markedly and more often in the evening. *The eye and lid had spells of burning and dryness, so intense as to produce a feeling as if the eyeball was adherent to the eyelid, accompanied by a sensation as if a stick was under the lid, scratching the eyeball. Had spells of flickering before left eye; saw blue and green rings, floating in the left visual field; a green halo is seen, at times, around the flame of the gas jet.* Although these objective symptoms might suggest a possible tension of the eyeball, such did not exist. A slight conjunctival irritation existed, with a tendency to agglutination. Eye symptoms were all markedly worse from warmth, from warm days, and by artificial heat, both of which caused an aggravation of all her symptoms. She was impatient, nervous, tremulous, all being aggravated by every mental emotion. A marked choreic condition existed, with jerking of individual muscles of the face, nose, ears, mouth, and sometimes of the arms, which latter symptom necessitated much effort of the will to restrain, and which proved only partly successful. She had some jerking of the body during sleep. The choreic expression was largely instrumental in calling my attention to *Zincum*, which proved also equally effective in clearing the advancing opacities in the lens substance, as well as curing the spasms of muscles. In six months, under an occasional dose of *Zincum*^{2c}, the right lens had become perfectly clear, and the vision in the left was markedly and steadily gaining. Her eyes had compound, hyperopic astigmatism; the preponderance of astigmatic curve being vertical (90 degrees) in the right eye; while in the left it proved exactly at right angle to this, viz., horizontally (180 degrees). Glasses were adjusted

that exactly neutralized the refractive error, and proved a comfort in use. Eleven years later, the right lens was still fully transparent, and the left lens, though having a few dense streaks in its substance, had cleared so that large, perfectly transparent interstices existed throughout its area, that permitted entirely distinct and practical vision. Under the proving of *Zincum met.* are the following symptoms, viz:

The left eye is more markedly affected than the right, though both are influenced. Redness with intense burning, smarting, biting and itching, as from salt in left eye. Scalding lachrymation. Sensation as if the eyelids adhered to the eyeball, and actually do so. Marked aggravation from all kinds of heat. Aggravation in the night. Mental symptoms of Zincum are those of nervousness, irritability, irascibility, and great impatience. Twitching of muscles, as well as jerking of various muscles. Choreic jerks through the body during sleep.

There are no symptoms under the proving of *Zincum* that refer to opaque lenses, and it is probable that a proving would not be voluntarily carried so far as to produce this great arrest of nutrition to the crystalline body, that would permit such an opacity to occur, hence always the importance to be ascribed to concomitant symptoms, both objective and subjective, to whatever part of the body they may be referred, in order to find for us the *simillimum* in every individual case, without regarding as of so much importance the *material expression, or result of disease*, as shown in *opaque lenses*, for instance.

CASES FROM PRACTICE.

R. E. BELDING, M. D., TROY, N. Y.

Case 1. July 27, 1891. Grace P., aged 12 years, with dark hair and eyes, of slender build, has been sick for a week. For three days she was beset with chills at irregular intervals with great thirst for large quantities of water. For the past forty-eight hours a high fever has supervened with the pulse at 144 and the temperature 103.6. The skin is dry, the tongue coated white with brown center and red edges. Everything tastes sweet. There has been no appetite for several days. The flesh is sore from head to heels, felt, especially, on moving. She is faint and pale on rising from lying and is very sleepy, and although she dream she talks in her sleep. Is rational but too weak to talk much.

Four boils have appeared on the privates and have discharged their contents. She has been drugged with old school treatment. *Nux vom*^{33c} (F.), one powder, was given her.

July 28th, 10 a. m. Pulse 120; temperature 102.6. Skin moist. She slept several hours. Pains and soreness of the flesh all gone. The tongue appears the same as yesterday. A vertigo which she had is gone but she is too weak to stand.

July 29th, 10:30 a. m. Pulse 114; temperature 102.8. Her mouth is sore; she is very restless after midnight; moves about to find a cool spot. Talks and starts in sleep. Drinks often and little at a time. The urine is dark colored and very strong smelling. *Arsenicum*^{10m}, one powder left her.

July 30th, finds that she was restless through the night and her morning temperature is 102.8, and the pulse 120. Other symptoms remain as yesterday. There is an offensive discharge from the sores at the vulva. There is a bloody mucus discharge from the nostrils and she has occasional single coughs. *Syphilinum*^{1m} (Swan), one powder.

July 31st, the pulse is 105 and the temperature 102. The tongue is clearing off. There is no appetite, no pain and little taste. The thirst is nearly gone. 7 p. m. Since 4 o'clock she has spit up quite a quantity of blood, probably coming from the posterior nares. A dose of *Phosphorus*^{5m} (F.) was given her and the hemorrhage ceased. She slept well all night and was sleepy the next day when I called to see her. She has a dislike for sweets and her tongue is becoming brown coated again. The urine is clear, pulse 110 and temperature 103. Her sleep was quiet.

August 3. She has had a restless night, talking much. Her mouth is very dry, also her throat. She lies with her mouth open. Tongue trembling. Perhaps this added trouble arose from drinking some milk last night when her stomach was incapable of digesting it. Pulse 108, temperature 102.8. *Lachesis*^{2m} (F.), one powder.

August 6. No pain but she groans from weakness and stammers. Pulse 120, temperature 103.2. Mutters in sleep. She dislikes to talk, wants to be covered, is delirious when partly asleep and can't see clearly when awake. The urine is scanty, she perspires slightly, the tongue is brown and she has an increased dislike for anything sweet. *Baptisia*^{cm} (Swan), three powders, one hour between them.

August 7. Pulse 102, temperature 100.2. She slept well. Relishes beef juice. Her lips are sore and cracked. There is less stammering and she looks brighter. *Baptisia*^{cm}, one powder.

August 8. She is more delirious and talkative in her sleep but is rational when thoroughly awake. Her temperature has risen to 101.8, and the pulse to 114. She is thirsty, picks her lips, the tongue is still brown and trembling and a bloody saliva drops from her mouth. The jaws and throat are stiff on awaking and she can neither articulate well nor see plainly. Tenderness is in right iliac region. *Arum tri.*³⁰, five powders, one each hour.

August 10. Pulse 102, temperature 98. She is exhausted. The cold sweat is streaming down her face after a profuse, involuntary, watery, not very offensive stool, for which she was taken up and set on a vessel. Is sleeping nicely, is fairly warm always wants to be covered. Bowels less sensitive. Much belching of flatus which also escapes with stool. Lips less sore.

August 11. The pulse is 120 and the temperature 98. The other symptoms remain unchanged. The bowels give her no trouble.

August 12. She sleeps very quietly; is flighty on waking but is soon rational. Says very little beyond yes and no; the lips are cracked and the saliva bloody; the tongue still brown. She is very pale and whines when she talks. She cries out when any one approaches her. The urine is clear and not offensive. *Arnica*^{11c}, one powder cleared up the case and on August 20th she was discharged cured.

This case is remarkable for the changable pulse and the discrepancy between the pulse rate and temperature. It is not given as a model of accurate prescription. The last prescription, *Arnica*, was entirely satisfactory. (The time of year, the general picture of gastro-hepatic trouble points to *Bryonia*.)

Case 2. *Nux vomica*^{35c} (F.) Edna S., age 11 years, has been fleshy but is now in moderate flesh. She vomits after eating fat food, oatmeal or rice with sugar and milk. Frontal headache worse in the morning, after drinking cold water or after using the eyes. The letters run together from reading but a short time. She is tired in the morning, moans during sleep and her bowels are delaying. Her feet are cold and dry. She has pain

between the scapulæ and in both hypochondria. The mammæ become hard and swollen and sensitive to the touch by spells. In the summer she has urticaria. December 25th she received one powder of *Nux vomica*^{33c} (F.), which relieved all the above symptoms.

Case 3. Tonsillitis—Lachesis^{40m}. Mrs. S., Jan. 15, 1898, has a very dry, smarting throat, worse on the right side, from the posterior nares downward, tonsils and tongue swollen largely and tongue coated white. She wants to swallow frequently to get rid of the bad feeling in the throat. Coughs up a little yellow mucus some of which is in dry chunks. Very nervous and fearful of her disease and is restless and sleepless on that account. She is worse after sleeping. Sleep with her mouth open. General headache worse in the night. No appetite and no thirst but drinks a little to wet the dry throat. *Lachesis*^{40m} in water, dose every two hours.

Case 4. Pneumonitis, Sequella of Mercurius. Mrs. Kate L. D., age 25; always poor in health, thin in flesh, is the mother of two healthy children. Her hair and eyes are dark. She has just pulled through a seige of pleuro-pneumonia under old school treatment. The trouble was in the right chest, beginning with pain in the right shoulder, running down the right chest and across the stomach, finally settling in the left lower chest. The spine is now tender to pressure in its whole length, more sensitive to light pressure. She is gloomy, is better with company and worse in damp and cloudy weather. She has an unnatural craving for food and is not much relieved by eating. Bowels quite constipated without much urging. Uses enemata-water. Great dysuria, burning, scalding, and can only be passed with any freedom when lying on the back. The urine is offensive with the odor of rotten eggs and is scanty. There is prolapsus of the uterus and the neck of the womb is very sore where it rests against the bladder. The vagina and vulva are much swollen. She had much leucorrhœa which has been suppressed by local applications. It was very corrosive. The feet are cold and sweaty and she sweats much about the body and limbs even when she is cold. *Mercurius*^{cm} (Swan) in water, a dose every six hours for two days, cleared up the case as well as could be expected of a patient who had been ill all her life. Months afterwards I heard from her that she was in quite good health.

Case 5. Conjunctivitis (Scrofulous)—Sulphur^{cm}. Martin W., aged 7 years, for six weeks has had scrofulous sore eyes. It is in the left one and it feels rough and scratchy, and is worse from lamplight, evenings. There is a great deal of lachrymation in the wind and from light. A yellow matter sticks the lids together in the morning. The child is cold and hugs the fire continually. He cannot look up on account of the pain it gives the eye. One powder of *Sulphur^{cm}* cured the case in a few days.

Case 6. Chronic Conjunctivitis—Sanicula^{10m}. Alexander L., age 5 years, August 14, 1898. Since he was one year old he has had inflamed eyes, especially the conjunctiva, which is very red, worse from playing hard. Photophobia, worse from sunlight. The lids are stuck together in the morning with a brown matter so profuse as to run out on the pillow. The eyeball is covered with mucus which obstructs the sight and has to be frequently wiped off. He has frequent diarrhœa in the day time or in early morning. He has also a few itching pimples on the upper arm. *Sanicula^{10m}* (Skinner), seven powders, one to be given each day, cured in the space of one month.

RHUS PROVING.

A. M'NEIL, M. D., SAN FRANCISCO, CAL.

Henry C., age 13, attending an academy, came home April 28, 1898, sick. He has vomited, has rheumatoid pains, ameliorated by exercise, slight febrile movement. His face shows indications of poison-oak. I gave him *Rhus tox.*³⁰ in three teaspoonfuls of water, one to be given every hour.

April 29, clearly better, except the skin symptoms, which are worse. No medicine.

April 30, he is well, except the skin, which is worse. His face is swollen on the left side as if he is suffering from toothache. It is red, rough and indented. It itches much, especially when warm, from exercise, or the heat of the bed. Gave *Sulphur*³⁰ in water, as the *Rhus* had been given.

May 1, itching much better.

May 2, it has disappeared; only the redness and roughness remain. Desquamation begun.

May 4, the scaling off progressing; no other symptoms. Is practically well.

This case is a clear demonstration of the fallacy of Sawyerism. It was, as seen from the results, one of those instances mentioned by Hahnemann where two dissimilar morbid forces occupied the system at one time. Several years ago I reported a case of Rhus poisoning in myself. I took Rhus tox^{76m} one dose with no benefit in forty-eight hours. Then *Graphites*, and afterwards *Anacardium*, but the disease progressed so that my sufferings were intense. I then wrote down my symptoms and worked them out by the aid of Boeninghausen's Pocket Book. The result showed Rhus tox⁹, *Phosphorus* and *Calcarea* each 14, and *Sulphur*¹⁵. After one dose of which the itching ceased and I went on to complete recovery with great rapidity.

Since then I have treated every case of Rhus poisoning, of which we have a great deal in this state, by giving the drug which covered the totality of the symptoms and always with satisfactory results. *Sulphur* has been more frequently indicated than all the others; and in one case after curing a patient several times she has become immune.

"DRUG MIASMS" ISOPATHY AND HOMŒOPATHY.

A. R. MORGAN, M. D., WATERBURY, CONN.

M. A., for several months has been suffering from frequent attacks of choking with sensation of constriction about the upper chest and throat.

When severe, these attacks are accompanied by an indescribable distress in the region of the heart, and a painful sensation of fullness extending up each side of the neck—carotids—and down both arms to wrists, worse on the left side.

During these attacks the face becomes red and turgid, and is moistened with a cool sweat. The pulse becomes weak and slow, and at times is almost imperceptible.

The anguish at times is so intense that he can neither sit quietly nor lie down, but tosses from side to side finding relief in no position, gets up and lies down immediately, moans and repeats over and over again, "What shall I do, What shall I do," yet there is no mental excitement.

The paroxysms of pain come on sometimes without premonition and without any apparent exciting cause.

They have occurred when about to sit down at the dinner table, when going to bed at night, and one very severe attack came on while quietly enjoying and unexciting game of base ball, and "the subsequent proceedings interested him no more."

The attacks are brought on by walking, even slowly, and for short distances, has often been obliged to stop and stand still for several minutes waiting for the distress to abate, and after so waiting could move on only by proceeding very cautiously.

During these paroxysms there is no dyspnea, no difficulty in swallowing, although there has been occasionally a sensation as of a lump in the region of the supra-sternal fossæ felt only on swallowing or on taking a deep breath. Appetite good, bowels regular. Diagnosis—Angina Pectoris.

The patient had *Arsenicum* and then *Rhus tox.* in different potencies from 200th to M. without preceptable relief. During an exceptionally severe attack on the evening of Oct. 28th, '97, after a careful study of the case, he got one dose of *Tabacum*^{cm} with relief which seems almost magical, and what is very remarkable, there has been no return of the distress since although sometime in March last, there was "just a suspicion" of the choking sensation which disappeared after another dose of *Tabacum*^{cm} and has not since returned, June, '98.

REMARKS—The symptoms in this case, it will be observed, are closely covered by the pathogenesis of *Tabacum* which remedy probably would have been given at first by a more careful prescriber.

It turned out that the patient was a reformed tobacco drunkard who had been in the habit of "burning the weed" exclusively for many years, without being aware of any detrimental effects.

Four or five years previous to this time, he had abandoned the habit of smoking, and had instead acquired the habit of carrying in his mouth almost constantly an unlighted cigar, but even this habit had been discontinued for several weeks previous to these attacks.

Under the circumstances, it explains how the patient came by his tobacco symptoms, and the speedy relief following the administration of potentized tobacco, seems a remarkable corroboration of the modern claim for the antidotal power of dynamized drugs, when used in accordance with our law of Similars, which however is quite a different affair, from using drugs for antidotal purposes without regard to pathogenetic relation.

Hahnemann had no conception of the application of drugs, as we may justly infer from his having made no mention of it, and from the utterly hopeless view he took of disease brought on by allopathic misuse or abuse of drugs, for among numerous other discouraging statements he says in Section 76 of the Organon.

"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 art of allopathy, does not or cannot exist."

We wish here to briefly refer to Hahnemann's use of the word miasm which occurs in this Section—76—and in many other places.

When he made the announcement of the "three chronic miasms" he forced upon the word miasm, a construction which has never been accepted by Lexicographers, and we are compelled to admit that there is nothing in the nature of either Syphilis, Sycosis, or Psora which entitles them to consideration under the definition given to this word in any dictionary to which we have access, and therefore we cannot see the propriety of proceeding further in the same direction by attempting to crowd drug diseases into the same unaccepted category.

Might we not with equal inconsistency include therein all our drug provings thus extending the miasmatic field from *Aconite* to *Zizia*?

We have consulted the dictionaries of Webster, of Worcester, The Standard and The Century, The English Dictionaries of Johnson and The Imperial, the French Dictionary of Lettre, The Medical Dictionaries of Dungleson and Gould, and find each and all, without exception practically agreeing in the following definition viz:

"MIASM, infective emanation in fine particles of noxious germs, arising from decaying or putrifying animal or vegetable matter, and floating in the atmosphere."

This definition of the word, which is accepted throughout the civilized world, rules out of consideration Hahnemann's three chronic miasms, and drug miasms also. There has been considerable contention of late, as to who is entitled to credit for priority of announcement of the peculiar antidotal power of drugs.

Since this article was begun several papers have appeared in our medical journals bearing upon this feature.

Dr. Fincke in an article in the *Homœopathic Physician*, Vol. xviii, p. 185, put in a modest claim for Bœnninghausen, and another for Dr. Adolph Lippe with the Fincke potencies, ranging from 1856 to 1865.

I distinctly remember more than thirty years ago, hearing *Rhus tox.*²⁰⁰ recommended for the effect of poison ivy, and so tried it without making impression enough, however, to induce me to repeat the experiment.

It must be conceded that the formal announcement of such antidotal properties in drugs is of comparatively recent date, and like most other important discoveries in the world, it appears that many physicians in many places, remote from each other, were simultaneously working out this problem, and that no particular individual is entitled to exclusive credit for the discovery.

A feature bearing directly upon the question which should never be overlooked is, that the antidotal properties depend upon certain definite and fixed conditions, conditions which have apparently been lost sight of by those over-credulous individuals who are gaining enviable notoriety by advocating the empirical use of all sorts of unproved drugs, and of compound nostrums—the constituents of which they are usually entirely ignorant—simply because it has been ascertained that at some former period, the patient had been dosed with said drugs or nostrums, a conclusion too frail and illogical to be redeemed from absurdity even by their pretext of potentiation.

It is the habit of some practitioners in the treatment of a case, to begin with the higher potencies and when it is found necessary to repeat, to go to lower attenuations, while others begin treatment by using comparatively lower potencies and when called upon to repeat, to gradually ascend the scale of dynamization. For illustration, it is my own usual course to begin with the 200th, and when called upon to repeat, to follow with the m, cm, or M, and I have yet to learn of a single case where such a source of procedure has culminated in antidoting or neutralizing the curative action begun by the lower potency, but on the contrary, success has so often followed the method that the habit has been confirmed.

Such experiences show that whatever may be the antidotal power of high potencies over the effects of crude drugs, they exercise no such influence over dynamizations or, at least, when

those dynamizations have been carried beyond the appearance of the original drug substance in the attenuation.

The homœopathic use of dynamized drugs for antidotal purposes, has by some of our too impulsive friends been confounded with the isopathic use of nosodes, while really the two ideas are quite different as may be seen by a moment's reflection upon the definition of Isopathy as given with great uniformity by all Lexicographers, i. e., "the theory that diseases may be cured by the products of the disease, as smallpox by minute doses of Variolous matter."—*Century Dictionary*.

"The theory that contagious diseases contain in their own contagious matter the means for their cure."—*Standard Dictionary*.

"The system which undertakes to cure a disease by means of the virus of the same disease."—*Webster's Dictionary*.

Webster and the *Century* also add, "The theory of curing a diseased organ by eating the analogue organ of a healthy animal," the latter being the revival of the homely adage, "every part strengthens a part," a method which has quite recently been dug from the moldy grave of antiquity, and grafted to the so-called "regular" practice under the name of "The animal extracts."

The above definitions of Isopathy rule out of consideration the question of including therein the antidotal power of a drug over itself, for drugs are not morbid products.

The isopathic use of nosodes by adoption into the empirical methods of the old school has now become the regular and orthodox practice.

The homœopathic use of nosodes, like the use of every other homœopathic remedy, depends, first, upon the similarity found to exist between the morbid symptoms of the patient, and the pathogenesis of the particular nosode employed; secondly, upon an alteration brought about in the nature of the crude nosode by attenuation and potentization according to pharmaceutical rules, an alteration which changes the range of action from an *idem* to a *simillimum* as set forth by Hahnemann in *Chronic Diseases*. See Hempel's translation, Vol. 1, pp. 195-196, or Tafel's translation, p. 142, where he gives the following sufficient reason for omitting all the so-called isopathic remedies from his list of antipsorics: "*because their effects have not yet been sufficiently determined by provings upon the healthy.*"

He also refers to Psorinum which had already been potentized, and quite thoroughly proven by himself and colleagues, but not enough, he tells us, to warrant its adoption into our *Materia Medica*.

It is an established feature of our method of cure that no pathological similitude can possibly be determined without reliable drug provings as a foundation.

From these considerations it is plain that the homœopathic use of nosodes does not consist in the administration of crude and unproved morbid products to the person from whom such products were taken, but in the intelligent administration of dynamizations of a thoroughly proved remedy applied in strict accordance with the law of similars.

It follows that the isopathic use of morbid products, whether upon the individual from whom such morbid products were taken, or upon his ailing neighbor, whether in the form of vaccine pus, diphtheritic serum, tubercular lymph or any other vile and pestitential anti-toxin virus is unworthy the curative methods of the opening verge of the twentieth century.

SULPHUR *versus* PULSATILLA.

A. S. PEASE, M. D., CHICAGO.

Mrs. K., age 46. Last child was delivered by myself, May 27, 1897.

June 22.

Called for some medicine for a cough. Had gotten up too soon after her confinement; had done a large washing.

A bad cold resulted.

Symptoms:

Dry cough, with more or less dyspnœa.

Pulse 60 beats per minute.

Temperature 97.

Not getting any more satisfactory symptoms, gave a *Placebo* and told her to call again.

June 26.

Called early in the morning.

Much worse.

Face wore anxious, distressed expression.

Extreme dyspnœa.

Had been unable to sleep for want of breath and could rest only in a sitting position.

Cough dry and distressing, causing sharp stitching pains in lower part of right lung.

Deep inspiration caused the sharp pains.

Temperature 95, pulse 60.

A cold, clammy sweat, profuse on face and hands.

On examining the lungs, found a large area of dullness in lower and middle lobe of right lung.

Absence of respiratory sound, and of motion of right lung.

Told patient to go home and to bed and to put on hot compresses over area of affected lung. Being a German who could speak little English, she misunderstood me and tried to use cold cloths but could not, fortunately.

I gave her *Bry*^{1m} and said I would call soon to see her.

In two hours I saw her, sitting in a chair struggling for air, cold sweat pouring from her face and hands.

The fanlike motion of *alæ nasi* led me to prescribe *Lyc*^{1m}, without any results.

My next call, three hours later, found the condition no better.

I had studied on the case carefully and though I found *Sulph.* and *Phos.* indicated, I gave the latter hoping it would do some good.

9 p. m., found patient almost in collapse.

Lying on bed with head propped high up.

Prostration extreme.

Respiration shallow and showing indications of paralysis of the lungs.

Icy cold sweat running in streams from face and arms.

Begging for "frische luft."

On the symptoms of the lack of reaction from apparently indicated remedy, symptoms at a stand still, or steady tendency toward death, and the symptom as given in H. G. S. "Pneumonia assumes a torpid character with slow solidification." "Feels suffocated, wants doors and windows open." Gave *Sulph*^{1m} a powder in three teaspoonfuls of water. Ordered hot water bottles put all about her,

and, what may have been unhomœopathic, put four teaspoonfuls of good brandy in half glass of water, giving a spoonful every half hour, but giving the *Sulphur* first, and in 15 minutes another teaspoonful, then waited developments. Expected to see her go into complete collapse and die before morning, but she soon fell into a fitful slumber, the respirations, at first weak and unequal, became less profuse and the forehead warmer.

At 12 o'clock she awoke, said she felt better and could get her breath more easily.

She now received a goodly supply of "colored water" (burnt sugar being the coloring matter) and I left feeling sure she was out of danger, and she was.

Improvement was rapid and surprising.

July 7.

She called at my office to pay her bill, and said she felt well, only her appetite did not improve and was not as strong as before taken sick.

Sulph^{65m}.

Aug. 11.

Called stating that she was feeling about the same.

Decided it was time to "retake the case" and found the following:

Dyspnoea in the evening, especially if atmosphere is at all damp. Same on damp days.

Feels better in the open air, but chilly if air is cold or damp, yet indoors it is too close.

No appetite at all.

Stomach sensitive to touch and pressure.

Distress in stomach after eating, which she does because she thinks she must eat to keep her strength.

No thirst. Aversion to water, but strong craving for beer.

A glass of beer makes a good meal for her.

In the left side of chest she has a feeling AS IF WARM WATER WERE ROLLING OR GRUMBLING ABOUT.

Is of a mild, jolly disposition.

Dark hair and eyes.

A tenant on her farm causes her much trouble yet she dreads to "oust" him preferring to endure the annoyance.

Sac. lac.

To make a sure study of the case, the peculiar symptom "as of warm water rolling or grumbling about in left chest" puzzling me.

Aug. 16.

I did what any one should have done; took the totality of the symptoms which were plain enough.

Puls^m.

Told patient to report in three days.

Aug. 19

Reports a good appetite.

No craving for beer.

Soreness and sensitiveness in stomach gone.

Damp air does not bother her a bit now. Breathing perfectly easy at all times.

The sensation as if water were rolling or grumbling about in left chest is gone.

She said "those little pills took everything away," and I believe it for when she shakes hands with me I am inclined to think she could bear another 12 children if not so old.

REMEDY WANTED.

J. S. WATT, M. D., BELVUE, KANSAS.

On June 11th, 1898, I was called to see a patient, male, age 70.

History: When in health he had carried on a meat market and light business—a general merchandising. Some years previously had engaged in gardening, and 30 or 40 years ago went to the Pacific coast, where he engaged in mining, trading and herding sheep during the years of his stay there.

Before leaving his early home, he had been given up to die of what was thought to be consumption, but life in mountains of California and Nevada brought recovery and fair degree of health, but had nasal catarrh < in the north wind, (Give character of discharge and effect produced upon nasal passages—ED.) which he has treated by various local means, all of which I cannot find out. The latest Glyco-Thymoline, he pronounces good, but says that a few years ago he got great benefit from insufflations of salt and water. After getting the statement of his symptoms, I learned from one of his relatives that he had a trouble

in his stomach when quite a young man, which after poulticing an *abscess* opened. (Where?—ED.)

For ten or twelve years has not been very rugged, but could do light work. He has indulged in alcoholic drinks quite liberally, sometimes drunkenness. I think whiskey was his favorite drink, but he sometimes took bitters of various kinds for their "tonic" effects. Had several attacks of lung fever and malarial fever.

Status præsens. Present sickness commenced about eight months ago, was under treatment of an Eclectic-Schuessler Homœopath for a short time. He then changed to homœopathic graduate, but growing worse changed to regular. The drugs taken cannot be enumerated but *quinine* in early years as well as *calomel*. During the last seven months of *regular* treatment, he has been regularly dosed with *calomel*, *digitalis*, a mixture of *wood creasote* and *cod liver oil*, *strychnine* etc. The present sickness was brought by a "a cold." When called I found the pulse 64, respiration 20, temperature $99\frac{1}{2}$ degrees. The pulse beat almost normal in strength. Voice reasonably strong and clear.

- MIND.** Clear. Patient with all his suffering, but despairs of recovery lately. Has shown ambition to get well.
- HEAD.** Some ache on top slightly back of forehead. (Give character of pain and modality—ED.)
- MOUTH.** Sour taste in mouth, tongue coated white for four months, for which he took *calomel* and *salts*, but got nothing more than very temporary relief. Sometimes salty.
- APPETITE.** Sometimes good, at other times poor.
- STOMACH.** Belching, (gas or fluid—ED.) with sensation of burning in gullet.
- STOOL.** Constipation lumpy, dark green, sometimes whitish gray (accompanies the sour mouth). Whiskey and water half and half, sour on the stomach.
- URINE.** Reported scant, high colored previous to my call, but "cured"—chamomilla tea. Test of urine showed s. g. 1022; reaction, acid; color, amber; slightly flocculent after standing 24 hours, no test for sugar, not thought necessary in normal gravity. Albumen, none.

UPPER Rheumatism in both < in left, commenced in left
EXTREMITIES and went to the right. Fingers: Nodosities on fingers, says he never had it to amount to anything until the regular doctor gave him a hyperpodermic injection, which the doctor said was *not* morphine, but he felt easier of some chest pains and felt sleepy. But when *awake and conscious could see spots on the wall like silver and sometimes like gold.* (See Hahnemann's Chronic Diseases, Digitalis Symptoms 124 and 125). Potash and Sarsaparilla taken 30 years ago for neuralgia disagreed with him, "Potash sets me afire." Cured neuralgia with common salt.

CHEST. Pericarditis with effusion.

(No prescription can be made upon the present report of this case because it is so incomplete in the very essentials necessary for a scientific application of the law of similars. The proper recording of a case is one of the difficult factors in the treatment of chronic cases, and failure to properly grasp the significance of the picture drawn by the patient, to select the wheat from the chaff, to sift out the *peculiar, characteristic* indications upon which the selection of the remedy depends leads to all the unsatisfactory work which follows. The record in this case is far above the average and still so much has been omitted that no physician can select the *simillimum* without having a more intimate knowledge of the case than has been placed in the record. If such a record as this can bring but indifferent success what must be the result in the practice of that great majority of practitioners who make no record and consequently are continually shifting from one remedy to another without attaining to that for which they strive and are forced by their ignorance to resort to questionable expedients which finally terminates in a dismissal or consignment to the mechanical specialist who removes the *effects* of the disease without interfering with the *cause*.)

In this case it will be necessary for the physician to carefully go over the case several times with the patient before *that totality* will be obtained which will indicate the proper remedy with which to begin the curative action. In the meantime the patient will be wanting medicine. This demand may be satisfied with *sac. lac.* which will not interfere with the action of the *simillimum* when found. It is more than probable that the prescription will be based upon half a dozen peculiar characteristic symptoms which will have been found running through the history from the beginning of his departure from health. Tendency to lung fever, malarial fever, sensitive to heat, cold, dampness, etc., etc. The prolonged abstinence from medicine other than the *sac. lac.* will see the elimination of many of the symptoms by the reserve force inherent in nature and from those remaining the *simillimum* must be selected from the most prominent.—ED.)

Psychology.

PSYCHIC PHENOMENA.

F. H. LOCKWOOD, M. D., CHICAGO.

PROF. OF NERVOUS DISEASES, DUNHAM MEDICAL COLLEGE.

All human beings are endowed with two minds. These are designated as the objective and the subjective mind. The subjective mind is constantly amenable to control by suggestion, and is capable of inductive reasoning. The broad idea that man is endowed with a dual mental organization is far from being new.

The essential truth of the proposition has been recognized by philosophers of all ages and nations of the civilized world. That man is a trinity, made up of "body, soul and spirit" was a cardinal tenet in the faith of many ancient Greek philosophers, who thus clearly recognized the dual character of man's mental or spiritual organization.

Plato's idea of terrestrial man was that he is a "trinity of soul, soul-body and earth-body."

Indeed, it may be safely assumed that the conception of this fundamental truth was more or less clearly defined in the minds of all ancient philosophers, both christian and pagan. It is the basis of their conception of God as a trinity in his personality, modes of existence, and manifestations.

In recent years the doctrine of duality of mind is beginning to be more clearly defined. Thousands of examples might be cited to show that in all ages the truth has been dimly recognized by men of all civilized races and in all conditions of life.

Indeed, it may be safely predicted of every man of intelligence and refinement, that has often felt within himself an intelligence not the result of education, a preception of truth, independent of the testimony of his bodily senses.

Until recently, no attempt has been made to define clearly the nature of the two elements which constitute the dual mind; nor has the fact been recognized that the two minds possess distinctive characteristics. It is a fact, nevertheless, that the line of demonstration between the two is clearly defined, that their functions are essentially unlike; that each is endowed with sepa-

rate and distinct attributes and powers; and that each is capable under certain conditions and limitations of independent actions.

The two minds, as before stated, are designated the objective and subjective. In general terms the difference between man's two minds may be stated as follows:

The objective mind takes cognizance of the objective world.

Its media of operation are the five physical senses.

It is the outgrowth of man's physical necessities.

It is his guide in his struggle with his material environment.

Its highest function is that of reasoning.

The subjective mind takes cognizance of its environment by means independent of the physical senses.

It perceives by intuition.

It is the seat of the emotions, and the store-house of memory.

It performs its highest functions when the objective senses are in abeyance.

In a word, it is that intelligence which makes itself manifest in a hypnotic subject when he is in a state of somnambulism.

In this state many of the most wonderful feats of the subjective mind are performed.

It sees without the use of the natural organs of vision; and in this, as in many other grades, or degrees of the hypnotic state, it can be made, apparently, to leave the body and travel to distant lands and bring back intelligence oftentimes of the most exact and truthful character.

In short, it is the subjective mind that possesses what is popularly designated as clairvoyant power, and the ability to apprehend the thoughts of others without the aid of the ordinary, objective means of communication.

In point of fact, that which is designated the subjective mind, appears to be a separate and distinct entity; and the real distinctive difference between the two minds seems to consist in the fact that the "objective mind" is merely the function of the physical train, while the "subjective mind" is a distinct entity, possessing independent powers and functions, having a mental organization of its own, and being capable of sustaining an existence independent of the body.

In other words, it is the soul.

One of the most important, as well as one of the most striking points of difference between the two minds, relates to the sub-

ject of suggestion. It is in this that researches of the modern hypnotists give us the most important aid.

The objective mind, or, let me say, man in his normal condition, is not controllable against reason, positive knowledge, or the evidence of his senses, by the suggestion of another.

The subjective mind, or man, in the hypnotic or unnatural state, is unqualifiedly and constantly amenable to the power of suggestion.

The two minds being possessed of independent powers and functions, it follows as a necessary corollary that the subjective mind of an individual is as amenable to the control of his own objective mind as to the objective mind of another.

One of the most important distinctions between the objective and subjective mind pertains to the function of reason. The objective mind is capable of reasoning by all methods—inductive and deductive, analytic and synthetic. The subjective mind is incapable of inductive reasoning.

Understand this refers to the powers and functions of the purely subjective mind, when the influence or control of the objective mind is entirely to rest. The subjective mind never classifies a series of known facts, and reasons from them up to general principles; but, having a general principle to start with, it will reason deductively from that down to all legitimate inferences, with a marvellous power.

One of the most striking and important peculiarities of the subjective mind, as distinguished from the objective, consists in its prodigious memory.

It would perhaps be hazardous to say that the memory of the subjective mind is perfect, but there is good ground for believing that such a proposition would be substantially true.

Understand this applies only to the most profound subjective state.

We must bear in mind that there is a wide distinction between objective and subjective memory.

The former is one of the functions of the brain, and, as we all know has an absolute localization in the central cortex; and the different varieties of memory, such as visual memory, auditory memory, memory of speech etc., can be destroyed by localized disease, or by a surgical operation.

Subjective memory, on the other hand, appear to be an inherent power, and free from anatomical relations; or, at least, it

does not appear to depend upon the healthy condition of the brain for its power of manifestation. On the contrary, as we have all seen repeatedly that abnormal conditions of the brain are often productive of the most striking exhibitions of subjective memory.

The more quiescent the objective faculties become, or, in other words, the more perfectly the functions of the brain are suspended, the more exalted are the manifestations of the subjective mind. We have often heard, and undoubtedly a great many of us have seen, cases in certain diseased states where they would talk in foreign languages, etc., which in their natural state was entirely unknown to them.

Indeed, the whole history of subjective phenomena goes to show that the nearer the body approaches the condition of death, the stronger become the demonstrations of the power of the soul.

The irresistible inference is that when the soul is freed entirely from its trammels of flesh, its powers will attain perfection, its memory will be absolute.

Thus far I have confined myself to the operations of the subjective mind when the subject is in a diseased, or in a deeply hypnotic condition, with the objective senses in complete abeyance.

The phenomena of purely subjective mental action are, however, of little practical importance to mankind when compared with the action of the subjective mind modified by the co-ordinate power of the objective intelligence.

It is not to be supposed that an All-wise Providence has placed within the human frame a separate entity, endowed with such wonderful powers as we have seen that it possesses, and hedged about by the limitations with which we know it to be environed, without so ordaining its relations with man's objective intelligence as to render it of practical value to the human race in its struggle with its physical environment.

It might at first glance seem incongruous to suppose that the subjective mind could be at once the store-house of memory and the source of inspiration, limited as to its methods and powers of reasoning, and at the same time subject to the imperial control of the objective mind.

A moment's reflection, however, will show that in the very nature of things it must necessarily be true, "A house divided against itself cannot stand."

There must be a controlling power in every well-regulated household, municipality, nation, or organism.

There is a positive and a negative in the greatest physical power known to mankind.

There is a male and female element in every race and order of created organisms; and those philosophers who hold that there appertain to every man a male and a female element have dimly recognized the duality of man's mental organization.

Why is it that the objective mind has been invested with the controlling influence limited as are its resources and feeble as are its sources, is a question upon which it would be idle to speculate.

It profits us only to know the fact, and its practical significance, without wasting our energies in seeking to know the ultimate cause.

We rest assured that in this, as in all other laws of nature, we shall find infinite wisdom.

If any one doubts the wisdom of intrusting the objective mind with the controlling power in the dual organization, let him visit a madhouse. There he will see all shades and degrees of subjective control. There he will see men whose objective minds are in pursuit of one idea,—controlled by one dominant impression, which subordinates all others.

There are the monomaniacs,—the victims of false suggestions.

These suggestions may be given from without, in a thousand different ways which will be readily recognized by the student of insanity, or by auto-suggestion.

Long and intense concentration of mind upon one subject, and inordinate egotism, will be readily recognized as striking illustrations of the power of auto-suggestion as a factor in monomania.

The maniac is one whose objective mind is disorganized by disease of its organ, the brain; the result being distortion of objective impressions, and consequent false suggestions to the subjective mind.

Those who study the subject from this standpoint will find an easy solution to many an obscure problem.

The subject is here adverted to merely to show the consequences arising from allowing the subjective mind to usurp complete control of the mental organization.

It will be readily seen that human society, outside of lunatic

asylums, constantly furnishes numerous examples of abnormal subjective control. So generally is this fact recognized that it has passed into a proverb that "every man is insane on some subject." The question arises, what part does the subjective mind play in the normal operation of the human intellect?

This question may be answered in a general way by saying that the most perfect exhibition of intellectual power is the result of the synchronous action of the objective and subjective minds. When this is seen in its perfection the world names its genius.

In this condition the individual has the benefit of all the reasoning powers of the objective mind, combined with the perfect memory of the subjective mind and its marvelous power of syllogistic arrangement of its resources.

In short, all the elements of intellectual power are then in a state of intense harmonious activity.

This condition may be perfectly normal, though it is rarely seen in its perfection. True genius is undoubtedly the result of the synchronous action of the two minds, neither unduly predominating or usurping the powers and functions of the other.

When the subjective is allowed to dominate the resultant acts of the individual are denominated "the eccentricities of genius."

When the subjective usurps complete control, the individual goes insane. There are certain classes of persons whose intellectual labors are characterized by subjective activity in a very marked degree.

Poets and artists are the most conspicuous examples.

The successive action of the two halves of the brain can be explained upon the same ground, which has been so able done by Dr. Andrew Wilson in an article on "Some By-ways of the Brain," contributed to Harper's Magazine (April).

In speaking of the sensation of "Having been there before," he says:

"When one has gone to visit some place or other to which one is a perfect stranger, there will occasionally come over him a wierd feeling of absolute familiarity with the features of the scene. I am not here alluding to instances in which infantile memory has simply been revived; that is to say, when a person who in early life has been taken to the place in question has suddenly had his inoperative and dormant memory-cells awakened to the recollection and perception of the scene before him.

“Nor am I speaking of show places. It would not be surprising if on visiting, say, Shakespeare’s tomb or Ann Hathaway’s cottage, one should experience a certain sense of familiarity with the surroundings.

“That to which I refer is a distinct feeling of consciousness that we have been in the place before; that it is well known to us, even if the recognition of it is also dimly appreciated; and that it is an experience of actual past familiarity with the scene, and not a mere chance recollection of the situation which is present with us.

“I say, such feelings are not uncommon, and they have been alluded to by poets without number, and by prose writers as well.

“It seems as if ‘our life for the moment exists in duplicate, that we have lived through that moment before, and shall agin,’ as Thomas Hardy puts it. This is what Tennyson means when he says:

“Moreover, something is or seems,
That touches me with mystic gleams,
Like glimpses of forgotten dreams—
Of something felt, like something here;
Of something done, I know not where,
Such as no language may declare.”

Rossetti’s words attest the same idea:

“I have been here before,
But when or how I cannot tell;
I know the grass beyond to door,
The keen sweet smell,
The sighing sound, the light around the shore.”

Dickens, too, in “David Copperfield,” speaks of “a feeling which comes over us occasionally of what we are saying or doing having been done in a remote time; of our having been surrounded, dim ages ago, by the same forces, objects and circumstances; of our knowing perfectly well what will be said next, as if we suddenly remembered it.”

Out of some such ideas, I dare say, the old doctrine of metempsychosis itself may have arisen; of antecedent states of being, whereof some dim remembrance have become projected into the life that now is.

I well remember an elderly lady, who was persistently affected

with such phases of mind, arguing with me that it sufficed to establish her in a firm belief that she had been "somebody else" before she became her present self. What is possible to her may have been possible in the case of the ancients, merely translating an aberrant phase of brain, and translating it erroneously, in terms of the mystical. In this feeling of ill-defined consciousness, I think, we find merely an illustration of the irregular action of the two hemispheres of the brain.

Let us suppose with Wigan that in our natural life we have practically a simultaneous action of the two halves of the brain; or, what amounts to the same thing, let us imagine that the left half of the brain, attuned in its action to the work of the right hemisphere, gives us normal perceptions, and enables us to draw normal and correct conclusions.

Then on visiting an absolutely strange place, we experience no such sense of past familiarity with it. Our consciousness exercises its functions properly and sedately, and we know the scene to be new and unfamiliar to us.

But suppose, on the other hand, that one hemisphere of the brain acts ever so slightly out of time with the other lobe, what will be the result?

The more active half—let us presume the left—will rapidly take in all our surroundings independently of the other hemisphere, so that when the latter has, independently, in its turn also viewed and appreciated the scene before it, it is confronted with a consciousness already ours in virtue of the quicker action of the left lobe.

We have in this way acquired a double consciousness of what is seen, and the first intelligence is the cause of the sense of familiarity to the second.

If it were not for the Simple Substance, such states as antipathy, sympathy, & affinity, could not be. It is the sphere of Homocopathy to deal with these things; to glean what is the real *Esse* and existence.

What reason has man to say that Energy or Force is first? Energy is not energy *per se*, but a powerful substance. The very *Esse* of God is a scientific study.

Bodies are not drawn together by means of their bodies, but by means of their Primitive Substance.

The Simple Substance is the means of identification in nature. The mineral, the oak, the wheat, are all identified by their Primitive substance, and exist, only, because of their Primitive Substance, which makes them what they are.

—*Kent's Aphorisms and Precepts.*

HYPNOTISM AS AN ADJUNCT TO MEDICINE.

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Case I. Mrs. B., age 36. Mother died at her birth and was said to have had consumption.

History of past five years points to latter ailment, and at the time of examination, presented numerous symptoms of pulmonary tuberculosis but no microscopical examination was made as the case was sufficiently clear.

There were skin symptoms of the three prominent miasms—psoric, chancroidal and sycotic.

Had always had old school treatment, and I secured long list of remedies taken in the crude form.

Husband living, have had two children.

The first four months of the treatment were occupied in antidoting *symptomatically* some of the drugs she had taken, which, with the exception of drug aggravations, resulted in amelioration of many of the symptoms, the coughing becoming less painful, and the patient more hopeful.

It became evident after the second month's treatment that she was pregnant, but as the patient's condition hardly justified interference, I concluded, after due consideration, to proceed with the treatment regardless of this complication, leaving nature and the indicated remedies to take their course.

CM. was the potency regularly prescribed.

During the fourth month of treatment expulsion of the contents of uterus took place. She was convalescing nicely, when symptoms pointing to inflammatory rheumatism were noted.

The patient informed me that she had had the same "thing" some years ago, being laid up for six months with much suffering, not being able to step on her feet.

This condition yielded to the remedies inside of a week, at the end of which time she felt all right except was very weak and still had the chronic *painless* cough.

At this juncture one of her children was taken with measles, and contrary to my advice, nursed the child herself. Consequently the patient soon contracted a severe attack of measles.

The malady at first responded to the indicated remedies, and the eruption duly developed, disfiguring the patient almost beyond recognition.

As the attack advanced the disease process became very active, the bronchial irritation becoming very severe, accompanied by an intense gastritis.

The retching and vomiting became almost incessant and yielded only momentarily to the chosen remedy.

The following factors of the case confronts us:

Tuberculous patient; measles of a *severe type*; in an *adult* preceded by *miscarriage* and *inflammatory rheumatism*.

The patient's strength was at a low ebb and from a material standpoint the conclusion was natural that there would be a speedy end of the strife. With a knowledge of some of the unseen forces the case presents a different aspect.

In consideration of the unseen powers with us, we may say with conviction, "Where there is life there is hope."

In the course of the process described, *Cantharides* became the leading remedy; 200th every fifteen minutes kept her easy for two hours, then coughing, vomiting and retching as before. *Cantharides*^{30c} followed by relief for about one hour.

Cantharides^{4x} was finally tried, followed by temporary relief. The disease process seemed more violent with each reoccurrence and dissolution seemed imminent.

Clearly a case where Hahnemann advocated passing of hands over patient's body. (*Organon*, p. 293).

She bade farewell to husband, and made some requests with reference to funeral and plan of burial.

On a former occasion I had suggested hypnotism to the patient, as a valuable aid in the treatment, to keep the mind and nerve forces in a state of equipoise. But being rather closely tied to the views of some of the Methodist persuasion of the town, she declined to subject herself to this "power of the devil" and I did not press the matter any further. At the mentioned crisis, I explained it would be advisable to make use of all that science offers and that hypnotism may yet save her life.

There was no time for discussion; at that juncture the initiative process of death had begun, the mental functions were negative, she had, in fact, no will of her own, and readily yielded to my suggestions.

In five minutes she was under complete hypnosis. Making my suggestions that, when I tell her to awake she would have no more pain, no more cough, no vomiting, that she would be comfortable, get well, and feel like having something to eat, I kept her in this state for fifteen minutes in all.

When told to awake, she smiled, arose in bed and asked for something to eat, which was granted, and felt all right.

Cantharides^{cc} was then given. She had no relapse, was treated subsequently according to pure homœopathic principles, and is now a well and strong woman, acknowledging that I saved her life until it came to the payment of her bill.

Case II. Mrs. H., aged 28; husband living. Has chronic ovaritis and endometritis, constipation, and frequent attacks of headache, colic, and sometimes fainting. Has been married ten years, but remains sterile, the ambition of her life being to have a child of her own to love and cherish.

She had spent years of time and much money taking treatment from professors of the old school, and finally, when her doctors committed the indiscretion of suggesting the removal of the ovaries it so shocked her mind that she at once left the great teachers of the healing art, and came to your humble servant for advice.

After a careful examination I was able to make the promise of a perfect cure of all her ailments provided she would do her part. I could see that she was an easy hypnotic subject, and hence could be readily induced, through hypnotism, to follow all rules, and keep up the treatment. This case came to me two years ago.

The amalgam fillings and its effects were removed, together with the influence of all the drugs she had taken as far as could be ascertained from history and symptoms.

The first three months, the headache, colicky pain, and aches of different kinds were removed by hypnotic treatment twice a week. Subsequently pain and aches were removed by hypnotism as the occasion required, until by the conjoined action of the medical treatment they were removed forever.

At the present time the lady is two months pregnant, and started this, to her, new career with severe morning sickness, on which no medicine I could select made any definite impression. The nausea and vomiting would persist during the entire day, and it was evident that she could not have long endured that state of things.

Her procreative energies being by nature weak, the growth of the foetus taxing her vital forces to the utmost, the nausea and vomiting resulting purely from a physiological condition; hence, the lack of any decided response to the indicated remedy.

Hypnotism was resorted to with the result that since the first treatment she has been perfectly well.

She receives one treatment weekly.

MENTAL SUGGESTION AS A THERAPEUTIC AGENT.

An innovation was made at the last regular meeting of the Englewood Homœopathic Society, August eighth. Dr. A. C. Halphide had consented to give a lecture upon *Mental Suggestion as a Therapeutic Agent* and to illustrate the same with clinical cases if possible.

Dr. H. W. Pierson had kindly consented to open up his home to the members of the society, their families and invited friends, so at the appointed hour about fifty were waiting the demonstration of principles of which all present had some knowledge.

The doctor commenced by stating that he would not dignify the evening's entertainment with the title of a lecture, but preferred an informal talk in which everyone present would be free to interrupt with any question bearing upon any phase of the subject. After a careful definition and a general history of the evolution of the subject, he came down to his theory for its general application in nearly every phase of disease.

The element of fear was an important factor as a disturbing influence in disease. The suggestion may come from within or from without, but it must be entirely dispelled before a restoration to health can be accomplished. This he illustrated by citing several cases who imagined they would be sick within a certain time by reason of previous exposure; and if they knew the character of the disease their chances of escape are exceedingly slim. Epidemics are changed from a mild form to one of virulent character by the conviction that death will result from any exposure. People who were the picture of health have been made very sick by having the suggestion come to them, from varied sources, that they were looking badly.

The theory presented, involves the duality of mind—the subjective and objective or reasoning, individuality. If the subjective predominates, the person is easily impressed and accepts the suggestion of other without subjecting them to a rigid analysis. It is for this reason that sick people are so amenable to mental suggestions that fill them with hope and courage. The wise physician attempts by every word and look to impress upon the disturbed intellect that he is sure to get well. It is half the battle to win the confidence of the patient, hence the necessity for removing every influence that will tend to neutralize the suggestions of the family physician. The homœopathic

physician has confidence in his remedies which beget a degree of positiveness in all of his expressions which suggests a hope in the mind of the patient that all will be well in the end. Nothing is being given which will counteract the mental suggestion, so they go hand in hand, soothing and quieting the disturbed vital force. The cure has been made and the vital force at once begins the reparative process.

A lady in the audience had a persistent cough and many of the symptoms pointed to tuberculosis. She was easily placed under control and it was suggested to her that the soreness in the lungs was all gone that she would waken without the inclination to cough; that she could talk without any irritation to the vocal cords etc. The cough ceased entirely (an examination of the sputa will be made and the case reported on at subsequent meetings of the society). Another case who was at the time under treatment for a susceptibility to hay fever returning with great regularity, August 15th. He could not put her into the cataleptic state, but suggested to her that the treatment she was taking would be sufficient to avert the attack (the fifteenth has passed with but a slight suspicion of trouble which soon passed away under the action of *arsenicum*).

A young man was present who had been under his influence for over a year. Had been an inveterate cigarette smoker. Nearly a year ago, while in the hypnotic state it was suggested to him that a cigarette would make him sick and that there would be no desire for tobacco in any form after he awoke. It was further suggested to him that he would send his tobacco pouch home to his mother. He was then awakened and in a short time those present commenced to light their pipes. This made him so faint and sick that he had to excuse himself and go to his own room. No hint was given him of the nature of the suggestions, but a few days after he told the professor that he had sent his tobacco pouch home to his mother and had decided to let tobacco alone for the future. He had not seen the doctor for several months, but he told the audience that he could not sit in a room where tobacco was being smoked.

A. F. C.

(It would seem from the cases presented that to the homœopathic physician was given the best opportunity for the application of this agency, and further investigation may show that this influence or dynamis is projected along the same lines with the indicated remedy.—Ed.)

Institutes of Medicine.

THE PLACE OF THE NOSODES IN THE HOMŒOPATHIC MATERIA MEDICA.*

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The use of Nosodes has probably given rise to more contentions in our ranks than any other one thing, and their advent as therapeutic agents has been combated by many physicians, on various grounds.

The administration of disease products, internally, has been and is opposed by many as unscientific, and consequently un-Homœopathic, and as filthy and consequently dangerous; each objector basing his objections to their use upon good reasons, as seen from his individual point of view.

Let us consider these objections and see, if possible, whether or not they are valid.

A great number of physicians sailing under the banner of "Similia," object to their employment because they are filthy. Since most of these physicians use no remedy higher than the 3x, it is fortunate for their patients that the objection in their case is sustained, especially with such Nosodes as *Psorinum*, *Pyrogen*, *Syphilinum* and *Medorrhinum*. This objection is a valid one, were it always consistently maintained, which unfortunately it is not. The prevailing "fad" of "Serum Therapy" has turned the heads of many of our erstwhile "purists," and what they conscientiously refuse to administer "per orem," they unhesitatingly administer "hypodermically." Their attitude toward the Nosodes furnishes an interesting study in "moral philosophy," demonstrating that their "conscience" is located in the gustatory nerve.

This objection is merely a personal one, simply a matter of "taste," and can not be admitted as a scientific objection to the Homœopathic use of the Nosodes, since these objectors who do not use the Nosodes claim there is nothing in a potency higher

* Read before the Indiana Institute of Homœopathy, at Indianapolis, May 25, 1896.

than the 12x, while those who do use them, never think of using lower than the 200th or the 1m potency.

The only other objection worthy our consideration as Homœopaths is, it is unscientific, and consequently un-Homœopathic. This charge covers two points, Isopathy and Empiricism.

Isopathy is the administration of the virus of a disease for the cure of the same disease, and might be expressed by *Idem, Idem Curantur*, the same cures the same, which we do not believe to be true. Isopathy and Homœopathy have nothing in common, and are as distinctly different as Homœopathy and Allopathy.

Speaking of the potentized Nosode *Psorinum* in the Chronic Diseases, Hahnemann says: "I say Homœopathic use, for it does not remain *Idem* (the same). Even if the prepared itch substance should be given to the same patient from whom it was taken, it would not remain the same, as it could only be useful to him in a potentized state, since the crude itch substance, which he has already in his body as an *Idem*, is without effect on him. But the dynamization, or potentizing, changes and modifies it—just as gold leaf, after potentizing, is no more crude gold leaf inert in the human body, but in every stage of dynamization it is more and more modified and changed. Thus potentized and modified the itch substance, *Psorinum*, when taken, is no more *Idem* (the same), with the original itch substance, but only a *Simillimum*. For between *Idem* and *Simillimum*, there is no intermediate place for any one that can think." In other words, as soon as a substance has been subjected to the process of potentization, it is no longer the same, but becomes a *Simillimum*. Therefore we conclude that the use of dynamized or potentized Nosodes is in perfect harmony with the Homœopathic Law of Similars, while the lower the potency, the nearer it approaches Isopathy, and consequently the farther from Homœopathy.

Now, is Nosode prescribing Empiricism? How may we determine? The prescribing of a potentized Nosode for symptoms similar to those produced upon a healthy human organism is certainly orthodox Homœopathy, and as certainly contains no element of Isopathy or Empiricism. But is it yet Empiricism to prescribe a Nosode simply upon the fact that the disease of which it is the virus has been diagnosed? That is a question.

Why may not the totality of the symptoms present be considered the proving of this particular virus upon this particular individual?

A drug is given to a prover till the poisonous or pathogenetic effects are obtained, and these are recorded; the same drug is given to a different prover, and the effects are recorded, and again and again is the drug given to different provers and the effects on each one is recorded, and all these different effects are incorporated into the sum total of the effects of this drug. In some of the provers, perhaps all, a number of effects or symptoms are the same, while each individual prover exhibits effects or symptoms peculiar to himself alone, and which are not found in any of the others, yet these individual symptoms are as authentic and reliable as any, and in many instances have been verified.

It has been demonstrated by many of the best Homœopaths in this country, that a very high potency of a drug will antidote, neutralize, remove, cancel or cure, the symptoms produced by the crude drug. If this is true, and it needs but to be put to trial to prove it, it must be because the highly potentized drug, being changed or modified, as Hahnemann says, by dynamization, becomes, not the same, but the *Simillimum*, to the symptoms caused by the crude drug. What could be more similar to every phase of any substance, than the same substance changed or modified by dynamization? Then why may not the dynamized virus or Nosode of a disease be prescribed as the *Simillimum* to that same virus or disease, the symptoms present in the individual, constituting the proving of the virus upon that individual person?

Will the dynamized Nosode cure the disease of which it is the virus? Most assuredly. This has been demonstrated times without number.

Will the dynamized Nosode always cure the disease of which it is the virus? If the disease is not complicated with any other disease or miasm, probably. If it is, as is frequently the case in the beginning—No.

Psorinum would not be expected to cure a case depending upon a combination of Psora and Sycosis: *Medorrhinum* alone, will not cure a case depending upon a combination of Sycosis and Syphilis: *Syphilinum* will never alone cure a case of Syphilis engrafted upon a Psoric base, and to which has been added the miasms of *Mercury* and *Iodide of Potash*. The Nosode of one miasm will not remove the symptoms produced by two or more different miasms, any more than *Iodine* will remove the

symptoms produced by *Iodide of Potash*, or *Arsenicum*, those by *Kali Ars.*

Wonderful cures have been made by giving a patient his own dynamized Nosode, and experiments in the line of individual Nosodes would render material aid in determining when an unproven Nosode may be homœopathically indicated.

The Nosodes that have been proven have made for themselves a place in our *Materia Medica* that nothing else will or can fill, and their efficiency has earned for them a welcome into our armamentarium. As Dr. Bell so aptly says, "Whether derived from the purest gold, or from the purest filth, our gratitude for their excellent services forbids us to inquire or care."

Every individual with whom you converse, has his own ideas and theories. When he questions you about Homœopathy, you hesitate because he has not the beginnings.

When he questions you about Homœopathic facts, if you tell him what your opinion about it is he will listen to you; but when you say it *is* so and so, he looks at you in wonder and doubt.

Your enemy on the ground of common sense can say so much more than you can that many individuals can be reasoned away from you.

Anything which looks away from exactitude is unscientific. The physician must be classical; everything should be methodical. Science ceases to be scientific when disorderly application of law is used.

A profane man can have no more idea of the sentiments of a gentle, highly religious woman, than can a lobster.

Eternal Principles, themselves, are authority. The law of Similars is a Divine law. So soon as you have accepted the Law of Similars, so soon have you accepted Providence, which is law.

If you do not use your Homœopathy you will lose it. This is a responsibility so great that where one has gone into the Truth and does not make use of his knowledge, he will become like Egypt of old.

The sick are entitled to exact knowledge, not to guess work.

Leave names out when prescribing. They are only for the foolish and for the boards of health.

The disease is not to be named but to be seen: not to be classified but to be viewed, that the very nature of it may be discovered.

Throw aside all theories, and matters of belief and opinion, and dwell in simple fact.

—*Kent's Aphorisms and Precepts.*

Correspondence.

"OSTEOPATHY" AND THE ILLINOIS STATE BOARD OF HEALTH.

SPRINGFIELD, ILLINOIS, June 6, 1898.

To the Editor of the Hahnemannian Advocate :

SIR: A concern in Chicago claiming to teach the alleged science misnamed osteopathy makes the following remarkable statement relative to its so-called courses, in circulars which are sent broadcast over the country:

"Terms of study are so graded and the courses of study so broad and complete that they comply with all the requirements of the Illinois State Medical Board and allow our students two years' credit on a regular medical education. These credits are recognized in any medical college in this country and will be equivalent to two years' work done there."

If by the "Illinois State Medical Board" is meant the Illinois State Board of Health, the assertion made in reference to that body is a lie in the fullest acceptation of the term. It is not true, furthermore, that the "credits" named are recognized in any medical college in this country. On the contrary, it is exceedingly doubtful if a single reputable medical institution will grant any advanced standing whatever to applicants from this and other "colleges" of similar character. Should this, however, be done, it is needless to say that the institution or institutions concerned will receive no further recognition from this board, and it will be remarkably strange if the various State boards of medical examiners throughout the Union will view such irregular proceedings with complacency.

As the circulars are calculated to deceive the unwary, and to cause prospective graduates in medicine to waste two years of time, I will ask you to give this letter a prominent place in your journal, in order that the facts of the case may be widely disseminated.

J. A. EGAN, M. D.,

Secretary of the Illinois State Board of Health.

Editorial.

MEDICAL COLLEGE POLITICS.

Medical College faculties, as a rule, are a very sensitive aggregation of people. The band which holds them together is a brittle thread easily broken and with difficulty mended.

The ease with which faculties are created and the selfish motive prompting many to accept responsibilities therein constitutes the most serious factor in the whole question, often proving the rock upon which the college, with all of its many interests, is wrecked.

No faculty can be harmonious so long as the interests of self predominates. So long as favors are at the disposition of the few, politics will exist, cliques and factions will jealously guard and seek to promote the interests of their members, regardless of college polity or interest; and combinations are as pernicious in faculties as in drugs.

In every organization will be found keen, active, aggressive men and women ready to assume any responsibility, put any plan into operation and in fact ready to "run the whole institution." If their motive is a selfish one their career is self limited, because others prompted by the same unworthy motive will combine with those of a similar but of *less* executive ability and thereby not only defeat the plans of the first party but *destroy* the organization.

A medical college actuated by no higher motive than the supplying of desirable positions upon her faculty at so much a head deserves a tempestuous experience and is sure to get all she deserves. There is no use trying to make water run up hill, it can be done, but the result obtained is not commensurate with the cost. You may build all the safeguards you please, but their very existence is an acknowledgment of threatening danger. It were better that the cause be removed when the danger will be reduced to the minimum. A case illustrating the whole matter came to our notice this morning. The letter addressed to the alumni of this college reads as follows:

—————, August 15th, 1898.

My Dear Doctor: At a recent meeting of the Board of Regents of the——— School of Medicine, a majority of that Board, contrary to the plain letter of the statute which expressly forbids the removal of any professor unless recommended by a *majority of the Faculty*, assumed the right to declare vacant the chairs of Drs.———. This was done at the instance of Dr.———, who himself secured in 1886 the very statute which protects the tenure of office of the various professors. *On the faith of that statute the professors invested very largely in property and fitted it up for teaching.*

Legal advise has been taken upon the action of the Board, and the opinion expressed that without doubt the action of the Board was wholly illegal and void.

After this futile attempt at usurpation of power on the part of the Board, Drs.———, and perhaps the gentlemen whom the Board assumed to elect, met in a pretended meeting of the Faculty and went through the form of electing Dr.———, Dean, and Dr.———, Secretary, although, as you may know, Dr.——— had previously been elected Dean for a year by the *whole Faculty*, and Dr.———, had been elected Secretary for the year by the *whole Faculty*.

Much as this dissension and internal trouble in the management of the school is to be regretted, it is nevertheless the duty of the Dean to make known to the Alumni the true state of affairs. The right of the Board to do what it has undertaken to do will be as speedily as possible brought to the test of judicial decision, and no doubt is entertained that the action of the Board will be promptly declared void.

Trusting the right will triumph and the College continue her career of usefulness and honor, I am

Very truly your obedient servant,

—————, Dean.

For the past 10 or 12 years, there has been a division in this college headed practically by two men. The man leading this present insurrection was dean of the college for a number of years, but was defeated 3 or 4 years ago by the one who signs the present letter. Since which time there has been a bitter struggle for supremacy, which culminate in the recent action of the Board of Regents.

The only way for the elimination of politics from any institution is to close the doors of that institution and as soon as it has been determined that factions have risen which threatens the harmonious working of the entire faculty, it would be the part of wisdom to bring about a thorough reorganization of the institution by placing it upon such an elevated plane that men and women of high professional worth will feel honored by an invitation to occupy a place in its faculty.

Principles and purposes must stand pre-eminently above

or any of its individual segments. They must be so far above the attainments of even the wisest that there will be a laudable determination on the part of each member of the faculty to excel. This higher spirit for scientific attainment and real value generally finds a full and an hearty recognition from fellow workers seeking for the same knowledge. The reward, so dear to all mankind—just appreciation—is thus conferred without intrigue and is made perpetual because of the real worth back of it.

The ideal college of the future will have no politics, but its halls will be crowded by students.

THE COLLEGE OF THE FUTURE.

Every member of the medical profession should aspire to the honor and dignity of a professorship in some medical college. It should be a badge of honor, a fitting title conferred by the profession upon those whose knowledge and ripe experience have been demonstrated. Before any such results can be accomplished, radical changes will have been made in the education of the medical student.

It should mean much to become a student of medicine; years of preparation will have been required and the inquiry of the student will not be how soon can I get through, but what opportunities can I have for acquiring a *thorough* knowledge of disease and the means needed for restoring the sick to a state of health?

Opportunities must be provided whereby the prospective student can investigate along lines adapted to his peculiar inclination. The faculty must be large, the instruction personal, the whole aim and purpose being to draw out instead of driving in. The didactic lecture, that relic of a by gone civilization must give place to laboratory work, individual investigation under the guidance of those who have completed the work, recitations and finally the demonstration *by the student* of work satisfactorily done.

The signs of the times point to just such a conclusion of the whole matter, and in the meantime many of the hindrances to the realization of this idea will gradually melt away under the silent but irresistible law of evolution—the survival of the fittest.

The student becomes an instructor and by so doing is enabled to thoroughly assimilate that which he has been masticating,

instead of storing it away like the herbivorous animal, to be digested during the years of *waiting* for people to get up enough courage to put their lives into his hands. The entire college course should be a process of *natural* development by the employment of all five senses. The latter half of the term of service should be devoted exclusively to the application of those principles which have been taught, for the purpose of determining their truth or falsity. This state of affairs would solve the problem of the dispensary abuse, because the work would be done under the direction of those who had earned their right to the title of Professor, the highest title which can be conferred upon any teacher. This vast amount of clinical material could be profitably utilized, the profession raised thereby to a higher plane of excellence (without legislative interference) and those who are able to render proper compensation for *valuable* services would do so, thus permitting the Doctor of Medicine sufficient time and opportunity for original research along those lines best suiting his nature, instead of living the life of a slave.

MEDICINE IN WAR.

The world looks upon the big guns, the formidable battleships and the large aggregation of men as the elements constituting the greatness of an army; but the hardest battles are often fought in the tent of the commander, the chamber of the diplomat, or in the council room of the cabinet. To know how to prevent war requires greater skill than is exercised upon the field of battle.

The soldier is trained to meet force with force, but the force employed is purely material. Orders must be obeyed without hesitation and without question. The orders generalize and never individualize.

Millions are freely appropriated for research in method for increasing the efficiency of the munitions of war and suggestions are received and carefully considered from whatever source they may emanate; but the line is closely drawn when suggestions are made with reference to the physical well being of the real life of the army—the soldier. Ignorance—bigotry—closes the door in the face of any suggestion that would modify the routine practice of the Medical Department of the Army, notwithstanding the mortality of the camp is greatly in excess of the battle-field.

That which cures is to a large degree preventative, but the

treatment employed by the Medical Department of the Army is neither curative or preventative. On the contrary, the employment of the massive doses of quinine, which are issued like rations, indiscriminately, is one of the most fruitful causes of that lowered vitality which makes the army so susceptible to the heat and generally unhealthy environment, in which the different camps have been located.

In sanitation, no criticism can be offered, because in this there is no difference of opinion, but if the men in every regiment were given their choice of medical attention, the government would have such an object lesson as would forever after prevent discrimination against any established system of medicine.

The need for action in this matter is becoming more urgent as the opportunity for the demonstration grows less. The precise, well defined law governing the selection of the *simillimum* ought to make it a very easy matter for a corps of medical men to completely revolutionize the medical practice of the army.

MEDICAL LEGISLATION.

State legislatures will begin to grind out the grist brought to their hoppers in a few short months. Already the State of Illinois, or rather a few interested parties in the aforesaid state, have prepared legislation for the purpose of restricting the legitimate members of this noble profession in their lawful work, while those who are a curse to humanity are allowed to go Scot free.

Illinois has an excellent Medical Practice Act, and is moving in the right direction. Her Board is seeking to raise the standard of the colleges in the State by refusing to recognize the diploma of any institution which does not conform to their minimum requirements; and at the same time keeps out all undesirable practitioners who cannot comply with these same requirements. What more is needed? We have laws for the punishment of crime and when the educated members of the profession cannot hold their practice against the blatant assumption of the quack, there must be something decidedly wrong with their practice. Your patient will never leave you so long as you are doing good work and since legitimate medicine leaves in its course such a large list of "chronics," "incurables," they should have no "kick" coming if people will become discouraged and run

after every new fad that enterprising man offers for their relief. A great many times there is as much ignorance shown within the fold as can be found on the outside. As soon as the profession will come to the realization of the fact that their protection depends upon making the standard of requirements so high that none but competent men can enter the medical profession, then the very superiority of their work will prove their greatest safeguard.

One of the features of State meeting in Rock Island next month will be the discussion of the report of the committee on medical legislation appointed by the different state societies. It is to be hoped that the action of the society will be a refusal to endorse any form of restrictive legislation, other than the strengthening of such weak points (if there be any) along the line of past legislation.

PERSONALS.

Dr. C. E. Sawyer, of Marion, Ohio, has added another extensive addition to his already roomy sanitarium. This speaks well for his work.

The annual course in Orificial Surgery by Prof. Platt, will be given in the Chicago Homœopathic College, early in September. Full particulars may be secured by addressing the doctor at 100 State St., Chicago.

Word comes that Dr. Cordelia Steetler, for so long a time, assistant to Dr. Ludlam, in his gynecological work, suddenly expired while on her vacation in Europe. Particulars with reference to her death are unknown to us at the present moment.

Dr. Wilson A. Smith, editor of the *Medical Visitor*, is preparing a paper on *The Uses of Echinacea* for the coming meeting of the Illinois State Homœopathic Society and is desirous of securing all data possible. Due credit will be given every contribution. If you have had any experience with this remedy, send result of same to the doctor *without delay*. His address is 65 Washington St., Chicago.

The faculty of Dunham College has been strengthened by the addition of the following well known members of the profession. A. G. Smith, formerly of Louisville, Ky; K. O. Austin, of Blue Island; Martha Bonnell, John Hoehn, John C. McPherson, John H. Stotts, John Storer, Hugo Wightman and A. C. Rasmussen. The new College Announcement has just been issued and is fully up to the high standard always followed by this institution.

The question of the revision of our materia medica seems to be such a stupendous undertaking that no one or very few are willing to attempt it, but Dr. E. S. Hodson, of Washington Courthouse, Ohio, make a suggestion in the *Medical Visitor* which is well worth consideration by the profession. He says, "If 100 prominent men will each take one drug and keep a complete record of it, noting the part used in medicine where the plant grows, the time it is gathered, watching its physiological effects, etc., and during the year make a personal and careful study of its action upon the well as well as the sick, and at the end of the year, make a complete report of his observations to the State Society, that a great and valuable addition will have been made to our Materia Medica." This suggestion includes not only old and thoroughly tested remedies, but the remedies that are being drawn to the attention of the profession through other sources.

Wherever state institutions have passed out from under the control of the old school and come under the benign influence of homœopathy, a record has been established which will last forever. The latest report comes from the Home for the Feeble Minded in Nebraska, at Beatrice. Dr. E. G. Sprague, of Omaha, was appointed Superintendent last October, and now reports after nine months that the number of epileptic attacks have been reduced 50 per cent from the previous records. The time is not far distant when every state as well as the national government will be compelled by public opinion to recognize the justice of an equal apportionment of all the eleemosynary institutions.

There are two worlds; the world of thought, or immaterial substance, and the world of matter or material substance.

Name everything that is, or moves; it is sustained, from, and by power of this Primitive Substance. We do not argue that this is first power, but this is first substance.

Susceptibility is only a name for a state that underlies all possible sickness and all possible cure.

Now when a person becomes sick, he becomes susceptible to a certain remedy, which will affect him in its highest potency; while upon a healthy person it will have no effect.

When the dose is too large to cure, man receives it as a sickness.

—*Kent's Aphorisms and Precepts.*

Miscellany.

To Clean Rusty Instruments. Brodie (*Journal of the British Dental Association*) gives the following as an effective method of cleaning rusty instruments:

Fill suitable vessels with saturated solution of stannous chloride (chloride of tin) distilled water. Immerse the rusty instruments and let them remain overnight. Rub dry with chamois after rinsing in running water, and they will be of a bright silvery whiteness.

Heroic Treatment. The following interesting account of bone-setting by the natives of the Congo River appears in the new magazine, "*The Wide World*." It would appear that the local white doctor could not get a fractured leg to unite, the patient being a most intractable one, but the difficulty was surmounted by one of the patient's fellow-tribesmen in the following way: He was laid on the ground on his back, and under his head was placed a box. The broken leg was then stretched straight out and covered with a little hillock of soft clay. This clay, being pressed hard down upon the leg and a fire kindled upon it, was practically turned into brick. The patient was kept in this position for five weeks, being fed during the time by two attendants. The result is said to have been perfectly satisfactory.

Pulsatilla in Genito-Urinary Diseases. Dr. Hooper presents a case in the July number of the *American Medical Monthly*, illustrating the application of *pulsatilla* in genito-urinary diseases. He says the case was one of an Irishman, sixty-four years of age, married, light hair, blue eyes, disposition variable, one time exilerated, the next depressed, constipated, sense of fulness in the region of the bladder, with almost constant desire for urination. This symptom was very annoying and was aggravated at night causing him to arise five or six times during the night. Sexual desire was strong. On examination, found an enlarged and extremely sensitive prostate gland with a sensitive urethra and with difficulty a pass No. 17 American or 25 French sound. Under the action of *pulsatilla*, there was a general subsidence of all the acute symptoms which gradually went on to complete recovery.

Bill Nye on Appendicitis. A case of appendicitis required an operation some weeks ago and the surgeon had never tried it before. When he had removed the appendix on account of some typographical error that he found in it, he began to put back the other organs, but after three or four days and an apparent healing of the wound "by first intention," he found an odd

looking organ behind the lounge, which had evidently been left out. The other doctors have worried him a good deal about it and at the funeral of the patient tried to get the clergyman to make an illusion to it in his sermon. A doctor cannot be too careful in that way. I once knew a young surgeon to operate for appendicitis on a large, roomy man, and had it not been for a timely autopsy, he would not have known to this day that a good twenty cent cigar dropped out of the physician's pocket and was sewed up in the patient's annex. Had it not been for the post-mortem the cigar would have been a dead loss.

A Lesson in Professional Tact. The following story, though old, is true, and as illustrating professional etiquette, which, like all true courtesy, is merely the application of the Golden Rule, is worth repeating from its reproduction in the *"Toledo Medical and Surgical Reporter"* for May. Being called in haste to a patient under the care of a very young practitioner, Sir William Gull found that brandy and water was being given at intervals, with certain other treatment. The great physician carefully examined the patient and said: "Give him another spoonful of brandy." He then retired to a private room with the young doctor in charge. "It is a case of so-and-so," he said, as soon as the door was closed. "You shouldn't have given him brandy on any account." "But," said the junior practitioner, in amazement, "I thought, Sir William, that you just told the nurse to give him another spoonful?" "So I did," said the great man. "An extra spoonful of brandy won't hurt him; but we mustn't destroy his confidence in you, or he'll never feel comfortable or believe anything you tell him again."

Can a Physician Practice Medicine After Conviction of of a Felony? This question came up for adjudication in New York State, in the case of the People vs. Benjamin W. Hawker. In 1878 this man Hawker was convicted of having performed a criminal abortion, and was sentenced to imprisonment for ten years. After having served his sentence he attempted to resume practice, with the result that the Medical Society of the County of New York brought suit against him for violation of a State law. His counsel argued that such a construction of the law, making it illegal to practice medicine after having been convicted of a felony, was unjust and unconstitutional, inasmuch as it, in effect, added a new punishment for his crime. The people contended, however, that the State had, in its police power, the right to exact good moral character as one of the qualifications for the practice of medicine. The first trial resulted in a verdict of guilty, and the imposition of a fine of \$250. On appeal, four judges decided to set aside the conviction, but one judge, Ingraham, delivered a vigorous dissenting opinion. On a final appeal to the United States Supreme Court, nine judges confirmed the conviction and sustained the constitutionality of the law, citing many decisions in support of their position—*"Philadelphia Medical Journal."*

Homing Pigeons Versus Telephone. The members of the Medico-Chirurgical society of Central New York, were treated to quite a novelty at the recent meeting of this society held at Syracuse. Dr. N. H. Haviland, of Fulton, an enthusiastic breeder of Homing pigeons, read a paper on the value of Homing pigeons as messengers between the sick and their physician. He gave a very interesting description of his method of rearing and cultivation of these pigeons, the necessary care that must be taken in making their home pleasant and thoroughly ventilated, also the method of training them for the carrying of messages. It is to be borne in mind that the pigeons only carry the message one way and that is toward his own home and in order that a return message should be given it is necessary that lofts be established at both ends of the route, but his usual method of employing pigeons in his work is to take a basket filled with the birds on his first visit and if the case requires frequent reports, instructions are given to fasten the message to a small band firmly attached to the leg of the bird and allow him his liberty when he will immediately bring the message home. In this way a report may be given every few hours where there are no telegraphic or telephonic communications are possible. These birds will travel from forty to fifty miles an hour.

Adenoid Vegetations. Dr. Irving Townsend in the July issue of the *Homœopathic Eye, Ear and Throat Journal*, hits the nail on the head in the following statement, he says: "As homœopaths we rely on the action of indicated remedies, and resort to operation only when other treatment fails, or we have learned from experience that it is useless. It, therefore, behoves us to make use of drugs in those cases only, where delay in operating will not impair the chances of recovery and to operate promptly when required." In another place in the same article he says: "It seems to be as essential for us to know the limitations of our remedies as to know the full extent of their applicability to the cure of the disease; and by keeping in mind the former we may avoid the error of promising more than we can fulfil and expecting to relieve by remedies, conditions dependent on mechanical obstruction, without attempting to remove the cause of it.

"As an enthusiastic believer in the value of homœopathic remedies, I feel confident that these foregoing remarks will not be construed as discrediting their use, and I desire only to emphasize the fact, that we as homœopathic physicians may glorify our cause quite as much by accurate diagnosis and prognosis as by our knowledge of materia medica and ability to select the indicated remedy." Where the cause of the obstruction is external and due to mechanical forces, the indicated remedy can have no value whatever.

Virtue has its Own Reward.—Dr. Love once said, with regard to medical meetings, it was desirable that a man should come away having im-

parted something if possible, but that it was imperative that he should at least have picked up something. Here is something, quoted from *Love's Medical Mirror* for July, that the genial doctor "picked up" in Denver: "A bright little Denver boy, one of a class of children six or eight years old, who had been requested by their teacher to write a story, selecting their own subjects, and whose compositions were not to be subject to revision by the teacher, but to be read before the children's parents exactly as written, submitted the following:

"Virtue has its own Reward: A poor young man fell in love with the daughter of a rich lady who kept a candy shop. The poor young man could not marry the rich candy lady's daughter because he had not money enough to buy furniture. A wicked man offered to give the young man twenty-five dollars if he would become a drunkard. The young man wanted the money very much so he could marry the rich candy lady's daughter, but when he got to the saloon he turned to the wicked man and said: "I will not become a drunkard even for great riches. Get thee behind me, Satan." On his way home he found a pocketbook containing a million dollars in gold. Then the young lady consented to marry him.

"They had a beautiful wedding, and the next day they had twins. Thus, you see, "virtue has its own reward."

Minnesota's Medical License Law. At the recent Omaha meeting of the American Institute, the statement was made, and it has since appeared in several of our journals, "that the Medical License Law of Minnesota had been knocked out by the recent decision of one of the District Courts of the State."

The case is this: "A so-called Doctor," La Chance by name, a "Divine Healer," was arrested for practicing without a license. The court held that inasmuch as he prescribed no medicine, gave no advice, and did nothing but take the money of the patients, and let the latter believe that he and God would cure them, he (La Chance) was not amenable to the law, and consequently the case went against the prosecution. The Supreme Court sustained the finding of the lower court.

We, editorially and individually, believe the law to be unconstitutional and have good legal opinion to sustain our belief. But no physician of good standing has yet been found, who had backbone enough to make the fight against the law, so it remains on our statute books a bugaboo and a bogey man to frighten away practitioners who would like to come to the state. For it does frighten men away. Many a good man well versed in medicine has told us personally, that he would not come to Minnesota and run the risk of being turned down by an examining board. A needless fear, for we know that any medical man of average intelligence could and would pass the examination.—(*Editorial, Minnesota Homoeopathic Magazine*).

Circumcision of Girls. Dr. T. Scott McFarland, in the *Journal of Orificial Surgery*, for July, cites an interesting case of a girl two years old, large for her age, with an abundance of long, light golden hair, fair smooth skin, blue eyes, and a child who had never appeared to notice anything, could not sit alone, not help herself in the least, could not speak a word. Every few moments she would grind her teeth, of which she had her full complement, squint her eyes, straighten out and utter a cry, not unlike the familiar one of an epileptic.

She had been the rounds of doctors, and each and every one had pronounced the case hopeless. The doctor being prompted by an article by Dr. Pratt, had the child stripped and immediately saw that the body was covered with hair, as completely as if she were a fully developed woman, instead of a two-year-old child.

Knowing that such a growth of hair came at puberty, and puberty meant an activity of the sexual system, he examined the clitoris, or where it ought to have been, but found that it was completely closed in by an hypertrophied hood, and amputation of the hood was followed by almost immediate improvement, and fifteen months later the child could walk, talk some, sleep and eat well. During this time, *zinc phos.* 6x had been given. The probabilities are that a careful study of the case would have pointed to the selection of *calcaria carb.* or *calcaria phos.*, which would have resulted in greater improvement than that recorded in the article.

It was apparent in this case that the mechanical condition was in existence since birth, and consequently acted as a *cause* instead of an *effect*.

Sexual Neurasthenia. Dr. Hubbell, in the *Journal of Orificial Surgery*, has an instructive paper on this subject, in which he insists that the sexual debility or apathy is the result of constitutional disturbances, instead of a localized trouble with the sexual organ. The symptoms presented by the neurasthenic are surely constitutional and the careful student of disease manifestation will see the underlying cause for the whole trouble, and consequently will seek for the cure of the same in the employment of constitutional measures. It should be borne in mind at all times that remedial agents can be of no avail until the exciting cause, be it located within the organism or without, has been removed. It must be borne in mind, however, that there is a vast difference between *cause* and *effect*, and the observing physician must be able to differentiate between these two factors, and to remember that the removal of the *effect* by any other means than that of the influence of the same force that brought it about, is never of a curative nature. The following symptoms of the neurasthenic speak louder than words of the constitutional origin of the trouble, and at the same time indicate the nature of the curative agencies.

The first manifestation is usually a dull aching in the occiput, which may ex

tend over the whole head, causing a sense of constriction, which is usually worse in the morning, after a restless night; patient feels as if he had been dissipating, is more tired than when retiring. The appetite becomes capricious or lost; bowels usually constipated; has a tired, jaded or haggard expression. Mental or physical effort is very tiresome, or even irksome, so that he must drive himself to work. The memory becomes weak or defective, the disposition altered, worries over trifles, is irritable, gloomy, and feels prematurely old, often indulging in tears or suicidal thoughts, even to the act of suicide. Sleep much disturbed, often lying awake night after night. He complains of a thousand and one symptoms, and yet is not really sick. He is around attending to his duties, but usually in an indifferent way. Some seem fairly well nourished, in good flesh, and fair color, yet will surprise the physician with the wealth of symptoms he can relate. Usually he carries the stigma of his nervous trouble in his face. With each visit to the surgeon's office he will have a long list of symptoms to relate that he has not thought of before, and which you hope he will not think of again. He complains of twinges of pain in the head, back, extremities, heart or lungs, any and everywhere.

The extremities are usually cold and clammy, has hot flashes, weak, faint feelings, imagines he has cancer, consumption, heart disease, has difficulty of breathing—sexual asthma—night sweats, etc. Of course the chief center of his morbid thoughts is upon the sexual apparatus, such as lost manhood, incompetence, weakness, shriveled, cold, relaxed organs with losses, premature ejaculations, etc.

In no class of cases coming to the hands of the physician should greater attention be given to the mental symptoms than in this class of diseases. Dr. Hubbell calls attention to *phosphoric acid*, *phosphorus*, *kali carb.*, *conium*, *nuxvomica*, *passiflora*, *sarsaparilla*, *pulsatilla*, *iodine*, *thuja* and others, closing with the statement that some of these remedies seem to give better results in the higher potencies, while others act best in the crude form.

What a Shell Did, Exploding. The following article by Assistant-Surgeon Raymond Spear, on board the flagship New York, showing the effect of the explosion of a 14-cm. shell, appeared in the *Medical News*:

During the bombardment of San Juan de Porto Rico on May 12, the New York was struck once by a 14-cm. shell at a distance of about 5,500 yards. The shell came over the stern of the ship and struck an iron stanchion three inches in thickness, which was broken short off at the point of contact. The shell went on for a distance of about fifteen feet and exploded in a wooden boat, which was covered with canvas. The boat was demolished, the lighter plank being badly splintered and driven downward and forward against an iron steam winch. The oars in the boat were broken and one piece was driven for-

ward along the spar deck, but did no damage. The canvas covering the boat was torn and rent into shreds by the force of the explosion, and by splinters passing through it and then caught fire, showing that canvass under such conditions will not stop splinters.

The shell itself burst into many pieces, varying from the size of a pea to large pieces, weighing about five pounds. The direction these fragments took was forward, downward, upward and to both sides, many of them going over the ship's side, others passing through the copper ventilators and smoke pipes and doing little damage.

The fragments that went downward and forward struck about the port 8-inch waist gun, where there were 12 men stationed, killing one man and injuring several others. The man killed, Wiedemark, was struck by a piece of shell about two inches square by one inch thick. It entered the left side of his neck near the angle of the jaw, severed the blood vessels, proceeded upward and backward into his brain, probably injuring the medulla, and lodged under the skin just beneath the occipital protuberance. The man fell forward, losing consciousness immediately. His respiration ceased as soon as he was struck, but his heart continued to beat feebly for about five minutes, when all signs of life disappeared.

Another fragment of shell of about the same size struck a man named Fettmann on the anterior inner surface of the left thigh, about three inches above the knee, and went through the limb, taking a backward and downward course. The femur was shattered into numerous fragments, and the muscles were torn considerably in the track of the wound.

The effect of the missile on the bone was peculiar in that the bone was not only splintered for about three inches of its length, but it was also pulverized, hundreds of minute pieces of bone being imbedded in the muscles. At the point of exit there were shreds of tissue protruding from the wound, showing that the ragged piece of steel drew muscular fibers and fascia along with it. The leg was operated on and a portion of the femur resected, the splinters and crumbs of bone were removed, the fragments were trimmed off and wired together, and through and through drainage established, the limb being put up in a fenestrated plaster dressing. The wound at last accounts was healing by primary union, and there is every reason to believe that the leg will be saved.

Another man was struck in the left leg by a piece of shell about one inch by $\frac{1}{2}$ inch. It entered the leg about its middle on the outer side, went inward and outward, grooving the anterior surface of the tibia. The fragments of bone were taken out of the leg by the piece of shell.

There were several other minor injuries. Pieces of shell struck several men, but did no damage. One man felt something hot on his breast, and on investigation found a piece of shell that had burned its way through his clothing and

reached his skin. The fragments of the shell were all hot, as was shown by burnt wood and canvas. The men injured by the shell all said they felt a burning, stinging sensation about their wounds, and in some cases the clothing was scorched.

The shell receives a great deal of heat from the friction it incurs in leaving the gun, some of this heat is lost through radiation in its flight through the air, more heat is developed on the impact of the shell, and still more energy takes the form of heat when the missile explodes, making the fragments hot enough to set fire to wood. All of the wounds made by the pieces of shell were aseptic, but they all were sluggish in healing, due to the lowered vitality and burning of the injured parts.

Medical Treatment of Sexual Passions. Dr. J. Arschagouni, of New York, has an able article in the *Hahnemannian Monthly* for July upon this important subject. Much of the matter has been taken from Casper, Westphal, Krafft-Ebing, Moll and others, and the medical treatment has largely been culled from the writings of the late Dr. Gallavardin, who perhaps made the most extensive study of this subject of any physician in the Homoeopathic School. Those who have read the classical work of Krafft-Ebing "*Psychopathia Sexualis*" and Moll in this "*Perversion of Sexual Instinct*" will appreciate the importance of this subject from a medical standpoint. If in addition to this he has read the brief work of Dr. Gallavardin, and realizes how potent are the remedies at his command, will be inclined to enter into the study of the subject not only with interest but with profit. From this work by Dr. Gallavardin the following illustrations are collected, for instance:

Incontinency: *Alumina, Causticum* and *Conium* are well indicated.

In lubricity of imagination, a most difficult symptom to abate and found in senile dementia: *Conium, China, Lycopodium, Nux vomica, Pulsatilla.*

In sensual lubricity: *Belladonna, Causticum, Cantharides, Phosphorus, Platina, Stramonium, Veratrum.*

For those who are after little girls: *Causticum, Platina, Phosphorus, Veratrum.*

For onanism: *Coffea, China, Causticum, Majorana, Nux vomica, Organum, Pulsatilla, Sulphur* and *Staphisagria.*

For unusual habits between married couple: *Causticum, Platina.*

In homo-sexuality in both sexes: *Calcareo carbonica* and *Platina.*

For uranists: *Platina.*

For those who have no bashfulness: *Belladonna, Hyoscyamus, Phosphorus.*

For corporal antipathy caused by the individual temperament, which often exists between two persons: *Aurum, Ammonium muriaticum, Calcareo carbonica, Crotalus, Nitric acid.*

For those who attempt intercourse only when they are intoxicated, thus

causing many disturbances to their wives, insomnia and uterine disorders, with chance of procreating vicious, idiotic children: *Conium*, *Calcarea carbonica*, *Causticum* and *Nux vomica*. Dr. Gallavardin goes still further and claims to cure adultery with *Causticum*, *Lachesis*, *Pulsatilla*, *Platina*, *Phosphorus*, *Staphisagria* and *Veratrum*. He also mentions cases of bachelors who, under *Lachesis*, *Phosphorus*, *Platina*, *Staphisagria* and *Veratrum* have abandoned their mistresses and got legitimately married, and claims that *Lachesis*, *Nux vomica*, and *Staphisagria* are efficacious in creating not a passion but a taste for married life. In this occasion, he mentions our lamented Constantin Hering, who used to give *Lachesis* in cases of young people who for no reason were undecided to be married and *Lachesis* seems to have produced the desired effect. Several weeks and months are necessary to succeed, he says, and yet at times one single dose may be found sufficient. For instance, one single dose was sufficient to cure a case of jealousy of sixteen years standing in a husband of forty-eight, and another of thirty-two years standing, in a husband of sixty. Dr. Bourgoise wrote many years ago a book "*Passions and Their Relations to Medicine*," and describes their homoeopathic treatment with a record of many cases cured. He mentions in his work the verifications of *Aconite*, *Arsenicum*, *Belladonna*, *Cina*, *Ferrum*, *Ignatia*, *Iodine*, *Mercurius*, *Nux vomica*, *Pulsatilla* and *Phosphoric acid*. It would be well for every reader of the magazine to review his materia medica with reference to this subject, and put the same to the practical test of thorough experimentation.

The Health of Our Girls. Dr. Charlotte B. Brown, of San Francisco, in a recent paper on this subject, said: "The general number of invalids amongst women, and the multiplication of specialists in diseases of women, may call the attention of physicians to its cause, and their duty towards the prevention of this disease in the earlier stage. During the last two years the writer found that one-sixth of the new cases in her practice had been girls and single women under 32 years of age. One fourth of this number were teachers, type-writers, telegraph operators and dressmakers, the rest mostly school girls under 19 years of age. The cases are similar in type and general history; tall and thin, or overgrown in flesh, but languid, easily tired, irritable, with backache, irregular menses, anemic and sallow, capricious appetites, dyspeptic, constipated. Examination of the cases shows, in general, a small uterus, with endometritis, more or less profuse catarrh, frequently stricture of the internal os, and sometimes displacements. The need of local treatment in such cases is brief, but much time and thought should be expended to procure the proper adjustment of the whole machinery, and to prevent these girls from lapsing into special invalids for years. The author believed that the foundation for this ill-health was laid somewhere in the schools, for California, with its climate, was especially

favorable to young people. An inspection of the ninth grade of the grammar schools of San Francisco, during the past three months, shows several hundred girls of the age of 15. Twelve to thirteen years of age is the usual time in California for the establishment of the menses. This age corresponds to the seventh grade of the schools, and teachers find that girls rarely ask to be excused on account of dysmenorrhœa. In the ninth grade the attendance was over 90 per cent., showing that mothers do not regard it as necessary to keep their girls home during the period. Evidently, the cause of the girls' ill-health was to be sought elsewhere than in puberty. A list of questions was therefore prepared for the ninth grade of the grammar schools and the first year of the high schools, and, through the Board of Education of Oakland and San Francisco, the following questions were submitted to the girls, it being understood that their replies were optional: 1. Do you eat breakfast? 2. What does your breakfast consist of, generally? 3. Do you have a warm lunch? 4. At what hour do you go to bed at night? 5. Do you often go to bed later? 6. What regular duties, if any, do you have at home, daily, in connection with housework, or anything else, and how much time do they take? These were answered by 287 girls in Oakland and 1,000 girls in San Francisco. In reply to the second question, 386, or more than 33 per cent., answered, "coffee and bread, or roll and hot cakes." Thirty said "no breakfast" or "a glass of hot lemonade," or "coffee and cod-liver oil," or hot gruel." The rest detailed the usual American breakfast. Four hundred and ninety-three, or nearly half the girls, eat lunch, and 10 p. m. was the average hour of retiring for 1000 pupils, 206 retiring after that hour. Five hundred and nineteen girls, or about one-half, report some duties in housework, from fifteen minutes to three hours daily. Three hundred and fifty-nine girls carry on special studies in music, French, etc. The author inquired whether it was surprising that a sensitive girl, after studying too late at night, eating a poor breakfast, a cold lunch, and having but a small amount of exercise, should begin to suffer with the symptoms already recounted? All the more will this state of things maintain if a girl goes once or twice to the theatre, or to a surprise party, and then tries to adjust lessons in study by taking time needed for exercise and meals. Two needs that occurred to the author in this connection were, first, the establishment in all towns and villages of outdoor gymnastic fields especially for women; second, a building near the large grammar and high schools for training in physical, manual and domestic science, as part of their regular school work. In conclusion, the author presented the following points for the consideration of physicians and for general dissemination in the school boards, of which they are often members: 1. Rising early enough to fill one's lungs with pure air, after a suitable toilet, a cheerful, generous breakfast of material chosen on which to do four good hours' work before noon; that is, some home duty, a brisk walk to school,

with three hours of study. 2. A warm lunch, even if but a cup of cocoa or hot milk, or lunch-basket meal. Conveniences for preparing such a dish should be provided in every school, office or factory where human beings eat the noon meal, unless a place near-by offers such food for a few cents. In some cities this want is filled by the New England kitchen, which sends large receptacles of hot soup to the schools. The contents, too, of the lunch-basket are worthy of inspection. 3. The great need of exercise and, besides the morning duties, an hour at least, after school, should be given to out-of-door sport. Errands, which were many times noted on my list of answers, are good; so is a bicycle ride, or outdoor gymnastics, or a good walk, which should be felt, not a duty, but a pleasure. 4. No study allowed after 9 p. m., and every girl of 15 years should be asleep at 9:30 p. m., later being permitted Friday or Saturday nights only; even then, not very often. 5. Urge upon parents that the social life of schoolgirls should consist of afternoon entertainments, and almost never evening parties.—“*Canada Lancet.*”

Exhumation of Hahnemann. On Tuesday, May 24, 1898, in the presence of the civil authority and of thirty-five other persons, the solemn exhumation of the body of Samuel Hahnemann, the founder of Homœopathy, took place. The ceremony began at half-past 8 o'clock in the morning by the arrival of the Commissioner of Police representing the civil authorities. There were present:—

Dr. Suess Hahnemann, grandson of Samuel Hahnemann, who came from England; Mr. Cloquemin, Vice-President of the Transatlantic Company, representing the Baroness Bœnninghausen; the International Committee was represented by Dr. Richard Hughes of Brighton, and by Dr. Francois Cartier, Secretary of the Paris Committee. There were present also the following doctors and chemists: Leon Simon, President of the French Homœopathic Society, Parenteau, Conan, Jousset Senior, Jousset Junior, Nimier, Faure (J. B.), Guinard, Faure (Elie), Tissot, Dezon, Nuguay, Boyer, Love, Chancerel Senior, Chancerel Junior, Georges Tessier, Trichon, Peuvrier, Heermann, Vautier, Koenick, Girardeau, Ecalle, and Bernard Arnulphy, of Chicago.

Dr. Gannal, who was present at the embalming of the body of Hahnemann as an assistant to his father, fifty-five years ago, was also at the ceremony. Thirty-five persons in all gathered for the occasion, including five who were not medical men.

OPENING OF THE COFFIN.

After the speeches were concluded the workmen proceeded to the exhumation of Hahnemann's coffin. In the presence of the Commissioner of Police the workmen raised the coffin to the surface by means of ropes; it was placed on the boards which covered up the hole made by the previous exhumation of

Madame Hahnemann. Dr. Gannal, who superintended the operations, discovered that the lead coffin of Hahnemann had been screwed down and not soldered, and he told the physicians that he feared the body might not be well preserved. The workmen removed the screws which were not too rusty, and forced out those which were worn out by age. The lead cover gaped at the end, and those who were present perceived Hahnemann's feet, wrapped up in cloths, resting against the sides of the coffin; they appeared well preserved, but as they continued pulling out the screws, and as the lid opened wider, it was noticed that there was water in the coffin, and the fears that the body would not be well preserved increased.

At last the lid opened wide, and Hahnemann's body was seen, covered and wrapped up with silk bandages. The conformation of the body, outlined under the embalming bandages, was preserved; the body was slightly shrunken, but what most struck the onlookers was the short stature of Hahnemann. On asking those who knew him, we got the reply that the founder of Homœopathy was, in fact, very short. The body was lying in water, the fluid not being produced by the embalming, but coming from the outside. The soil of Montmartre Cemetery was continually infiltrated, according to competent authorities, the water flowing along from the clay bottom; but if the coffin, in 1843, had been soldered and not screwed, it would not have penetrated. Water in the coffin necessarily brought about the decomposition of the body.

The embalmer took great care, besides applying the silk bandages, to cover the head and the hands with pieces of wool soaked in "essence." At the end of the half-century, these pieces of wool appeared like large sponges enveloping Hahnemann's head, and his hands which were crossed over his body.

Dr. Gannal removed from the face and hands the remains of the wool and silk bandages, which were better kept than the rest.

The head was found to be a mere mass of decomposed tissue and bones. He searched for the glass eyes which had had to be placed in the orbits.

Hahnemann's body was completely decomposed. There only was found long tress of woman's hair twisted round the neck, probably Madame Hahnemann's hair.

In view of its being an impossibility to recognize Hahnemann's features, Dr. Gannal fortunately was able to produce for us several tokens from the coffin.

FIRST—THE WEDDING RING.

This gold ring was shown to the spectators; it was made of two small ones, which could be separated by a penknife, and on one of them was engraved these words:—

*"Samuel Hahnemann. Melanie d'Herzilly.
Verbunden Coethen, 18 Janvier, 1835."*

The ring was replaced on one of the bones of Hahnemann's hand by order of the Commissioner of Police.

SECOND—THE GOLD MEDAL FROM THE FRENCH HOMŒOPATHS.

At Hahnemann's feet was found a bottle corked with emery and sealed up. The police officer gave permission to break it; it contained papers respecting Gannal's process of embalming, the gold medal from the French Homœopaths to their master, together with an autograph letter from the late Madame Hahnemann, which formed the final link in the chain of evidence of identity furnished by the coffin. The gold medal, in an excellent state of preservation, represents on one side Hahnemann's profile, by David of Angers, the sculptor of Hahnemann's famous bust, which is used as a model for his portraits. On the other side is the following inscription:—

*“A leur maitre, les homœopathistes Français.
Similia Similibus Curantur.”*

This medal was struck in bronze. Dr. Boyer had brought with him an exactly similar specimen to that found in the coffin. After having been examined by the company the gold medal was replaced therein.

THIRD—THE AUTOGRAPH OF THE LATE MADAME HAHNEMANN.

Among the papers concerning the embalming, found stored in the bottle, was an autograph letter from Madame Hahnemann.

AT PERE-LACHAISE.

By contrast with the retired spot in Montmartre, so small and mean, the new resting place of Hahnemann appears a veritable rehabilitation. The *Chemin du Dragon* at Pere-Lachaise, where the founder of Homœopathy is now buried, is one of the most picturesque of roads, planted with a variety of trees, and having about it something at once grand and mysterious. Perhaps this name was given to it on account of a likeness to the places which this mysterious and incomprehensible creature was supposed to frequent. At every turn in this renowned corner of Pere-Lachaise the mind lives again with all the grand and celebrated men that France has sheltered in science, the fine arts and war. Here music is represented by Rossini, Auber, Donizetti; there the poets and celebrated writers. Racine lies almost beside Hahnemann; a little further on are Moliere and Lafontaine. Science is represented by Gay-Lussac and Arago. The celebrated physician and neurologist, Gaul, is a few steps lower down than Hahnemann. Lastly, on the same side are the tombs of the marshals of the First empire—Ney, Davout, etc. The *Chemin du Dragon* is the route usually taken by tourists who visit this renowned cemetery—the chief in Paris—by thousands.

A temporary railing and a crown will be the simple ornaments over the pre-

cious remains of Hahnemann, until the day when, deeply moved, the homoeopaths from all parts of the world will complete the work of restoration in honour of their venerated master—a work the more brilliant because so long deferred.—(*Homœopathic Review*).

DON'T.

Dr. Luther C. Toney, offers the following valuable suggestions.

Don't use acid in nervous cough.

Don't permit patients with cardiac disease to ride a bicycle.

Don't forget that bicarbonate of soda dissolves ear wax (cerumen).

Don't forget Prewitt's definition of an amputation, "confession of failure."

Don't "fall down" on the differential diagnosis between melancholia and dementia.

Don't fail to elect *version* as preferable to high forceps when head is above the brim.

"Don't fail to know the pelvis of your lying-in patient, as you know her face."—(Brothers.)

Don't do symphyseotomy to save life. A foetal mortality of 15 per cent is not a life-saving operation.

Don't fail to suspect syphilis if "sore throat" persists 5 or 6 weeks. Lift up the uvula and look for the ulcer.

Don't forget that injuries to thumb and little finger are of more serious prognosis than injuries to the others.

Don't attempt to extract foreign bodies from urethra with forceps unless it be through a No. 29 or 30 (French) tube straight.

Don't imagine that harm can not be done with a curette (blunt or sharp). If you cannot use a sharp, don't use a blunt one.—(Sims.)

Don't forget that the semi-recumbent position (as practiced and learned from the North American Indians) is the best in labor.—(Engelmann.)

Don't "fall down" when you get to the sinus of the bulb. It is the "bug bear" in catheterism in the male. Pass through or by this "mile post" gently.

Don't forget that bottle fed infants are subject to scurvy, and that the three prominent symptoms are: 1st, bleeding gums; 2d, swollen and tender thighs; and 3d, purpuric spots.

Don't burn a soft chancre with nitrate of silver. If you don't know why, you would better read up. We learned why from Posner, Arthur Lewin, Oberländer, Wasidla, and Taylor.

Don't forget that ovariectomy is not limited to adults. Dr. Chiene, of Edinburgh, did an ovariectomy on a child of three months, yet none but specialists should ever diagnose and operate on such cases.

Don't brag should you chance to take out a few inches of gut, as Dr. Giuseppe Ruggi (*Il Policlinico*, February 1, 1896) resected ten feet and nine inches of gut from a boy 8 years old, and the boy got entirely well.—*Pediatrics*, vol. 1, No. 8, p. 376.

Book Reviews.

Hand Book on Diseases of the Heart and their Homœopathic Treatment by Thomas C. Duncan, M. D., Ph. D., LL. D., Prof. of General Medicine and Diseases of the Chest, National Medical College, Chicago. Halsey Bros. Co., Chicago, Publishers, pp. 114, price \$1.00, net.

Evidently this book constitutes a course of lectures on diseases of the heart; and consequently many practical points, presented in a plain, simple manner, which are eliminated from a more ambitious treatise, will be found incorporated here. Many times these hints become nuggets of the purest gold to the inexperienced man. The therapeutic *suggestions* are alone worth the price of the book and should lead to such a study of the remedies as to bring out those concomitant symptoms which make up the totality upon which the remedy must be selected. Sufficient numbers of clinical cases are presented to illustrate the text.

Conservative Gynecology and Electro-Therapeutics. A Practical Treatise on the Diseases of Women and their Treatment by Electricity. Third edition, revised, rewritten, and greatly enlarged. By G. Betton Massey, M. D., Physician to the Gynecic Department of Howard Hospital, Philadelphia; late Electro-Therapeutist to the Infirmary for Nervous Diseases, Philadelphia; Fellow and ex President of the American Electro-Therapeutic Association, of the Societe Francaise d'Electrotherapie, of the American Medical Association, etc. Illustrated with twelve full-page original chromo-lithographic plates in twelve colors, numerous full-page original half tone plates of photographs taken from nature, and many other engravings in the text. Royal octavo. Four hundred pages. Extra cloth, beveled edges, \$3.50 net. The F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia; 117 W. 42d St., New York City; 9 Lakeside Building, 218-220 S. Clark St., Chicago, Ill.

No organ of the human body should be sacrificed until it is known beyond the shadow of a doubt that conservative measures are of no avail. It is the common practice of the medical profession to refer every case of suspected pelvic inflammation or mechanical displacement to the operating surgeon who knows of no other procedure than the removal of the offending organ with as many of its appendages as will be submitted to.

It is encouraging, to say the least, to pick up a book entitled *Conservative Gynecology*. Study along any lines which tends to the preserving of the human body intact should be commended, and everything added to our literature on the subject of *Electro-therapeutics* should receive the careful consideration of the conservative portion of the profession.

This book bears on its face the stamp of real worth. There is no elaborate effort made to impress the reader with the importance of the subject and at the same time make the ideas so cumbersome that no one but an expert can assimilate the same. The common every-day doctor will be pleased with the elegant simplicity of its diction. A matter-of-fact tone pervades the whole book. This impression is heightened by the illustrations which are largely made from photographs taken from living models.

With reference to the value of electricity as a remedial agent there may be a wide difference of opinion. Some believe it to be the greatest curative agent in use because it comes so near to the "Heart of Nature." The author disclaims "cure all" properties to electricity but shows in this book how any one may safely test its virtues and determine for himself its scope of action.

The work is commended as a safe guide to follow in making a practical study of this very important subject.

The Hahnemannian Advocate

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Society Reports.

CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

Institutes of Medicine.

CITIZEN'S CLUB, Syracuse, N. Y., March 17, 1898.

The quarterly meeting of the Central New York Homœopathic Medical Society was called to order at 11:30 a. m., by the Vice-President, Dr. Carl Schumacher.

Members present: Drs. Carr, Grant, Graham, Gwynn, Hoyt, Hoard, Martin, Stow, Schumacher, Leggett.

Visitor present: Dr. Howland.

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

The Chairman of the Board of Censors reported the informal application for membership of Dr. Josephine Howland, Auburn, N. Y. The application was accepted.

The *Organon*—Sections 252–256—was read by Dr. Allen B. Carr, Rochester, N. Y.

The essay upon these sections was presented by Dr. Leggett.

THE SIGNS OF INCIPIENT AMENDMENT—SECTIONS 252–256.

We are often lost in wonder at the remarkable insight of the author of these sections. The masterly appreciation, the delicacy of intention, the clearness of expression by which he is enabled to give the result of his observations to the profession,

are truly awe-inspiring. Let us see how far our experiences accord with his observations.

Section 252. "But should we find, during the employment of the other medicines, in chronic (psoric) diseases, that the best selected homœopathic (antipsoric) medicine, in the suitable (minutest) dose, does not effect an improvement, this is a *sure* sign that the cause that keeps up the disease still persists, and that there is some circumstance in the mode of life of the patient, or in the situation in which he is placed, that must be removed, in order that a permanent cure may ensue."

Of course, this section refers to the simillimum only. In other words, if the *properly* selected remedy produces no effect, then we may know that there is something in the circumstances, or the regimen of the patient, which must be removed before a healing effect can be obtained.

The ability to recognize an exciting cause is almost universal among homœopaths. If a *simillimum* meets with no response, the homœopathician immediately institutes a searching inquiry, as to the circumstances and regimen of the patient.

Finding such conditions as are caused by business worries, grief, or other mental disturbances due to the unselfishness, or devotion of the patient; or such physical indulgencies as are due to his selfishness; or, again, finding a drug abuse; he at once tries to remove, or to alter these conditions, until his efforts in behalf of the patient are repaid by improvement. In many cases this may be done, if the hearty co-operation of the patient can be obtained.

In cases wherein mental anxiety due to business worry is the exciting cause of the physical disturbance, relief may be obtained to such extent as to enable the patient to carry out his designs. This must be accomplished through the co-operation of the patient as to circumstance and regimen. He must remember, always, that "men, in whatever anxiety they may be, if they are men, sometimes indulge in relaxation."—Cicero. This shifting of the burden to the point best able to bear the weight, is altering the exciting, or aggravating cause that has aroused miasmatic activity. The simillimum then applied, supplies the moral strength, and restores equilibrium in all curable cases.

Cases of neurasthenia in people of latent psoric tendency, excited by accumulated anxieties as to ways and means, by shocks to the affections, by constant strife against besetting evils, are

only assisted by careful and painstaking prescriptions added to the same adjustment of burdens. These patients are usually morbidly restless to be doing *something*, and, in such manner, accumulate burdens too heavy to carry. The readjustment, or "altering the conditions," is that referred to by Hahneman in the text.

Of course, the depth and breadth of such derangements depend upon the amount of miasmatic latency in the system, or the extent to which that latency is aroused. If this were not true—as Hahnemann shows in "Chronic Diseases"—improvement would begin with removal of the cause, and without medication.

It is in cases like above, where Christian Science, Mental healing etc., have obtained foothold. The change of the patient's attitude toward surrounding conditions, is a re-adjustment of burdens to the bearable point, which, many people are ready to say—is health. This change, from subjective to objective, selfishness to selflessness, all physicians strive to accomplish; but all physicians do not think it wise to accomplish this purpose by falsity, or self-deception.

There is a class of cases even harder to manage, as to the determining, or exciting cause of disturbance. These are: cases of physical excess in those acts or indulgencies which give temporary pleasure, and which, when committed, give rise to nervous exhaustion, with final functional, if not organic derangement. Too great indulgence in Tobacco, Alcohol, Coffee, Tea; too great indulgence in sexual pleasures, are causes which puzzle the wisest to remove. These are impossible permanently to benefit;—i. e. perfectly cure—without removing the exciting cause, which is rarely accomplished. There is a marked difference in cases caused by an acquired habit, and cases < by indulgence in one, or more, of those habits. It is in the former wherein exist the difficulties mentioned.

It is an interesting question strongly bearing upon this subject, as to whether an abnormal appetite in any of the directions mentioned, produced and increased by its indulgence, is not a sign of increased activity in a latent miasm.

Of drug abuse, its consequences and difficulties, all homœopaths have had abundant experience. Theories in relation to the removal of results are rife, but untenable. Theorists upon this subject, as in other pathological conditions, forget to take account of either the stage of life, or of disease, at which such

patients are received by the homœopathic physician. Hahnemann, in section 75, points to the results of drug abuse, as the most "deplorable and most incurable" of all diseases, and regrets the apparent impossibility of finding remedies for their cure, "when they have reached any considerable height." This also depends upon the virulence of the cause as well as upon its stage of progression.

All students of the methods of obtaining drug proving, know the lasting influence of drugs upon the remainder of the life of the prover. They know the effect produced upon the lives of Dr. and Mrs. Rubini in the proving of *Cactus-Grandiflorus*, and at how great a sacrifice that proving was made. If provings with potentized remedies in the vegetable kingdom, can produce such effects, what may be expected of crude drugs in cumulative masses? There seems to be no question. The proof is indubitable.

The tranquility mentioned in section 253, is a delightful experience which is often seen in the administration of the simillimum. A physician may, when it appears, await the outcome with patience, even though the direction of progression is still downward.

At times, the relief is so slow in coming that the physician almost loses heart. He would quite despair, were he not satisfied that nothing else can do so well. Many times, the improvement is perceptible only to the most careful observation. But, by measurement of symptoms, even when the family, or the counsel called in extremity, can see no signs of coming relief, a renewed struggle of the vital force to relieve the burdened organism, can be discovered by the physician.

To illustrate: During the sickness of Dr. H., who had heart failure with dyspnœa from hypostasis, a careful study of symptoms decided Dr. L. and Dr. K., upon *Phosphorus*. *Phos^{mm}* (F) was given and followed by an < which lasted several days, and then, by complete relief, which lasted three months.

Again symptoms of dyspnœa arose, and *Phos^{mm}* (F) was repeated without effect. The symptoms remaining the same, upon a memorable Saturday, *Phos^{3mm}* (F) was given, and Dr. S., called in consultation for the next day.

On Sunday, the two doctors arrived. Dr. S., was greatly alarmed by the state of the patient, wished to do something at once. Dr. L. having seen the patient daily and being satisfied with the appropriateness of the medicine given, saw *slight* signs

of improvement in the patient, that were not apparent to others. Dr. S., read up the symptoms, adding some *that had arisen since the prescription of Phos^{mm}*, selected a remedy, and insisted upon its immediate administration.

The position was difficult. Dr. S., was the senior. Dr. I. saw signs of improvement, and, also, had the responsibility of the life of the patient. She rebelled against the insistence, especially as the remedy suggested (*Secale*) had not the remotest affinity to the case. She did not desire an altercation with a senior, who had so many years of experience in his favor. So, she turned to the desk, rapidly made up a powder of *Sac. lac.*, went to the bedside, and administered it. Both doctors left the bedside to meet there again the next morning.

With the morning came the physicians, and, lo! a transformation had occurred. Dr. H., was breathing comfortably, and was happy. There was no further symptom of hypostasis during the remainder of his sickness.

The favorable *appearance of the patient* was not the end of the consultation for Dr. I. Dr. S. solemnly motioned her to follow him to another room, and said "I wish to know if you gave the remedy recommended by me." The reply: "No sir, I did not. I gave *Placebo*" was followed by: "Well, I see the improvement, and, therefore, I wish to know *what* did it." It need not be said that apologies for the apparent discourtesy, and reasons therefor were forth coming.

The "incipient signs of improvement," in this instance, were so slight at the first consultation, that the family had been unable to perceive them, nor, of course, could any consulting physician have observed them.

In the appended note to Section 253, Hahnemann apparently calls the high potency a "small dose." Most homœopaths are now inclined to disagree with this nomenclature, as entirely inadequate to express that which is expected of, or accomplished by, the dose. The practical application of potentized remedies has taught increased action and power, with increase of potency, and, as a result, has entirely changed the point of view.

As to the potency required to produce the tranquility here mentioned, all agree that it results from the action of the simillimum, and that it is difficult to judge from previous experience what that simillimum will be. While the simillimum is daily obtained from the high and highest potencies, many cases are re-

corded in which the simillimum has proved to be a low potency.

It is but a short time since the writer saw the record of a case of intermittent fever in which one dose of the 3x of *Op.* proved to be the simillimum, and it was repeated but once, and that, *after* a slight return of the paroxysm. The simillimum found in so low a potency, and without repetition, evoked profound admiration and surprise.

The tranquility mentioned by Hahnemann, followed by the gradual disappearance of all symptoms and signs of sickness, under the action of the carefully selected remedy, is the best proof that the simillimum has been found; and it is the highest possible application of the Art of Healing.

These results are frequently obtained in acute disease, and often, in chronic conditions of long standing.

The reappearance of old symptoms, even when not previously known by the physician, is a sign of a happy re-turning to a state of health, as many steps of chronic disease must be retraced, before complete recovery takes place.

It is a question whether the appearance of new symptoms, recognizable as symptoms of the drug prescribed, are indications that the simillimum has been obtained, even though the lesion, considered as a symptom in the choice of the remedy, is gradually disappearing. In fact, Hahnemann particularly shows that a prescription followed by such symptoms is unhomeopathic.

A prescription of *Carbol. ac.* made by the writer, was followed by a gradual relief of prominent symptoms of the skin. A month later, the patient complained, when waking in the morning, of occipital headaches > by breakfast, (*Carb. ac.*) and > by a cup of tea, (*Carb. ac.*). Inquiry, concerning the general conditions, revealed the "embarrassment" of the vital energies, mentioned by Hahnemann, without describable or definite symptoms upon which to base a prescription. The patient was inclined to think that he was better, but grave doubts assailed the physician who decided to await further developments before giving an opinion.

S. L. GUILD-LEGGETT.

The paper was presented for discussion.

Dr. Carr spoke of the difficulty of convincing a patient, who was suffering from chronic miasmatic disease, that the return of an old symptom, during the process of recovery, was a good sign, i. e. Hahnemann's "reverse order of their coming." He also

noticed that the discussions following the Dec. report had placed considerable emphasis upon the causes, as one symptom for selection of a remedy. It had seemed to him that a fall (for instance) might cause other symptoms than those calling for *Arnica*.

To illustrate: A lady of Oswego, N. Y., just before starting for Rochester, had cut her hand upon a broken pitcher, and had found difficulty in staunching the flow of blood. That night, after her arrival in Rochester, she had an attack of diarrhœa. By a misstep, in attempting to reach the closet, she had fallen down stairs. An attack of coelitis, with symptoms of tenesmus, mucus stools, and nausea without vomiting, had followed. She was treated allopathically for a few days and then Dr. C. was called. At first the indications pointed to drugging. After those had subsided the indications for the homœopathic remedy, that cured, included that of fright.

Dr. Hoyt thought that it was not always easy to convince a patient that the return of a symptom was a good sign. He illustrated, with the case of a woman who, after years of drugging, had complained of frequently recurring pains, "like a buzz saw" that were > by a dose of *Phos*. Further study of the case discovered a history of boils up and down the spinal column. *Sulph*. indicated and given reproduced those pains in the spine. Informed that it was a good sign, and that often patients must retrace the steps of disease progress to be cured, she concluded that she preferred not to be cured rather than to go through the old suffering.

Dr. Stow took up the theme of the difficulty found in persuading patients to wait upon a remedy. He thought this due to the practice of Allopaths and some homœopaths who prescribe for the relief of local symptoms only. He said that it was often difficult to convince patients that improvement had begun. Six months previously a woman had come into his office looking so troubled and down-cast that he had said to her, "You are not well this morning, you seem low spirited." He then learned that she had a stubborn, chronic, nasal catarrh, with thick, heavy discharge. He saw that she was depressed, that she cried, hated heat, and asked if she might have the doors open. He gave *Puls*^{em} one dose and *Sac. lac.*, and requested her to call when the powders had been taken.

After those powders, she called and said that she was no

better but thought she would take another prescription. Dr. S. saw an improvement in her spirits and made her confess to an < after the first powders with subsequent improvement.

At the next call, she admitted improvement in hearing and the sense of taste and smell.

In a month she was well. Time, only, was needed after the first prescription.

Dr. Hoard thought a record was the most convincing thing that could be offered in those cases. He remembered a case of prolapsus, that the patient had reported as without improvement. The record had shown her that she was very much better.

Dr. Grant had found lots of patients who never admitted improvement, until they were quite well.

Dr. Carr considered that a failure to improve—as in 256—was a strong indication to re-study the case for the cause.

He related a case in which the conditions were probably caused by mental shock. A little child who had witnessed and been frightened by a quarrel or scuffle, between its parents at table, wakened at 1 or 2 a. m., with vomiting and convulsions. It seemed that the child had been pacified, persuaded to finish its supper and go to sleep as usual. But “the memory of the fright remained.” A dose of *Op^{cm}* cured.

Dr. Grant desired to know if the remedy had been selected upon the pathogenesis of the drug?

Dr. Carr, said that this symptom had pointed to the remedy which was found to cover the entire case.

Dr. Grant said physicians often prescribed *Arnica* after a fall, or bruise, without learning the true symptoms produced by the cause.

Dr. Schumacher, cited a case of convulsions in a child of 18 months, in which it was impossible to get at the cause of the evident mental disturbance. The child was cross, would slap its mother, scratch its face, strike, bite etc., and *Stram.* relieved completely.

Adjourned to 2 p. m.

The meeting was called to order by the vice-president, at 2:15 p. m.

A paper was presented from Dr. R. E. Belding, of Troy, N. Y

SECTION 252 OF HAHNEMANN'S ORGANON.

Matters, in Hahnemann's time, must have been very similar to what we find them in our day. The people who were his patients were victims of their own pernicious habits, or they lived with vile surroundings. They were victims of the "Drug store" habit, or took their own sulphur and molasses every spring. The old women steeped their teas from bitterest herbs, and every ulcer was treated with a healing ointment, or burned with an escharotic, or actual cautery. Suppressions of disease were the rule, and the sins of the individual added to those of his ancestors were pent up in his body with no one to loose them and let them go. The medication of that day, as well as this, under so-called regular treatment, too often superimposed drug poisons upon existing miasms.

I doubt not, fellow workmen, that you have found the most trying part of our daily practice lies in the effort to discover those things which are a perpetual hindrance to the action of our well selected remedies. The work of selecting the proper drug for a given case would not be so very difficult, if the disease were but the result of a natural miasm, uncomplicated by artificial influences the nature of which it is not always possible for us to know, and knowing it, it is not always possible to judge with certainty, which is the greater miasm, that we may first attack and subdue it.

Perhaps a few cases from practice will serve to illustrate the difficulties that confront us.

A middle aged, married woman, is suddenly taken with an ulcerated sore throat, with pains in the head, back and limbs, with great difficulty in swallowing saliva. She is worse from the heat of the fire. She perspires but is no better of her pains. We have reason to expect a speedy cure from *Mercurius* but the symptoms yield very slowly. A more careful examination of the case reveals the fact that she has worn a red plate in the mouth for the last three months. Under treatment the most violent symptoms subside, but there remains a condition of tongue, fauces and other mucous membranes that is abnormal, and unless she rids herself of the objectionable plate it will not be long before she has another attack of a similar nature.

Here is the case of a girl of eight years which shows a large and flabby tongue, with teeth impressions along the edge, a throat somewhat red, but flabby like the tongue; a little difficulty in de-

glutition, and a pain running into the left ear. She desires to swallow, because a thick, sticky saliva accumulates which has to be taken care of. *Mercurius* seems to be the remedy and it ought to give relief, but she has amalgam fillings in her teeth, and, can be but partially cured. Her symptoms will recur.

In some of these families, where ulcerated sore throats so frequently confront us, we wonder what may be the reason. There are no teeth filled with mercurial amalgam, no rubber plates colored with vermilion, but, perhaps, the walls and bedsteads are besmeared with corrosive sublimate, so our best efforts are partially futile.

A woman of sixty-five has frequent colds with dyspnoea, great restlessness and anxiety, much pain in upper chest, thirst for frequent drinks, but a swallow suffices. She is always worse at night and especially after midnight. She wants to be wrapped up very warm and is better when in a profuse perspiration. *Arsenic* gives temporary relief, but how can she expect to be well while she wears the deadly rubber plate in her mouth, the amalgam fillings in her teeth, and if nature attempts to find an outlet for relief through some eruption, it is soon squelched by Cuticura ointment. The last misdemeanor was but lately revealed to me, although the woman has been a patient of mine for twenty years or more. It is a difficult thing except in rare cases to get a patient to have these hindrances removed, either because they dread being hurt, cannot give the time, or poverty prevents.

In the autumn of 1897 I had a case of intermittent fever with many symptoms. It took much study, and remedies selected with greatest care, were unavailing for two weeks. I then learned that many years ago she had an attack of intermittent fever for which she had been given large doses of *Quinine*. Although the symptoms calling for that remedy were not many, I gave her a dose of the potentized drug and her symptoms began to clear up. The better indicated remedy was enabled to do duty and the patient was soon on the road to health. She is now in better condition than for many years.

Marvelous are the cures made by our potentized remedies, even when the patient is seemingly under very adverse circumstances. God has endowed his creature, man, with a conservative force which makes it possible for him to exist and even preserve health under most unfavorable conditions. Microbes, bacilli and poisons of many kinds beset his path, yet with plenty

of exercise, air, and a cheerful disposition, he will frequently maintain his physical integrity. But if, from an overdraft on his physical resources the vital power is so diminished that it is unable to cope with its adverse environments, then the attack of that enemy to which his vitality is most susceptible will be successful, and he will become sick. Fortunately, the greater number of miasms are not of a sufficient power to withstand the combined forces of the vital force assisted by the drug which is the simillimum. Therefore the majority of diseases are curable, even while the exciting cause is still in operation. This would seem to demonstrate the superior power of drug miasms over natural miasms. Thus it appears that the strongest foes with which we have to deal are the continued action of drug poisons, and he who best understands the method of eliminating drug effects, will prove to be the most successful physician and most useful to his fellow men.

R. E. BELDING, M. D.

The paper was roundly applauded as excellent.

Dr. Stow moved that not only a vote of thanks be extended to Dr. Belding for the instructive and able paper sent, but that the Sec'y be instructed to request Dr. Belding to present himself to this Society, many of whose members would be delighted to see his "phiz" once more. Seconded and carried.

Clinical Verifications.

An essay was then read by Dr. Volney A. Hoard, Rochester, N. Y.

A CASE OF CHOREA.

Oct. 26, 1897, M. W., aged 11, Boston, Mass.

Dark hair, dark blue eyes, sallow complexion, large joints and an angular awkward figure.

Chorea had been increasing for several months. Had been unable to attend school. Had been treated by their family physician, (of old school). Has jerking of facial muscles, mouth, eyes &c. Head jerks from side to side when talking; impossible to sit still, particularly when talking; arms, hands and fingers in almost perpetual motion, some motion of legs and feet. Worse left side. In walking, legs swing out in a partial circle, giving her the appearance of one with paralysis. Tongue is stiff and at times talking is very difficult. Depressed and low spirited, crying easily. Wakes from sleep crying. Sleeps poorly in early

night, better after midnight. Has shivers and chilliness from 5 to 6 p. m. Then feverish until about 10 p. m. Sweats much about the head from any excitement or exertion. Has profuse sweat of feet, not particularly offensive, sweats in axilla. Appetite poor, craves sour things, averse to potatoes. Has tumultuous action of heart with marked numbness; probably anæmic. *Puls*^{30m}, 6 powders, a powder every morning.

Nov. 3. Better in every way.

Nov. 12. Improvement continues. Sleeps better and eats well. Constipated. *Sac. lac.*

Nov. 24. Continues to gain. Bowels regular and appetite good. No chills. No fever. Looks very much better. Jerking very much improved.

Dec. 11. Is gaining in flesh. Tongue coated white and appetite not so good. Hiccough mornings. *Puls*^{30m}.

Dec. 31. Feet sweat, feet cold and damp. Vertigo when rising in morning, with nausea. Wants fresh air. Tongue coated white in center. Heart's action violent, with occasional pain about heart. Shortness of breath. *Calc*³⁰.

Jan. 20. Much improved in every way, continues to gain in flesh. *Calc*^{1m}.

Feb. 9. Much better. Legs and arms very quiet. Twitching of face much improved. Tongue clear. Heart sounds more normal and less pain. Not so much dizziness. *Sac. lac.*

Mar. 5. Continues to gain in every way. Is now going to gymnasium and able to take some of the exercises. *Sac. lac.*

April 2. Twitching all gone. Sleeps well, eats well. Heart sounds much better but not all gone. Is riding bicycle and has perfect use of legs. Has gained much in flesh and the angular awkward look has disappeared.

July 21. I read a letter from her aunt containing the following: "Marguerite has changed so much. She seems perfectly well and is so happy in her out door exercises. She has grown tall and fleshy and as brown as a berry. She rides the wheel so nicely and we are all so happy over her recovery."

VOLNEY A. HOARD.

The subject was presented for discussion.

Dr. Grant asked if the constipation, mentioned in the second report, was a new, or the return of an old symptom.

Dr. Hoard said that he had failed to record it in the first record.

Dr. Carr wished that the case had been left on one dose of a high potency of *Calcaria* in the first instance.

Dr. Hoard stated that a differentiation between the two remedies was, at first, quite difficult.

A paper was presented by Dr. C. E. Chase, Utica, N. Y.

THE LESSON OF SECTIONS 253—256 AND SOME CLINICAL NOTES.

One of the strongest indications of intellectual strength and acuteness of perception, in the immortal Hahnemann, is furnished by those paragraphs on the "Signs of incipient amendment" which form the subject of inquiry and thought, in the readings from the Organon for to-day's meeting. Especially is this seen in paragraph 253, as having reference to signs furnished by the mental symptoms and conditions of the patient. Nothing can be more obvious to those who believe in the dynamic origin of disease—a belief which is gaining ground, more and more, in the minds of the more advanced members of the profession—than that the mind of man—that portion of the human trinity nearest to, and most readily influenced by those perturbations of nervous force, which ultimately result in grave and easily recognized physical manifestations of disease—must of necessity furnish the first indications of its approach. It is a matter for great regret that a series of observations have not been made looking towards the possible recognition of the character of approaching illness.

There are many difficulties in the way, which possibly may be insuperable, but it would certainly be a very interesting fact for observation. It is a great source of pleasure and satisfaction for the observing physician to witness the calming of the disturbed material nature, and the expression of peace and restfulness observable in the patient's face and manner after a careful prescription. This shows a tendency to the return of health, even before it is perceptible to the patient himself, or in his graver physical symptoms. One can often assure a patient of an amelioration of his condition by taking note of his mental attitude.

The first glance at a patient, in entering the room, for the daily visit, is often sufficient to indicate to the physician the character of the expected report. Many a time has a load of care dropped from the physician's mind in witnessing the welcome change, after a night of anxiety, and a feeling that he has come nearly to the end of his resources.

I regret very much that I have not time to pursue this subject further, and that though this is ostensibly a clinical paper I have not more clinical facts to offer.

I wish to call special attention to a remedy which I think is somewhat neglected, though it is, in my opinion, a very valuable one, in a serious class of cases. The remedy is *Ustilago*, and the special use is uterine hemorrhage. It is similar in some respects to *Secale*, but is adapted to a class of cases very common now-a-days, among overworked and comparatively feeble American women. Especially is it adapted to those who, owing to impatience and sometimes necessity, get up too soon after childbirth, with consequent tendency to subinvolution and passive hemorrhage. The hemorrhage is generally menorrhagic in character, and the menstrual flow is generally too early and lasts too long, sometimes coming every three weeks and lasting 10 days or two weeks. The flow is profuse, dark colored, painless, aggravated by motion and sometimes necessitates rest in bed for several days.

One case, Mrs. H., aged about 35 years, a widow, had, when I first saw her, been troubled for many months with menorrhagia; always lasting for two weeks, and recurring so often, that she had frequently an interval of only a week, between the attacks. She had been under old school treatment for a year, or two, with no improvement and had been threatened with a serious operation.

I found a greatly enlarged womb; the endometrium of body and cervix hypertrophied, bleeding at the slightest touch, and almost a fungoid degeneration. She had one or two local applications of a tampon saturated with glycerols of iodine. Otherwise the treatment was internal, and consisted almost entirely of *Ustilago*. The condition gradually improved. In a few months she married again, and has been quite well since, in that respect. Other cases have been similar in character, but milder in degree. These cases seem to be quite common and are usually controlled by *Ustilago*.

I wish to report, also, a confirmation of some symptoms of *Ferrum aceticum* which gave me much satisfaction at the time. It was a case of ulceration of the stomach. The lady had had several attacks of severe vomiting with hemorrhage, from which she recovered in a measure. The present attack was quite a severe one, though the bleeding had been slight. She was greatly troubled with retching and vomiting of a very sour water. After

ineffectual trial of several remedies, the characteristic symptoms of the case were found, in Jahr's Manual under *Ferr. acet.* as follows: "Vomiting before midnight, most violent when lying, particularly when lying on one side." "Everything she vomits tastes sour and acrid." She recovered speedily after taking *Ferr. acet.* She ultimately died of the disease, which assumed a malignant character.

CHAS. E. CHASE, M. D.

The subject was presented for discussion.

Dr. Leggett has found *Ustilago* useful in a case of catarrh of uterus, with the symptom: "a feeling as if the head were lifted three or four feet from the shoulder," during the menses.

Dr. Grant supposed that certain homœopathic prescribers would consider the symptom which Dr. Leggett had reported, one that should properly be expunged from *Materia Medica* as simple nonsense. He stated a peculiar symptom that led to the prompt cure of a cough, in a lady who said she felt "as if there was an empty space between the forehead and the brain." *Caust.* cured promptly.

Dr. Stow reported the case of an old lady who said she had sensation "of a ball in the forehead." This peculiar sensation led to a prescription of *Staph.* which covered and cured the entire case.

Dr. Schumacher said that *Calc. caust.* had the peculiar symptom of downward pressure in the vertex. He had frequently found this symptom as a sequella of grip. *Calc. caust.* always cured.

Dr. Grant moved a vote of thanks to Dr. Chase for his paper. Seconded and carried.

Dr. E. V. Ross presented a paper on

CUPRUM METALLICUM.

To the average student of *Materia Medica*, the thought of *Cuprum* is at once associated with convulsions and painful spasmodic contractions. From even a superficial study of this metal it is plainly to be seen that the brunt of action is upon the nervous system. Cramping, spasmodic pains and spasms dominate the majority of complaints for which *Cuprum* is curative. It is a deep acting antipsoric, corresponding to chronic and deep-seated disease, especially nervous diseases that have their origin

in psora, or are engrafted upon a psoric diathesis. Psora that is manifested chiefly through the nervous system. Epilepsy offers a fair example as a disease in which *Cuprum* has a record second to none. In eruptive diseases when the rash fails to make its appearance or recedes, the frightful spasms ensue, a timely dose of *Cuprum* frequently re-establishes the rash, and the spasms subside. (*Comp.* with *Bry.*, *Calc. ostr.*, *Camp.*, *Caust.*, *Stram.*, *Sulph.* and more especially *Zinc.*)

Now as to the character of type of spasms produced by *Cuprum*. In a general way "epileptoid" is fairly descriptive. The attacks are ushered in by a shrill, piercing cry, that is fairly blood-curdling. (*Bufo*, *Cicuta. vir.*, *Oenanth.*) Sudden blindness may proceed the attack. Spasms begin in hands, or feet, thumbs clutched, eyes fixed and staring, or the lids may be closed, and the eye-balls oscillate from side to side. Froth at the mouth and the face is fairly black. Body rigid, or may be bent forward. If the patient should be lying face-down the breech is spasmodically thrust upward; this is characteristic of *Cuprum*. During the attack there may be involuntary escape of urine and fæces. The symptom "Sudden blindness followed by convulsions" led the writer to give *Cuprum* to a married lady, aged 30, who for two years previously had suffered from spasms at the menstrual period. Suddenly, and without any apparent warning, the eyes would become fixed, she would cry out: "Oh! I can't see," then the spasms such as I have just described would ensue. There was no escape of urine or fæces. *Cupum met*^{44m} made a prompt and complete cure.

Convulsions followed by headache, *Coryza*, *epistaxis*, or profuse discharge of pale urine, which gives relief, (headache). Convulsions from difficult dentition. Convulsions from suppressed eruption. Convulsions occurring, or worse at new moon. Convulsions coming at night, during sleep. (*Comp.*, *Bufo*, *Chlorof.*, *Hyos.*, *Ignat.*, *Lach.*, *Op.*)

Cuprum is full of crampings, or painful spasmodic contractions. Cramps beginning in toes and extending to calves of leg, causing the muscles to knot up in hard bunches. Cramps that begin in the feet, then jump to the abdominal recti, causing them to become rigid and in hard knots, accompanied by severe agonizing pains. Cramps in lower extremities during labor. (During pregnancy, *Secale*). Cramping pains that shift rapidly.

Cuprum is applicable to what might be termed the fidgety pa-

tient. One who is constantly picking at her clothes, or fumbling with her handkerchief; the feet move incessantly. Whether they are sitting or standing, the feet are constantly on the move.

The patient must be continually on the move. There is a desire to go somewhere. In spite of this restless desire, movement aggravates all symptoms. Restlessness of the feet, or "fidgety" feet is found under: *Amm. carb.*, *Cactus.*, *China.*, *Sepia.*, *Zinc.*

There is a loss of co-ordination in the lower extremities. On attempting to walk he staggers as if intoxicated. Cannot control legs so as to walk in a straight line. On standing or walking the knees give out and the patient falls in a "heap."

A case of locomotor-ataxia presenting these symptoms with additional lightening-like, stabbing pains, which now and then would excite painful spasmodic contraction of muscles of legs, was rapidly relieved by *Cuprum met^{um}*, so that now, 8 months later, the patient, a lady aged 50, gets about the house fairly well, without any assistance. A thing she could not do before in over three years. The pains are occasionally felt in a mild degree, a dose of *Cuprum* banishes them at once. I am confident that had this patient received *Cuprum* early, (history shows it was indicated), a cure would have resulted.

Under *Cuprum* we find the abdomen greatly distended, however the opposite condition may prevail; i. e. the abdomen may be drawn in. (*Alum.*, *Plumb.*)

"Violent, griping and pressing in stomach followed by vomiting." "Violent pains and cramps in stomach and bowels." *Cuprum* is frequently indicated in cholera morbus. However, we have found *Ant. tart.* to rival it in this complaint, it being the most frequently indicated remedy.

Cuprum cures a terrible cutting pain in the region of the stomach, or beneath the ensiform cartilage, as though the patient was transfixed by a sword, and he dare not stir hand or foot. Deathly feeling of constriction beneath the sternum, with pain beneath the ensiform cartilage. Pressure in pit of stomach < from pressure.

Cholera asiatica finds a remedy in *Cuprum* when there is icy coldness of body, and liquids roll audibly down the œsophagus, (*Laurocerasus*) combined with violent cramps in lower extremities. *Veratrum alb.* is the nearest analogue to these cases.

Think of *Cuprum* when there is a terrible cutting pain in the umbilical region as though a knife was thrust through to back. (*Nux.*, *Plumb.*)

Whooping cough, when the attacks are so violent as to bring on spasms with clutched thumbs. Respiration so interrupted by the violence of the cough, as to be suspended for a time, and it seems as if the child would suffocate. The face becomes so turgid as to look fairly black. These attacks are relieved by a drink of cold water.

Causticum has a cough relieved by drinking. *Coccus cacti*, another remedy having this modality, bears a close resemblance to *Cuprum* in pertussis. *Sepia* has violent "spells" of coughing; the child "coughs until it seems to cough the breath out of the body," throwing up tough gelatinous mucus.

Cuprum has cured hæmorrhoids with violent itching of arms and legs, worse at night, ameliorated by rubbing, and accompanied by constipation. Guernsey in the *Homœopathic Therapeutics of Hæmorrhoids*, does not mention *Cuprum* in this disorder.

For convenience, remember *Cuprum* in gastric troubles brought about by *eating sweets* and accompanied by *obstinate vomiting*.

Its complement is *Calc. ostr.* Its dynamic antidote is *Hepar*.

E. V. Ross, M. D.

The subject was presented for discussion.

Dr. Stow considered spasm brought on by "looking upward" was also a sharp indication for the use of *Cuprum*.

Dr. Leggett noticed "cramps in lower extremities" mentioned by Dr. Ross, as indicating *Cuprum* in labor, and *Secale* during pregnancy. She had verified this symptom as indicative of *Secale* in hemorrhage from the uterus.

Dr. Stow moved a vote of thanks be extended to Dr. Ross for his very excellent paper. Seconded and carried.

Dr. Martin presented a short paper on

INCIPIENT PHTHISIS—BACILLINUM CC. (Burnett).

Mrs. H. W., aged 28, light hair, light complexion, family without lung trouble.

After over work in damp yard became lame in knees and hamstrings. The next day after papering the house was lame; lame in elbows, and from right shoulder to chest.

Cough. 1½ weeks; wakeful; throat husky; appetite lost; stomach feeling badly; bitter taste, < mornings.

" dry, short, hacking.

Cough, morning and afternoon.

“ < using arms, leaning back in chair.

“ from tickling in throat.

“ > leaning forward.

“ expectoration, white, frothy, scanty.

Sore spot two inches below right clavicle, < cough.

Chest: Hurt by lying, or leaning backward; pain in chest, like a stitch.

Burning in bronchial tubes.

Breathing: Difficult nights; wants more air; weight on chest; palpitation of the heart.

Wants to fan in a warm room.

Sweat: Nights, some, for week.

“ Back of chest and head.

Takes cold easily.

Catarrhal, but is now relieved.

Is worse from motion.

Left leg <; used liniment.

“ “ tibia, very sore spot; slightly red; bruised and sore on pressure.

Lameness in knees and chest, > keeping still.

Has lost flesh rapidly.

Weeps easily.

Menses: Regular, but suppressed three or four days.

Urine: Whitish sediment; dark sediment adheres to vessel and is hard to wash off.

Temp. 98 degrees.

Pulse 104, under exertion of sitting or talking, one dose

Bacill^{cc} and *Sac. lac.*

May 22. Sore throat right side.

“ spot shin bone, >.

“ slight, under right arm.

Bad taste mornings.

Sweats gone.

Rests better.

Menses three or four days late.

Pain in chest gone.

Appetite, better.

Less sore and lame.

Cough less, except when using arms.

Bacill^{cc} as before.

- June 1. Urine, high colored with sediment.
 Steady, aching across kidneys at different times, but
 feels weak all the time.
 Cough: Less.
 Soreness: Throat and arm pit.
 No appetite.
 Rests very well.
 Spots on shin bone have changed position, one higher,
 and the other lower than before.
 Soreness: A trifle below the top of collar-bone, felt
 with drawing a breath to fill the lungs.
 Very little change in lameness.
 Stomach feels unnatural at all times, with bad taste.
 Cough: Some light, frothy expectoration.
 Ankles: Swell badly, > over night.
 Knees and ankles about the same.
 Back: Less sore.
 Cough: Worse (?)

Bacill^{ec} as before.

- June 1. General symptoms, same.
 Cough less.
 Upon the whole a little better.
- “ 3. Cough still less.
 Back hurts less badly.
 Red spots on shin-bone less prominent.
 “ “ —another—red, on right limb, lower, and
 towards ankle.
 Ankle still swollen, no worse.
 Lameness worse.
 Sore spots in chest, about same.
 Better in general way.
- “ 4. General symptoms rather better, have felt and moved
 about better.
 Sore spot, again shifted.
 Cough: <.
 Urine: Muddy and high colored, sediment sticks to
 vessel.
- “ 5. Cough better, back troublesome.
 Chest less sore.
 Generally better.
 Stomach better all the week.

- June 5. Easily fatigued.
Ankles less swollen.
Back symptoms alternate in severity with cough.
- “ 7. Felt good.
Cough <.
Viscid sputa.

Bacillæ to be given only when <.

- June 8. Very good aside from cough, which is the same as yesterday.
Ankles: Better.
Urine: Muddy and high colored.
Sleeps well.
Appetite better.
- “ 9. Stool: Regular and natural.
Stomach better and stronger.
Eats things that were once distasteful.
- “ 10. Cough <.
Symptoms all same.
- “ 11. A marked general improvement.
- “ 12. *Soreness* axilla.
Throat less sore.
Cough better.
Back >; is the worst of present symptoms.
Sore spots, shins >.
Urine nearly normal.
Mouth and stomach, better.
- “ 13. Back <.
General and marked improvement.
Appetite better.
- “ 14. Pain, chest, gone.
Rests well.

Sac. lac.

- June 15. Better, more strength.
- “ 16. Tired, dull a. m., worse p. m.
Soreness chest and cough, better.
“ in shin, >.
- “ 17. Chest and throat >.
Respiration >.
Tongue, slight coating.
Appetite, better.

June 17. Lameness and cough < each day.

Urine: Muddy.

“ 18. Back and cough >.

Continued improvement until last of July, 1897, when she claimed to be “perfectly well in every respect.”

On Oct. 26, 1897, the husband called and said the wife was well in every respect with the exception of having to clear the throat of a little whitish mucus.

I sent one powder of *Bacill*^{cc} to be taken that night on going to bed.

On Feb. 10, 1898, the husband reported his wife, “well in every respect.”

For sometime previous to this sickness the patient had been under the treatment of an eclectic for rheumatism.

LESLIE MARTIN.

The paper was presented for discussion.

Dr. Grant, asked Dr. Martin if the potency had been changed during treatment.

Dr. Martin said that it had not.

Dr. Carr had noticed an < every third day and had been impressed with the idea that the mental was the first symptom improved.

Dr. Gwynn inquired as to the wisdom of a record of symptoms kept by the patient. Had found a nurse could do it as well, and that patients were apt to be < if allowed to so concentrate their minds upon themselves. He had seen patients greatly injured by a knowledge of the variations of temperature.

Dr. Graham then gave a paper with illustrations upon his personal experience with the X-rays.

THE USE OF ROENTGEN RAYS IN SURGERY.

It has been a prevalent idea among the many who are not familiar with the work of locating foreign substances in the human body, that an X-ray machine and a Fluoroscope are all that are required to locate, exactly, by mere observation, these substances. It is true that a shadow of a foreign substance, is cast upon the Fluoroscope, but, instead of being an aid to localization, the shadow may mislead from the true position of the substance, by several inches.

There is an accurate and scientific method of locating foreign substances in the human body. If this is not used, the diverg-

ence of the rays from the Crook's tube will so baffle the observer, who wishes to use them for surgical purposes, that he will wish the whole outfit at the bottom of the sea, and think he can do better without than with it.

I attach so much significance to the accuracy of the methods of locating foreign substances within the human body, that I certainly would not operate without first verifying an observation.

If a surgeon understands the method of measurement and location, he has more confidence in his own, than in another's work, and according to the exactness with which this work is performed the scalpel will, with certainty and quickness, uncover the substance.

In November, 1897, a man entered the Hahnemann Hospital of Rochester, N. Y. He had received a bullet in his right arm, about 3 inches above the wrist. The bullet was not probed for—an old usage, often followed by serious consequences—but the arm was immediately brought under influence of the X rays, and the bullet located, by the use of the Fluorometer, at about $3\frac{1}{2}$ inches from the point of entrance. It had taken an upward and inward course until it struck the radius, had passed along the under and inner side of it, and rested in the thickest part of the arm.

An attempt at probing would have been utter failure as the channel could not have been followed.

The location accurately determined, an incision, $1\frac{3}{4}$ inches deep by about 2 inches long, reached the bullet in just 3 minutes from the time the operation was begun. I did not vary a hair's breath from the proper point for incision. I found a piece of the patient's flannel shirt had been carried into the arm with the bullet, and none can tell the amount of suppuration and even blood poison that might have resulted.

This accuracy can be attained in each case if the proper methods are employed with understanding.

In the fall of 1896, a young man was brought to the Hahnemann Hospital of Rochester, who had been shot in the shoulder, by a revolver. I probed thoroughly and failed to find the ball. The case progressed favorably and was discharged from the hospital at the end of five weeks, passing from my observation.

Later, a radiograph was taken by the Roentgen ray and the bullet located on the anterior surface of the humerus, close to the front. A skillful surgeon, by the use of the radiograph, attempted removal of the bullet, but failed.

In the meantime, I had provided myself with a Dennis Fluorometer, a scientific appliance used as an adjunct to the Roentgen ray, which corrects the distortion caused by the uncertain position of the body, as well as the distortion caused by the divergence of the X-ray. The condition of the shoulder was unsatisfactory, so the attendant physician again brought the patient to me. I submitted him to the Roentgen rays, used by the Fluorometer to correct the distortion of the shadow upon the Fluoroscope but took no pictures. The chart, resulting from the use of Fluorometer, indicated that the bullet, instead of being near the anterior surface of the arm at the head of the humerus, was imbedded in the bone, one and one-half inches deeper.

The observation, by Fluorometer, showed that the bone was neither shattered nor splintered, and as the patient had a fair use of his arm, I decided not to operate at present. This because of the danger of exciting a disease of the joint, if the bullet was removed.

Late in November, 1897, Mr. B. was brought from eastern New York, to the Hahnemann Hospital at Rochester. More than thirty years before he had received a charge of squirrel shot in the right leg, midway between the knee and ankle. At two different times some of the shot had been removed, but, such was the condition of the limb, that it was determined by his home surgeons, that an attempt should be made to remove the shot by the use of the Roentgen rays.

The day after the patient arrived at the hospital, the leg was placed under the Roentgen rays and measurements made by use of the Dennis Fluorometer. The first observation was made from the side, and a cross section view of the leg secured. About the center of the leg, a group of foreign substance was seen. A Fluorograph was taken after a satisfactory position was obtained. This showed that the foreign substances were considerably scattered.

The next observation was obtained from beneath the leg with leg in the same position. This showed that the shot were practically in a line which extended about one inch above the line of the cross section formed by the Fluorometer, and about two inches below the line of the cross-section: i. e. up and down the leg. The forked sights were placed in position and the divergence or obliquity of the rays corrected, thus showing the exact position of what may be called the layer of shot.

The diagnosis was based upon this observation, and it was, later, followed by an operation, which is, perhaps, of sufficient interest to warrant a more detailed description.

After the observation from the side, a line of india ink was drawn around the leg, marking the cross-section established by the Fluorometer. A cross-piece was then placed over and upon the right arm of the Fluorometer, for maintaining the cross-sectional view during the second observation. The tube was then placed above the limb instead of the side, and the observer, with the Fluoroscope, placed himself beneath the table. The first observation, from this second point of view, was directed to the finding of the shot. These were seen, as has been said, practically in a thin layer, the edge of which was toward the observer.

One of the forked sights was placed upon the arm of the Fluorometer nearest the observer, and so, nearest the screen of the Fluoroscope, and in such a position that the layer of shot intersected the notch of the sight, about midway of its length, i. e. up and down the leg.

On the upper arm of the Fluorometer, nearest the tube (now the cross-piece), at a point equi-distant from the left side of the Fluorometer with the first, was placed a second forked sight. The tubes were then shifted until the grooves of the sights coincided, i. e. until a straight ray passed through both. By means of the metallic grating which had been placed on the level of the top of the table, under the Fluorometer, it was then noted that the layer of shot appeared about one-half inch to the left of the right line through the forked sights. The sights were then moved one-half inch to the left, the tube then shifted slightly until the straight ray was through the notch of the upper sight, the center of the layer of the shot, and the notch of the lower sight, bringing the three in line so that a coincident shadow was thrown upon the screen of the Fluoroscope.

All that now remained was to draw a line in India ink, upon the upper surface of the leg, corresponding in position with the notch of the upper sight, and to draw a similar line upon the under position, or the calf of the leg, corresponding to the notch of the lower sight. When thus corrected, the line was two and three fourths inches long and, of course, at right angles with the line that marked the cross section of the leg. The sights were then removed and another Fluorograph taken, as a matter of record.

A few days later, under an anesthetic, operation was per-

formed for the removal of the shot. The India ink markings being used as a guide. At the very first incision, made in careful conformity to the lines intersecting the cross-section line on the upper and lower portions of the leg, the scalpel encountered three of the shot, showing the geometrical accuracy of the diagnosis. These three, and fourteen other shot were removed, some of them imbedded in the bone, and all were found on the line between the two and three-quarter inch Fluorometer markings above and below the leg.

The Fluorograph placed this layer of shot, apparently, three inches from the left side of the Fluorometric appliance. Examination of the leg while in the Fluorometric appliance showed the indicating lines to be a fraction less than two and three-quarter inches from the outside of the appliance. This difference (in this case something over one-fourth of one inch) represents the divergence or obliquity of the rays between the upper-most shot and the sensitive plate. In other words: an incision, three inches from the square edge of the Fluorometric appliance, would bring the scalpel a trifle over one-fourth of an inch astray. With this distortion corrected as described, the first incision of the scalpel resulted in its encountering three of the shot.

The Fluorometer is so constructed that the effect of distortion caused by the obliquity of the rays is ascertainable in each and every Fluorograph.

M. E. GRAHAM.

Dr. Stow moved a vote of thanks for the very interesting description of this use of the Roentgen rays. Seconded and carried.

The Secretary begged the consideration of the Society for some definite aim toward the disposal of its funds.

The Society adjourned until June, 1898.

Essayists subsequently appointed by the president, for the June meeting:

Organon, Sect. 257-258,	A. B. Carr.
“ illustrated,	A. R. Morgan,
Mercury, its use in dentistry,	Jas. H. Beebe.
Clinical or Medical,	A. C. Hermance.
Psora,	Josephine Howland.
	W. W. Johnson.

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

Materia Medica.

MATERIA MEDICA AND HOMŒOPATHY.*

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

Materia Medica and Homœopathy are so intimately blended together that it is almost impossible to separate them; in fact they mean one and the same thing, which should be considered and studied as one subject matter.

There has been a considerable number of drugs which have been very well proven and these provings have been extensively published, i. e. all that is known of them, and it seems to me that it would be a waste of time to write them out and read them here, unless I can give some new symptoms which have never been published or some that have been well verified so as to give them greater importance.

It is a well known fact that the recorded symptoms which have been published were mostly obtained, either by massive doses of crude drug or by very low potencies of them, and yet a tremendous hue and cry has gone forth, for a thorough purging of our Materia Medica of all non-reliable symptoms. Now who are those that are making this cry, and who are those that are a going to make this sifting? Are they the ones that make the provings? Where is the one that is able to tell us which, or what symptoms are unreliable and should be eliminated? Shall a "Grand Council of Nice" be called upon to settle this matter and tell us which are and which are not "Cannonicle?" How shall we be able to tell the one from the other? Or must we still grope in the dark?

The provings which were made with the crude drugs and the lower potencies can only bring out the crude (or objective) symptoms, whilst if they had been made with the higher and highest potencies, then we would get the finer (or subjective) symptoms, which are of the utmost importance when endeavoring to select the simillimum for any patient which may come before us and which expects a cure. This brings up another

*Read at Indiana State Society, May 24, 1898.

question. Should not all of our remedies be proved in the higher and even in the highest potencies? It is the subjective (unusual), symptoms that are of the utmost importance to us as well as to our patient when they apply to us for help; at the same time we should not ignore the objective symptoms; but they should not be allowed to outweigh the subjective (unusual) ones. If we are in doubt in the matter, then place the unusual symptoms at the head and give them the utmost import.

There are around us an unlimited number of remedies, many of them are looked upon as a nuisance and utterly worthless, which if they were thoroughly proven undoubtedly would become extremely valuable to us; and so far as I know no attempt has been made to give them a proving in any form.

There is not a disease or diseased condition, nor never will be one that nature (or infinity) has not supplied the simillimum for its cure; but we must search it out, by the proving and studying of them before they can become useful in the cure of disease. They will not come to us already manufactured to our hand and beg us to give them a trial so that we may become convinced of their efficacy or usefulness. Who ever supposed that a small piece of oyster shell could become an extremely valuable remedy, until after Hahnemann had triturated and proved it and administered it to the sick? Or that the red coral, another combination of animal matter and lime, or the polen of the *Lycopodium* could ever be made such valuable remedies? There are a number of combinations of animal matter and lime, which have never been proven, yet every one of them must produce symptoms which would be of the utmost value in the treating of disease. The great family of *Solaniums*, of which but two or three has been proved so far as I know, and there is scarcely a plant that grows that would not be of value if it were well proven.

I have seen very serious disturbances set up by the picking of tomatoes from the vines when they were wet by the morning dew, the (*solanium lycopersicum*). Also the handling of the vines of the *solanium tuberosa* (the common potato) when in bloom and wet with dew. A large number of the metals, are they not all worthy of a thorough proving also, as well as some of the others?

Would it not be more profitable to change this bureau or

create another bureau of proving? Every one of these remedies would add valuable assistance to our armamentum and save human suffering. Why do we meet with so many failures, and then turn our attention to allopathic palliatives and proprietary compounds, which the manufacturers keep constantly under our noses by sending specimens to us? Is it not because we look upon Hahnemann's *Organon* as obsolete and worthless as a guide for study?

Was there ever a person who practiced Homœopathy who did not make the *Organon* his chief study? It is one of the things that is utterly impossible. When they do so, then they will have no use for the compounds and palliatives which are persistently stuck under our noses. Shall we throw away what we know to be the truth and take up with the false?

THERAPEUTIC INDICATIONS OF ARSENICUM ALBUM,
RHUS TOXICODENDRON, LACHESIS, CAR-
BOLIC ACID, AILANTUS GLAND-
ULOSA, APIS MELLIFICA.*

M. E. DOUGLASS, M. D., BALTIMORE, MD

Arsenicum album. *Arsenicum* alters the blood. It is useful in low types of disease, when the blood changes are serious. The inflammations of this remedy are characterized by their intensity, and by the tendency to the destruction of the tissue which is inflamed. In these local inflammation of arsenic you will find burning pains the characteristic sensations. Now this burning when *Arsenicum* is the remedy, indicates destruction of tissues; hence it calls for this remedy in gangrene, in sloughing, in carbuncles, and in cancer.

If this burning is a mere sensation, arising purely from nervous causes, *Arsenic* is not indicated. But if there is burning pain associated with inflammation, *Arsenic* becomes a remedy of the utmost importance. All those cases in which *Arsenic* is called for are relieved by hot applications, and greatly aggravated by cold.

The most important sites for the *Arsenicum* inflammations are the stomach and bowels primarily, and next to these the heart. This inflammation in the stomach and bowels may vary from slight irritation to the most destructive gastritis. The mouth is

* Read, before Maryland State Homœopathic Society.

dry, the tongue white as if whitewashed, or, in some other cases of irritable stomach, the tongue is red with raised papillæ. Thirst is intense, but the patient drinks but little at a time because water hurts the stomach. The least food or drink is vomited as soon as taken.

But we may have another group of symptoms: Weak, sinking sensation at the pit of the stomach, relieved by eating, but so soon as he begins to eat, he has urging to stool with diarrhœa. The stools are slimy and bloody, and are attended with violent tenesmus and burning in the rectum. If this goes on, the stools become brownish or blackish, and horribly offensive, showing that it is indicated in most serious cases of enteritis and dysentery.

The exciting causes for these various sets of symptoms may be sudden chilling of the stomach with ice water or ice cream, alcoholic drinks in excess, certain poisons, as sausage meat that has spoiled, rancid fat, spoiled butter, or fat that has undergone decomposition, and lobster salad at certain seasons of the year.

Arsenicum also excites intestinal disease which is almost identical with cholera Asiatica. Even the organic growths of cholera are found in the discharges from the *Arsenic* proving. Yet *Arsenicum* will not cure every case of cholera Asiatica. It is indicated for the following symptoms: Intense vomiting and purging, the stools being not so much like rice water as they are brownish-yellow, profuse, and offensive. The vomited matters are green, yellow and bilious. There is burning thirst, with the intense agony which belongs to arsenic. The surface of the body is as cold as ice, but internally the patient feels as if full of fire.

We find *Arsenicum* often indicated in intermitting types of fever. It is especially indicated after the failure of *Quinine* to cure, or after the abuse of that drug; also when the fever has been contracted in salt marshes along the seashore. The chill is not so well defined; in fact, it is rather irregular, but the heat is unmistakable. It is intense, with burning thirst, especially for hot drinks; cold drinks make the patient feel chilly. Sweat does not always relieve. The apyrexia is marked by severe symptoms, drowsy showing itself as the result of enlarged spleen or liver. The patient is scarcely able to sit up. He is often annoyed by neuralgia, this neuralgia being typical in its appearance. The pain usually affects one side of the face, and seems to be almost maddening, driving the patient from place to place.

At the height of attack there are nausea and vomiting and buzzing in the ears.

In typhoid fever *Arsenic* is indicated late in the disease, when the blood changes have so far progressed that you have a picture of complete exhaustion. The patient thinks himself still able to move about until he finds out how weak he is. He has fainting attacks, which are very alarming; he faints dead away; with cold sweat on the body. The delirium is worse after 12 p. m., and is attended with great restlessness. He is sleepless at 3 a. m., on account of the great heat. The mouth and tongue are covered with sordes, and with a dark brownish coating. Sometimes the tongue is very red. Around the dorsum and tip of the tongue you will find the papillæ red and raised, as under *Belladonna*, but the concomitant symptoms enable you to differentiate it from that remedy at once. The mouth is full of blisters and aphthous ulcers which bleed readily. In other cases, the tongue is bluish with ulcerated edges. Sometimes, in severe cases, water cannot be swallowed because of partial paralysis of the œsophagus. Diarrhœa is almost always present, and seems to be provoked by every attempt to eat or drink. Sometimes stool and urine are involuntary. The stool is yellowish and watery in character, horribly offensive and worse after midnight. At other times, the stools contain blood, slime and pus. The fever is intense, being almost sufficient to consume the patient. Sometimes we have the hæmorrhagic diathesis to contend with, and there is oozing of blood from the various parts of the body, from the eyes, nose, etc. This is a dangerous symptom.

In diphtheria, *Arsenic* comes into use as a most valuable drug. In its potentized state it is a most valuable assistant. It is particularly indicated when the breath is fœtid. There is adynamic fever with a great deal of somnolence. This sleepiness is broken by starts, crying out, and by jerking of the limbs. The membrane looks dark and is gangrenous. The pulse is rapid and weak.

In the exanthematous diseases we find *Arsenic* indicated first of all in urticaria. Here it is a valuable drug when the wheals are attended with burning, itching and restlessness.

In scarlatina *Arsenic* is to be used in some of the worst cases when the rash does not come out properly. The child is thrown into convulsions, and lies pale and in sort of stupor. It is very restless, moaning during the stupor. Suddenly it seems to arouse

and immediately goes into convulsions, and then relapses again into this stupor. It is also useful when, during the course of scarlatina, the parotid glands swell and suppurate, after the failure of *Rhus*.

Arsenic is useful in gangrene, particularly in the dry gangrene of old people, with great soreness and burning in the affected part, with relief from warm or hot application.

We may use *Arsenic* in carbuncles or in boils with numerous openings in them, and dipping deeply into the cellular tissues. It is indicated by the cutting lancinating pains, with aggravation after midnight, and irritability of mind and body.

The ulcers for which *Arsenic* may be given are not usually very deep. They are rather superficial. The pains are burning and lancinating. The discharge is apt to be excoriating, dark and sanious. They are apt to bleed very readily.

Rhus toxicodendron. This remedy causes an erethism, an increase in the circulation, or, in other words, ebullitions of the blood. It acts on the central organ of the circulation, the heart. Thus we find it indicated in uncomplicated hypertrophy of that viscus, that is, hypertrophy not associated with valvular lesions. This condition is brought about from the effects of over-exertion, as may frequently happen in athletes, and in machinists who wield heavy tools.

When *Rhus tox.* is the remedy in heart disease, we usually find accompanying the disorder a sensation as of numbness of the left arm and shoulder.

Let us next take the typhoid symptoms of *Rhus*; by this I mean typhoid-like symptoms, symptoms which indicate sinking of the vital forces such as appear in diseases assuming a low type. Other things being equal, you may rely on *Rhus* whenever acute diseases take on a typhoid form. You will find that dysentery assuming this form may call for it. You will find the same to be true of peritonitis, pneumonia, scarlatina and diphtheria under similar conditions and when no other remedy is positively indicated. *Rhus* must, therefore, act on the blood, poisoning that fluid.

The symptoms which indicate it in typhoid fever proper are these: In the first place, the temperament helps a great deal. The patient is of a rather mild temperament. The delirium is of a mild character, and not violent. At times, it is true, the pa-

tient may exhibit a disposition to jump out of bed, or try to escape, but when he is more or less conscious, he manifests little petulance or irritability. You will notice that this delirium is associated with restlessness, not only mental, but physical as well. The patient constantly tosses about the bed. He is first lying on one side of the body, then on the other. At one moment he is sitting up, during the next he is lying down. There is a constant desire to move, and it is even possible that the patient is relieved by the change of position. Sometimes the patient has hallucinations. He fears that he will be poisoned. He will not take the medicines you leave him, or the food and drink that is offered him, as he fears that his attendants desire to poison him. As the stupor progresses, the patient answers very slowly as if reluctantly, or else in a petulant way; but he is not violent. He has violent headache, the pain of which he compares to a sensation as of a board strapped to the forehead. This is often associated with a rush of blood to the head, as shown by sudden flushing up of the face. He has epistaxis, and this relieves the headache. The blood that escapes is dark in color. The typhoid poison may affect the lungs and produce pneumonia, with the usual cough attending that affection, difficult breathing, rust colored sputum; with all these symptoms you find the tongue dark brown, and dry and cracked. The cracks gape considerably and at times bleed. Sometimes the tongue and mouth are covered with a brownish, tenacious mucus; at others, you find the tongue taking the imprint of the teeth. There is a triangular red tip. There is disturbance of the stomach and bowels. The patient has diarrhoea with yellowish-brown stools of a cadaverous odor. Stools may come involuntarily during sleep. The urine escapes involuntarily, and sometimes leaves a reddish stain. The patient complains of tearing pains in the limbs with almost intolerable backache. If he falls asleep he is restless, and he dreams of roaming over fields and undertaking arduous labors. Sometimes he dreams of the business of the day. The surface of the body is dry and hot, and often redder than is natural. Sometimes red spots will be found on the skin. If he has sweat, it is copious and sour-smelling, and is accompanied by a miliary rash. The abdomen is tympanitic, and it is especially sensitive over two important points, the right iliac region, and the region of the spleen (which organ is swollen). Finally, the stools become scanty and greenish and are unattended by tenesmus. In

women a uterine hemorrhage may appear, but this gives no relief to the symptoms. Symptoms of pulmonary congestion appear. Rales are heard all through the chest. Especially is the trouble marked in the lower lobes of the lungs. The cough is at first dry, and then becomes more frequent and loose with expectoration of blood-streaked sputa.

Rhus is also suitable for intermittent types of fever when the chill begins in one leg, usually in the thigh. In some cases it starts between the scapulæ. Along with the external chill there is interal heat. Thirst is absent. Often, too, we find skin symptoms, as urticaria and fever blisters, the latter being situated about the mouth. The sweat is very general, excepting on the face.

No remedy has a more profound action on the fibrous tissues than has *Rhus tox.* We find it useful wherever the tendons of muscles are inflamed, whether it be from over-exertion or from a sudden wrenching, as in the case of a sprain.

The general characteristic which helps to decide for *Rhus* in all cases of this kind is this: *The patient has relief of his symptoms by continued motion, while he experiences aggravation on beginning to move.* The reason for this symptom is that the fibrous tissues become limbered up as the patient continues to move.

In rheumatism *Rhus* is indicated, not so much in the inflammatory form as in the rheumatic diathesis, when the characteristic modality just mentioned is present, and when there is aggravation during damp weather, or from exposure to cool air.

Rhus may be used when the patient, from exercise, has become warm and has been in a free perspiration, which was checked by rain or dampness.

On the skin, *Rhus* produces an erythema, this rapidly progressing to vesication, accompanied with œdema and with the final formation of pus and scabs. The cutaneous surface about the eruption is red and angry-looking.

Rhus gives us a perfect picture of vesicular erysipelas. The structures for which this drug has a special affinity are, the scalp and the skin of the face and the genital organs. The affected parts are dark-red, and the inflammation (in the sick) travels from left to right.

In scarlatina *Rhus* is indicated, especially in the adynamic forms, and should very quickly supplant *Bell.*, when the following symptoms appear: The child grows drowsy and restless. The

tongue is red and sometimes smooth, a very unusual symptom in scarlatina. The fauces are dark-red and have a peculiar œdematous appearance. The cervical glands are enlarged, and there may be enlargement of the left parotid. There may even be impending suppuration of the parts. The cellular tissue about the neck is inflamed, so that the cutaneous surface here has a dark-red or bluish erysipelatous hue. If the child is delirious, the delirium is always mild. The eruption does not come out fully, but when it does appear, it is of a dark color, and is apt to be miliary. The secretions are altered, becoming acid.

In variola, *Rhus* is indicated when the pustules turn black from effusion of blood within, and when there is diarrhœa with dark bloody stools.

In diarrhœa calling for *Rhus*, the stools consist of blood and slime mixed with reddish-yellow mucus.

Lachesis. Possibly the most important disease for which *Lachesis* is called for is typhoid fever, and in all diseases of a typhoid type. Under the use of this drug, the blood becomes inoculated, decomposition sets in, the fibrin of the blood is destroyed, and we have, as a result, ecchymoses, hemorrhages, asthenic inflammations, abscesses, malignant inflammations, gangrene, pyæmia, and with all, and as a result of all, a general typhoid condition.

The symptoms calling for *Lachesis* in these conditions are: The patient is nervous, anxious, loquacious, jumping from one subject to another. Sometimes with fear of being poisoned, he refuses the medicine you offer. Sometimes the anxiety assumes a peculiar type, and he imagines that he is dead, and preparations are being made for the funeral. There is apt to be delirium of a low muttering type. At another time the patient seems to be going deeper and deeper into a torpid state, with coolness of the extremities, trembling of the hands and body. When asked to protrude the tongue, it comes out tremblingly, or catches in the teeth, or, if he does get it out, it is trembling, and is usually coated dark-brown, sometimes with little blisters on the tip. The lips crack and ooze dark blood. Loquacity is commonly followed by depression, and by weakness. Another mental state which these typhoid patients may have as indicating *Lachesis*, is that they feel as if they were under the influence of some overwhelming power.

The patients are always worse after sleep. Diarrhoea is usually present, and is characterized by the horribly offensive odor of the stools. Even when the stools are formed, and in every way natural in other respects, they give forth this horrible odor. *Lachesis* may also be indicated late in the course of typhoid fever, when the patient lies in a stupor with dropping of the lower jaw, and other symptoms indicative of impending paralysis of the brain.

Lachesis is sometimes indicated in erysipelas of the face. Usually, the disease is most marked on the left side. The face at first may be quite bright red, but it soon takes on a dark bluish hue. There is considerable infiltration into the cellular tissue, so that we have puffiness of the eye of the affected side. Characteristic with the bluish face is the accompanying weakness. Even from the beginning, when the skin is yet red, the pulse, though accelerated, is weak, the feet are apt to be cool, and the head is affected sympathetically, so that the patient readily becomes drowsy, with muttering delirium or the opposite condition of pseudo-excitement, the loquacity, which I have already mentioned, obtains.

Upon the female organs, *Lachesis* acts very powerfully. It seems to have special affinity for the ovaries, particularly the left ovary; ovaritis, ovaralgia, tumor, may be relieved when there are tenderness to pressure of the clothing and other characteristic symptoms of the drug. Menses scanty, feeble, blood lumpy, black, and very offensive; pains in the hips, bearing down in the left ovary,—all better when the flow is established. The uterus is intolerant of the least pressure.

Lachesis may be used in puerperal metritis, especially when the lochial discharge is foetid. The face is purple, and the patient unconscious.

Ulcers on legs are flat with blue surroundings; the parts are sensitive and livid; ulcers burn when touched. The surrounding skin is mottled. Ulcers tend to spread superficially, the discharge is scanty, and the strength is failing. Dark blisters surround the ulcers and the skin around is dead. Sometimes the discharge ceases, the patient is stupid, cold, the leg becomes œdematous, and a bluish-red swelling along the course of the veins shows that phlebitis exists.

Lachesis affects the circulation markedly; it causes flushing of heat, as at the climaxis, rush of blood headward, with coldness

of the feet, palpitation of the heart, with feeling of constriction about the heart as if tightly held in cords.

Lachesis is indicated in general dropsy when the urine is dark, almost blackish, and contains albumen, and the skin over the oedematous parts is dark bluish-black.

Lachesis may also be indicated in those forms of scarlet fever which have a malignant tendency. The child is drowsy and falls readily into a heavy sleep. The rash comes out very imperfectly or very slowly, and has a dark purple hue. It may be interspersed with a miliary rash. It is apt to be complicated with a membranous deposit in the throat having the character as seen in diphtheria. The cellular tissue of the throat is inflamed, and threatens suppuration. The cervical glands are swollen. On looking into the throat, you find it to be dark red with a dirty white deposit on the tonsils, especially the left. The tongue is coated dirty yellow at the base, and the red papillæ show prominently through this coating. The pulse is weak and the surface of the body cool. There is apt to be dark blood oozing from the mouth and nose.

In diphtheria, *Lachesis* is called for when the membrane forms first on the left tonsil and spreads thence to the right. The symptoms are worse from empty swallowing, and they are often relieved by eating, or swallowing solid food. There is a constant feeling as of a lump on the left side of the throat; this descends with each act of deglutition, but returns again. Sometimes, on arousing from sleep, there is a feeling as if there were needles in the throat, which create suffocation. Sometimes, when the tonsils are very much swollen, fluids return through the nose. The fauces are of a dark purplish color, and there is great prostration. The heart is weak in its action. There is aggravation after sleep, and the throat is sensitive to the slightest touch.

Carbolic acid. The sphere of action of *Carbolic acid* is the *cerebro-spinal centres*, and the disorders of the mucous surfaces, of the blood and secretions, of digestion, etc., are but the consequences of this primary action on the central nervous system.

All the symptoms closely resemble the headache and abnormal sensations from cerebro-spinal irritation, and it has been used successfully by some physicians in the headaches following meningitis, or those occurring after sunstroke. Personally, I have had but little experience with the drug, and am not able to veri-

fy many of the recorded symptoms. I have used the drug mainly as a local application. Internally, it is highly recommended for the following diseases: Morning nausea of pregnancy. It is said to cure *vomiting of ingesta* during pregnancy, and in children.

Dr. Hoynes considers it indicated in attacks of *diarrhœa from bad drainage*. It may be useful in diarrhœa from drinking impure water.

The cough and laryngeal symptoms are important. It causes short hacking cough, with tickling in the throat. The cough is constant, irritating, and generally dry, or may end in expectoration of thick white mucus. It should be prescribed internally in the 3x or 6x, and used in a spray or steam atomizer, in about the same strength.

It is a favorite remedy with many of our physicians in *whooping cough*. Some prefer it in the middle attenuations, others in the lowest, and a few claim brilliant results from its use when inhaled from an atomizer.

It caused, in the provers, itching of the skin all over the body; vesicular eruptions, itching excessively, better after rubbing, but leaving a burning pain.

It is said to have cured leprosy, prurigo, pityriasis, lupus, carbuncles, indolent and irritable ulcers, acne, impetigo, scabies, and psoriasis.

Allantus glandulosa. A careful study of the pathogenetic and toxic effects of this drug shows it to be a powerful blood-poison. The ultimate effects of *Allantus* correspond to that condition and type of disease known as scarlatina maligna.

It is in the putrid, malignant, and typhoid varieties of scarlet fever that *Allantus* is indicated, not only by the symptoms, but also by the pathological state of the blood and secretions. Like the poison of the above disease, its morbid effects involve the brain and cerebro-spinal centres, and destroy life in the same manner. The *eruption* is peculiar; it is dark, almost livid, irregular, patchy, of a violet hue, even scaly, covering the whole body, or delayed and irregular in its appearance. In some cases there are maculæ or bullæ filled with dark colored serum. It (the eruption) remains livid—it never takes on the genuine scarlet color. It sometimes takes the form of petechial. The fever is intense, with pungent heat, a rapid small pulse, hardly to be

counted, great thirst, delirium or coma, and heavy, hurried, irregular breathing.

The *head* is burning hot, with great pain, *eyes* sparkling, with delirium, or inflamed (conjunctivitis). The *nose* discharges a copious, thin, sanious fluid, which irritates the skin, or blood and pus; the *tongue* is of a livid hue, dry, parched, and cracked; the *throat* livid and swollen; *tonsils* studded with numerous, deep, angry-looking ulcerations, exuding a scanty foetid discharge; the pain when swallowing extends to the *ears*, and the teeth are covered with sordes. The *urine* is scanty, and voided unconsciously.

During an epidemic of scarlet fever in Danville, Va., I had three cases that presented the above symptoms, and *Ailantus 2x* proved curative in all three cases, although two of the cases were pronounced hopeless by my professional brethren there. Besides this disease, the *Ailantus* has proved curative in congestion of the brain; purulent ophthalmia; conjunctivitis; ozæna; malignant ulcerated sore throat; tonsillitis with ulceration; and bronchitis with asthmatic oppression, cough oppressed, deep and painful, with muco-purulent expectoration, free in the morning, sticky and scanty during the day; excessive tenderness all over the lungs; feeling as if the air-cells were stuck together; inability to expand the lungs, crepitant rales; *cough* constant, dry, with oppressive, with burning and stitching aching pains in the chest. As these conditions often occur during the progress of measles and small-pox, as well as scarlet fever, this remedy will meet all the indications in all the *eruptive fevers*, when they are attended by the unfavorable symptoms above mentioned.

Apis mellifica. In scarlatina the fever runs high, and the attending restlessness is one of nervous agitation. Mouth and throat are very red, with blisters on the borders of the tongue, and swollen puffy fauces; burning, stinging and a scalded raw feeling in mouth and throat. The skin pricks as from needles, the rash being interspersed with a miliary eruption. There is always puffiness of some part of the surface. Prostration is early. Urine scanty or suppressed. High fever and drowsiness.

In typhoid fever the delirium is of the muttering kind. The weakness is so great that the tongue is protruded with difficulty, and the muscles are so relaxed that the patient slides down in bed. The tongue is blistered, dry, cracked and even ulcerated. Very important is the soreness of the swollen abdomen to touch.

Apis is a useful drug in dropsies. The symptoms calling for it are briefly these. In general dropsies we find it indicated by the peculiar appearances of the surface of the body. There is a sort of waxen hue to the skin; the skin has a transparent look, with a whitish or perhaps a slightly yellowish tinge. The urine is scanty, and there is almost always absence of thirst.

Apis is especially useful in dropsies of renal origin. The urine is scanty, and highly albuminous, and contains casts of the uriferous tubules. There is a swelling about the eyelids. The surface of the body feels sore and bruised. If the dropsy is of cardiac origin, the feet are œdematous, especially after walking. This is attended with almost intolerable soreness and burning.

In pleuritis with exudation, *Apis* is one of the best remedies we have to bring about absorption of the fluid.

We have still another form of dropsy in which *Apis* is a remedy, that is, dropsy of the brain. The symptoms which call for it are these: The child bores its head backwards into the pillow, and rolls it from side to side; every little while the child is aroused from sleep with a shrill piercing cry. One side of the body is convulsed and the other lies as if paralyzed. Strabismus shows itself. The pulse is rapid and weak, and the urine is scanty. Sometimes you will have to wait 3 or 4 days before you notice any effects from its administration. The favorable action of the remedy is first shown by increased flow of urine.

Apis is also useful in erysipelas, particularly of the face, when it commences under the right eye or about the eye, and spreads thence across the face to the left side, the parts quickly becoming œdematous, and at first assuming a pinkish rosy hue. The soreness becomes very severe, and burning stinging pains follow. There is high fever, with dry skin, and usually thirst.

In typhoid states of fever, *Apis* is sometimes indicated. We select it first of all by the mental state. The delirium is not of an active type; the patient lies in a stupor, with muttering; the face is either flushed red, or more frequently, pale and waxen; at other times there is a happy expression of the face. The skin in this type of fever we will find to be burning hot in some places, while in others it is unnaturally cool; the prostration is so great that the patient slides down in bed. The tongue is dry and red, and like that of *Lachesis*, it catches on the teeth when the attempt is made to extrude it.

WAS THIS A FAILURE?

W. W. GLEASON, M. D., ATTLEBORO, MASS.

Geo. C. R., thin, spare, irritable, subject to hepatic ailments. Was called June 15, to attend him, and found him in the hot stage of intermittent fever, he having had a chill at 1 p. m. The chill was without thirst, beginning in hands and feet, the right leg and foot to the knee very cold; nose and face cold; pit of stomach cold and distressed; no nausea; hands cold; chilliness running down back; shuddering.

The heat was severe in head, nose and forehead, with very red cheeks. Urination frequent in heat. Whites of eyes yellow. Aching commencing in left occipital protuberance and running around and above left ear. The sweat was mostly during sleep, the headache continuing as in the heat. Sweat over whole body but more on uncovered parts.

After the paroxysm was over he was given *Chel*^{cm}. The next day he felt quite well but weak. June 17th the chill came at 12 noon and much lighter. Symptoms as given above the same, and with added symptoms of roaring in ears during chill, grayish yellow countenance and dry throat during heat, and severe palpitation of the heart, and profuse turbid urine during sweat, with marked increase of distress at stomach during all the stages. *Sac. lac.* was given after this paroxysm, and as the chill had been lighter with anticipating of the paroxysm, encouragement was given him that he would have no more chills. But the 18th he was weaker than on the 16th, and on the 19th, at 2 p. m. he had a heavy chill with the following course:

Chill: without thirst; chill commenced in hands and feet, ascending from feet; chilliness along spine to nape of neck; wants to keep very still; feet feel as if in cold water; chill leaves during sleep; feels good to be held firmly so that he don't shake so much.

Heat: no thirst; general heat; sleepy; stupid; wants to be allowed to be very still; eyes close involuntarily.

Sweat: profuse which relieves headache; (same headache as in the previous paroxysms). Sweats freely when moving in bed; languid; weak. Tongue was coated yellowish white in center with red margin; breath fetid; taste foul, bitter. *Gels*^{cm} was given, and I thought sure the fox would be holed by this prescription, but was disappointed. On the 20th he was free from

symptoms but very weak and languid. He was irritable and very nervous. I looked with confidence to the next day, and was surprised the 21st to be summoned at 9 a. m., finding him in another chill which, however, was very light and not materially changed in character from that of the 19th, except that there were added symptoms of aching in back and limbs, with aching in occiput extending to forehead. The heat stage was quite intense, especially of face and head. Slight sweating spells during heat and relief of headache during the sweat. I was still confident that the *Gels.* was the medicine and gave *Sac. lac.* after this paroxysm was over. Again was I disappointed. The pyrexia was marked by prostration and increase of irritability and nervousness. I took these to be indicative of the possible aggravation of the *Gels.* and waited with confidence again for the chill day. The chill was there, with the day, on time at 9 a. m. the 23rd, and was the same as far as symptoms could be obtained to the chill of the 21st, and heat and sweat had the same marked characteristics yet quite light. After this paroxysm *Sac. lac.* was administered.

June 24th he felt better than any time since being sick, and was up and dressed and took a short walk. June 25th he felt only a slight chilliness at the morning hour, with heat and sweat both very light. I was now confident—very much so—that the enemy was conquered. But June 27th I was summoned again at 11 a. m. and found my patient down with a severe chill and almost disgusted with everything, including homœopathic treatment. The course now was:

Chill: no thirst; internal heat—burning up inside; hot water bottle made chill worse; warm room disagreeable to him; shivering; hands and feet cold with cold sweat.

Heat: thirst slight; nausea and distress at stomach as of a load; red cheeks; pupils of eyes somewhat dilated.

Sweat: nausea; sour sweat; sweat increased by motion; sweat rather light; cough; nosebleed; claminess of uncovered parts; tongue coated yellow; taste bitter; craves sweets and delicate food.

I was requested to give *Quinine* and break up the chills. I foresaw difficulty ahead if I did not, but stuck to the ship. *Ipecac^{cm}* was given, but with some fear and trembling, for while it was quite well indicated, as far as I could see, so had other medicines been which had failed to lay the ghost. The *Ipecac.*

was given when the sweating was about over. The 28th was uneventful, with no marked weakness.

The chill came on the 29th, but not so severe as that of the 27th. The paroxysm was at 11 a. m. and was allowed to work itself out, when *Sac. lac.* was given. The 30th was a good day for the patient, and all thought he would certainly be at work in a few days.

July 1st, another severe chill introduced itself at 12 noon, and a doctor who would give *Quinine* was summoned. The family lived near me and I kept track of the case. I had failed, and I wanted to see what the next fellow would do. Four hours before the time of expected chill, on July 3rd, (that is at 8 a. m.) fifteen grains of *Quinine* were administered, and the next hour (9 a. m.), fifteen grains more. There was no chill that day. The next day more *Quinine* was given probably, at least something bitter was given I was afterwards told. The next morning (July 5th), at 8 a. m. more *Quinine* was administered, and the chill did not appear that day. I met that other doctor that day and he smiled at me as much as to say, "*Quinine* beat you this time." I was out of town for several days after that, getting back home July 12th. On the morning of July 13th, I was seen by the wife of the patient and informed that that morning at 9 a. m. there was another chill. She wanted to know if I would administer *Quinine*, which I declined to do, but I advised her to go with her husband the next day, to Block Island, and, putting her husband under a homœopathic physician there, perhaps with the aid of the sea air, her husband might be cured. I do not know how the case came out eventually.

I have never been satisfied that I treated this case right, and yet I don't, with my limited knowledge, see where or why I failed to cure it. I will say here what I see I have neglected to state in the preceding notes, that this patient was a chronic psoriasis patient, but the eruption was out freely during his whole indisposition. Could it be that the miasm prevented the cure?

(The above case presents some valuable lessons which should not be ignored by a single careful, conscientious reader of the *ADVOCATE*.)

The image of the intermittent disturbance is very carefully drawn and remedies selected to meet the same without permanent effect. Why? The answer is plain and simple. The patient is only indirectly prescribed for. The record should show the condition prior to the present attack. From the few points dropped incidentally i. e. "no thirst during heat;" localized chilliness; irregular

attacks; sweating on uncovered parts etc., etc., we learn of the psoric diathesis which must receive the particular attention of the prescriber. The man was *thin, irritable, subject to hepatic attacks and was a chronic sufferer with psoriasis.* The picture present with what we can read between the lines would suggest *Thuja, Sulphur, Sepia* and possibly *Arsenicum* to include all the remedies that would be indicated in this case and it is not too late to try the same, provided the man is living.—ED.)

CLINICAL VERIFICATIONS.

R. M. BARROWS, M. D.

PROF. DISEASES OF CHILDREN, DUNHAM MEDICAL COLLEGE, CHICAGO.

I offer the *ADVOCATE* a few cases from my practice which illustrate the power of the single remedy to relieve pain and promptly cure disease when prescribed according to our law of cure. The symptoms of the disease present in each case pointed unerringly to the remedy required, and any careful homœopath must have given the same indicated remedy if confronted by these same cases. This is a clinching argument, it seems to me that our system of medicine is founded on a law of cure.

CASE I.

Vomiting of Pregnancy—Ipecac.

Mr. T., called at my office last February to consult me on the advisability of using artificial means to cause my wife to miscarry, as a means of saving her life. He said her present pregnancy by her constant nausea and vomiting of all food and drink, was reducing her to the same condition she was in before, when in a similar condition, which resulted in a lingering case of typhoid fever in which his wife nearly lost her life and the child was born prematurely, having been dead for some time previous. He had tried all means and medicines with no relief. I persuaded him to still farther try medicines with the understanding if they failed other measures would be used for her relief. I send her a prescription of *Nux* and said I would call the next day. I did so and found her in a sad condition. She was in bed, prostrated, pale and anæmic. All foods and drinks on being taken were vomited immediately, together with billious looking matter, which tasted bitter. She had nausea continually. She felt bad and played out. *Ipecac*^{50m} one powder and *Sac. lac.* was prescribed. I left another powder of the same potency to be given by evening if not improved. Next day her husband reported she was much

better, had retained her breakfast without vomiting, besides having a good night. Two days later there was a partial return of the bad symptoms. Three powders of *Ipecac*^{50m} was left, but only two taken. All vomiting ceased from that time and in a week she was able to be about eating anything and everything with no disturbance. This case proves that the *bete noir* of the old school can be easily cured by ours if the remedy be carefully selected and as carefully given.

CASE II.

Asthma—Arsenicum.

I was called last April to see Miss D., a maiden lady of about forty. I was summoned at ten on a rainy evening and found my patient sitting up in bed, her knees drawn up and her head bent forward, the only position in which she could get any relief. She was coughing and wheezing constantly. She said she had not slept for thirty-six hours and begged me to give her something to make her sleep. Her marked symptoms were inability to lie down from the suffocating cough and difficult breathing, expectoration of a white cottony mucous, constant thirst which a little would satisfy, attacks worse about midnight, with a pale anæmic appearance of the patient pointed strongly to *Arsenicum*. This she got in 1^m potency with the effect that in two hours she was able to lie down and sleep peacefully till morning. In fact her sister reported next day that she slept nearly all the day. She made a good recovery with no repetition of the remedy.

CASE III.

Lumbago—Rhus tox.

January 28th, '95, I was called to see Mr. H., a neighbor of mine, a man of about forty, of large build, florid complexion and married. I found him suffering from a pain in the small of his back. He thought he had sprained himself while working in his basement. The symptoms carrying out his diagnosis, I ordered him to bed and prescribed *Arnica* internally and hot applications to his back.

Jan. 30th, I was called again and found my patient had crawled down to his office the day before and had returned much worse and spent a night of terrible pain which all applications had failed to relieve. I found his temperature 103 deg., pulse 110, and pain in back very severe. He was constantly

changing position to get an easier one. I then diagnosed lumbago and from its characteristic symptom prescribed *Rhus tox*^{50m} three doses, half hour apart, and then *Sac. lac.*

Jan. 31st. On calling in the forenoon, I found my patient greatly improved. The pain had left two hours after giving medicine. Profuse perspiration had broken out and patient had slept several hours. He remarked when I saw him, "That was powerful medicine you gave me last night." It certainly was. *Sac. lac.* was continued and my neighbor made an uninterrupted recovery.

CASE IV.

Pneumonia—Belladonna.

A young man of about twenty, was seized with a severe chill, followed by pain in right side, and a distressing cough. I was called on the second day of the attack and found a temperature of 103.6, rapid, bounding pulse, constant cough with blood-streaked sputa. A pain in right side extend to arm-pit. Found congestion in right lung in lower and middle lobes. I gave *Acon*^{50m} three doses, and then *Sac. lac.* In the evening I changed to *Ver. Ver*^{50m} which seemed to be indicated, as *Aconite* had failed to relieve.

Jan. 12. Found patient had passed a restless night. No improvement; eyes red and watery, sweating a good deal, can't lie on painful side. I thought of *Belladonna*, but had never given it in pneumonia, so resolved to read it up carefully before changing remedy, so gave *Sac. lac.* In evening, same day, I found same while temperature registered 104.2. I then unhesitatingly gave *Belladonna*^{10m}. The guiding symptoms leading to this were the red face and eyes, sweating, thirst, and pain worse lying on the painful side, also the disease attacking the right side. The effect of this prescription was wonderful, as the report in the morning showed when I called. Found the patient had spent a good night, sleeping two hours at a time; temperature was reduced to 101.6; eyes better, and cough not so severe or bloody and less pain. I pronounced the patient practically out of the woods and the subsequent history proved this prognosis correct. *Sac. lac.* was given and the next day the temperature fell to 99.6. Patient could lay on right side for the first time and cough less. Two days later the patient was sitting up in bed dressed and no fever. Recovery.

Correspondence.

REMEDY WANTED.

EDITOR ADVOCATE:—In my report of a case on page 470, in the August number of the *HAHNEMANNIAN ADVOCATE*, the first line should be July 11th instead of June 11th.

I tried to give you the “essentials necessary for a scientific application of the law of similars.” I admit “the proper recording of a case is one of the most difficult factors in the treatment of chronic cases.” I now attempt to supply some of the missing links.

The character of the nasal discharge is generally bland, sometimes streaked with blood.

The abscess was opened about an inch below the umbilicus and half an inch to the right of the median line. He has had boils and what he terms “Kansas itch;” also a breaking out from the effects of a fly powder used in the house.

Head. Character of the pain not well defined, described by patient as a dull ache. Pain in left temple which he calls neuralgia.

Stomach. The belching is of gas.

Stool. Since writing he has had an attack of diarrhœa. Stools at first gray, later yellow, thin, scant. Pains in bowels moves downwards. Three to four stools in twenty-four hours.

The rheumatism has its aggravations before storms and in damp weather. He catches cold easily. The pains move toward the body.

Eyes. Itching of eyelids. Drooping left eyelid, nearly complete ptosis when he’s weak from protracted illness. It recurred on the 28th inst, with the diarrhœa.

In all fevers the pains move from hands and feet toward the body. Heat applied makes him chill.

Complexion fair, hair dark. Hair and beard, now at the age of nearly 70, iron gray; skin fair, and clear blue eyes.

J. S. WATT.

(An analytic study of this case shows a typical psoric diathesis—weak, sickly in childhood, given up to die with consumption,

subject to pneumonia, malaria, abscesses, boils, etc. Appetite for stimulants either inherited or acquired from the persistent drugging to which such constitutions are subject.

His present condition would seem to be largely attributed to improper living—drunkenness and that unnatural craving for “tonics.” The vital force does not seem able to throw off the incubus and his treatment has only seemed to add to his troubles until he naturally despairs of recovery.

The second report adds but little to the characteristics found in the first report. There must be greater trouble with stomach than has been mentioned in the report. A persistent acidity of the mouth with *white* tongue and no soreness either of mouth, tongue or throat gives evidence of a chronic weakness of the stomach due to constant abuse of the same. This condition cannot be corrected by medicine until the cause has been removed. The stomach must be given a chance to regain its normal state by absolute rest. There must be total abstinence from everything of an irritating nature. *Nux vomica*, *Sulphur*, *Psorinum*, *Antimonium crudum*, etc., are suggested. The potency will depend upon the individual, but nothing below the 30th or 200th should be thought of and three or four doses within 48 hours would be sufficient. In the course of a month, indications will appear pointing to the constitutional treatment. If indications come up showing the preponderating influence of some of the drugs which have been abused, it is then time to meet the indications.—ED.

Editorial.

QUACKERY IN GERMANY.

The following report from the National Medical College of Saxony for the year 1896, furnishes a point for pleasing comment.

"Seven hundred and forty-five quacks flourish in Saxony. The proportion of quacks to *legally authorized practitioners* is as one to two. The following special lines are represented: "Nature healers," 220; "Sympathy," 106; *Homoeopathy* 97; Massage, 72; "Magnetic," 46, and tapeworm specialists 19."

It will be noted that this list includes 541 who can do no direct injury through the employment of injurious agents, so that all injury arising from their employment may be charged to the side of omission. Another fact to be noted is, that over two hundred quacks are still unaccounted for. From inference it would not be far from the truth to judge that this large list comprised those who have broken from the ethical bonds and are standing out with as much independence as they dare assume in that bigoted, illiberal *medically regulated* nation.

In America it has been decided that any man or woman is a "regular" physician who complies with the laws of the state in which he resides. The requirements in some states are very meager and their inhabitants are burdened with those who could not meet the more rigid requirements of other communities, but the quack is the man who refuses to be bound down by the ethical requirements of the profession, either because he would starve under those conditions, or because he is possessed of superior attainments and at the same time is possessed of the spirit of business enterprise which uses this knowledge of medicine and human nature in such a way as to make money. The significant fact is brought out in this connection that the great majority of quacks in this country boast of diplomas from one or more of the leading "old school" colleges, and were forced into their unprofession relations by reason of the fact they could not make a living. We have within the pale of the ethical some of the most notorious quacks to be found anywhere upon the face of God's foot-stool and it is because of their unblushing effrontery that the public fail to see where the line of legitimacy ends and quackery begins.

Raise the standard of medical knowledge so high that every

college graduate shall be worthy the confidence of the public the very day he leaves the halls of his *alma mater* and the profession can rest assured that a proper recognition will be given their medical attainment, and that the illiterate or ignorant practitioner will be compelled to step down and out, because no one will employ him.

ILLINOIS HOMŒOPATHIC SOCIETY AMENDS THE LEGISLATIVE BILL.

At the meeting recently held at Rock Island, the question of medical legislation received a large share of attention. The committee which had been appointed the year before had performed a vast amount of labor and as a result of their deliberations and conferences with like committees appointed by the allopaths and eclectics they presented a bill (the same bill) which had been approved of by the other two societies and which on its face seemed fair to all concerned. The committee deserved and received the thanks of the society for their untiring labors.

But the society deemed it wise to amend the bill in two important particulars, first: by striking out the last clause which while appearing to be a punishment for the violation of the law was in reality a license, whereby quacks may be enabled to practice unlawfully by the payment of a nominal fee.

Secondly: by striking out the clause which creates an examining board, because of the conviction that the bill if enacted into a law would prove the death knell of the homœopathic colleges of the state. This was clearly proven by the remarks of Dr. Paine, of New York, who demonstrated from experience that unless there were three separate boards, new comers to our state would have to pass a distinctively allopathic examination. The result being that students even though leaning toward the homœopathic system of medicine, would attend allopathic colleges for the sake of the training which would enable them to pass this virtually allopathic board.

The president, Dr. Cowperthwaite made a very eloquent and logical address against this proposed legislation. Another argument urged, was that the standard of the colleges being raised, an examining board was unnecessary and that it was a great deal better to adhere to the excellent law we now have than to venture out in a strange and untried craft.

Again it is a great injustice to students, many of whom have

used up their last dollar in acquiring a medical education to compel them to pay this examining board \$25 for a needless and utterly unjust examination.

If any of our homœopathic physicians still possess an unlimited and child-like confidence in allopathic protestations of love, let them try to secure a license to practice medicine in Alabama, where this experiment has been tried and has succeeded so admirably according to allopathic standards. True it is claimed that the homœopathic and eclectics would each be given two members on this examining board, the bill does not so state it, simply says that not more than three members of the seven shall belong to any one school of practice.

We all know that the eclectics with few exceptions are allopathics in practice and sympathies. On similar boards in other states their representatives invariably side with the allopaths in personal experience. This then would make the complexion of the board as 5 against 2, and we have no assurance except the governor's personal whim that one of these two would not be a physio-medic or an osteopath. Why then should we as homœopaths be foolish enough to put our heads into the lion's mouth at the mere beck of our allopathic confreeres and for the sake of not offending our committee, who stated that they had spent seventeen entire nights in working with the allopaths to bring about a law (destructive to homœopathic colleges).

E. T. A.

THE INDIANA LAW UPHELD.

The supreme court of Indiana has rendered an opinion upholding the validity of the medical practice act of that state. The court declares that the board of medical registration has the authority to decide whether a person holding a license to practice medicine under the law of 1885, obtained it rightly, and also whether he is a fit person to receive a certificate under the new law. The right to revoke a license after it is granted, for cause, is declared vested in the board, subject to an appeal to circuit or superior court of the county in which the person resides. The decision makes it plain that the old license to practice, issued under the act of 1885, was revoked by the law of 1897, and that such license would be considered as remaining in force only until the board could act on the application for a new license, and if that be refused, the applicant cannot practice without the intervention of the proper court.

Monthly Review.

Marriage Restrictions. Opposition to the bill introduced in the Ohio legislature last winter is coming in from varied sources, but the *Cleveland Journal of Medicine* presents the following excellent summary:

"No fact in biology is now better established than that the defective members of society tend naturally to sterility and extinction. Did our criminal and infirm depend upon self-propagation for successors we would never hear any more of the increase of crime and insanity. It is the falling into these classes, from all other ranks of society, of those unfit for the struggle for existence which accounts for the increase of defectives. It is proper to treat them humanely, as is the present tendency of society, but nevertheless, broadly speaking, they are simply the lower branches of the social forest which fail to reach the sunlight of race progress, and under inexorable natural law degenerate, fall to the ground and finally become lost in the mould lying by the wayside of advancing evolution. There is something sinister in the records of all our law-making bodies of recent years in the great number of bills proposed and passed which aim to reform man's body and mind by human statute. It is all a distinct sign of degeneration, of reversion to the days of the savage, when the individual was hampered at every step by precise and inviolable rules of procedure, founded, it is true, in superstition, but clearly showing that social evolution is always away from the communistic and toward the freedom of the individual. In the present state of our knowledge, of our social organization, and especially of our politics, it would be the height of folly to enact such a statute. The weapon of true progress is always education.

Simple Test for the Purity of Water. Fill colorless bottle with the water; look through the water at some black object; the water should then appear perfectly colorless and free from suspended matter. A muddy or turbid appearance would indicate the presence of soluble organic matter, or of soluble matter in suspension. It should be "clear as crystal."

Empty out some of the water, leave the bottle half full; cork up the bottle and place it for a few hours in a warm place; shake up the water, remove the cork, and critically smell the air contained in the bottle. If it has any smell, and especially if the odor is in the least repulsive, the water should be rejected for domestic use. By heating the water or boiling, an odor is sometimes evolved that otherwise would not appear.

Pure water should be tasteless and remain so after being warmed. It should also be odorless, but, since the delicacy of smell and taste varies greatly, sanitarians attach special importance to Heisch's test for sewage contamination or the presence of putrescible organic matter. A clean pint bottle is filled three-fourths full of the water to be tested, and in the water is dissolved a teaspoonful of the purest sugar—loaf or granulated sugar will answer; the bottle is then corked and kept in a warm place for two days, if in from twenty-four to forty-eight hours the water becomes cloudy or muddy, it is unfit for domestic use. If it remains perfectly clear it is probably safe to use.—(*Health*.)

Is Rheumatism Curable? 'By hygienic living you cannot eradicate your rheumatism, but you can most assuredly so control it that your existence will be almost free from its torturing pains.' That is what Dr. Leyden of the University of Berlin said to an American recently. To Dr. Leyden he had gone as the leading authority on rheumatism in Europe, and after having been told by many physicians that he must grin and bear his affliction with all the philosophy he might, when hope and the efficacy of drugs ebbed low, the German's opinion seemed almost too good to be true.

"We don't give any medicine in such cases as yours," said the doctor. "What you need is diet and exercise, and plenty of both. The rheumatic who lives a sedentary life and feasts daintily is bound to come to a bad end. Hearty, frequent, well-chosen meals and much bustling about in the open air are absolute essentials to a cure. The prime cause of rheumatism is indigestion, and, though you may eat prodigious meals, if your stomach does not assimilate what is given it you are quite as poorly nourished as the man who gets but a crust a day. As to what you can and cannot eat here is the rule: Of meats you must deny yourself heavy, dark flesh. Under this head is itemized mutton, venison, goose, and anything that is cut off a pig. Devote yourself to chicken, lamb, game, sweetbreads, brains, and more delicate fish, when simply cooked and served without rich sauces. Avoid lobster and crabs and every fried fish, but enjoy oysters and clams.

"Of vegetables never touch tomatoes, cucumbers, and all salads that have a vinegar dressing, for an inadequate stomach is busy manufacturing a more powerful acid than the system can endure. Eat lightly of potatoes, dried beans or peas, and raw onions, but let yourself indulge freely in green beans and peas, carrots, turnips, and well cooked greens. For all the starch your body needs rice is the proper source of supply. An abundance of well cooked rice is worth all the bread and beans and potatoes put together.

"Strawberries, raw pears, and raw apples are cut off from the rheumatic, however wholesome they may be for others, and, strangely enough, where grape and orange juice will set a man's joints to throbbing, he can help himself safely to lemon and lime juice. A divine healing quality is found in the acid of both these fruits. There is but one sentence to cover the use of sugar: Don't eat it in any form whatsoever. Americans make the best sweetmeats in the world and suffer most cruelly from their use of them.

"Almost as sweeping a denunciation may be made of all liquids save water and milk. Beer, claret, port, and champagne act as a sort of poison on the rheumatic system, and though whisky and brandy, gin and rum are not so injurious, if taken sparingly and at long intervals, they are best abjured and water and milk substituted. In the last ten years mineral waters have been consumed in enormous quantities by rheumatics in the belief that they afforded especial aid, and they are efficacious, chiefly, though, from the fact that they are pure, and that the use of them induces a patient to imbibe an unusual quantity of sweet cleansing liquid.

"I am willing to say that where mineral waters are not easily obtained any pure water, taken at the rate of two or three quarts a day, has an equally salutary effect on the system. It must be pure, however, and filtered, if there are any doubts about its cleanliness. This liquid taken slowly in small tumblerfuls, and for the most part between meals, will largely serve the purpose of mineral

water. Not more than a tumblerful is wholesome at each meal, and it is best not to take the water just before or after eating or on getting into bed.

"A rheumatic must be nourished, and most especially one who has a languid appetite. Three meals a day are not enough for such a patient. Between breakfast and lunch and between lunch and dinner a fresh egg, beaten up in sweet, fresh milk, is an excellent stimulant, more valuable than all the milk punches ever devised. All these reasonable courses do not lead to a cure, though, unless exercise that is regular and never stinted is taken every day. First of all, don't pretend to try for athletics or violent motion of any kind, since it is just as injurious to strain the aching limbs as to let them lie inert.

"For example, when rheumatism attacks the knees, to swim, to bicycle, or to play golf simply overtaxes the tortured nerves and muscles, but if you will take a cane and walk quietly for a mile or two, or if the weather is dry take your gun and go prowling through fields and woods in search of game, or lacking interest in that, try to cultivate a taste for hunting botanical or entomological specimens, the exercise then serves as a tonic. The main point is to use the muscles regularly. In wet weather bedroom gymnastics serve as an excellent substitute for the more intelligent outdoor pleasures, but only in wet weather. Care must be taken never to exercise so violently that any danger is incurred from cooling off too suddenly.

"The average American puts considerable faith in baths, and naturally prefers the stimulating cold water. This is well enough when the twinges are not severe and the joints not swollen. In violent attacks of rheumatism it is most essential to avoid cold water and substitute a hot daily bath, dissolving in the water a piece of sulphur as big as a hen's egg. Such a bath may not seem so invigorating as the cold water, but if taken rapidly, followed by brisk toweling, with no sudden after-exposure for an hour to any cold air or drafts, the hot dip is as embracing as the cold.

"Last on the list of aids to the rheumatic is massage. It is one of the few real aids to relief in severe attacks. Amateur rubbing is often of as great injury as genuine help, but a good Swedish masseuse can help an invalid over the hardest places, and really help to tone up the system. A rheumatic must, moreover, submit to the unpleasant bondage of flannels—not the thick swathings that the patient American, in his steam heated house, dutifully puts on in October and wears until the 1st of June, but close, lightweight flannels, and in so changing a climate as that of the Northern States every rheumatic should own several sets of flannels of various degrees of weight. These must be shifted off and on as the thermometer rises and falls so that at no time need the body be exposed or overclothed, but invariably carefully protected. This is the whole tactics of war against rheumatism, and it's the only way that modern science can assume to battle such a dire enemy to human well-being."

Medical Testimony. The leading editorial in the *Medical Standard* for July contains some interesting points, also some true suggestions from which we take the following:

A number of state associations have taken up this question of expert testimony with an earnestness which promises excellent results. In this movement, the Iowa association has taken, by reason of the systematic character of its action, a leading part. The committee on medical testimony, of which Dr. F. A.

Porterfield of Atlantic is chairman, sent inquiries for opinions to the judiciary department of each state in the Union, to every civilized country, and to prominent members of the medical and legal professions. The principal queries related to who summons the expert? Who pays the fee? Who are experts and who are not, and how is this latter point determined? The responses show that in no state is medical expert testimony summoned, except by the party who desires the expert's evidence. The question as to who are and who are not experts the committee thought was best answered by the attorney general of Alabama, who said "Most anybody is an expert who will swear that he is one."

The committee reported that in Germany, France, Austria and Belgium the expert is virtually an officer of the court, and one of its component parts; they may not be chosen hap hazard, or according to the length of purse of the parties desiring the testimony, the result being, that in these countries expert witnesses command a high measure of confidence and respect.

The reasons for the disrepute into which medical testimony in this country is rapidly falling are not difficult to ascertain. The distinctness with which these causes stand out, should render correction of the deplorable condition comparatively easy. It is the medical profession that must take the initiative in forcing the desired action by the state legislatures. It is true, as some will be heard to say, that a very small proportion of the profession will ever have occasion to give evidence in a court. Granted, but the capabilities of the few for bringing reproach upon the entire body are unlimited, and the opportunity is being used to the utmost extremity. To appreciate why the public opinion of medical testimony is unfavorable it is only necessary to say that no attorney ever allows an expert to go upon the witness stand until one is found who will give just such testimony as is required to support the attorney's side, and the fact that experts appear on both sides does not of itself indicate a difference in their views in the case, but that they have had certain questions submitted to them and have signified their willingness to answer those questions on the stand in a certain way. Cross examination, however, seldom fails to reveal the exparte nature of the testimony, exposing the expert's part in the deception sought to be perpetrated, and thus bringing ridicule and distrust upon all testimony from this source.

The effectual way in which to secure the improvement desired is, first, make it impossible for the enterprising lawyer to call to the witness stand anybody willing to swear that he is an expert and ready to state half truths, and second, to create such a sentiment among the members of the profession that none will appear in a case unless he can honestly maintain opposing views upon important and material facts.

The question of compensation, about which some physicians are making much noise, can well wait until the features of the issue vitality affecting the integrity and good repute of the profession are settled satisfactorily.

MATERIA MEDICA.

Oedema—Apsis. Oedematous swelling with burning, smarting and itching, aggravated by heat and relieved by cold.

Proving of *Rhus venanata* or *Rhus toxicodendron*. Eye lids are a favorable location for the action of the swamp sumac and poison ivy. The skin is much reddened and swollen and in some cases are completely closed and the case is diagnosed as erysipelas until inquiry reveals contact with these vines.

The characteristic vesicles with watery or yellowish fluid being present, while in the more susceptible individuals the vesicles become confluent and the burning and itching becomes intense, especially if the skin becomes moist from perspiration.

Epistaxis—Carbo veg. Dr. Kent O. Foltz in *Eclectic Medical Journal*, reports several cases of *passive* hemorrhage in which *Carbo vegetabilis* seemed to be the simillimum.

I have had several cases of persistent nose bleed in which I tried a remedy that gave good results in all that it was tried on. The drug is *Carbo veg.* 1x in five-grain doses. One case in which I used this was a case of vicarious menstruation in a lady aged 35, who had chronic albuminuria: Plugging the nares did no good, and as a last resort I turned to my case and found the ergot bottle was empty, but the bottle of *Carbo veg.* was full. Remembering the advice received in college about passive uterine hemorrhage, and that use of this drug, I thought I would try it. It was given without any confidence in its beneficial effects, however. In fifteen minutes the dose was repeated. After five or ten minutes the bleeding diminished, and soon stopped altogether. The following month I was called again and tried plugging with no good results. When the *Carbo veg.* was resorted to again, the bleeding ceased. The third time I used the drug alone, and for two or three months afterward used nothing else, and no other treatment was necessary.

A second case, in which I had good results, was a little girl, who was subject to nose bleed. When I called, she had been bleeding for nearly two hours, and was very weak. The point from which the oozing came was about the size of a silver dime, and it was almost impossible to wipe the blood away fast enough to see whether any other points were visible. I plugged the nostril, and gave *Carbo veg.* I left several powders with directions to give one every two hours, and to bring the girl to the office the next day. On examination the next day, I found that all the discharge had proceeded from the one point. Give a dozen more of the powders with directions to give four a day. From that time to the present, over two years, there has been no more complaint of nose bleed.

I have used this in probably a dozen cases of passive hemorrhage of the nose, and in every case have had good success. Whether the cases were simply coincidences or not I am not prepared to say, but shall give the drug a more extended trial.

Cures by One Dose. Dr. — reported the case of a child of 9 months who was poisoned by allopathic treatment consisting of large doses of *Nitrate of silver*. He cured it perfectly by *Belladonna* 900 one dose.

He also reports a case which had excited much attention, of violent inflammation of the brain in an 8 year old girl which was cured by a single dose of *Belladonna* 2000 (Jennichen) after the Medical Councilor who had treated her had declared the case incurable. The 30 and 200 were given first but accomplished nothing.

BY DR. KUNKEL, OF KIEL.

Mrs. H., age 27, childless, emaciated, pale yellow complexion, sick for five or six years, consulted me May 20, 1860, on account of a number of tumors

(about 60) on different part of her body, but particularly on both sides of the chest. They were in the form of a chain from the height of the mammae and exterior to them to the sides of the neck. The largest had a diameter of upwards of two inches, were globular and more or less flattened, were below the skin, which is normal and are easily moved cystic tumors in which she feels *violent tearing pains when the weather changes.*

The patient is much reduced under the constant allopathic treatment she has received (she has been under 8 physicians) being horribly *emaciated*, "*always chilly*" and *so weak that she cannot lift a plateful of soup.* At night she is often *unable to lift her arms.* She is *very sensitive to cold air, drawing pains in the head, limbs and teeth, which are violent in the warmth of the bed; stool retarded, tenacious; frequent urging to urinate with scanty discharge, (the quantity of which I cannot learn), menses scanty and too early; palpitation of the heart both when at rest and when exercising; cold hands with numbness of the last two phalanges; feet cold and moist.* No organic change was discoverable.

She knows nothing of diagnostic value except a long continued *uterus*, accompanied by urinary difficulties, which terminated two years ago, and an eruption on the legs which she had for several years.

I prescribed *Calcaria carb.* 30 (cent) five globules in two ounces of water to be taken in three days.

June 3. Apparent improvement of the general condition, temporary passing of sand in the urine—I had instructed her to look for this—and several times a much purulent sediment. The deficiency of vital heat seemed to be better. No medicine.

June 25. I saw her in person. The improvement in every way was unmitigable. The smaller tumors had decreased considerably. Without any further medicine she continued to improve steadily after the *one dose of Calcaria*, so that at the end of July she was able to perform the usual harvest labor. In the same ratio the cystic tumors decreased. In a report in January, 1861, of the larger only a trace was discoverable, the smaller had long since disappeared. Owing to the similarity of the trophic relations of the cystic tumors and cataracts, the conclusion is permissible, that in the treatment of the latter a similar course, viz: a single dose may cure.—(*Allg. Hom. Zeitung, Translated by A. McNeil.*)

Prosopalgia. R. St., a child's nurse, about 25 years old, of middle size, face pale, suffered a year ago almost the entire winter from neuralgia of the face which allopathic treatment failed to cure. In the beginning of November she was attacked by toothache as a result of catching cold, which increased so much up to the 8th of November that she called for my treatment. The pain appeared to go *from the canine wisdom teeth of the right side and radiate thence to the ears, towards the eye and even to the occiput and the right side of the neck.* Neither cold or hot liquids taken into the mouth affected the pain. She covered her head warm but without positive benefit. *She cannot lie on either side nor on her back, but rest on her abdomen, her head elevated from the pillow.* Pulse accelerated, tolerably full, no thirst, chilliness in the evening. She had already taken *Aconite and Belladonna* without benefit.

China 3 (cent) relieved rapidly and entirely removed the disease in eight days.—(*Translated from Allg. Hom. Zeitung by Dr. A. McNeil.*)

(The symptom, relief from lying on abdomen cannot be found in the pathogenesis of *China* and is interesting on that account.—Ed.)

Blindness from Suppressed Itch. Nickolas Remisoff, one year old, son of a citizen, was brought to the clinic, Dec. 23, 1859. He was suffering from dry itch, which covered the entire surface. He received *Sulphur* in a low dilution, March 18, 1860, his mother brought him back for the first time with amaurosis of both eyes. He was entirely blind which was demonstrated by repeated examinations, beyond a doubt. In reply to my questions as to the cause and manner of his becoming blind, she replied that after using the powders I had given him in December, 1859, the itch had not disappeared, so they resorted to *external applications among others of Aqua Goulandi* with which the child was washed, after which the eruption very soon disappeared. Soon after it was observed that in going about the room he ran into the furniture which surprised the family, caused them to observe more carefully and they were soon convinced that there was total blindness. I could not doubt that in this case that the sudden driving in of the itch was the cause of the present amaurosis. For this reason I gave *Sulphur* 30 one dose and fifteen blank powders.

April 18, the mother brought the child again. He was sprinkled all over with boils as if sown. But his vision was perfect which was proved by repeated experiments. *Sulphur* was given as before and soon thereafter no more boils formed and the existing ones healed by degrees and the child has his natural vision to the present without any more medicine, not even a third dose of *Sulphur*.

Is Hahnemann's psoric theory such great nonsense as is asserted by so many? —Dr. Bojanus, Moscow, Russia. Translated from *Allg. Hom. Zeitung*, by A. McNeil, M. D., San Francisco, Cal.

Allantus, Apis, Arsenicum, Carbolic acid, Lachesis and Rhus toxicodendron. The following is taken from the report of the Maryland Homœopathic Medical Society, published in the July issue of *American Medical Monthly*. It is interesting to note that this society devoted more than half of its session to the study of MATERIA MEDICA and by the systematic arrangement of the matter presented scored such a decided success that other societies would do well to follow their example.

Pathological Changes.

Arsenicum acts through organic nervous system upon the red blood corpuscles, diminishing their power of taking up oxygen in the lungs, the carbonaceous compounds thus unconsumed being deposited in the form of fat; the blood becomes dark or even black, unduly fluid and non-coagulable.

Carbolic acid produces no definite action upon the blood.

Lachesis: Blood dark, incoagulable, venous hemorrhages; Destroys red blood corpuscle; Produces peripheral inflammation through non-elimination of tissue waste. Emaciation, prostration.

Rhus toxicodendron: No well defined action on blood. Action seems to be through nervous system.

Ailantus—Chinese Sumach: No direct action on blood.

Apis: Acts on vegetative nervous system, producing weakness, prostration.

Pathogenesis.

Arsenicum: Mental depression with suicidal tendency, but withal a fear to commit the deed, emaciation, great restlessness, intense thirst, weakness, burning or lancinating pains.

Rhus toxicodendron: Dr. C. F. Millspaugh decides that the plants begin as *toxicodendron* and may change into *radicans* if given proper support. Notwithstanding this drug was proven by Hahnemann and its sphere of action is thoroughly well developed, the author of the paper rejects all because sufficiently accurate data has not been attached to the same.

Apis: General sphere of action is in the circulation, the heart becomes weakened, stasis with œdema follows, mucus membrane involved are genito-urinary tract, throat, bronchi, intestinal canal including œsophagus and stomach; cellular tissue; serous tissues.

Ailantus: Nervous system, stupor, vertigo, headache; eruption resembling scarlatina; mucus membrane, throat, intestinal canal; respiratory tract with pain, cough and oppression of chest.

Acidum Carbolicum: This drug is not an acid but a phenylic alcohol. It is more liable to produce toxic effects in diluted form because the crude form is liable to form an insoluble compound with the tissue, thus become a protection against its own action. This drug acts on the nervous system, causing relaxation, languor, etc. Paralysis of heart and respiratory apparatus may follow its use and the innervating effects is shown in the mental fatigue so characteristic of the drug. Destruction of connective tissue not by direct action but through nervous system seems to explain action of *Carbolic acid* in the treatment of cancer specialists. (It may be well to investigate this matter).

Lachesis Trionocephalus: The general sphere of action is upon the entire nervous system—both the cerebro-spinal and the sympathetic. This profound disturbance is marked by its effects upon the throat, heart and lungs through the pneumogastric nerve, destructive changes in the blood and through the blood producing a picture indicating a curative sphere in low forms of disease having a tendency towards death.

Uses in Medicine.

(See Therapeutic Indications of *Arsenicum album* etc. on page—).

Uses in Surgery.

SEPTICEMIA.

Arsenicum album: Small, thready, rapid pulse; vomiting, involuntary diarrhoea, enlarged and tender spleen, rapid emaciation and general sinking of the vital forces.

Carbolic acid: Low, typhoid condition with marked gastric disturbances—belching, nausea and inclination to vomit; depressed and irregular heart action with great sense of constriction about the lower part of the chest.

Lachesis: Profound state of blood poisoning when the systemic prostration

is so great that the patient can scarcely breath. There may be paralytic weakness of left side with irregular action of the heart; tongue is coated brown; diarrhoea is offensive.

Rhus toxicodendron: Low typhoid state with soreness of muscular system, distension of abdomen, muttering delirium, watery diarrhoea, dry tongue and sordes on lips and teeth.

Pyemia.

Arsenicum album: General sinking of vital powers, face pale, sunken or puffy, tongue glazed or brown, intense thirst for small quantities of water; vomiting; involuntary diarrhoea; rapid emaciation; restlessness; urine bloody or albuminous with tube casts or partial suppression; petechial spots.

Lachesis: Asthenic symptoms, stupor, low muttering delirium; tongue dark, cracked, bleeding easily; inflamed glands and dark purplish appearance of all inflamed joints; boils.

Gangrene.

Arsenicum is more applicable to the systemic state attending this condition than any other remedy. Small, thready, rapid pulse; great depression of vital forces with profuse sweat or watery diarrhoea. It is also suited to the dry, shrively form of senile gangrene.

Lachesis has greater putridity of discharges with foul, dark and disgusting appearance of the sores. *There is entire absence of evidence of collapse.*

Erysipelas.

Apis has great oedematous swelling of the eye lids forming reddish, watery bags under the eyes; stinging, pricking, burning; smooth or blistered eruption.

Lachesis has a purplish, leaden hue; tongue dry, glossy and tremulous; delirium as soon as he closes his eyes; *aggravation from noon until midnight.*

Rhus toxicodendron is vesicular; spreads from left to right; burning and itching, worse on hairy parts, worse from cold, worse from rubbing; flesh ache, worse during rest and after getting wet.

Arsenicum indicate when progress of disease is irregular with disposition to leave skin and affect internal organs (where external manifestation has been repressed by local applications and the inflammation attacks internal organs, giving characteristic restlessness and terrible suffering.—E.D.) Eruption may be mottled, dark, bluish, or like ecchymoses.

Synovitis.

Apis indicated by great oedema about joints especially in a patient with a strumous diathesis; sharp, lancinating and stinging pains, worse heat; it is also indicated in "white swelling."

Comparisons.

In making comparative study of the group of medicines under discussion, we find that time will permit us to dwell only upon their use in those diseases in which the initial changes are believed to take place in the blood, as septicemia, diphtheria, carbuncle, erysipelas, the exanthemata, and fevers of the typhoid

type, and we endeavor to succinctly present resemblances and differences in this relationship, under three heads, viz.:

a. Adynamia, b. Malignancy, c. Local conditions; the study being based upon pathogenetic effects, not clinical symptoms.

ARSENICUM.

a. There is an excessive prostration of strength—may even be syncope—out of all proportion to the objective conditions, and yet "irritability of fibre" is always evident.

b. There is fetor of all excretions or exudations; at times dryness of secretory surfaces; ecchymoses; dark hemorrhages.

c. Oedematous swelling; dryness of skin; malignant ulcerations.

Note.—Modalities: better at rest and from cold.

LACHESIS.

a. Great and sudden physical prostration, out of all proportion to febrile movement; trembling; mental depression.

b. Jaundiced appearance; petechiæ; dark coating of tongue with bleeding of cracks on tongue and lips; hematuria.

c. Low grades of inflammation, cellulitis, abscess, phlebitis, gangrene; with secondary conditions of septic or typhoid type from re-infection; dry, bluish, or purple skin or mucus membrane.

Note.—The absence of the nervous and vascular erethism of arsenic is a differential indication for lachesis.

RHUS.

a. Less marked than in previous drugs, although the medicine acts decidedly upon the organs of animal life, which may be an indication for use in conditions of dulness of the senses, indifference, prostration, stupor.

b. Suitable in the erethistic type of fevers, where more severity would require arsenic; rheumatoid complications.

c. The local manifestations are vesicular and of dark red appearance.

Note.—Modalities: better from motion and from heat.

APIS.

a. Great prostration, with tendency to syncope, but not high fever.

b. Suppression of urine, anasarca, or œdema rapidly supervening.

c. More oedematous than vesicular; purplish, livid hue of skin; especially traumatic erysipelas.

Note.—Keynote is œdema.

AILANTUS.

a. A condition of restless anxiety is rapidly followed by small frequent pulse, and great muscular weakness.

b. Rapid supervention of drowsiness, insensibility, coma, livid rash.

c. Low forms of angina, or exanthemata.

ACID CARBOLICUM.

a. Congestion of nerve centres is followed by coma and paralysis. Heart stops in diastole. The condition may only be a languor of mind and body.

b. Changes of the blood, dusky hue of mucus surfaces.

DON'T.

Dr. Luther C. Toney, offers the following valuable suggestions.

Don't promise much in aortic regurgitation.

Don't give morphine in abdominal wounds and injuries.

Don't operate on umbilical hernia in the female. It always kills.

Don't fail to change the bandages in fractures if pain persists after 24 hours.

Don't forget that prostatectomy is not justifiable when patient is content with catheter life.—(Keys.)

Don't forget that the best anti-gonorrhœal remedy is to observe strictly the seventh commandment.

Don't permit your patient to suffer untold agony in vesiculitis, but proceed to "strip" the seminal vesical.

Don't forget the claim made that "infantile hiccoughs is an indication of hereditary syphilis." Look for it.

Don't find a "stone" in the bladder, cut and find *none*. Use a regulation "searcher" and you cannot be mistaken.

Don't cut through muscle when connective tissue is far better. Good surgeons follow this rule.—(Professor A. C. Bernays.)

Don't you know that a Dibrell needle gives you all the advantages of a Hagedorn, and none of its disadvantages? (Tiemann & Co.)

Don't forget that the great surgeon Gross placed his property in his wife's name. A "charity" negro once sued him for amputating his valuable (?) arm.

Don't forget the dangers of cocaine when used in the eye. That atropia does harm in glaucoma, and eserine does much good. That half of aneurism is syphilitic.

Don't become discouraged if the urethrotome fails to go through the stricture first trial. Pass silk thread through, give it a sawing motion, and it never fails to "plow out" a place big enough.

Don't think that an abdominal lesion does not exist because external signs are absent. See 58rd "don't," where 10 feet of gut was cut out, and there were no external signs of abdominal injury.

Don't you know how to sterilize instruments without rusting them? Use a $\frac{1}{4}$ per cent sol. of non-sulphurous hydro-oxydatum causticum. Don't sterilize aluminum, silk, or brushes in it, though. It spoils them.

Don't allow a patient to die with syncope without making tractions on the tongue. (Laborde's method.) Also try Dew's method. Should both, or all other things fail, do a tracheotomy. In diphtheria, try catheterization of larynx with No. 12 catheter. Loosen membrane, and withdraw it quickly.

Don't forget the following practical points in genito-urinary diagnosis: (*a*) Pain in mid penis means seminal vesicles, prostate or caput gallinaginis, (*b*) pain at end of penis means bladder disease, (*c*) that much pus in urine means kidney disease, (*d*) much mucus, bladder disease, (*e*) much oxalic acid exaggerates urethral symptoms, (*f*) many tubercle bacilli can often be found in the last few drops of urine, (*g*) rectal touch often means the only way to diagnose the case.

Book Reviews.

Therapeutics of Diphtheria by C. M. Boger, M. D., Parkersburg, W. Va. This little work of 82 pages is divided into two parts: Indications of sixty different remedies with characteristics presented in bold face type and space left after each remedy for the insertion of additional symptoms which have been proven of value in the hands of the individual practitioner; and an admirable repertory of the same remedies.

The book is small enough to be carried in the hand-bag and bears the stamp of thorough and conscientious compiling and will be prized by all who believe in the superiority of remedies selected according to the law of similia over that of all other expedients combined.

Therapeutics of Facial and Sciatic Neuralgias with Repertory and Clinical Cases by F. H. Lutze, M. D. Boericke & Tafel, Publishers, Philadelphia. Pp. 300, price \$1.25. By mail \$1.32.

This valuable compilation is arranged on much the same plan as the majority of homœopathic compends, but owes its great excellence to the fact that the repertory has been arranged to the *modality* instead of the *alphabet*.

One hundred and forty-nine different remedies are presented with many clinical cases, verifying different symptoms, and this entire number grouped under the following heads in the repertory, viz: Agg.; Amm.; Causes; Concomitants (before, *during* and after the paroxysm); Direction of Pains; Location of Pains; Character of Pains and Sensations. The entire arrangement commends itself to the thoughtful student of medicine.

Biochemical Treatment of Disease by Schuessler. Published by Boericke & Tafel, Philadelphia, pp. 178, price \$1.00. By mail \$1.07.

This is a translation by Prof. Tafel of the twenty-fifth edition, just as it comes from the pen of Dr. Schuessler and may therefore be regarded as the real idea of the originator of this system of medicine. It differs quite materially from other editions. The doctor was educated as a homœopathic physician and gained great honors from his skillful treatment of the sick. He disclaims any homœopathicity in his system of medicine by declaring that his system is founded on the physiologico chemical processes which take place in the human organism. "By my method of cure, the *disturbances occurring in the motion of the molecules* of the inorganic substances in the human body are *directly* equalized by means of *homogeneous* substances, while homœopathy attains its curative ends in an *indirect* way by means of *heterogenous* substances." Therefore whenever

a physician employs a *homogeneous* substance, he is unconsciously employing the biochemical system. There is much of value in the system, but it has been determined by provings and experimentation, that by the law of similars the same remedy oftentimes will be selected for simillimum as would have been chosen under the bio-chemical theory, which tends to strengthen the principles upon which Homœopathy is founded.

Ophthalmic Diseases and Therapeutics by A. B. Norton, M. D. Boericke & Tafel, Publishers, Philadelphia. Pp. 650; price, cloth \$5.00. By mail, \$5.85. Half Morocco, \$6.00. By mail, \$6.35.

If there is any class of physicians who need a thorough knowledge of Homœopathic Materia Medica it is the specialist.

Dr. Norton recognizes this in his revised edition of *Ophthalmic Diseases and the Therapeutics* is given its proper place throughout the book.

In the past, this book has been recognized as the best exponent of homœopathy in the treatment of disturbances of the eye and in the future it will be still more difficult for any other author to present this line of investigation in a more satisfactory light.

The latest, with the best methods for securing an accurate knowledge of the nature of the trouble, are presented in such a way that the student as well as the specialist will be alike interested.

Another important feature of the book is a chapter devoted to *Hygiene of the Eye*. In this he gives prominence to the cardinal principle that diseases of the eye are more frequently the *result* of negligent care of the bodily health than the *cause* of bodily ailments.

Following this comes a tabulated statement of diseases with more or less characteristic eye symptoms.

Valuable as this book is, it might have been improved by the elimination of all forms of local medication, e. g. he says on page 106. "In the treatment of *chronic inflammation* of the margin of the lids, *external applications* are of great value and without their use a cure is almost impossible." His reason for this advice is that it *saves time*, which is seriously questioned for the reason that the vital energies can repair the effects of previous derangements in a safer and speedier way by working from *within outward*.

Another unique feature which should receive the highest commendation is the fact that the treatment *begins* with the selection of the indicated remedy instead of the employment of doubtful expedients.

The work is completed by a brief review of the remedies employed throughout the book considered from an objective, subjective and clinical standpoint. It will undoubtedly become *the* text-book of every homœopathic college in existence and occupy a high place in the literature of the homœopathic school.

The Hahnemannian Advocate

A MONTHLY HOMŒOPATHIC MAGAZINE.

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Materia Medica.

ARGENTUM METALLICUM.

Characteristic Peculiarities. The following symptoms were observed by Dr. Huber, who furnished the pathogenetic symptoms of silver contained in the *Oester. Zeitschrift*, about a fortnight after he had taken the last portion of the drug:

- a. *Drawing, tearing in the region of the right malar bone.*
- b. Pain in the region of the cricoid cartilage as if a plug were lodged in that part; the pain is excited by a current of air; the part feels bruised when pressing upon it, (Dr. Huber had always been affected with slight tonsillitis when exposing himself to a current of air; this affection had left him entirely under the action of the silver).
- c. Symptoms in bed before midnight: inclination to sleep, but inability to go to sleep, on account of a heat and stinging in the skin as if occasioned by the hulls of grain; when half asleep, the prover was seized with *vertigo*, with sensation as if the head would fall out of bed; this was followed by a violent convulsive shock of the body, after which vertigo and inclination to sleep had disappeared.
- d. Feeling in the anus as if small oblong bubbles of air passed through it.
- e. Cutting pain, as if sprained, in the cartilages of the false ribs, on the left side and near the pit of the stomach, in a horizontal direction; the pain is excited *by sneezing*.

According to Dr. Huber, the first and principal effect of silver is to produce congestion and hyperæsthesia, although it acts likewise upon the motor nerves.

The pains occasioned by silver, may be divided into three categories:

a. Pains which comes on *in rest*, abate or disappear entirely during motion, and, by pressing upon the part, assume the character of pains as if the part had been bruised. In very few cases the pain is removed entirely by an increase of pressure. These pains are: drawing, tearing, beating, lancinating, aching, digging, and burning. They appear to be analogous to similar pains excited by *Mercurius*, *Rhus*, *Pulsatilla*, and frequently wander from one place to another.

b. Pains which come on both in rest and during motion, and are continuous. Of this class is the pain as if bruised in the joints and in the muscles around the joints.—In respect to this kind of pain *Rhus* corresponds to Argentum.

c. Pains which only come on during movement, particularly violent movement, and abate or disappear entirely in rest. To this class belongs the pain *as if sprained* in and around the joints.—*Arnica* corresponds to silver in that respect. These three classes of pain are uniformly accompanied by a *feeling of lameness in the interior of the affected part*; sometimes by a jactitation of the muscles in the neighborhood of the joint, and by stitches like electric sparks in the skin around the joints.

As regards time, Dr. Huber thinks that the pains which silver is apt to occasion, show a tendency to manifest themselves in the *morning and evening, when in bed*.

The *left* side of the body seemed to be principally affected.

The most violent pains were felt in the *left hip joint, left fibula, and the right shoulder*.

The voluntary muscles were likewise affected. Silver causes an *involuntary jactitation* of those muscles in the neighborhood of joints (if the part is pressed upon, the jactitation is perceived higher up in the same muscle above the part pressed upon), or it causes involuntary, convulsive, violent concussions of whole extremities, taking place while the prover is on the point of falling asleep, and destroying the inclination to sleep; they emanate from the joint.—*Oest. Zeitschrift*.

Clinical Observations. According to Noack and Trinks, Argentum is useful in diabetes, mercurial cachexia, chronic

laryngitis. It will probably be of some use in diseases of the heart, in *coxalgia*, but especially in certain affections of the elbow and knee, which require a close investigation; rheumatic and arthritic affections of the joints.—Itching of the skin.—Hypochondria.—Chronic, inflammatory conditions of the stomach and mouth; syphilitic ulcers of the fauces—Seminal emissions.

According to Dr. Huber, silver acts principally upon the following parts:

1. *The articulations*. The action of silver upon the articulations is so uniformly the same and so certain that but few remedies equal it in this respect.

2. *The bones*, especially the long bones.

3. *The cartilages*, particularly the cartilaginous surface (cartilages of the ears, Eustachian trumpet, tarsal cartilages, cartilages of the nose, false ribs, etc.).

4. *The muscles*, tendons and ligaments, particularly those which are in the neighborhood of joints (the psoas muscle, triceps, brachialis, etc.). Silver has a specific action upon

5. Certain *Glandular Organs* (salivary glands, testicles); and particularly upon

6. *The heart*.

Silver will probably prove curative in the following affections:

1, Arthritis articularis (arthralgia, arthritis, coxalgia, omagra); 2, congestive and inflammatory affections of the bones and cartilages, and of their membranes (periosteum, synovial membranes, etc.); ostalgia, ostitis, periostitis, perichondritis; 3, psorit; 4, inflammation of the salivary glands; 5, orchitis; 6, morbid hunger; 7, helminthiasis; 8, nocturnal emissions, diminution of the sexual instinct; 9, sleeplessness; 10, partial convulsions of the limbs, when commencing in the joints and taking place while on the point of falling asleep; 11, spasm of the heart; 12, paralysis of the extremities; 13, mercurial cachexia.

ARGENTUM NITRICUM.

General Symptoms. Lassitude and weariness of the lower limbs, accompanied with dizziness, as from intoxication. *Great debility and weariness in the lower limbs, the whole afternoon, as after a long walk on foot, accompanied with sick feeling, dread of labor, drowsiness, chilliness, and sickly appearance.* Peculiar debility. Debility in the afternoon. *She feels so debilitated that*

she is scarcely able to walk across the room, complaining a good deal about rigidity in the calves. Lazy and debilitated. Feeble, weary, and without appetite. He is almost exhausted, having had sixteen diarrhœic stools in the night previous. In the afternoon he felt so weak that he had to lie down, accompanied with an increase of warmth in the whole body and heat in the palms of the hands. In the morning, after rising, he feels very much debilitated, tremulous, irritated, and apprehensive. Tremulous weakness, accompanied with general debility, as after great physical exertion, and apathy. Great debility and despondency. After breakfast he feels extremely debilitated, nervous, tremulous, afraid to undertake anything, lest he should not succeed. Nervous, faintish, tremulous sensation, as if a severe disease were going to attack him. Excessive debility, wretched appearance and emaciation. Trembling, and tremulous sensation. Tremor of the limbs, general debility as from physical exertion. Powerful excitation of the muscles and nerves, and consensual excitation of the nerves of the stomach. Her nerves are so much affected, that she apprehends she will lose her senses, accompanied with constant chilliness. Disagreeable sensation moving about in the body, now in the limbs, now in the head. Orgasm in the whole body, with increased temperature. *Sensation as if the body, and especially the face and head, expanded; he feels as if the bones of the skull separated, with increase of temperature.* Sensation in all the limbs as if they would go to sleep or become rigid. Complete insensibility of the body. Convulsions. Violent convulsions. Convulsive contraction of this or that portion of muscles. Presentment of the approaching epileptic fit. Paralysis of the extremities.

Characteristic Peculiarities. The pathogenetic effects of the nitrate of silver upon the healthy organism, as well as the morbid phenomena which the nitrate of silver is capable of curing, are characterized by a few peculiarities, which we will try to indicate in a few broad traits:—*Scarcely any of the pathogenetic symptoms of the nitrate of silver are as well marked as the head symptoms; in almost all morbid effects of the nitrate, the head is involved; many of those effects, especially the disturbances produced in the abdominal organs, co-exist with vertigo, dizziness or cloudiness of the head, as if from intoxication. Nervous irritations (erethism of the nervous system, neuralgia, etc.), are never characterized by acuteness, but by being deep seated and spreading over*

a large portion of the ramifications of the affected nerve. The moral and nervous disturbances (especially chorea and epilepsy, which occur generally at night, or in the morning on rising), are characterized by a sort of type; the paroxysms are apt to occur in the night, early in the morning, or about noon (especially shortly after dinner), and generally come on every day. The debility caused by the nitrate of silver, especially that of the lower extremities, is very striking, and is excessive, even when the other symptoms are less marked. Among the febrile symptoms, chilliness (shifting chills or constant chilliness) and nausea are the most troublesome and lasting.

Clinical Observations on the nitrate of silver are as yet scanty. It has been successfully used in the following affections: Epilepsy.—Diabetes.—Typhus abdominalis.—Dysentery.—Erysipelatous inflammation of the skin.—Asthenic, superficial ulcers.—Congestion of blood to the head, with vertigo, ophthalmia; ophthalmia neonatorum.—Amaurosis.—Spongy, readily bleeding gums.—Chronic affections of the stomach of a nervous and inflammatory character; periodical gastrodynia.—Blennorrhœa of the genital organs.—Asthma; angina pectoris.

The gastralgia for which the nitrate of silver is successfully used, is characterized by the following symptoms: particularly suitable to delicate, nervous females, when the affection arises from depressing causes, night-waking, etc.; a troublesome feeling of malaise in the region of the stomach, relieved by pressure, the patients frequently press the clinched fist into the stomach; feeling of emptiness in the stomach, desire for piquant food and drinks, insatiable hunger, depression of spirits, water-colored urine;—the nitrate is moreover employed against vomiting of water in full-grown persons consequent upon suppressed itch; for chronic affections of the stomach, whether they appear in the shape of a neurosis, consensual gastrostis, or chronic inflammation; for oppressive or burning-drawing cardialgia, painful, either continual or paroxysmal; after a meal, accompanied with acid or black vomiting; for cardialgia and sour vomiting from an arthritic cause, cardialgia which threatens to pass into cancer of the stomach; scirrhus ventriculi.

NOTE BY DR. GRAY.

According to my observations the *nitrate of silver* is eminently indicated in disturbances of the brain, and the consequent de-

rangements in the system generally, *which have arisen from moral causes*. The opinion advanced above by Muller does not correspond with the facts I have witnessed.

Epilepsies produced by moral causes (such as, for example, very impassioned lay-preaching), are promptly and durably cured by a few small doses of this drug, whilst those proceeding from abdominal irritation, independently of moral causes, are at best but poorly palliated by very large and frequently-repeated doses. The same observation must, I am persuaded, hold good with respect to gastric disturbances; those only will be really cured by it which have arisen during too great or too long-continued mental exertion.

The bodily symptoms being similar to those produced by this drug, I should regard it as an indispensable remedy when there are the following moral conditions:—

1. A *crowd of impulses* to act, to move, to be busy, which, without any distinct purpose to effect, keeps the patient in continual motion; a state of unrest which gives the appearance of hurry and discontent to all his conduct.

2. The opposite of the foregoing condition; not the calmness of deportment which occurs when the mind is in healthful contemplation, but an apathy indicative of a privation of motive or purpose; a state verging upon, and often ending in, perfect imbecility. Or,

3. *Errors and defects of perception*. The erroneous perceptions in which I have seen nitrate useful, have been:—1, As to time; the patient constantly fearing he should be too late, and supposing that one or two hours had elapsed, when not more than a quarter or an eighth of the supposed time had passed, and this all the while, night and day, for many weeks together; and 2, Errors as to the velocity of gait, the patient supposing that he was walking very rapidly when he was in fact moving but very slowly indeed.

Moreover, I should regard the nitrate as the remedy, (other indications existing for its use), in all severe commotions of the system arising from too great acuteness of the perceptive organs; e. g., certain forms of epilepsia and chorea.

It is, I think, probable, that silver will be found as strictly adapted to the cure of morbid perceptions, and their concomitant disturbances in the digestive, motor, and genital apparatus, as gold is to the removal of morbid affections, and their con-

sensual motory and genital diseases. However the reader may regard the foregoing speculations of Muller, he cannot, if he be a thorough student of Hahnemann, permit them to have the slightest weight with him in the choice or rejection of the nitrate of silver as a remedy for a case in hand; they are beyond the limits of possible testimony, and for all known purposes of the homœopathic art they would be useless, even if demonstrably true, because we have no possible means of knowing when the pneumo-gastric nerve or the abdominal ganglia are the essential seat of disease.

ADDITIONAL PROVINGS OF MAGNETIS POLUS
ARCTICUS, PUISATILLA AND SULPHUR.*

B. FINCKE, M. D., BROOKLYN, N. Y.

I. Magnetis Polus Arcticus.

1. Mr. M., 50 years, short, thick-set, blonde, grey eyes, of sanguino-choleric temperament; after passing the north pole of a horse-shoe magnet from head to finger-points and down the spine to the toe-points:

Hot flowing motion down the finger-tips.

Living motion as of a mouse in sacrum.

Creeping and running as of a million of ants from head to foot-points, most disagreeable.

Ice cold sensation in cheeks.

Cold hands.

Pulse full and tense.

Disagreeable sensation of coldness and weakness through whole body, especially hands.

Hot cheeks after half an hour.

Chilliness and weakness.

At another time from holding the north pole of the same magnet upon the chest for one or two minutes:

Running like ants in fingers and left foot with stiffness.

Cold cheeks.

Five minutes later:

Crashing in sacrum as if the bone were broken.

Weakness.

* International Hahnemannian Association.

2. Miss S., an elderly lady, sitting before the horse-shoe magnet lying on the table:

Panting.

Spasms of chest.

Shaking of heart.

Turning both hands out and downward.

Weeping without sadness.

Pain where she touched her body.

II. Pulsatilla.

1. The following symptoms were observed upon a healthy man from one dose of the millionth fluxion potency on pellets, in 1887, April 11th, at noon.

50 min. p. m. Drawing pain in occiput, right upper half, from without inward for a few seconds, followed by a repeated attack.

A potato eaten tasted bitter.

3:30 p. m. Twinges of pain and tingling at base of right great toe at metatarsal joint, with sensation of numbness.

3:45 p. m. Tingling and numbness about left great toe-joint, with twinges of pain and aching.

Sensation of heat and swelling at the same place, better by elevating foot and walking.

4 p. m. Aching of second joint of left great toe.

April 12, a. m. Aching and soreness of internal left abdominal ring, slightly sensitive to deep pressure, worse by coughing, moving, walking, especially when going up stairs as though a hernia were forming, so that he examined it several times.

Eyes suffused and running in open air.

Light-headed in walking, staggering, great effort to walk straight.

Great nervousness.

When writing, omits words and destroys many sheets of paper before suited.

3:40 p. m. Tingling, prickling, burning sensation in left great toe-joint.

Sensation of great heat in the left great toe-joint, especially inside with slight redness, but no external heat, better by cool air and elevating foot and walking.

- Slight aching left side of head.
Worse when thinking of pain.
Wants to keep foot in motion.
Burning prickling in left great toe-joint and spreading over upper surface of foot, extending up to ankle.
Sensation of great heat inside of left foot from great toe-joint to heel, subsiding to return.
Throbbing with heat in left great toe-joint.
Pricking with heat at bottom of right foot.
April 13. Dull aching in left abdominal ring.
11 a. m. Prickling burning across lower abdomen.
Weak feeling across hypogastrium with throbbing.
Yellowish foetid stool.
3:15 p. m. Tingling burning, with dull aching of left great toe-joint, as if the part had been frost-bitten without itching, and sensation of swelling with heat and prickling.
Lameness in left great toe-joint, worse going up-stairs.
April 17. Aching across upper back and shoulders on a line with seventh vertebra, very severe like a heavy weight.
Cold fat corned beef at once nauseated him after eating and continued to do so in evening.
Aversion to fat.
April 18. Early in morning dark brown watery foetid diarrhoea slightly acid, after fullness and rumbling in bowels during it; nausea and chilliness after it; nausea with great weakness and emptiness in stomach and abdomen.
Occasionally griping pain in abdomen.
Aversion to food, especially fat meat.
Abdomen feels heavy and sore on pressure.
Odor of stool clings to clothes.
Internal soreness, raw burning in abdomen.
Burning of left great toe joint.
Burning across region of transverse colon.
Rumbling in abdomen with tendency to stool, excited by motion, especially walking, and worse by eating.
1 p. m. Water dropping from left nostril.

Voice sounds hollow as from exhaustion.
 Legs feel weak with trembling sensation.
 Aching across shoulders.
 Weight at the prominence of the seventh vertebra.
 Dream of being in a snow-storm.
 Heavy sleep.
 Bowels sore and distended during night.
 Loud rumbling in abdomen.
 Yellow watery stools.
 April 19. Dream of floating on water.
 7 a. m. Yellow mushy stool.
 Whilst eating, sensation as if diarrhœa would return.
 Feet cold and damp.
 10 a. m. Yellow mushy stool after slight pain in
 bowels.
 Prickling burning of left great toe-joint.
 Drowsy in evening, can scarcely keep awake.
 Urine frothy, remaining so four to five hours like
 sugar-urine, syrupy.
 April 20. Restless night, particularly after midnight,
 frequent waking, vivid dreams; constantly chang-
 ing position.
 Dream of a long, brown lizard creeping up inside his
 trowsers.
 Awakened with sensation of crawling up legs.
 Fell asleep and dreamed of traveling and remarked
 to a companion that he was getting good symptoms
 to report with reference to lizards.
 Worse lying on left side, better on right side and
 stomach.
 Awakened twice lying on left side.
 Right arm asleep and so lame that he could hardly
 move it.
 Unrefreshed in morning.
 Urine frothy, remaining so for several hours, clear
 and syrupy without smell.
 Prickling sensation over the body like an approach
 to numbness.
 Desire for fresh air.

III. Sulphur.

1. Mrs. T., 60 years old, took a drop of the 5m cent. potency, freshly prepared, in evening and observed:

Chilliness over whole body from neck going down the back between skin and flesh.

Itching in right ear.

Head hot and occupied.

Dryness of throat as if it would close.

Profuse perspiration in morning.

2. B. F., 28 years old, 1849, Oct. 20th, took one drop of the 6m cent. potency to test its efficacy, because the 5m potency had not been shaken *lege artis* by mistake.

It produced a furuncle as large as a walnut on the back of the left hand between the tendons of the index and middle finger, which caused such a tearing, burning and stinging under great swelling of whole hand with dark shining redness, that he had to stay in the house for a whole week and could not do the least work, not even writing with the right hand. Under the use of various remedies, such as *Belladonna*, *Rhus tox.*, *Lachesis*, *Arsenic*, *Silicea*, the boil broke Nov. 9th, and discharged a dirty reddish water from the epidermis, and then pus from interior of abscess. The cyst came out next day and the opening healed up soon.

Another small boil formed a few days later at left upper arm and dried up in a scab.

3. The above Mrs. T., later took a drop of the 20m cent. potency, 1849, Oct. 28th, in the evening, and observed, after two hours, sensation of swelling of the head before midnight.

Audible pulsation in ears.

Sensation of heat streaming out of ears.

Sensation as if teeth became longer and were drawn longer so that all the roots burned.

Good sleep.

After 6 a. m., burning in whole mouth, teeth, jaws, as far as ears with swelling, glowing hot for half an hour, then it was as if a cool wind was wafting over the face, after which she fell into a restless sleep.

Perspiration in morning.

4. Mrs. M., 40 years old, took two pellets 310m cent. potency in the evening and observed:

Stinging and swelling of liver.

Left sided headache, drawing, burning on left parietal bone on a small place.

Intolerable burning, stinging and swelling of feet.

In spite of that, good sleep.
Obscured sight.

After a fortnight:

Sudden vertigo with falling over, turning of objects around her, soreness of both legs as if beaten, with tearing in lower back.

Burning and stinging in feet.

Cutting in bowels.

Red tip of nose.

Continued dizziness.

5. The same in 1852, Feb. 14th, took a drop of the 20,000th cent. potency prepared on Korsakoff's plan, dissolved in a tumbler of water, one tablespoonful and observed:

Dizziness shortly after taking.

Pain in lower back, first night.

Swelling of feet with much pain.

Fine red eruption at upper lip the second day.

Pain in lower back the second day.

Fine stinging and watering in right eye with obscured sight the third day.

Frequent cramp in toes, contraction and extension of same the second night.

Cramp in chest and stomach, making her so weak that she had to sit down.

6. Her sister, the old lady mentioned before, took a tablespoonful of the same potency and observed:

Tongue like burned next morning.

Pressing in of eye-balls like swollen.

Much yawning.

7. Dr. John George Gunther, 50 years old, in 1867, Nov. 9th, took a few pellets of the 100,000th fluxion potency at 10 p. m. before retiring and observed:

Immediately, slight pain in heart's region.

Uncommon good sleep.

Nov. 10. All day very heavy in legs, with oppression of chest especially on going up-stairs.

Slight painful drawing at the upper side of penis.

Nov. 11. This painful drawing continues during the forenoon.

Yesterday and to-day, tickling in larynx, with expectoration of tougher mucus than before.

After dinner, on lying down, violent itching in right foot close to middle toe where a pale red spot is seen; repeated in evening but weaker.

11 p. m. After lying down drawing in left elbow, then in tendons of the two last left fingers lasting quite awhile (these fingers thirty-three years ago had been stiff for almost a year after a dislocation of the left elbow with rupture of the ligaments by a fall).

Violent compression at heart.

Violent itching at right side of scrotum and between it and thigh, followed by drawing pain at the under part of penis.

A peculiar but not disagreeable sensation under the tongue, left side.

After writing down these symptoms, lying down again.

Tickling sensation under right side of tongue, terminating in violent sneezing, preceded by a peculiar pressure on the bone at the side of the left eye.

Tickling in right ear and itching and pricking on many parts of body, especially on back of hands, in the hair of the pubes and on the loins.

Occupancy of the occiput especially strong on waking up.

Nov. 12. After taking some glasses of beer, uncommon copious urination, so that the urine shoots out as from a watering-pot.

Nov. 13, 5 a. m. On awaking, pains in neck and occiput, disappearing after rising.

Pains in left side of chest.

Nov. 14. In evening in bed, painful drawing on the bones of left fourth finger on left side.

Scratchy sensation on hard palate down to pharynx.

8. Dr. P. P. Wells took 1882, Dec. 28th, a dose of Sulphur million (F.) and suffered the whole day from depression of spirits, didn't want to do anything. Everything looked dull and gloomy. He was at first surprised, wondered what the reason for the change might have been, because he generally is cheerful, but then he thought of that dose of Sulphur and knew.

IMPORTANCE OF CHEMISTRY TO PHYSICIANS.

JOHN HOEHN, PH. C., CHICAGO.

LECTURER ON PHARMACOLOGY, DUNHAM MEDICAL COLLEGE.

A thorough knowledge of Pharmaceutical Chemistry is of inestimable value to physicians, as it enables them to determine when to use a remedy in the liquid or powder form. Some remedies are so sensitive to light and to air, that they undergo a complete chemical change during trituration and the physician would be unable to obtain results expected. For example, in the case of *Phosphorus*, in trituring, it changes to *Phosphoric acid*, by the presence of moisture, a substance entirely different in its action. Hence *Phosphorus* should only be prescribed in *Alcoholic* dilutions as it is the only form in which it retains its elementary properties for any length of time. *Phosphoric acid* is readily detected by its sour taste and odor in the lower potencies.

Argentum nitrate is a remedy that should never be used in *trituration* or *tablets*, as the exposure to the air during trituration with sugar of milk changes it to *Argentum oxide*, detected by its dark color, in the lower triturations. The dilutions of *Argentum nitrate* up to the 5x should be made with *distilled water*, as *Argentum nitrate* is sparingly soluble in *Alcohol* and the lower dilutions should be made fresh.

In making dilutions it is of vast importance to know what solvents form explosive compounds. Even in the mixture of water and sulphuric acid extreme care is necessary, as great heat is generated by this combination, although no chemical change takes place.

Nitric acid and *Alcohol* form an explosive compound at ordinary temperature, resulting in *Nitrous acid* and *Nitric ether* being made. Consequently the lower dilutions of *Nitric acid* should not be made with alcohol but with *distilled water*.

With *Muriatic acid*, alcohol will form *Hydrochloric ether* in the lower potencies, so this dilution should also be made with *distilled water*.

These few examples serve to show what danger and fatality might result from a physician's ignorance of chemistry.

Clinical Verifications.

GASTRIC ULCER.

FRANK R. WATERS, M. D.

PROF. PHYS. DIAG. AND DISEASES OF THE THORAX, DUNHAM MEDICAL COLLEGE.

Mar. 17, 1898. Mrs. C., age 38 years, light hair, nervo-bilious.

Emaciated, anæmic.

About one year ago after drinking some port wine commenced vomiting.

Vomiting whenever she eats.

The vomited matter is reddish brown and very acid.

In bottom of vessel is deposited a pepper-like sediment.

After eating there is a sharp, burning, sore pain in the splenic end of the stomach.

Pain radiates through to a point below the left scapula, to the top of the shoulder and down the arm.

There is no tumor upon examination.

The contractions of the stomach have caused a sore, bruised sensation in the region of the stomach.

Saliva increased.

Throat dry—water, she says, can hardly remove the dryness.

Teeth—front, loose, gums receded.

(Has taken Blue mass, Quinine etc.)

Sweats easily.

Sleep—restless, especially latter part of night.

Bowels—constipated.

Weather—can tell when a storm is coming or changes in the weather.

Has been examined and treated by homœopathic as well as allopathic schools. Has been before several clinics in the city. No one would make a diagnosis, but intimated it might be cancer. *Merc^{10m}*.

June 12, 1898. Letter—have not seen case since first time in March.

In a few days could eat a little without vomiting.

Sharp, burning pain better, also.

Could not sleep for some time.
 Had an exhausted feeling.
 Could scarcely lift arms or hands.
 Could scarcely lift legs.
 They would fall asleep.
 Shoulders and neck so heavy and muscles sore, had to be
 lifted by somebody else.
 (Anæmia from want of nourishment).
 As soon as the strength would permit went to the country.
 Symptoms at this writing:
 Mentally better—(Thought herself incurable).
 >Appetite.
 >Gas on stomach.
 Acid food still. <
 Able to work in garden hard all day.
 New symptoms:
 Works in damp soil.
 Joints of wrists, arms and legs stiff.
 Swell, sore feeling.
 "As if salt was placed in an open wound."
 "Rheumatic," her diagnosis.
 When kneeling it is hard to get up again.
 >From moving around.
 Profuse sweat at night.
 Head feels too heavy.
 Head feels too large.
 Voice bad.
 Hearing bad—deaf (from scarlet fever).
 Eyes—photophobia.
 >Bright day-light.

Rhus^{30m}.

Aug. 7. Considers herself well—has gained 25 lbs. in weight.

EYE SYMPTOMS OF KALI BICHROMICUM.

FREDERICK WILLIAM PAYNE, M. D., BOSTON.

The following *Eye Symptoms* of *Kali bich.*, found in Hering's *Guiding Symptoms*, I have confirmed as being genuine, reliable and curative, viz.

Corneal Abscess with hypopion; the cornea having perforated at its inner wall, thus permitting the pus from the abscess to

seek the bottom of the anterior chamber, more or less filling it.

Dense cicatrices of the cornea, from old ulcerations.

Dimness of cornea, in conjunctivitis scrofulosa.

Long-lasting, deep obscuration of the cornea, following keratitis ulcerosa.

Conjunctivitis; the conjunctiva is swollen, and has small points of dirty, yellowish-brown, distributed throughout its substance.

Pustular phlethenules on the cornea, with pricking pain, especially of the left eye.

Vesicular phlethenules on the cornea, especially about the margin.

Kali bich. cures small, white, granular pustules of the cornea, with pricking sensation in them.

A peculiar symptom of cornea, cured by *Kali bich.*, is a sensation as if a skin was on it. (*Ratanhia* has also a similar symptom).

Opaque maculæ of the cornea, to which large red blood vessels run from the injected conjunctiva across the clear outer margin of the cornea to the opaque spots. (In a condition of catarrhus strumous ophthalmia).

Kali bich. has proved serviceable in a case of conical cornea, as have also *Calcarea iod.*, *Euphrasia* and *Pulsatilla*.

A peculiarity in the appearance of the ulcer of the cornea, in which *Kali bich.* is more often serviceable, is that it is disposed to bore in deeply, like an auger hole, rather than to spread laterally; this is also characteristic of the *Kali hyd.* and the *Lachesis* ulceration; whereas instead, that of *Silicea* spreads, with great destruction of the tissue; and that of *Calcarea carb.* is long and deep, like the cut of a knife in its appearance, situated near the limbus corneæ, and showing a strong disposition to perforate.

In a case of *pannus and trachoma*, the right cornea was completely obscured, and the left one partly so, with considerable stringy tenacious discharge; there was marked amelioration from lying on the face. *Kali bich.* promptly cured.

Kali bich. has proved curative in a case of *croupous conjunctivitis*, where there was much chemosis, and the characteristic stringy, tenacious, rubber-like discharge; the lids were much swollen and the cornea hazy.

In a case of *catarrhal conjunctivitis*, cured by *Kali bich.*, the discharge was scanty and stringy, worse in the morning on awaking.

Kali bich. cured a case of true *descemetitis*, with fine punctated, opaque deposits in the membrane of Descemet, situated especially over the area of the pupil, accompanied by only moderate irritation of the eye.

Granular lids, with dense *pannus* of the right, and partly so of the left cornea; vision seems as if looking through a red or yellowish atmosphere.

Blepharitis ciliaris; itching and redness of the burning and inflamed eyelids; the tarsal edge seems rough, scratching the eyeball as if with sharp sand.

A large *polypus*, dependant from the palpebral conjunctiva of the upper lid was cured by *Kali bich.*³⁰

On ophthalmoscopic inspection the *retinal blood vessels* look enlarged and extended.

Amblyopia with blindness, followed by headache; as the sight returns the headache becomes intense with great aversion to light and noise; must lie down; also in amblyopia the vision is often dim and confused *before* the headache, and a condition of vertigo often accompanies the dim and confused vision.

A peculiarity of vision for which *Kali bich.* is sometimes serviceable, is that of objects appearing *yellow*; this illusion of vision is also found under *Alumina, Amyl., Canth., Cedron, China, China sulph., Chelidon., Cina, Dig., Iod., Plumb., Pod.*

It is the imperfect machine that causes death. The Vital Force is of the soul, and cannot be destroyed or weakened. It can be disordered, but it is all there.

Man cannot be made sick or be cured except by some substance as ethereal in quality as the Vital Force.

It is unthinkable to speak of motion or Force without a simple, primitive substance. Force, or action of a nothing is unthinkable.

It is a serious matter to allow the mind to drift into thinking of anything but quality when speaking of Force.

There is nothing in the world which does not exist by something prior to itself. With the grossest materialistic ideas man can demonstrate this.

There is at the present time, a continual discussion of Force as having prior to it Energy, with nothing behind it. This is confusion.

There is an Innermost to everything that is, or else the Outermost could not be.

— *Kent's Aphorisms and Precepts.*

Medicine.

SYCOSIS.*

DR. KUNKEL OF KIEL.

There appeared in Berlin six years ago a work by Dr. C. W. Wolf, entitled "*Homœopathische Erfahrungen*" (Homœopathic Experiences) in which was collected the experience of many years obtained in an extensive practice. As far as I know the work has only been superficially and cursorily mentioned. I know only of its being favorably received by Bœnninghausen and by Grauvogel. I need not add that I have followed rigidly the directions and practical hints in the book and have not permitted myself to make any arbitrary alterations.

The most that is new in the work of Wolf is contained in the chapter on SYCOSIS and I will treat only of that. I will limit myself to giving such very characteristic symptoms of this miasm as have presented themselves to me in actual practice, in the main referring to Wolf, and I expressly state that the most of what I have written is a corroboration of what he has already mentioned.

Depression both of intellect and disposition is a very frequent symptom of sycosis. The severest forms of *melancholia* may belong to it. Clearly stamped cases resting on this basis I have not met frequently. I only remember two cases in my practice. One of religious mania, in a girl of sixteen years. It had existed between one and a half and two years and was perfectly cured in about four weeks, by one dose of *Thuja*³⁰⁰ (Jehnichen). The second case, *abulia* (loss of will power) affected a married woman whose husband suffered from condylomata on the glans penis. She was treated, with some interruptions, several years in the house of an alienist and twice the last time, one and a half years in a lunatic asylum. After one dose of *Thuja*³⁰ her condition improved so that at the end of six weeks nothing morbid could be found in her. Mental depression in a mild degree accompanies a majority of cases of Sycosis. In children the *constant irritability, aversion to play* and attacks of *sudden violent anger* (*Jehzom*) are characteristic.

* Translated by A. McNeill, M. D., San Francisco, Cal.

Sleeplessness is a very constant symptom of Sycosis and it should always, particularly in children and most of all in the new born attract attention to this miasm. The sleeplessness is peculiar in that the patient *constantly changes his position because the part on which he lies becomes sore* (Sensation as if the bed is hard). Often not until morning does he fall into a dreamful sleep, or as a reciprocal effect of the morbidic agent, the reverse, deep heavy sleep out of which he can be aroused with difficulty.

The skin manifests a characteristic peculiarity, viz: *it is covered in some places, particularly on the knuckles and even on the entire body, as if with dirt which no washing can remove*. And besides here and there by *small, white, shining spots*, (Wolf says more particularly on the scrotum) sometimes they are *smooth* and other times are *stippled like vaccination marks*. Sometimes they have originated in *small pustules*, others form *warts*, and still others are the *result of chicken pox pustules*. A present I am treating a girl of 12 years of such an extraordinary vulnerability that *every bite of an insect, such as a midge, produces a violent dermatitis*. These little wounds leave behind them white spots. The arms are sown broadcast with them. One dose of *Thuja* has, after six weeks, almost entirely removed this condition. No less characteristic is a *brown, brownish-red or bronze pigmentation* of the skin. I have seen it as small spots which are the most frequent on the backs of the hands, on the face, and most of all on the forearms, hands or the abdomen. They are sharply circumscribed from adjacent skin.

Sometimes there is perceptible *a net work of the normal integument* in them. These with the general and other concomitants presents the picture of the so-called Addison's Disease. The implication of the supra renal capsules which is often anatomically demonstrable is not always present. Nor can the opinion of Ruhl, that the nature of the disease consists of the development of very firm miliary tubercles in the parenchymatous organs and that they therefore become enlarged, be accepted, as such changes belong to other diseases. Whether it originates in atrophy of the sympathetic nerve which has been discovered present a couple of times, is another question. In the cases which I have cured the spots have disappeared by their becoming smaller from the periphery towards the centre and by the appearance of islands of normal skin in the pigmented surface and not if I remember rightly from the spots gradually fading away.

Another form of the localization of Sycosis on the skin is *pemphigus*. It is well understood that this exanthem is one of the obscure fields of pathology. Here as in other diseases it is frequent that therapy must solve the problem. I have several times observed *pemphigus* as a symptom of Sycosis. I remember one case of the so-called *pemphigus foliaceus* (Hebra). The serum excreted, spread from one or more sores under the cuticle and thus extended over a great extent of the surface of the body. The patient looked as if he has been covered by immense blisters. This one, a girl of 8 years, recovered under the administration of one dose of *Thuja*³⁰. Hebra asserts the disease is absolutely fatal. *Pemphigus* blisters developed in a child three weeks after birth. They were from one to one and a half inches in diameter on different parts of the body. Some of them bursted and thus made farther progress. I was called towards the end of the case which lasted 14 days on account of a *telangiectasis* which was discovered soon after the breaking of the blisters, as a small red spot. It had now become an inch in diameter. One dose of *Thuja* arrested its further progress, then white spots appeared in it here and there which spread from the centre while at the same time on the most of the surface heavy layers of the epidermis formed which thus became thicker. At present, after four months, the bluish-redness of the tumor has entirely disappeared, become empty of blood and redness to half its former size. The first child (this was the third) died at three months of atrophy (marasmus) after *persistent sleeplessness*. The second a few days after birth. My little patient suffered besides from *sleeplessness, inflammatory redness of the genitals* etc., which very soon disappeared. The father is apparently healthy; the mother is subject to *periodical attacks of migraine* which have been cured by *Thuja*³⁰⁰ one dose. The formation of warts is a well known symptom of Sycosis. There were membranous oblong warts on the neck of a girl of 12 on the site of "scrofulous" scars. One dose of *Thuja* removed these and the cure of her entire disease clearly established its nature.

The *alterations of the horny tissues* gives a very characteristic support to the diagnosis of Sycosis. The *nail becomes crippled, brittle, grow very quickly or very slowly* and are often enormously *hypertrophied*; the *fingertips* become correspondingly enlarged so as to be *clubbed*, the *hair dry and withered* and difficult to keep in order, the ends enlarged or as if burnt, curled and become

short from breaking and falling out. In blondes, particularly in children, it takes on a green tinge while the ends are brown. The individual hairs are in children very fine and flaxen. Under the microscope, dark granulations may be seen adhering to the hair.

A further peculiarity of Sycosis, is a *disposition to take on fat general as well as local; general and local hypertrophy of the panniculus adiposus*. I am now treating a woman who has the above mentioned *brown color on the skin of the forearms* and a great *lipoma* five inches in diameter in the left lumbar region which is sessile, and, finally, according to the neighbors, has *mental aberration*. I gave her a dose of *Thuja*³⁰⁰ June 4. On the 14th, to my astonishment, and hers, the tumor was reduced to half its original size, although the general health had not improved; but this followed later and the induration of the skin also. At present the swelling is approximately only one sixth of its former size and it hangs in a loose fold.

Sycosis offers a considerable *contingent to the paralyzes*. I will only mention that of the *long muscles of the back*. When it has continued long, *atrophy* of the affected parts attend it. A *waddling gait* in consequence of inability to move the legs normally was the first symptom. Then gradually the cushions of the muscles on both sides of the spinal column, in the lumbar region, disappeared. In extreme cases, the atrophy affects the whole length of the back. I have treated two clearly marked cases which did not end fatally. One was a child of two years. The *wasting of the muscles of the lumbar region* was unmistakably present. She could not sit erect, and if she was put on the floor her *head fell forward* and she tried to support it by keeping her knees together and bending her back so that her head would rest on them. She was fully restored after nine months treatment with one dose of *Thuja*.

In a boy of 14, the atrophy was still greater. The symptoms came as in the girl. A year ago he received *Thuja*³⁰⁰. According to a report recently received his general health is fully restored. The weakness of the back remains unchanged so that he walks with difficulty on crutches. Several other cases still more clearly marked ended fatally. Yet even in these there was temporary improvement from the action of the *Thuja* visible. The *progressive paralysis* like *Addison's disease* belong to the recent period. Otherwise the older physicians who in my opinion observed vital phenomena sharper than the younger would no

have overlooked them. I must give briefly a case of paralysis of the lower extremities, which clearly records the casual relationship before mentioned. It had existed with varying severity for about three years in a young married man. He had *gonorrhoea* a long time ago which had been finally *suppressed by injections*. Notwithstanding his health was thus affected, in his intervals of improvement, he could not resist sexual temptation; *but every time he suffered for his weakness by a relapse, although his friends who had been his partners in the caresses of the fair, frail one escaped unscathed*. I gave him June 1st of last year one dose of *Thuja*³⁰⁰. The next morning the discharge was more profuse than ever and thus continued from five or six days and then disappeared for a long time. It then returned for a shorter period and so on with constant improvement in his general condition. I discharged him cured Sept. 29. Characteristic of Sycosis are these *transitory paralyses* which attack the patient in the midst of his daily duties. For example the *arm falls to his side and then he immediately goes on with his labor*. Sometimes a *sudden pain* seems to be the occasion and he says it feels as if a *sudden blow struck him on the arm*. A general paralysis comes in the same way.

Trousseau mentions a *transient speechlessness (aphasia)* which is characterized by inability to finish a sentence he is saying, nor can he write it if desired to do so. In a case of Bright's disease which doubtless rested on a sycotic basis, I observed the same thing happen. He did not attempt to write. The aphasia lasted 15 minutes. In a girl of 8 whom I saw a couple of days ago, in whom the presence of Sycosis has not been demonstrated, the symptoms continued 15 minutes.

Caries of the teeth is a very frequent symptom when it is characterized by the teeth, more frequently *decaying at the roots*, so that they may break off by very slight violence. At first the *enamel becomes black* and a *black strip along the roots of the incisors* is seen. Close inspection often reveals *perforated spots in the enamel* here and there thus the sound may discover the caries.

I might speak of *St. Vitus dance, gout with ankylosis spuria* of the joints which forms of disease many times are sycotic, but will confine myself to making a few brief remarks.

The treatment of sycosis although often very easy, aside from its diagnosis is often *complicated by the presence of psoric afflictions*. Here again I have found Wolf's statement that the reaction of

Thuja is disturbed by the administration of very few remedies. After it I have found *Natrum mur.* more frequently indicated and I may add that given *after Thuja* it often helped while administered *before, it did nothing.* That *Nitric acid* stands beside *Thuja* and must often be exhibited to complete the cure is well known.

It is well worth while to institute extensive experiments to ascertain if Wolf's statement that *small pox and the gonorrhœal virus are identical*, is correct by giving a dose of *Thuja* a shorter or longer time before vaccination. In one patient to whom I had given *Thuja*³⁰⁰, the course was exactly that described by Wolf, viz: *very rapid development and complete cicatrization within eight days* while in another person who was vaccinated simultaneously with the same virus the usual course was run. I have treated successfully 12 or 14 cases of disease which appeared immediately after vaccination and in every case but one with *Thuja* and that was helped by *Sulphur*.

Six months or a year ago the so-called syphilis vaccine attracted much attention in the medical journals. Whosoever reads the cases carefully will hardly recognize syphilis in all of them. Several speak more strongly for sycosis, for example, the *craving hunger lasting until death* which is a common symptom of sycosis but is not seen in syphilis.

A year ago I treated a child of three years. It became sick soon after vaccination and was constantly but ineffectually treated for a long time, just how long I did not learn. Besides the general symptoms which coincided clearly with sycosis, there was *beneath the tongue a round elevated ulcer with a lardaceous bottom surrounded by a slightly elevated margin which appeared to be nearly smooth and uniform.* Examination with the sound showed that it was composed of a mass of condylamata arranged like shingles on a roof. One dose of *Thuja* cured this in about two months.

THE MAL-TREATMENT OF GONORRHŒA.

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The first mistake that is generally made in dealing with gonorrhœa is to regard the disease as a trifling malady, hardly worthy of serious attention. The ignoramuses in the profession and the youngsters amongst the laity all know better than this. It

would be difficult to name a malady about which there is greater popular misconception.

Lydston, whose authority will hardly be called in question, says that gonorrhœa cannot be cut short, and that the one who devises a method of treatment that will cure it under a month or six weeks will be worthy the name of benefactor of his race. My own experience is that, whilst the disease cannot be aborted, its course can be greatly modified by proper treatment, and that the usual complications can be prevented almost entirely.

During my student days I remember to have heard Dr. P. S. Conner remark at the Cincinnati Hospital that, in his experience, gonorrhœa killed ten times as many people as syphilis. It may well be questioned whether the proportion is not very much greater than this. A death from syphilis is something very unusual; a like result from gonorrhœa is extremely common.

Under rational treatment, gonorrhœa is not a deadly malady; on the contrary, it yields in time to proper methods and leaves in its trail none of those frightful lesions that are amongst the most formidable in surgery. The urethra is an exceedingly sensitive canal, and its diseases must be dealt with as gently as those of the conjunctiva. By this I mean that no chemical solution must ever be thrown into the urethra that cannot with safety be thrown into the eye. All rough exploration must be avoided. It is surprising how readily strictures are produced by meddling with an inflamed membrane.

If a violent astringent be thrown into an acutely inflamed urethra, orchitis or stricture, or both, will be invited. Occasionally a dangerous outbreak of gonorrhœal rheumatism will follow such a procedure.

For the information of those who keep great tanks of "gleet mixture" on their shelves, it may be stated that a gleety discharge means *stricture or strictures*, and that no amount of "mixtures" will cure the condition. Strictures of the pendulous urethra are mechanical affairs, and should be dealt with rationally or left alone. They cannot be located nor cured by the use of graduated steel sounds. Their location can be fixed and their caliber determined by the olive-tipped bongeé. The application of the Otis urethratome under cocaine anæsthesia, followed by systematic dilatation, gives such prompt and lasting results that I have no occasion to employ any other method. Strictures in the deep urethra are less fibrous than the others,

and should be treated by gradual and prolonged dilatation. An impermeable stricture in the deep urethra presents one of the most difficult problems in all surgery. It is very easy under such conditions to make a false passage with an instrument. Such cases demand prompt and radical treatment, and should under no conditions be meddled with by unskilled hands.

The complications of gonorrhœa would fill a very large library, but it is not too much to say that most of them can be traced directly to irrational treatment.

THE OPHTHALMOSCOPES VALUABLE AID IN THE EARLY DIAGNOSIS OF GRAVE DISEASES.

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Case I. Mrs. A., aged 33, has complained for years of her eyes and head, she wears a plus .75 sph. before each eye, given her by her former oculist, who assures her the trouble is amblyopia and cannot be helped, being dissatisfied her physician referred her to me. Upon examination, I found vision O. D.=6 $\frac{36}{60}$, with a plus .50 sp. \ominus plus .50 cyl., axis is 60, the vision was improved in right eye to 6-9 only, and with left eye,—1. sp. \ominus plus .25 cyl. axis is 105. gave vision 6-24, the best I could do and it was far from satisfactory. The ophthalmoscope was now used to discover if possible the cause of her poor vision, a refractive error being now excluded. The cornea revealed no opacities, the crystalline lens was perfectly transparent and the vitreous humor clear, but upon reaching the fundus, found cause enough to account for the poor vision, a marked case of optic atrophy, extending to the vessels with cupping of the disk. This condition has probably been slowly developing for many months; an examination of the right eye revealed the same condition, but not nearly as advanced. Upon questioning her she replied that she had not been well for years, a persistent backache, in spite of faithful uterine and rheumatic treatment. Tenderness of the soles, profuse debilitating menses, not sure of her legs in walking. Band like pains. Statistics show that fifty per cent of the cases of optic atrophy are associated with Locomotor Ataxy, and from the above symptoms and the pupil reacting so feebly to light, I had no hesitation in so diagnosing this case.

Different remedies, as indications might arise, were recommended as the only possible hope at this late stage of prolonging life. The atrophic condition will probably go on to total blindness. It is to be regretted that this case could not have been diagnosed a year earlier; at that stage intelligent treatment could at least have saved her for this world many years of usefulness and comfort.

Case II. Mr. S., aged 48. Called upon me for relief of the following symptoms:

Frequent severe headaches, <move, <light, <noise.

Early morning nausea and vomiting.

Dyspnoea from slight causes.

Very little food distresses. Weak.

Frequent pains in region of heart.

Is losing in weight.

Has been under a physician's care for six months. Gets better and worse, but on the whole feels he is failing.

The symptoms pointed to no particular disease and as he complained so bitterly of his headaches, I decided to test his eyes for glasses, thinking perhaps an aggravated refractive error might be at the bottom of his trouble, but soon found this was not the case. The ophthalmoscope was then called upon and right royally did it do its work; the conditions there revealed pointed unquestionably to Bright's Disease. There were the engorged veins and irregularly shaped white spots on retina, together with numerous hemorrhages.

The case could now be treated intelligently, but had developed to such a degree that palliation only was all that could be hoped for. The urine, on testing, would often show as high as fifty per cent albumen and perhaps next day there would be none. The case went from bad to worse. We soon had dropsy extending higher and higher, with total blindness and convulsions threatening. Death finally came to relieve him of further suffering. The remedies acted nobly in ameliorating the conditions, but there could be but one result.

In this case also could an Oculist have been called six months earlier. The result from an early diagnosis and intelligent treatment, would certainly have been long postponed, if a positive cure had not followed.

That the Ophthalmoscope in proficient hands is a great aid in diagnosis and treatment, goes without saying; it should be used and understood far more. The many conditions it reveals are oftentimes positive and startling. One learns to love the instrument and look upon it as a faithful friend.

Sanitary Science.

HEALTH.

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Mens sana in corpore sano is one of the oldest apothegms of antiquity, and may well be considered next to life the greatest blessing of God to man. There can be no doubt about a sound mind being the first and best gift, and next a sound body is the greatest possible gift to us. All through the civilized world we find temples, schools and colleges raising their spires to heaven, cathedrals, churches, chapels, schools, seats of sacred and profane or secular learning, where they teach a knowledge of God, the way to heaven (hereafter), a knowledge of all things earthly, comprised in the sciences, the professions, the arts, and so far assisting the body as to cure, or endeavor to cure, diseases when they occur. Still until very lately little or nothing was done to prevent disease or protect and increase health. I dare say that few, even among the physicians, are thoroughly acquainted with health; few can accurately define it. We are introduced to man when he is in a state of disease; and from this point only we study him. It is of course our business to remove disease, which is often not done or done, at times, so imperfectly as to leave impressions, not only of the disease but of the cure, for life. I have at present under my care a gentleman, a traveler for a New York commercial house, who twelve years ago was treated by a prominent old school doctor of that city for a diarrhœa he contracted during the hot weather; he took a single 1 gr. pill composed of *Opium* and *Camphor*—only one—after which he became so dyspeptic that he is since a perfect picture of misery—and feels one too. This is the greatest fault of medical teaching, to prescribe for the disease regardless of the patient or his constitution, hereditary and congenital disposition, susceptibility, sanitary environments, acception, etc.

The schools of medicine can scarcely be called schools of health. The medical students should study to become experts in the science of health; that would perfect their medical educa-

tion and render them more than doubly successful in their professional career. Whilst now many physicians can check and cure disease conditions, few are able to lead back their patients from a sick bed to perfect health, leaving this to time and nature, notwithstanding the spreading influence of Hahnemannian philosophy. I have among my patients, a lady who fifteen years ago had typhoid fever, and was treated by a very prominent old school physician who could not remove a nervous headache, that even now at times almost drives her to despair, although I have spent many hours over Bœnninghausen, Knerr, King and Underwood's checking lists to find a simillimum that would relieve her for a few months at the most.

One reason why the science of hygiene has been so sadly neglected, I believe, is because it is considered not strictly within the province of the physician. Within a few years, however, a change is taking place, many of the medical colleges placing sanitary science on their curriculum of studies, whereby a great deal of good is being done by agitating and preparing the universal mind for higher advances and more systematic teaching of the science of health and life.

While preparing this paper I received a friendly call from our pastor, Rev. N. Bolt, who insists on my speaking on this subject in his church. This is as it should be. If the clergy are the right hand of our Divine Redeemer, we physicians certainly are his left. I believe the time is approaching when parents will consider the teaching of the science of health, and the knowledge of the human system, the laws that govern its existence and perpetuate its continuance, and the causes that produce disease and shorten life, of the greatest possible importance to their children; and no education should be considered "up to date" that does not early communicate the science of health—that good health is the greatest wealth.

But what is the reason we are, as a class, so ignorant of the science of health? It is because we consider it effeminate to attend to this great subject. In general we possess a most beautiful climate, the best material for food in abundance, and every means of creating the healthiest and longest lived race in the world. All that is required is a correct knowledge of the subject of health and the facts and principles from which it is derived and continued.

Surgery.

A SO-CALLED SURGICAL CASE.*

W. P. WESSELHÆFT, M. D., BOSTON, MASS.

C. C. Pale, otherwise well nourished girl, rather inclined to obesity; dark complexion, age 9 years. A child of an intemperate and dissolute father.

When 3 years old, a hard swelling appeared under the chin which increased so that it disfigured her, and in her seventh year was removed. Soon after removal, tumors appeared on the right side of the neck, and she now has a string of them, reaching from below the ear to the clavicle, varying in size from a pea to a hazel-nut.

During the last year, a tumor appeared anterior to the left axilla and reaching about midway into the axilla; this has now attained the size of a goose egg.

The tumor in the neck and the one in the axilla, are freely movable, very hard and slightly sensitive.

Six months ago an ulcer appeared on the left cornea which was treated locally, leaving a patch of opacity nearly covering the pupil, seriously impairing the vision of that eye. Partial ptosis of left eyelid.

A week ago a similar ulcer appeared on the right eye, situated over the inner edge of the iris. This ulcer is now quite well developed. There is photophobia, lachrymation, otherwise not painful. The former ulcer on left eye was very painful, with intense headache and supra-orbital neuralgia.

She has a chronic, yellowish green, bloody discharge from nostrils, which is also post-nasal. Cold, damp, clammy feet; stockings always wet. Extremely sensitive to cold air, complains all winter of feeling chilly.

When a year old she had a moist, scabby eruption on chin and forehead which was locally treated.

She is a gentle child, but has seasons of great irritability and impatience. *Calcarea carb.*^{cm}, one dose dry.

Report two weeks later. Ulcer on right cornea is healed; no

* International Hahnemannian Association.

photophobia or lachrymation remains. Tumor in left axilla has increased decidedly, with a slight blush of skin and increased sensitiveness; all indications of an abscess forming. *S. L.*

Report two weeks later. Redness over tumor in axilla has nearly disappeared. Much less sensitiveness; no indications of fluctuation, which I expected to find by this time.

Left eye on which the first ulcer occurred is weak, slight photophobia and increased ptosis. No change in the glands of the neck. *Sulphur^{cm}*, one dose.

Report two weeks later. General improvement. Mother has noticed much less sensitiveness to cold, and the stockings are not as wet. The most marked change, however, is in the nasal discharge, which has so far improved, that instead of using three handkerchiefs daily, she now uses one. The tumor in the axilla has slightly decreased. No change in the glands of the neck. *S. L.*

Report one month later. No further improvement. Has six or seven loose stools daily, occurring chiefly in the forenoon, preceded by slight pain in abdomen, and after stool. *Sulphur^{dm}*, one dose.

Report two months later. Stools much less frequent, no pain. Mother makes special note of improvement in her irritability. Tumors in neck and axilla remain about the same as two months ago. *Sulphur^{cm}*, one dose.

Report one month later. Stools are now regular. Appetite improved. Axillary tumor is smaller. *S. L.*

Report six weeks later. Steady improvement. Child looks much better. Some color in cheeks; all the tumors decreasing, especially the one in the axilla. The old scar over left pupil less dense.

Report one month later. Diarrhœa is troubling her again, driving her out of bed in the morning, followed by from four to six stools during the forenoon. Tumors remain nearly stationary. *Sulphur^{dmm}*.

Report one month later. Swelling in axilla nearly disappeared. Tumors on neck have decreased so that the outline of neck is nearly natural. The tumors, however, can be detected by taxis. Old macula on cornea can hardly be seen except by lens. During the last two months a large seed wart has come on the middle knuckle of each hand. *Thuya^{cm}*, one dose.

Report two months later. Large wart on right hand has dis-

appeared, the one on the left hand is about half its former size. A very small wart on finger has appeared during the last month. The swelling in the axilla is now about the size of a fibert. Has no complaints to make except a slight headache on awakening in the morning.

Report two months later. All warts have disappeared. The child is looking rosy. Swellings in neck and axilla can hardly be detected. Slight opacity of the left cornea still exists, but is not noticeable. No more foot sweat; no catarrh.

This child is still under observation, but I shall probably not see her again for many months. She is taking *S. L.* daily. All this was accomplished with three remedies in highly attenuated doses during eighteen months. *Calcarea* was given once; *Sulphur* in increased attenuations was given four times at intervals of over two months. *Thuya* was given in a single dose six months ago, and I think she will need no other medicine.

This child was brought to me on account of the ulcer on the eye, and to get my opinion as to the advisability of having the tumors removed.

Taking this case into consideration with reference to the Hahnemannian Psoric Theory, I think it of great value.

Here we have a child, apparently in so-called good condition, well nourished, inclined to be fat. In her babyhood an eruption was suppressed on the chin and forehead. In her third year a swelling appeared under her chin. This was cut out. Soon after this removal, other swellings appeared which were hard and not inclined to suppurate. When these began to decrease (after the Homœopathic remedy) another constitutional poisoning made itself manifest in the appearance of warts on the hand.

Taking into consideration the parentage, a dissolute father, who, however, is still strong and robust, it is presumable that she inherited a sycotic disease from him. The mother has many marks of psora. She is hard of hearing, with occasional offensive Otorrhœa; irregularity in menstruation; continual back-ache, and periodical headaches. Two such persons producing a third, it is manifest that something must be inherited. Working upon this basis, I have had the great satisfaction of restoring this child to health. The more I observe, the stronger becomes my conviction, that Hahnemann was right in his assumption of three constitutional poisonings, which lie at the bottom

of all chronic diseases, with the exception of those which are of medicinal origin, or caused by privations, or profound mental emotions.

If this eruption on the forehead and chin, which occurred in babyhood, had been treated according to the methods of Hahne-mann, it is very probable that the child would have had neither ulcers on the eyes nor tumors. Fortunately for the child, the tumors multiplied after the removal of one under the chin, and consequently these deep poisons did not attack the internal organs or tissues.

Supposing continued excisions had been performed, is it not reasonable to suppose that the child would have been a chronic invalid for life, or have died before reaching puberty? Then the Pathologists would have said, she died of this or that disease, whereas, disease or death would have been due to suppression of the eruption, and the continued excisions of the tumors, which kind nature had established for her relief.

Whenever a man settles all things by his eyes, and fingers, pseudo-science and theories, he reasons from lasts to firsts; in other words from himself, and is insane.

You can never look from the toxic, to see what is in harmony with the dynamic, but may look from the dynamic to see what is in harmony with the toxic.

Toxicology shows you the ability, or extent of the effects of a drug.

All human beings have like possibilities of degradation; so we cannot look down upon any member of the human race. We sometimes find in the lowest, characteristics that are the noblest.

Does any one know what Chemical Affinity is, except, that certain substances, seem to take a liking to each other?

Susceptibility exists in the Vital Force, and not in the tissues.

A disease may be suppressed by a medicine as well as by a stronger dissimilar disease.

In Epilepsy, so long as Bromides suppress nature is paying more attention to the disease of Bromides than to the disease of Epilepsy.

If we would accept opinion we should have to go back to Allopathy, because we find there only a record of man's experiments; a mass of heterogeneous opinions.

Homœopathicity is the relation between the symptoms of the patient and the remedy which will cure.

Homœopathy is an applied science not a theory.

—*Kent's Aphorisms and Precepts.*

Institutes of Medicine.

THE RELATION OF HOMŒOPATHY TO POTENTIZED DRUGS.*

MAYBELLE M. PARK, M. D., H. M., WAUKESHA, WIS.

I hesitate, from my few years of practice, to speak to you on a subject of such weight and fundamental importance, but I voice not only my own thoughts but the words of Hahnemann, the Master of Homœopathics, who gave us the *Organon*, the Bible of medical literature, the *Materia Medica Pura*, the masterpiece of materia medica, and the *Chronic Diseases*, the crown of therapeutics. Just as we go to *The Bible* for moral and spiritual guidance, so we should go to the *Organon* for definite and specific directions in any difficulty in our medical practice; it contains the alpha and omega of the laws governing the conscientious homœopathic physician. Says Dr. Kent:

“Very few are able to read the *Organon* at first and see anything in it but words, and yet the oldest practitioner of pure homœopathy finds nothing in it to change and the older he grows and the more active he becomes in work, the more he depends upon it and the more consistent it becomes.”

We are all apparently unanimous on the one law, “*similia similibus curantur*” but we are not united on the method of applying, or gaining, the result to be reached by the simillimum. We jeer at the allopathic shot gun prescriptions but I wonder how many before me have examined their own ammunition lately. In the *Organon* we find what Hahnemann says in regard to the single remedy.

Section 169: “On account of the limited number of thoroughly known remedies, cases may occur where the first examination of the disease, and the first selection of a remedy prove that the totality of symptoms of the disease is not sufficiently covered by the morbid elements (symptoms) of a single remedy; and where we are obliged to choose between two medicines which seem to be equally well suited to the case, and one of which appears to be homœopathic to a certain portion of the symptoms of the case, while the second is indicated by the other portion. In these instances, after having decided upon, and prescribed one of these medicines as most eligible, it is not advisable to administer the remedy of our second choice without further scrutiny because it may no longer correspond to the symptoms which remain after the case has undergone a change.”

* Wisconsin State Society.

Section 272: "In the treatment of disease, only one simple medicinal substance should be used at one time."

Section 274: "Perfectly simple, unmixed and single remedies afford the physician all the advantages he could possibly desire."

Note [139.] Section 272. "Some homœopathic physicians have tried the plan of administering two medicines at a time, or nearly so, in cases where one of the remedies seemed to be homœopathic to one portion of the symptoms of the disease, and where a second remedy appeared adapted to other portions, but I must seriously warn my readers against such an attempt, which will never be necessary even if it should seem proper."

[140.] Section 274. "Supposing the right homœopathic remedy to have been administered in a well considered case of disease, it would be preposterous to order the patient to drink some other medicinal herb-tea, to apply herb cushions, medicated fomentations, injections, salves or ointments; a sensible physician will leave such practice to irrational allopathic routine."

Some physicians even put two or more remedies in the same glass, saying whichever cures, let it cure. Is this the true physician whose "sole duty is to heal the sick in a mild, prompt and permanent manner" who doses the sick with many powerful drugs in hopes some one may turn the delicate, deranged vital force into order? We can not tell how two remedies will work together for they have been proved separately and their combined action must necessarily be different than either acting singly.

Section 124. "For these purposes [proving] every medicinal substance should be employed entirely alone."

Only one remedy should be used and only a single dose be administered—no other medicines being given until the first dose has been allowed to do all its work and the symptoms begin to return.

Section 240. "A very fine dose of the well selected homœopathic remedy, if uninterrupted in its action, will gradually accomplish all the curative effect it is capable of producing in a period varying from forty to one hundred days. But it is rarely uninterrupted, and besides, the physician, as well as the patient, usually desires to accelerate the cure by reducing this period of time, if possible, by one-half, one quarter or even less. Experience has proved in numerous instances that such a result may actually be obtained under the following three conditions: First, by careful selection of the most appropriate homœopathic medicine; secondly, by administering the medicine in the finest dose capable of restoring the vital force to harmonious activity, without causing violent reaction; and, thirdly, by repeating the finest dose of an accurately selected medicine at proper intervals, such as are proved by experience to be the most conducive to a speedy cure." Also in

Note [126], Section 246, which I will not quote.

Even the practice of giving repeated doses until reaction sets

in, is a bad one, condemned by Hahnemann, for the vital force cannot be hurried; the doses accumulate and act as one large dose which over-powers the economy.

To accomplish his wonderful cures Hahnemann found crude drugs inefficient; after years of study and research, he discovered a law as great as the law of similars—the law that substances become more and more active as they are deprived of the material through which they manifest themselves. The German chemists have lately re-discovered this same law. “Raullin succeeded in showing that *nitrate of silver* in proportion of one part to 1,600,000 parts of water would inhibit the growth of *Aspergillus* and still further, discovered that this organism would not live in water placed within a silver vessel, although no silver could be detected in the fluid with the most sensitive reagents.” Carl von Naegeli, the late distinguished botanist followed out these clues, finding that *Spirogyra* could not live in the most delicate solution of *nitrate of silver*. “He found that death occurred in three or four minutes in a solution of 1-1,000,000,000,000,000. In such a solution there could not be more than one or two molecules of the salt to each litre. Was the distilled water itself at fault? No, for within it the *spirogyra* thrived. *Corrosive sublimate* gave even more pronounced results; the organism died in a solution of 1-1,000,000,000,000,000,000,000,000,000. This could contain but a trillionth of a molecule to a litre. He discovered that many substances hitherto reputed insoluble in water, such as the metals, gold, silver, copper, iron, mercury, lead and zinc, by their mere presence in the water, possessed this property.” This hitherto unknown force he named oligo-dynamia. If these great chemists and botanists had listened to Hahnemann, they might have heard him say some seventy years ago in

Section 269: “To serve the purposes of homœopathy, the spirit-like medicinal powers of crude substances are developed to an unparalleled degree by means of a process which was never attempted before, and which causes medicine to penetrate the organism, and thus to become more efficacious and remedial.”

Section 128: “The most recent experiments have taught that crude medicinal substances, if taken by an experimenter for the purpose of ascertaining the peculiar effects, will not disclose the same wealth of latent powers, as when they are taken in a highly attenuated state, potentiated by means of trituration and succussion. Through this simple process, the powers hidden and dormant, as it were, in the crude drug, are developed and called into

activity in an incredible degree. In this way, the medicinal powers, even of substances hitherto considered as inert, are most effectively developed."

Hahnemann then gives the process of potentization as well known to you all. He worked from these low potencies higher and higher, until during the last years of his life, he used the highest potencies he had made—the thirtieths, but he did not say "thus far, and no further shall you go," for we read in

Section 160: "The dose of the homœopathic remedy can scarcely be reduced to such a degree of minuteness as to make it powerless to overcome and completely cure an analogous, natural disease of recent origin and undisturbed by injudicious treatment." And

Section 280: "This incontrovertible principle, founded on experience, furnishes a standard according to which the doses of homœopathic medicines are invariably to be reduced so far that even after having been taken, they will merely produce an almost imperceptible homœopathic aggravation. We should not be deterred from the use of such doses by the high degree of rarefaction that may have been reached, however incredible they may appear to the coarse, material ideas of ordinary practitioners; their arguments will be silenced by the verdict of infallible experience."

Hahnemann, in the *Materia Medica Pura*, under *Arsenicum* says:

"Can the subdivision of a substance, be it carried ever so far, bring forth anything else than a portion of the whole? Must not these portions, reduced in size to the very verge of infinity, still be *something*, something substantial, a part of the whole, be it ever so minute?" Also section 279, note [143] and last on note [126].

These higher potencies allow us to go deeper and deeper into the vital economy and turn into order states that one could never dream of effecting with the third, tenth or even thirtieth. It is our duty not to yield to our prejudiced ideas and biased minds. We have solemnly taken upon ourselves to cure speedily, gently and permanently, and high potencies will cure more speedily, more gently and more permanently than the low forms. Some claim that high potencies do very well for old chronic cases, but are not suitable and will not act quickly enough in acute cases. They will relieve more quickly, of course, always taking for granted that they are accurately prescribed, and if given in time will break up the long runs of fevers which are always said to have to take their course.

I was called, hastily one morning, to a very sick girl. She had all the symptoms of so called appendicitis of the *Bryonia* type; on the third day she came to my office, saying: "Now, doctor, I want you to tell me what was the matter with me."

When I said "appendicitis" she laughed outright. "Well," I continued, "if you want a longer attack you will have to go to another doctor."

Our family has always been accustomed to so called homœopathic treatment. My brother had a large boil on the side of his neck; he took cold in it and was suffering tortures; I gave him one dose of a high potency, about which he had been told; the next morning he said there **MUST** be something in it, for he was never relieved so quickly before.

Others claim that high potencies do very well for acute cases, but when it comes to long, old, deep, chronic cases you have to have something **STRONG**—with the idea that strength is always connected with material quality, taste and smell. By beginning a case with a low potency the curative power seems to go in a few months, although the symptoms still indicate the same remedy. What is to be done? The patient is not well; the first prescription was good for it acted well for a time. Now is the time to go to a higher potency; it takes up the work where the lower left off; goes deeper into the dynamic force and recovery continues.

Case—Nov. 6, 1896. Miss A., 24 years of age:

Menses painful, irregular, every five, seven, or ten days, or two or three weeks; began when 15; back of head painful for two or three days before; bearing down, heavy pains when standing; feels as if something inside was tearing her to pieces; nausea, can't eat; restless; flow lasts about five days, intermittent, very scanty, very dark, flows more when quiet; periods get worse and more irregular during the school year; pain in back first two or three days; loses one or two days of school; back of head prickly, goes down back when menses are overdue; leucorrhœa for a week or ten days after menses; appetite good, can eat anything except milk, ice cream and fat; very thirsty; bowels not regular as a rule, better before menses, no urging, uses injections of warm water or salts on second day. Sleep, restless before menses, terrific dreams. Perspiration stands out when in pain. Urine, sediment brick-dust last year. Better in morning after breakfast, dozy after dinner. Worse on damp, muggy days, can scarcely breathe. Warm rooms make her dull, heavy, goes to head; better in open air. Worries about work, keeps her awake all night. Eyes weak, smart, must wink, wore glasses for awhile; worse at menstrual period. Catarrh,

must clear throat, white glossy discharge, takes cold easily. Breath offensive, bad taste in mouth, worse before menses. Gave *Puls.*^{51m}. Has the blues, despondent, sensation of everything leaving her.

Nov. 14. Eyes examined, far-sighted, slight astigmatism, greatly diminished by glasses. Stomach out of order, breath bad, tongue coated in morning. Backache in cervical region and in lumbo-sacral. Gave *Sac. Lac.* Dreams much, dumpish if she doesn't go to bed early.

Dec. 1. Pain in back of head and lower back, burning, could hardly sleep one night. Constipation last week, then three and four stools a day, thin, offensive; regular since then. Lips crack and scale. Gave *Sac. Lac.* Nervous headache from worry over school work.

Dec. 10. Feeling perfectly well. Constipated, much urging, stools dry and hard. *Sac. Lac.* Restless for two or three nights, menses overdue.

Dec. 17. Menses began yesterday, two weeks late; great pain for a few hours; cold sweat; vomited breakfast; heavy weighing down in uterus, better lying on right side, steady dead pain if lies on left side; flowing profusely; increases when quiet, none when walking. Better with hard pressure on back. *Sac. Lac.* Bowels irregular. Feels splendid; ambitious.

Jan. 30, 1897. Is well, menses twice, no pain whatever, in school all the time.

1898. No return of the trouble.

This is a perfectly simple case, but it shows the effect of one remedy; the patient had no other treatment. It shows the direction of symptoms from within outward for, mentally, she herself, was feeling splendidly, while some of the more superficial symptoms still remained. She got well while going on with her school work, improving instead of growing worse as she had done during the previous year.

You may say these cases would have recovered of themselves, although you are homœopaths, you say the patient thought he was taking something, and so just got well. There need never be any doubt as to whether a case was cured or merely got well, for Hahnemann tells us that symptoms must go from within outward, from above downward, and in the reverse order of their coming, and in chronic cases under this last head, the return of old symptoms which may have been suppressed for years, show

that the vitality is returning on its old course and regaining its normal activity.

One cannot use high potencies successfully, unless he keeps records of the cases. This may seem at first a great waste of time to spend, possibly from one-half to two hours in taking a case, but in reality it is a time saver. When you once have the case, it is there for future reference; you can let it go from your mind with the assurance that you can turn to the details at any time, and as the patient returns from week to week you have to spend only a moment to determine the prescription; whether *Sac. Lac.*, a repeated dose, or a new remedy. While with no record, you forget many important details, you have to request the patient each time, you have forgotten the potency and the time of administration, and the case becomes hopelessly confused.

The high potencies should never be used by one who is unwilling to work or think, but with a careful taking of the case, a thorough study of the remedies related to the case by means of repertories and the materia medica, the administration of a single dose of this remedy highly potentized, a patient watching and guarding of the case, giving no other medicine or application of any sort so long as improvement continues, nor the symptoms begin to return, such a procedure will be rewarded by a success you have never attained before.

The Simple Substance is the substance of substances, and all things are from it. It is really first, in which rests all power.

Weight cannot be predicated of the Simple Substance, neither time, nor space.

No power known to man exists in the concrete substance, but all power exists in the Primitive Substance.

The Primitive Substance, or Radiant form of matter, as certain scientists term it, is just as much matter as matter in its aggregate form.

The real and general holding together of the things in this world is by Simple Substance.

—*Kent's Aphorisms and Precepts.*

Psychology.

PSYCHOMETRIC FORCE.*

K. O. AUSTIN, M. D., CHICAGO.

Ladies and Gentlemen: My course of lectures will be devoted to a consideration of the unseen forces operating on, or expressing through the human organism in health or in disease. Excepting the well known forces of electricity and magnetism, which also are invisible, we may, for the sake of convenience, conceive of these other forces of which I shall treat, under the generic term, PSYCHOMETRIC FORCE. You may recognize the same forces under more specific terms than I, in my lectures, shall make use of, but, the term psychometric force as a general name embracing the elements concerned in hypnotism, thought transference, mental therapeutics, and so forth, will answer the purpose at hand.

I hope to make it evident that this department of study merits as much attention, and will be of as much practical utility to the physician who wants to understand human nature in all its features, as that commanding subject of your curriculum, the guiding symptoms of your materia medica.

Psychometric force comes into operation, in different degrees of imperfection, consciously or unconsciously to the physician, in every case where *cure* of disease occurs. For, as a human being has a physical part, and an unseen part acting on the physical and the two parts reacting on each other, so disease is, not in any case, a condition of the physical alone, but each symptom has its duplicate in the unseen, or etherial part.

Disease, therefore, has two aspects, one visible or evident to some of the five senses, and the other invisible or psychometric. One of these aspects may be removed without the departure of the other. For instance, the disappearance of symptoms may be induced by the properly selected remedy without any psychometric influences, being brought to bear on the unseen aspect of the disorder; or, the unseen aspect may be removed by hypnotism, whereby the physical aspect assumes a latent state.

* Extract from Lecture at Dunham Medical College, Sept. 16, 1898.

In both cases the old condition may in time, reassert itself in a state of activity in the two aspects of the disease.

I can say with conviction founded on close observation, and on knowledge of the different elements which *must* be present in order to make disease, that, no disease was ever cured without the conjoint action of medicinal and psychometric treatment. Under the combined influence of these two methods of healing—with medicinal treatment as taught at *this* college, which is the most advanced institute of medicine of to day, and psychometric treatment, as it *will* be taught,—every disease is curable where there is vitality enough left to sustain the process of change.

Time will prove to the world the correctness of this statement. Such perfection, however, does not belong to the plane of physical consciousness. That is why we yet breath it softly beneath the stars.

There is something behind the veil of clay which penetrates matter and sees truth in the absolute. This something of which we shall learn, does not depend on the brain cells for its perceptions. Quickly, as a flash, it perceives, and knowledge is received, not by slow reasoning, but by influx from the universal fount of knowledge.

Under favorable conditions much of this knowledge can be thrown on the physical consciousness, and in this state the intelligence over and above our anatomical frame of matter can even through the mind or consciousness look through the disguises of matter.

If knowledge were sought more from within, our culture would be more worthy the name.

A thought or act is imperfect in proportion to its being a purely mental process or not, and perfect in proportion to the amount of light from the higher intelligence by which it is tinged; and our success in curing disease depends on the susceptibility of the mind to that part of us which is above mind.

As probably many of you know, the symptomatology of a remedy can not be reduced to mathematical exactness, because even characteristic symptoms will differ some with the idiosyncrasy of the prover. And in drug diseases a half dozen remedies may apparently be about equally indicated simultaineously. No person can, therefore, become master of the problem of disease and its remedy through a sheer process of mental reasoning.

Homœopathy, in the first place, did not come into existence in this way.

Do you suppose that Hahnemann, or whoever preceded him in the discovery of these facts, would have so far insulted their sense of logic as to proceed to take two drops of a drug, add ninety-eight drops of alcohol, give a few succussions, take two drops of this dilution, and add ninety-eight drops of alcohol, shake as before and repeat this process twenty-nine times, and then administer this preparation for the cure of disease, or relief of suffering?

Do you expect a sane man, through mental reasoning alone, would commit the apparently insane performance of triturating a grain of medicine, leave it under the hydrant for twenty-four hours, or several days, and then apply it as a suitable remedy for disease? Impossible.

There is something above mind that prompts the reasoning in these cases; and this higher intelligence which illumines the reason is required in the skillful application of principles, as well as in the detection of the same. On the plane of consciousness, *per se*, we cannot see what exists on the other planes, and our power of discernment on this plane has narrow limitations; hence the successful physician cannot always, in the physical consciousness, keep pace with the knowledge of the higher intelligence acting through him, and so he often knows the remedy without going through the ordinary mental process of arriving at a conclusion.

Not receiving the knowledge himself through the common process of reasoning, he cannot make it evident to the mind of others, through reasoning, why he selects the particular remedy he makes use of. He can only make a few suggestions; and these suggestions are the same as the higher intelligence made use of in throwing the knowledge on *his* consciousness.

As is the case with the primitive truths of homœopathy, so the facts which I shall present to you can, in our present conditions of life, be only partially proven.

You cannot, through a process of reasoning, make a person see that there must be medicinal property in a twenty-four hour fluxion potency of a drug. He must see its action before he can believe.

Psychometric force belongs principally to a plane above the physical consciousness, hence the difficulty of bringing its demonstrations within the range of the physical.

On the plane of mind or physical consciousness, we can perceive only such things as occupy that plane. On the plane of the higher self,—that part of us which knows and acts independent of the mind—we perceive things on that plane. Unless the physical, with the unseen elements immediately associating it, has gone through a process of training and purification through which the mind becomes more closely blended with the higher self, not much of the higher plane can be demonstrated to the mind on the physical plane. If, however, the development has been gone through, so that the mind or personality becomes almost absorbed by the higher *ego*, all the facts of which I shall treat are demonstrable on the physical plane. The knowledge of the higher self, in that state becomes the knowledge of the mind.

Extraordinary conditions are necessary for the realization of such a state; years of trials and discipline may be required.

It is possible for any one, however, to suspend judgment and take propositions for granted until, following this line of thought for a time, the mind becomes capable of receiving much of the higher plane, and thereby gains a power of which it was unconscious.

As you could suspend judgment sufficiently to try the twenty-four hour fluxion, so you can suspend judgment with reference to the facts I shall give, until self has thrown the knowledge on the consciousness, for that is the only way this subject can be taught under our present conditions of life.

It will be necessary for you, in following this course of study, not to let previously formed opinions interfere with your reception of new ideas. You may find yourself compelled to abandon certain preconceived conclusions, but that which takes its place will be of a nature to raise your standard of morals and give you added knowledge and power not alone as physicians, but as men and women.

Keeping, through the course, the mental faculties in a receptive state, the higher intelligence will be able to so broaden the perceptions in the physical consciousness that you will in time assimilate most of this knowledge, and you may then be able to look back with a knowing eye, and understand many of the things which seemed strange at the time they were presented.

In the discussion of each subject I shall endeavor to avoid a common mistake in medical and metaphysical literature, namely, making much out of little.

There is enough of importance to occupy our attention, without cramming our heads with non-essentials. The first subject to be considered will be THE MIND.

Editorial.

ONE FULL REGIMENT—MAKE IT TWO.

Since last May we have added nearly 1200 new subscribers to the *ADVOCATE* for the last year of the century and are very desirous of bringing the number of the *new* recruits up to the strength of two full regiments, battling for the cause of pure homœopathy against the world.

Our *MONTHLY REVIEW* for the coming year will contain an abstract of the contents of five of the leading homœopathic magazines in each issue and extracts from every article contributing to the fund of knowledge of homœopathy or *materia medica*. We purpose making this Department the most complete and the most valuable, to our readers, of any periodical in our school.

HOMŒOPATHIC PHILOSOPHY, MATERIA MEDICA and the *CLINICAL VERIFICATION* of the same will continue to be leading characteristics of this magazine. In fact everything placed upon the pages of the *ADVOCATE* is designed to be of practical value to the man or woman who has a desire to practice the art of healing in accordance with the law of cure, *similia similibus curantur*.

Your attention is called to the special announcement appearing in this issue.

SECTARIANISM IN MEDICINE.

A few months ago, when the volunteers were being mustered into the service of the United States for hostile operations against Spain, a great hue-and-cry went up from homœopathic partisans against what was claimed to be official discrimination against their "school" in the selection of regimental surgeons. Homœopathic journals took the matter up, and the agitation soon reached the newspapers, from which it received considerable attention. The President and the Secretary of War were appealed to by petition and in person to remove the "ban upon homœopathy" and to give professed practitioners of that "school" equal advantages with those claimed to be held by members of the regular profession. In the usual course of events, some practitioners of the homœopathic profession were appointed to the position of regimental surgeons. Inquiry amongst those best informed seems to put the fact beyond much question that the "*homœopathic*" treatment dispensed by "*homœopathic*" surgeons did not differ in any essential from that employed by the regular surgeons. It is just to say

that the "homœopathic" practitioners appointed were men of creditable standing, whose practical scientific attainments were clearly recognized and generously acknowledged by their regular associates.

But the inexplicable thing is why men who treat wounds according to modern methods, who possess a high degree of knowledge in the essential branches of medical science, and who prescribe medicines precisely as they are prescribed by regular physicians should glory in a sectarian designation and demand certain privileges solely by reason of factious opposition to "the old school." *I have no quarrel with any honest believer in homœopathy, and I am glad to accord to homœopathic physicians the respect due to all sincere professional gentlemen of that faith;* but is it not asking a little too much of the regular profession to stand aside, with due deference, for a clamor that is backed by nothing more substantial than mere sectarian selfishness? If a qualified surgeon desire army service, his practice differing in no degree from that of other surgeons, why should he not enter the service upon his merits rather than claim "recognition" as the representative of a therapeutic faction? Does homœopathy stand today for nothing more than a hollow opposition to regular medicine? From the lessons of the late war no other conclusion appears possible to an unprejudiced mind.

PHYSICIAN.

The above is a just and an honest criticism of the part played by homœopathy in the late war. Homœopathy as a sect made no demand for recognition in the medical service of the army or navy. Unfortunately homœopathy is not, militant, she wants no fight with anyone; but is content to limit her knowledge of disease to the special study of disease manifestations in private life and the means necessary for the removal of the *exciting* cause, together with the therapeutic indications of remedies that will remove the *predisposing* cause. In this, she surpasses all other systems of medicine in the world; but when brought face to face with the problems of State Medicine, the responsibility is too great for homœopathy to reach forward and demand recognition until she has supplied her men with such knowledge of sanitation as will place them upon a level with other practitioners of the healing art.

The followers of Hahnemann can well afford to surrender the department of preventive medicine to others, because their superior knowledge of curative medicine gives full scope for the profitable employment of their time and talents, but that is a selfish position to take and accounts for the limited recognition given the "school" in public affairs.

To day, State Medicine or Sanitary Science is very indifferently taught in the majority of the homœopathic institutions, it becomes a part of the curriculum, because State laws compel the same. It should be made one of the prominent chairs, occupy-

ing not less than two years, with ample laboratory experimentation. The student who is trained in pure homœopathy would then be able to go before any examining board upon his own merit without seeking the "boosting" support of "partisan" sectarianism.

A surgeon is a surgeon and if he does not add to his knowledge of surgery, an equally exact knowledge of the practice of homœopathic principles, he has no business to try to force himself into any department of public practice upon the specious plea that he is a "homœopath" and as such entitled to a piece of the public "pie."

It will be noticed that nearly all the hue and cry about non-representation of the "homœopathic school" came from zealous partisans who have gained greater notoriety in other fields than in their advocacy of homœopathic principles, and that the appointments did not go to those who were demanding recognition of sect, but were *given* to those who would present the *least* divergence from the established routine of medical service.

The emergencies of army service, especially in the hands of volunteer physicians do not furnish an ideal opportunity for testing the efficiency of remedies employed in strict accord with the law of similars. Every line of service must be in harmony with every other and the isolated homœopathic physician or surgeon would be helpless and at the mercy of his superiors. Greater complaint would be made than has been made during the past three months, which is useless.

Monthly Review.

Journal of Homœopathics—October.

1. *Petroleum*. KENT.
2. *Phytolacca*. KENT.
3. *Sabadilla*. KENT.
4. *Schrankia Uncurata*. YINGLING.
5. *Proving of Jelly Fish*. BERRIDGE.
6. *Proving of Rhus toxicodendron*. W. D. YOUNG.
7. *Lectures on Homœopathic Philosophy*. KENT.
8. *Laws of Potency Exemplified*. UNDERWOOD.
9. *Clinical Cases*. FARRINGTON, LINNAEUS SMITH, MUSSON JR., W. D. YOUNG, F. H. LUTZE.

1.—*Petroleum* is one of the much abused remedies. It is used extensively in the oil regions for both externally and internally, both man and beast. It is a counter irritant, and produces characteristic eruption on the skin, somewhat resembling turpentine. It also produces a peculiar confusion and mental disturbance, with characteristic imaginings in which people are supposed to be near by who are not at all present. The skin symptoms are very similar in many respects, to salt rheum and other eruptions about the hands. It is suitable where there are cracks about the ends of the fingers and on the backs of the hands. The skin is rough, ragged, cracks and bleeds, the tissues are hardened, and this cracking is due to the indurated condition of the skin. All eruptions have a tendency to itch excessively and the cracking is kept up until the surface bleeds, is sore, raw, and a tendency of the excoriated parts to become cold or to have a cold sensation. *Petroleum* resembles *Graphites*, *Carbo vegetabilis* and other carbonaceous substances. There is a hyper sensitiveness of the senses of hearing, touching, and smelling. The muscles of the body are inclined to that bruised feeling somewhat resembling *Arnica*, but it involves especially the joints. It is sore to the touch aggravated by motion. There is a peculiar vertigo noticed while on ship board, or riding in a carriage, or in any rapid moving vehicle due to errors of accommodation, and must not be mistaken for vertigo and seasickness due to disturbances of the sympathetic system or involving the stomach which are very frequently met by the use of *Tabacum*.

2.—*Phytolacca* is decidedly a glandular remedy. The glands become inflamed and hard. It produces violent sore throat with inflammation of the glands of the neck, particularly the submaxillary and parotid glands, but the action of this remedy seems to center in the mammary glands. Soreness and

lumps in the breasts from each cold, damp spell; becomes chilled and sore breasts result; sore breasts in connection with the menses; a nursing woman is exposed to cold, the breast inflames, and the milk becomes stringy and hangs down from the nipple; coagulated milk. Almost any excitement centers in the mammary gland; fear or an accident, lumps form, pain, heat, swelling, tumefaction, and even violent inflammation and suppuration. During lactation milk becomes scanty, thick, unhealthy, dries up too soon; very closely resembles *Mercurius* and other preparations of mercury, and has been proven a very valuable antidote in mercurial affections, having the characteristic indications of phytolacca.

3.—*Sabadilla* resembles *Lachesis* in the fact that it goes from left to right, but it differs from *Lachesis* in that it is a cold patient, sensitive to cold atmosphere, cold room, cold food etc. Wants to be well wrapped up, hot drinks to warm the stomach, sensitive to catarrhal condition which wants hot air. *Sabadilla* is a very sensitive to odors and exposure, is liable to rose cold in June and hay fever in August. It is always ameliorated by heat.

4.—Closely related to the *sensitive plant*, the peculiarity being that the slightest touch will cause the leaves to shrivel up, or contract on themselves and remain so for several hours. A patient of a shrinking sensitive nature, when coming in contact with strangers especially, might receive great benefit from the action of this remedy, in other words might be very sensitive to its action and produce characteristic provings. It is a remedy well worth giving a thorough test.

5.—Dr. Berridge relates a case of a lady while bathing who was stung by a jelly-fish on the front of the right arm, near elbow. She perceived a tingling in the spot like "pins and needles." Then the part became red, swollen, burning and hot to touch and also a red spot on front of right forearm near wrist. She also felt a tingling in back of head and in legs like electricity. For half an hour she felt very ill and thought she would have to go to bed; restless, could not keep still; cross and could not be spoken to.

6.—Dr. Wm. D. Young reports the following eye symptoms occurring in a woman, age 50 years, sensitive to this drug who received one dose of the 12 decimal for rheumatic stiffness in the ankle following a Pott's fracture. Redness of the conjunctiva, especially in the morning, with burning; soreness in and around right eye. Difficulty in opening lid in the morning seemingly from weakness, not from agglutination. Sharp pains running in the head. Pain in ball on turning eye. Vision confused in the morning on awaking especially double. This last symptom was very marked, occurring every morning on awaking for ten days continuously.

7.—A series of lectures by Prof. J. T. Kent, upon the Organon. The lecture includes § 85 and § 86, and shows how people suffering from one form of disease have protection from other forms. He says we find in every epidemic a large proportion of the inhabitants escaping infection, and upon inquiry ascertained the fact that those who escaped are not always free from disease, do not possess a great vitality, but on the contrary they may be really invalids, having consumption, Bright's disease, diabetes, etc. The inquiry naturally is raised, why is it these people are protected from immunity? The answer given, is because the epidemic is dissimilar to that of the disease already contracted, and the one to which they were exposed. From this is demonstrated the fact, that the employment of remedies dissimilar to that of the diseased condition can never cure. That they may by virtue of their strength for the time being transplant the original trouble, but as soon as their effects have disappeared from the system, the old disease reasserts itself. He also shows in this lecture that when two similar diseases come together, they may unite and the one eliminate the other from the system, and from this illustration demonstrates the law of similars, whereby the remedy selected for the purpose of producing a similar disease to that already existing, is capable of eliminating that disease from the system, and therefore the Organon is always profitable to every reader.

8.—The greatest discovery made by Hahnemann was the releasing of the inherent force, energy or dynamis of matter by trituration of solids or succession and dilution of liquids. It is imperative that all conceptions of the vital force be divorced from its material environment if we would enter into the spirit of Hahnemann's philosophy. All force is invisible, imponderable and immeasurable. Electricity, steam and life itself are common every day manifestations of this force when liberated.

9.—**CHRONIC MALARIA**—CALC./C. 6m, ONE DOSE. Chill comes with every thaw and warm spell in winter, or spring; chill commences in the back, goes up to the head; generally better in warm room; in summer, red lips; headache better from hard pressure; head throbbing, sometimes a dull ache; hæmorrhage from throat, blood light red, throat raw, gurgling in throat, salty taste; constipated; menses irregular, profuse and dark; leucorrhœa dark yellow; cough at nights, worse when it thaws, better in clear, cold weather, worse in damp weather; wants air; wants the neck warmly covered, fever 2 to 3 p. m.; better sitting; fond of eggs; cold, moist feet.

ENURESIS—NATRUM MUR. cc. Wets the bed at night, has frequent desire to urinate during the day; urine burns, smarts and excoriates; stains brown; worse from heat; incontinence, with tenesmus; tonsils enlarged; drinks much; better out of doors.

GONORRHOEAL RHEUMATISM—PULSATILLA. Woman aged 53 years, dark hair and eyes, of medium build, widow. Twelve years ago contracted gonorrhoea from her husband, which was never treated and gradually ceased to trouble her. Two years later was taken with rheumatic stiffness and pain in right knee, probably of gonorrhoeal origin. She has had pain, stiffness and difficulty in walking a good deal of the time since.

She now, Jan. 21st, has "severe" pain (no other description could be gotten) in this right knee, swelling and contraction of the tendons on back of that knee so badly that it prevents her from putting foot to floor to walk. Her pains are worse in the evening before midnight, and better in the kitchen by the stove, nevertheless she is chilly a good share of the time. Her food bothers her, by belchings, tasting of the food, especially after fat food. *Puls.* 1000, Skinner, two powders at intervals of 2 hours, then *Sac. lac.*

North American Journal of Homœopathy—September.

1. *The proof of the Law of Similia from the Electro-Chemico physiological Standpoint.* PROF. E. H. S. BAILEY.
2. *A Consideration of Remote and Immediate Premonitions of Death.* CHAS. W. WINTERS, A. B., M. D.
3. *Home Treatment of the Insane.* WILLIAM MORRIS BUTLER, A. M., M. D.
4. *How shall we recognize the Uric Acid Diathesis, and what are our best Agents for Combating it?* ALICE FRENCH MILLS, M. D.
5. *Calcaria Arsenica.* P. C. MAJUNDER, M. D.
6. *A Few Hints on Urinalysis.* H. R. FARINGER, M. D.
7. *Vaginal Hysterectomy.* GEO. W. ROBERTS, M. D.
8. *Atresia of the Vagina.* STEPHEN H. KNIGHT, A. M., M. D.

1.—This was one of the most interesting papers read at the recent meeting American Institute, and is worthy of more than an excerpt. After laying as a foundation, the fact that scientists are continually prying into the mysteries of life and formulating first one theory after another with the knowledge that they all come short of the full explanation of the phenomenon, but aid in general investigation he takes up the matter by asking the question: How does a solution conduct electricity? Grothers assumes that it is carried bodily by *particles* (ions of Faraday) of dissolved substances from one pole to the other. These ions are broken up, independent, dissociate molecules which are demonstrated to be very sensitive to the slightest impression. The greater the dilution, the greater the number of ions, hence the greater the dissociation, consequently the greater the *activity* in order that the impulse be conveyed.

Arrhenius in 1887 announced that molecules in solution were divided into two classes—the inactive particles which take no part in conducting the current until it has been broken up into ions, and the active which already act in solution as ions.

This is demonstrated in chemical reactions by the fact that no action takes place between substances as a whole, but only *between the ions of the substances.*

2. Only dissociated substances act as germicides, i. e. the solution of substances be they never so powerful produces no effect unless in a state of ionization.

When the material substance has been dissociated by means of trituration with some inert substance or dilution in some liquid form, the ions are easily set free and we have the process of complete ionization perfectly exemplified when a potentized remedy has been placed in a fluid like water or placed dry upon the tongue coming in contact with the saliva. These ions are easily absorbed by the mucous surface and taken into the system where they act in accordance with their peculiar power. When diluted with mineral acids it has been found that the ionization is quite complete even in solutions that are not very dilute, but as we progress in the direction of weaker acids and bases and organic acids the ionization is not as complete in ordinary solutions, that is dilution must be carried further to obtain complete dissociation. On the other hand neutral salts are most completely dissociated and hence can be given in more concentrated solutions to produce the same effect. Again the authority states that solutions of very difficult soluble substances may be completely ionized. This is of the greatest importance as it will clear up a point that has been often misunderstood. It is to be noted that the statement is not made that there are more ions in a dilution, but the proportion of ions to undissociated molecules is greater in the dilution and it follows that as the condition of complete ionization is gradually reached, it might be possible that the system would be more susceptible to the dissociated particles than to the same particles when mixed with a lot of molecules that act in a different way. Just why the particles, with their peculiar electrical condition do act upon the system therapeutically in such a way that "like cures like," we may not be able to see, but we can understand that in this condition more than in any other there must be a state of energy, such as is most favorable to absorption and to subsequent therapeutic action.

2.—To estimate the remoteness or nearness of death, it is essential to possess an acquaintance with a fundamental basis of strength and endurance. This is found in the heart because it can be measured.

In computing this unit of vitality, four points must receive the most profound consideration. These points are:

First, absolute size of the heart.

Second, thickness of its walls.

Third, action of the valves which control its elasticity.

Fourth, time elapsing between an aortic closure of the impact of the radial pulse and the time elapsing between the closure of the same valve and the impact of the posterior tinal pulse. As the results of repeated experiments where

this unit of strength is perfect, and not interfered with, the subject may be sure of prolonging his life for eighty years. But many complications enter into the problem, and knowledge of these complications rests upon a *fifth* point which may be known as the *measure of cardiac susceptibility to shock*. This is shown by the tumult, varying in degree, produced by a moderate blow over the heart, and by its action under sudden excitement induced by the examiner as he may devise.

Having a thorough knowledge of the five points, making up the unit, the observing physician can make a quite certain prediction with reference to the probability of death from pneumonia, typhoid fever, diphtheria, etc. A thorough study of this question cannot fail to bring forth results that will be not only desirable but of great scientific value.

3.—Insane hospitals are a necessity and are designed to give protection to the state, the community, the family and finally but not least to the individual. They are suited for the unfortunates who can have nothing better.

Home treatment is natural, logical and best *when practicable*. The environment *must* be favorable; the means and opportunities for complete rest, isolation from *all* disturbing influences must be at hand; the patient must have the undivided care of one who is congenial, intelligent, kind, *watchful* and *full of tact*. There must be an abundance of good air and light. Agreeable companionship, pleasant surroundings, regular exercise in open air when possible should be provided. When these necessities cannot be provided it is important that such a 'home' be secured and of equal importance that the patient be regarded simple as a sick person, requiring the closest of attention from the medical adviser and nurse. He thus retains all his natural and acquired rights, and when cured can resume his proper position without being subjected to the distrust which hangs over one who has had a public commitment.

4.—Uric acid diathesis is due to faulty elimination rather than excessive formation. It is recognized by muscular pains, headaches, mental and physical depression or weakness, high pressure in the blood vessels, gout or rheumatism with deposits of sodium urates about joints. When in excess it appears in urine as red sand or may accumulate in bladder in the form of calculi.

SYMPTOMS are anorexia, discomfort after eating, flatulence, pyrosis and persistent constipation; sense of heat and burning after urinating, frequent urination with pain over region of kidneys. Pulse irregular and intermittent; increased arterial tension with palpitation. Great depression of spirits with general sense of weariness and inaptitude for efforts of any kind; sleep restless and unrefreshing; vertigo, tinnitus aurium, muscular pains, cramps, headache, neuralgias of different parts of the body, spinal irritation, vaso motor disturbances, insomnia, general nervousness. Migraine-persistent sick headache.

CAUSES. 1. Defective action of nervous system. 2. Too much food in bad combination. 3. Gastric dilation. 4. Duodenal atony. 5. Intestinal torpidity. 6. Defection elimination.

CURE. Remove exciting cause; give abundance of pure water; study individual for constitutional predisposition and select remedy covering case.

5.—Proved by Constantine Hering in 1848. Valuable in marked intermittent and remittent fevers.

Chilliness over back towards arms and chest. It originates *inwardly* with sensation as if skin and adjoining parts were hot (congestive chill).

Fever—afternoon—sensation as if abdomen were puffed up. Thirst for cold water; heat in chest with palpitation. Night sweats after 3 a. m.

Young man, robust frame but much reduced. Had been diagnosed *phthisis pulmonalis*. Pulse small but frequent; glow of heat over whole body; burning of eyes, soles and palms; chilly and sleepy afternoons; thirst with disgust for food; diarrhœa, worse morning; copious night sweats latter part of night. **CALC. ARS. 30**, twice daily for one week.

6.—Normal specific gravity, color and reaction not a sufficient test without being sustained by chemical tests. Samples should always be taken from the entire amount for 24 hours, total amount noted. Source of albumen must be determined by the microscope. Per oxide of hydrogen will determine presence of pus by effervescence. Where pus and albumen both exist, the pus must be filtered out. Microscope and centrifuge necessary for determining hyaline and granular casts. Alkaline urine should be acidulated by acetic acid when using Estach's albuminometer and reagents. Estimates of urea ascertained by eliminating all other abnormal constituents e. g. Specific gravity of 1080; albumen and sugar absent; chlorides, phosphates and sulphates normal; urea increased from 8 to 10 grains per ounce.

7.—The modern surgeon often finds himself more skilled in the technique of an operation than in that knowledge which determines in what class of cases it is indicated. "It costs many human lives to make a good surgeon and even in the hands of a good surgeon it costs many human lives to perfect the technique of any particular operation and to limit its applicability. No better illustration of the necessity of this warning is needed than the statement that one of our oldest surgeons and gynecologists, a man with more than a national reputation has to his credit less than one hundred vaginal hysterectomies, while a young man, in the same city, whose operating experience covers a period of less than five years *boasts* of having done more than one hundred operations of this character.

Let us question indications for the removal of the uterus by the vagina. In cancer of the uterus when uncomplicated and uterus is freely movable. Involv-

ment of vaginal walls or broad ligament countre-indication. Presence of senile or intra-mural fibroids small enough to pass through vagina and causing suffering by pressure. Prolapsus of uterus when perineorrhaphy, pessaries and abdominal fixation have failed. Statistics show a mortality of 1.7 by ligature, 2.3 by clamp, and 5.2 by enucleation. (Mechanical means must be employed where the trouble is purely mechanical e. g. in a prolapsus when all support has been removed and in a fibroid where the injury comes from the pressure, etc., it is proper to perform such operation as the circumstances may indicate, but removal of the uterus in uncomplicated epithelioma could only be justified in the absence of a thorough knowledge of the value of remedies when selected in strict accord with the law of similars, for the reason that the causes which make epithelioma or carcinoma possible are dynamic in origin and cannot be removed by the knife.—ED.)

8.—This malformation is seldom noted by the ordinary physician until the time of puberty when suffering incident to delayed menstruation calls attention to the abnormality. The comparatively simple operation is not without its dangers for besides the danger from injury to adjacent organs comes the possible fatal issue from the rupture of the over distended tubes. Again great danger lies in the peculiar susceptibility of the exposed walls of the vagina, uterus and tubes to infection.

(Accompanying this malformation will however be a history of other deformities which should lead the observing physician to carefully trace out every peculiar and persistent symptom to its logical cause.—ED.)

Measles and Smallpox are not on the outside. Man is protected on the outside, and is attacked from the inside when there is susceptibility.

There are degrees in susceptibility. The Old School calls a certain kind of susceptibility "Idiocyncrasy," though they have failed to find out what this is.

Think how susceptible a man is to sickness, when the Rhus vine will poison him when he is on the windward side, half a mile away.

An individual will be susceptible to nothing else; gross, coarse, vigorous in constitution; yet there is one thing he is susceptible to, and that is what he needs.

The signs are visible, but the *Esse* is invisible.

The tendency of the human mind to run after things visible, that can be felt with the fingers, leads one to adopt foolish theories like the Bacteria doctrine and the Molecular theory.

A physician above all men if not innocent should be anything else but a doctor. A bad man has only coarse, vicious ideas of the human heart.

The time may come when Homœopathy of the purer kind will be popular, but it is a very long time ahead.

—*Kent's Aphorisms and Precepts.*

Miscellany.

Uremia in the Process of Child Bearing. Dr. Henry F. Lewis, in the *American Journal of Obstetrics and Diseases of Women and Children* says that primiparae are three times as liable to eclampsia as multiparae. Puerperal toxemia occurs more often in very young or in very elderly primiparae, in twin pregnancies, and other conditions in which there is an abnormal distension of the uterus and abdomen. In general he states that out of 10,000 pregnant women 500 will have albuminuria, of these 500 sixty will have eclampsia; and of these sixty 12 will die.

Modified Milk. Dr. Edward Hamilton, in *American Journal of Obstetrics*, gives the following requirements for a perfect modified milk: 1—alkalinity and body-temperature, 2—sufficient quantity, 3—proper proportion of constituents, 4—digestibility, 5—freshness, sterility, and cleanliness, 6—absence of adulteration. If artificial feeding is unsuccessful the cause may be traced to one of the following conditions: 1—the intervals of feeding are irregular and usually too frequent, 2—the amount of milk at each feeding is too great for the gastric capacity, 3—the percentage of the elements is too high, 4—the nipples, bottles, and milk-containers are not kept clean, and 5—the milk is contaminated, adulterated, or stale.

Delivery of Twins After the Death of the Mother. A remarkable case is reported in *Le Obstetrique* of a woman who was admitted to the University of St. Vlandimar for eclampsia. Upon examination she was found to be a primipara and the condition of the heart and lungs made death appear inevitable. Upon examination it was found that the os was but little dilated and the attendant decided upon immediate operation, consequently the cervix was incised laterally with scissors. While the forceps were being applied the mother died, within three minutes, the first child was delivered in a state of asphyxia; and within eight minutes after the death of the mother the second child was likewise delivered. Both were speedily restored to life and an ultimate recovery followed.

Milk, Its Absorption, Versus, Its Digestion. Taking advantage of the true fact that fresh, alkaline milk can be assimilated when injected into a vein without going through the process of digestion and absorption, together with the additional fact that after food passes from the stomach the mucus membrane returns to its natural alkalinity, Dr. Buckley, of N. Y., has demonstrated that fresh, alkaline milk, free from all impurities, may be absorbed through the walls of the stomach without going through the usual process of coagulation and digestion, thus saving much work and avoiding the disturbances due to fermentation. The milk enters the blood current more quickly and in no way disturbs the appetite for regular meals, even increasing the latter. This is a valuable discovery, if true, and may be put to practical use in the cases of invalids who are suffering from derangement due to abnormal digestion.—*British Medical Journal*.

Acute Quinine Poison. Dr. Titlow reports an interesting case of susceptibility to quinine. After taking less than half of one grain the face became badly swollen and the body was covered with an erythema resembling measles. There was intense itching and burning which persisted for about twenty-four hours. The patient had had three similar attacks following the external use of quinine.—*Medical Record.*

Appendicitis, Complication of the Pregnant State. Dr. Marx presents five cases in *American Journal of Obstetrics* for August, illustrating this complication, but considers that at best appendicitis is rare during pregnancy. During pregnancy the enormous congestion of the entire vulvo-vagino-uterine tract, which is readily reflected upon the entire intestinal system, causing, as it does, plethora followed by torpor of the gut, with the subsequent marked constipation, plainly acts as an exciting cause of appendicitis. The diagnosis is necessarily most difficult. In this as in all other forms of disease manifestation, the frequency depends more upon constitutional causes than upon the normal conditions incident to pregnancy and must be met in the same way as in idiopathic attacks.

Vaginal Examinations and Vaginal Douches in Normal Labor. Dr. Geo. P. Shears utters a protest against the indiscriminate use of douches after normal labor. He says that it is impossible for the physicians to improve upon the methods employed by Nature for the cleansing of the vaginal canal, and presents what is already known that the vaginal secretions are naturally adapted to the destruction of bacteria, and when let alone will protect the uterus from infection of almost every kind. He also protests against the frequent and unnecessary examinations and manipulation prior to and during the process of labor, because any advantage gained is more than offset by the dangers from infections. With reference to douches following labor, they should be limited in all cases to such conditions as give positive evidence of infection from some septic material from without. We can heartily endorse every statement made by the doctor in regard to this unnecessary medical interference with nature's methods for the healing of the tissue.—*American Journal of Obstetrics.*

Inverted Typhoid Fever (?) Dr. Goltman reports the case of a boy, fourteen years of age, of a highly nervous temperament who was attacked with a chill followed by an increased flow of urine. The next day he had another severe chill followed by a high fever. Quinine was pushed to cinchonism and the doctor was astonished at the persistence of the fever. A test was made for the *plasmodia malaria* and failing to find them tested the blood for the typhoid bacillus by the Widal reaction. Finding that, he knew that he had typhoid fever to deal with. The treatment was now adapted to the form of fever and in three days the temperature became characteristic and this was followed by the peculiar rose colored spots on the abdomen. Following this the temperature became higher and remained so for three weeks. This was then diagnosed as atypical form brought about by malarial infection. The question would naturally be raised whether the entire trouble was not due to mal-treatment from the beginning, because the latter state of the disease was in all probability chargeable to the cinchonism and the almost constant purgative by salts.—*Medical Record.*

Cornell's New Microscopist. Miss Agnes M. Claypole, a graduate of Buchtel College, Akron, O. and holding the degree of Master of Science from Cornell, has been appointed to the position of assistant in microscopy, histology, and embryology in the Cornell University Medical College. Miss Claypole comes from excellent teaching stock. Her father, for a number of years, professor of natural sciences in Buchtel College, and one of the most eminent scientists of the state of Ohio is a typical Scotchman with all the tenacity of purpose for which that race is noted, and his daughter has been literally brought up in the investigation of scientific questions. She will undoubtedly prove a valuable accession to the laboratory force of this prominent University. It is a great innovation for this institution, but cannot fail to be the forerunner of repeated experiments of a similar character in the future.

Paronymous Plurals. Dr. Gould in the *Philadelphia Medical Journal* is giving some practical suggestions to writers in general. He says, "One wonders why it is considered better English to ape the language from which words have been derived by grafting upon the acclimatized word the foreign and illogical form plural. Those who should be or pretend to be, concerned for the purity and logicity of our tongue are frequently the worst enemies of purity and simplicity, delighting in the hodge-podge and outlandishness. There are even those now who contend for *lentes*, *atlantes*, *anamalia* etc., instead of *lenses*, *atlases*, and *animals*, and they would certainly stickle for *irises*, *enemata*, *carcinomata*, *fasciae*, etc., instead of the shorter and more idiomatic, more natural, and in every way better, *irises*, *enemas*, *carcinomas*, *fascias*. It is the hypocrisy of culture, the ignoramuses' pretense of classicism, which keeps up the delusion that the straight-forward English formation is less worthy than the transplanted variety.

The American Monthly Review of Reviews for October gives special attention to the developments of the past month in international politics and to the lessons of the Spanish-American War. The editor, in the department of "The Progress of the World," discusses the attitude of the Spanish people toward peace conditions, the new relations between Germany and England, the Czar's proposition for disarmament, the Dreyfus case in France, England's reopening of the Soudan, and other serious problems confronting the European powers. Important contributed articles review President McKinley's course in the conduct of the war to a successful close and the deficiencies in our administrative machinery revealed by the fatal delays and break-downs in the medical and subsistence departments of army management.

Two of the contributed articles deal with the serious lessons of our recent war with Spain. Dr. Carroll Dunham presents a calm and exhaustive survey of the nation's experience of the past six months in its medical and sanitary aspects. He shows where the failures in army administration occurred and what steps should be taken to prevent the recurrence of such costly mistakes. Lieut. John H. Parker, of the Thirteenth Infantry, who commanded the Gatling gun detachment at Santiago, explains from an officer's point of view the nature, cause, and bearings of some of the defects revealed in the course of that campaign, and also summarizes the advance in our knowledge of the value of machine guns in battle as compared with heavy artillery.

Professional Secrecy. The question of professional secrecy was recently involved in a suit instituted in a New York court to recover \$2,500 damages from the village of Oneida for injuries sustained by a fall due to a defective sidewalk, the plaintiff charging that she had sustained a hernia and prolapsus uteri. The jury rendered a verdict against the village and the case was appealed. In the higher court the plaintiff's physician was subpoenaed to testify that the hernia obtained prior to the accident, the appeal being based upon the alleged improper exclusion of that evidence. The chief judge settled the matter in favor of the plaintiff by deciding that a "physician who is called upon to treat a patient at childbirth, and while doing so, and as a necessary incident of his investigations to enable him to act in that capacity, discovers a physical ailment in his patient, cannot be permitted to testify with respect to such ailment, notwithstanding it was a matter about which he was not consulted and for which he did not prescribe."

A New Bacillus in Milk. While experimenting with milk in the laboratory of Dr. Piorkowski, Berlin, a new bacillus was discovered. In the agar plate cultures it formed brown granular colonies, which grew well in glycerine agar at 37 degrees C., presenting a white appearance, confluent in the middle and punctate at the margins, and becoming yellow and slimy in three or four days. When milk was treated with this bacillus and kept at 37 degrees C. for 48 hours it was coagulated, and had a strong acid reaction with a peculiar sour smell. The appearance of a culture kept in bouillion for 24 hours at 37 degrees C. was constant and typical, that fluid being slightly turbid and with considerable flocculent deposit on the bottom and sides of the tube. The bacillus could be stained with the ordinary aniline colors, but not with Gram's solution. Cover-glass preparations stained with methylene blue showed great similarity to the diphtheria bacillus and the pseudo-diphtheria bacillus of Loeffler and von Hofmann respectively—*Deutsche Medicinische Wochenschrift*.

Poisoning from Agaricus Muscarius. Dr. D. W. Prentiss presents five cases of poisoning from eating toadstools, in the *Philadelphia Medical Journal for Sept. 24th*. From these we gather the following symptoms some of which already appear in the symptomatology of this valuable anti psoric.

Symptoms of poisoning usually appear in from half an hour to an hour after eating the mushrooms, though sometimes a longer period of 12 hours or more elapses before the actual symptoms of poisoning appear. The symptoms usually begin with more or less violent colic, attended with vomiting and subsequent diarrhoea, the dejecta containing debris of the mushrooms. There is also contracted pupils and salivation.

To these symptoms cerebral disturbances are added; the patients feel as if drunk and become violently excited. Some suffer from disturbed vision—they see things dimly as though wrapped in a mist. This dimness of vision may amount to blindness. Visions float before the eyes. Attacks of epilepsy and trismus may occur. Then a state of drowsiness gradually sets in, in which the excitability of the reflex nerves is more or less retarded or quite abolished. The pulse becomes slow and threadlike, with constricted arteries. Respiration is generally short and stertorous, the pupils are dilated as death approaches, the extremities and face are cold, and death may supervene from progressive loss of heart-power.

Complexion and Diet. Hot milk is the newest panacea for all complexion ills. If the face be wrinkled, sallow, freckled or otherwise afflicted, hot milk, says the enthusiast over this new remedy, will produce a cure. Converts declare that the face, after being washed with hot milk at night, feels wonderfully refreshed, while the skin soon becomes very white and soft. They also claim that a generous quantity of milk poured into the bath is positively magical in removing fatigue.

Fruits, being refreshing, nourishing, appetizing and purifying, have a great effect on the complexion. Grapes and apples are very nutritious; grapes generally agree with the most delicate people, as they are very easily digested. Black grapes are fattening. Apples are more easily digested when baked and eaten with cream, and many can partake of them in this way who could not eat them raw.

Oranges, lemons and limes affect most directly the complexion, and are especially good if taken before breakfast. Ripe peaches are easily digested, but are also fattening. Strawberries, containing a larger percentage of iron than any other fruit, enrich the blood.

All fruit with firm flesh—such as plums, apples and cherries—should be thoroughly masticated; otherwise they will cause indigestion. The skin of raw fruit should never be eaten, and small fruit should have all impurities removed by wiping or washing. Acid fruit should not be eaten with farinaceous food unless the digestion is very good.

The most recent and popular fad in the way of diet is the “non-breakfast diet,” and it already has numerous adherents in both this country and England. A well-known woman said the other day that not a morsel was cooked in her home any day in the year until the noonday meal. Her children went off to school, her husband to his business, and even the maid, who had become a convert, went through her morning duties, all without breaking their fasts. The theory on which these two-meals-a-day folk base their conduct is that, no work being done after the late and hearty dinner, and little tissue waste following during the hours of sleep, the body has sufficient energy stored from the evening meal to meet the demands of the next forenoon’s work. To take a hearty breakfast, they claim, is simply to provide a surplus of supply, and by just that much overtax the system. The elimination, therefore, of these 365 meals a year means conserving of energy which in the aggregate is very valuable. They say, too, that after the first week or two it requires no effort to begin the day without food, and even the aromatic Mocha steaming through the house produces no effect upon their resolution. M. D.

Relation of the Great Neuroses to Pelvic Disease. Dr. F. X. Dercum in *American Gynecology and Obstetrics Journal*, suggests a new nomenclature for the old terms of neurasthenia and hysteria. For neurasthenia he prefers the far more expressive name of *fatigue-neurosis*. The symptoms resolve themselves into sensory, motor, general somatic, psychic disturbances, all of which are expressive of chronic fatigue. To these primary symptoms of neurasthenia are added other symptoms, which he designates as secondary or adventitious symptoms. It is extremely probably that these common sensations (pressure, constriction, fulness, heaviness, throbbing) are, many of them if not all, the result of various intra-cranial circulatory disturbances, and are not di-

rectly fatigue sensations. The two cardinal conditions of the fatigue-neurosis are persistent nervous weakness together with increased nervous irritability; that is, increased reaction of the organism to impressions from without. Thus, a woman with a lacerated cervix will not be conscious of her defect as long as her general health remains good. Not infrequently she fails to seek medical advice for the pelvic condition until neurasthenia has become established. Hysteria, Dercum calls the *psycho-neurosis*. It presents a syndrome that is as fixed and as definite as that of any other disease. The physical symptoms present in it are dominated by mental phenomena, themselves the result of a genuine and profound affection of the cerebral centers. Like neurasthenia, the symptoms consist of sensory, motor, general somatic and psychic disorders. The disease may exist independently of any local disease, pelvic or otherwise. There is no relation between pelvic disease and hysteria, even when the affections coexist; and while in hysteria there is increased reaction to external impression, this reaction is purely psychic. The pain-areas of hysteria bear no relation to disease of the deeper structures. The idea of curing neurasthenia or hysteria by operations upon the pelvic organs must be absolutely abandoned. Nervous symptoms symptomatic of and directly due to pelvic disease are admittedly small in number. They consist of pains within the pelvis itself; pains referred to the lower portion of the back, to the sacrum to the hips or thighs, and very rarely of sacral neuralgia and pain in the sciatic distribution.

Children's Brain Cells. How much happier the lives of the thousands of children entering school this month would be if only women—mothers and teachers—better understood the nature and limitation of their brain cells. Such knowledge is to be had, as very important experiments and deductions have recently been made by scientific investigators; but it always takes an unreasonable length of time for such knowledge to become general.

After 25,000 tests by the best educators in America it has been absolutely demonstrated, for instance, that the length of time that a child 6 years of age can concentrate its mind does not exceed seven minutes, and that all efforts to confine its attention upon one subject beyond this limit are worse than useless. This power of concentration increases slowly. At the age of 8 a child's attention may be easily held ten minutes; at the age of 12 his mind should not be riveted upon one subject longer than seventeen minutes. It is therefore a great mistake to keep a child of this age, say, at the piano more than fifteen minutes; after a change of occupation another quarter of an hour's practice will be of incalculably more benefit than the attempt to continue work after brain and nerves have become fatigued.

Indeed, most of the inattention and restlessness of children may be explained upon the physical basis. A boy's brain, for example, undergoes a certain shrinkage at the age of 14 or 15. It actually weighs less than at the age of 12 and 18. This fact explains the carelessness, laziness and general unreasonableness of boys of this age. Statistics show that a large proportion of boys leave school at about this time. It is altogether probable that if parents and teachers realized that the proverbial lawlessness of boys of 14 merely evidenced a temporary condition of brain cells more of them would be patiently guided through the period, to take up their studies a year or two later with renewed interest.

The same tests have conclusively proved that the brain of a child is always

most active between 8:30 and 11:30 in the morning. All lessons, therefore, requiring the exercise of their reasoning power—such as arithmetic and grammar—should be at this hour. It has been further deduced that the average child, unhampered by grades and systems, may have easily mastered his arithmetic by the time he is 12 years old.

Scientists have also discovered that if the brain centers governing the motor nerves remain undeveloped until the age of 16 there is no chance whatever of any later development, which fact is a powerful argument in favor of manual training in the public schools. The majority of children are so active that they develop their own brains and nerves to a certain extent along these lines. Where they fail to do so we get the tramp and the sloven. It is a physical impossibility to acquire skill and dexterity in any art unless the foundation has been laid in the formation of brain cells and the training of the motor nerves before the age of 16.

D. T. D.

Welsbach Gas Mantle. The chemicals constituting the incandescent mantle of the Welsbach gas burner are principally the oxides of zirconium, lanthanum, thorium and yttrium. The mantle is made by first impregnating a woven fabric with a chemical compound containing salts of the above metals. In lighting the first time, the fibrous substance is consumed, leaving behind the fragile cone of the above oxides, which when heated to intense whiteness by the gas flame underneath, shines with great brilliancy.

Fragmentary Proving of Trional. Dr. Gierlich presents the following effects of *Trional* upon a beer drinker who suffered from insomnia and acquired the habit of using morphine in small quantities without controlling the insomnia. *Trional* is a synthetic derivative, said to possess the properties of a powerful hypnotic. We do not know the cause of the insomnia, neither do we have an accurate idea of mental or physical condition prior to the taking of the *Trional*, but it suggests a remedy worthy our study in connection with conditions resembling *locomotor ataxia*. He took 15 grains every night for 2 months.

In a few days his speech was also affected, he staggered as he walked and required a support. The movement resembled those in ataxia, with trembling of his hands, feet and facial muscles.

At the end of a month he found he had some difficulty in writing.

He complained of a sensation of oppression, buzzing in his ears and spots before his eyes, while his spirits and mind were profoundly depressed and weakened.

Several times he had involuntary micturitions and evacuations.

In speaking he transposed letters and syllables, and his writing was incoherent. With the suppression of the *Trional* gradually all these symptoms passed away in the course of three weeks, but not until the fourth to fifth week could he write as before the attack.

Significance of Sudden Drowning. Dr. T. A. Smurr, Ottawa, Ill., presents the following explanation of the phenomena of persons suddenly drowning without a struggle or an out-cry, in a recent number of the *Medical Brief*.

"The normal heat of the blood is about 98 degrees. As it rises above this, we rapidly approach the danger line. In summer the temperature of our lakes and streams rarely goes above 70 degrees, while in sun exposure it often runs up to 110 or 120 degrees. Your expert swimmer has his blood heated by exercise to a temperature above normal. It is driven from the very extensive capillary circulation of the skin, as it is shown by the shriveled, pale appearance of the skin of any one long in the water. The vessels of the brain and head are relaxed by the intense heat of the sun and invite the tidal wave of dangerously overheated blood driven from the skin circulation. With what result? An absolute stagnation of the cerebral circulation, and death by sun or heat apoplexy. No warning, no muscular cramp, no outcry for help, no struggle—the victim just sinks like a plummet, rarely coming again to the surface, and is found where he sank, every muscle relaxed, the face calm and composed as if asleep, the skin of the body shriveled and pale, the neck, head and face livid.

"Teach this to the people and they will promptly recognize the great risk, which no amount of good health or other favorable conditions can in any way lessen, and will see to it that the present rate of accidental drowning is soon reduced by 50 or 75 per cent."

In proportion as man think against anything, his country, God, his neighbor, he wills in favor of himself. Therefore this forms man into the nature of his affections.

It is an injustice to one's self to remain in bigotry, indolence and hatred.

When Psora had become a complete ultimatum of causes, it became contagious.

Thus man wills against everything but himself. In proportion as he does this he becomes a form of hatred, or a form of self love; he is that. Allow this to proceed and ultimates must result.

Thus man is what he wills. As his love is, so is his life. When man thinks about the neighbor, he wills one of two things,—he wills good to his neighbor or the opposite.

Now in proportion as man falsifies truth or mixes or perverts truth; in proportion as he mixes willing well with willing evil so does he adulterate his interiors.

Everything that is a thing, has its aura or atmosphere. So as a race or class, the entire human race has its atmosphere or aura.

This aura becomes intensified with the growth of evil in the interior man.

The human race exists as a changed *Esse*.

—*Kent's Aphorisms and Precepts.*

Book Reviews.

Repertory of Homœopathic Materia Medica—Stomach and Abdomen. By Prof. J. T. Kent, Philadelphia. Sold by subscription only.

This Repertory becomes of greater value with each additional fascicle. That which has already appeared makes an elegant volume of about 500 pages of about the size of *Allen's Hand Book*; and gives the possessor an idea of the great practical utility that will come from the use of the work when completed.

The profession will owe a debt of gratitude to Dr. Kent, which can never be repaid in money, for the time spent in preparing this wonderful labor saving key to our voluminous materia medica.

The Change of Life in Women and the Ills and Ailings Incident Thereto. By Compton Burnett, M. D. Bæricke & Tafel, Publishers, Pp. 185, \$1.00; by mail \$1.06.

There are two periods in life of every woman when the observing physician may almost completely transform the invalid into a creature of health and happiness—changes incident to puberty and the menopause.

The physician who can thoroughly comprehend the significance of the varied ailments so prominently brought forward at these times is a master of his profession. In no one will we find greater originality in the handling of the subject than the author of this valuable book.

The Hahnemannian is better equipped for these emergencies than anyone else but this book will find a place in the office of every one who has an opportunity for knowing of it because it, like *Jahr's Forty Years Practice*, is practically indispensable.

The Hahnemannian Advocate

. A MONTHLY HOMŒOPATHIC MAGAZINE.

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Institutes of Medicine.

SPIRIT OF THE HOMŒOPATHIC MEDICAL DOCTRINE.*

SAMUEL HAHNEMANN, M. D.

It is impossible to divine the internal essential nature of diseases and the changes they effect in the hidden parts of the body, and it is absurd to frame a system of treatment on such hypothetical surmises and assumptions: it is impossible to divine the medicinal properties of remedies from any chemical hypothesis or from the smell, color, or taste, and it is absurd to attempt, from such hypothetical surmises and assumptions, to apply to the treatment of diseases these substance, which are so hurtful when wrongly administered. And even were such practice ever so customary and ever so generally in use, were it even the *only one in vogue* for thousands of years, it would nevertheless continue to be a senseless and pernicious practice to found on empty surmises our idea of the morbid condition of the interior, and to attempt to combat this with equally imaginary properties of medicines.

Appreciable, distinctly appreciable to our senses must that be,

* This essay appeared in a journal twenty years ago, in those momentous days (March, 1818) when the Germans had no leisure to read and still less to reflect upon scientific matters. The consequence of this was that these words were not listened to. It may now have more chance of being perused, particularly in its present less imperfect form. [From vol. ii, 3rd edition, 1838.]

which is to be removed in each disease in order to transform it into health; and right clearly must each remedy express what it can positively cure, if medical art is to cease to be a wanton game of hazard with human life, and to commence to be the sure deliverer from diseases.

I shall show what there is undeniably curable in diseases, and how the curative properties of medicines are to be distinctly perceived and employed for curative purposes.

* * * *

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 *a priori*; what life is, in its actual essential nature, can never be ascertained or even guessed at, by mortals.

To the explanation of human life, as also its two-fold conditions, health and disease, the principles by which we explain other phenomena are quite inapplicable. With nought in the world can we compare it save with itself alone; neither with a piece of clockwork, nor with a hydraulic machine, nor with chemical processes, nor with decompositions and recompositions of gases, nor yet with a galvanic battery, in short with nothing destitute of life. Human life is *in no respect* regulated by purely physical laws, which only obtain among inorganic substances. The material substances of which the human organism is composed no longer follow, in this vital combination, the laws to which material substances in the inanimate condition are subject; they are regulated by the laws peculiar to vitality alone, they are themselves animated and vitalized just as the whole system is animated and vitalized. Here a nameless fundamental power reigns omnipotent, which abrogates all the tendency of the component parts of the body to obey the laws of gravitation, of momentum, of the *vis inertiae*, of fermentation, of putrefaction, &c., and brings them under the wonderful laws of life alone,—in other words, maintains them in the condition of *sensibility* and *activity* necessary to the preservation of the living whole, a condition almost spiritually dynamic.

Now, 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 term disease, consists in a condition altered originally only in its vital sensibilities and functions, irrespective of all chemical or mechanical considera-

tions; 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 effected, which is a necessary consequence of the morbidly altered condition of the living whole in every individual case.

Moreover, the influence of morbid injurious agencies, which for the most part excite from without the various maladies in us, is generally so invisible and so immaterial, * that it is impossible that it can *immediately* either mechanically disturb or derange the component parts of our body in their form and substance, or infuse any pernicious acrid fluid into our blood-vessels whereby the mass of our humors can be chemically altered and depraved—an inadmissible, quite unprovable, gross invention of mechanical minds. The exciting causes of disease rather act by means of their essential properties on the state of our life (on our health), only in a dynamic, very similar to a spiritual, manner; and inasmuch as they first derange the organs of the higher rank and of the vital force, there occurs from this state of derangement, from this dynamic alteration of the living whole, an altered sensation (uneasiness, pains) and an altered activity (abnormal functions) of each individual organ and of all of them collectively, whereby there must also of necessity secondarily occur alteration of the juices in our vessels and secretions of abnormal matters, the inevitable consequence of the altered vital character, which now differs from the health state.

These abnormal matters that show themselves in diseases are consequently merely products of the disease itself, which, as long as the malady retains its present character, must of necessity be secreted, and thus constitute a portion of the morbid sign (symptoms); they are merely effects, and therefore manifestations of the existing internal ill-health, and they do certainly not react (although they often contain the infecting principle for other healthy individuals) upon the diseased body that produced them, as disease-exciting or maintaining substances, that is, as material morbid causes, † just as a person cannot infect other

* With the exception of a few surgical affections and the disagreeable effects produced by indigestible foreign substances, which sometimes find their way into the intestinal canal.

† Hence by clearing away and mechanically removing these abnormal matters, acridities and morbid organizations, their source, the disease itself, can just as little be cured as a coryza can be shortened or cured by blowing the nose frequently, and as thoroughly as possible; it lasts not a day longer than its proper course, although the nose should not be cleansed by blowing it at all.

parts of his own body at the same time with the virus from his own chancre or with the gonorrhœal matter from his own urethra, or increase his disease therewith, or as a viper cannot inflict on itself a fatal bite with its own poison.

Hence it is obvious that diseases excited by the dynamic and virtual influence of morbid injurious agents can be originally only dynamical derangements (caused almost solely by a spiritual process) of the vital character of our organism.

We readily perceive that these dynamic derangements of the vital character of our organism which we term diseases, since they are nothing else than altered sensations and functions, can also express themselves by nothing but by an aggregate of symptoms, and only as such are they cognisable to our observing powers.

Now, as in a profession of such importance to human life as medicine is, nothing but the state of the diseased body plainly cognisable by our perceptive faculties can be recognised as the object to be cured, and ought to guide our steps (to choose conjectures and undemonstrable hypotheses as our guide here would be dangerous folly, nay crime and treason against humanity), it follows, that since diseases, as dynamic derangements of the vital character, express themselves *solely* by alterations of the sensations and functions of our organism, that is, *solely* by an aggregate of cognisable symptoms, this alone can be the object of treatment in every case of disease. *For on the removal of all morbid symptoms nothing remains but health.*

Now, because diseases are only dynamic derangements of our health and vital character, they cannot be removed by man otherwise than by means of agents and powers which also are capable of producing dynamical derangements of the human health, that is to say, diseases are cured virtually and dynamically by medicines.*

These active substances and powers (medicines) which we have at our service effect the cure of diseases by means of the

* Not by means of the pretended solvent or mechanically dispersing, clearing-out, and expulsive powers of medicinal substances; not by means of a (blood-purifying, humor-correcting) power they possess of electively excreting fancied morbid principles; not by means of any antiseptic power they have (as is effected in dead, putrifying flesh); not by any chemical or physical action of any imaginable sort, as happens in dead material things, as has hitherto been falsely imagined and dreamt by the various medical schools.

The more modern schools have indeed begun in some degree to regard dis-

same dynamic power of altering the actual state of health, by means of the same power of deranging the vital character of our organism in respect of its sensations and functions, by which they are able to affect also the healthy individual, to produce in him dynamic changes and certain morbid symptoms, the knowledge of which, as we shall see, affords us the most trustworthy information concerning the morbid states that can be most certainly cured by each particular medicine. Hence nothing in the world can accomplish a cure, no substance, no power can effect a change in the human organism of such a character as that the disease shall yield to it, except an agent capable of absolutely (dynamically) deranging the human health, consequently also of morbidly altering its healthy state.*

On the other hand, however, there is also no agent, no power in nature capable of morbidly affecting the healthy individual, which does not at the same time possess the faculty of curing certain morbid states.

Now, as the power of curing diseases, as also of morbidly affecting the healthy, is met with in inseparable combination in all medicines, and as both these properties evidently spring from one and the same source, namely, from their power of dynamically deranging human health, and as it is hence impossible that they can act according to a different inherent natural law in the sick to that according to which they act on the healthy; it follows that it must be the same power of the medicine that cures the diseases in the sick as produces the morbid symptoms in the healthy.†

Hence also we shall find that the curative power of medicines,

eases as dynamic derangements, and their intention, too, is to remove them in some sort of dynamical way by medicines, but inasmuch as they fail to perceive that the sensible, irritable, and reproductive activity of life is *in modo et qualitate* susceptible of an infinity of changes, and as they do not regard the innumerable varieties of morbid signs (that infinity of internal alterations only cognisable by us in their reflex) for what they actually are, to wit, the only undecceptive object for treatment; but as they only hypothetically recognise an abnormal increase and decrease of their dimensions *quoad quantitatem*, and in an *equally arbitrary manner* confide to the medicines they employ the task of changing to the normal state this one-sided increase and decrease, and thereby curing them; they thus have in their mind nothing but false ideas, both of the object to be cured and of the properties of the medicine.

* Consequently no substance, for example, that is purely nutritious.

† The different result in these two cases is owing solely to the difference of the object that has to be altered.

and that which each of them is able to effect in diseases, expresses itself in no other mode in the world so surely and palpably, and cannot be ascertained by us by any purer and more perfect manner than by the morbid phenomena and symptoms (the kinds of artificial diseases) which the medicines develop in healthy individuals. For if we only have before us records of the peculiar (artificial) morbid symptoms produced by the various medicines on healthy individuals, we only require a series of pure experiments to decide what medicinal symptoms will always rapidly and permanently cure and remove certain symptoms of disease, in order to know, in every case beforehand, which of all the different medicines known and thoroughly tested as to their peculiar symptoms must be the most certain remedy in every case of disease.*

If then we ask experience what artificial diseases (observed to

* Simple, true, and natural as this maxim is, so much so that one would have imagined it would long since have been adopted as the rule for ascertaining the curative powers of drugs, it is yet a fact that nothing the least like it has hitherto been thought of. During the several thousands of years over which history extends, no one fell upon this natural method of first ascertaining the curative powers of medicines before giving them in diseases. In all ages down to the present times it was imagined that the curative powers of medicines could be learned in no other way than from the result of their employment in diseases themselves (*ab usu in morbis*); it was sought to learn them from those cases where a certain medicine (more frequently a combination of various medicines) had been found serviceable in a particular case of disease. But even from the efficacious result of one single medicine given in a case of disease accurately described (which but rarely happened), we never can know the case in which that medicine would again prove serviceable, because (with the exception of diseases caused by miasms of a fixed character, as smallpox, measles, syphilis, itch, &c., and those arising from various injurious agencies that always remain the same, as *rheumatism gout*, &c.), all other cases are mere individualities, that is to say, all present themselves in nature with different combinations of symptoms, have never before occurred, and can never again occur in exactly the same manner; consequently, because a medicine has cured one case we cannot thence infer that it will cure another (different) case. The forced arrangement of these cases of disease (which nature in her wisdom produces in endless variety) under certain nosological heads, as is arbitrarily done by pathology, is an ural human performance, which leads to constant fallacies and to the confounding together of very different states.

Equally misleading and untrustworthy, although in all ages universally practised, is the determination of the general (curative) actions of medicines from special effects in diseases, where in the *materia medica*—when, for example, in some cases of disease *during* the use of a medicine (generally mixed up with others) there sometimes occurred a more copious secretion of urine or perspira-

be produced by medicines) can be beneficially employed against certain natural morbid states; if we ask it whether the change to health (cure) may be expected to ensue most certainly and in the most permanent manner:

1, by the use of such medicines as are capable of producing in the healthy body a *different* (allœopathic) affection from that exhibited by the disease to be cured.

2, or by the employment of such as are capable of exciting in the healthy individual an *opposite* (enantipathic, antipathic) state to that of the case to be cured.

3, or by the administration of such medicines as can cause a *similar* (homœopathic) state to the natural disease before us (for these are the only three possible modes of employing them), experience speaks indubitably for the last method.

But it is moreover self evident that medicines which act *heterogeneously* and *allœopathically*, which tend to develop in the healthy subject different symptoms from those presented by the disease to be cured, from the very nature of things can never be suitable and efficacious in this case, but they must act awry, otherwise all diseases must necessarily be cured in a rapid, certain and permanent manner by all medicine, however different. Now, as every medicine possesses an action different from that of every other, and as, according to eternal natural laws, every disease causes a derangement of the human health different from

tion, the catamenia came on, convulsions ceased, there occurred a kind of sleep, expectoration, &c.—the medicine (to which the honor was attributed more than to the others in the mixture) was instantly elevated to the rank of a diuretic, a diaphoretic, an emmenagogue, an antispasmodic, a soporific, an expectorant, and thereby not only was a *fallacium cause* committed by confounding the word *during* with *by*, but quite a false conclusion was drawn, a *particulari ad universale*, in opposition to all the laws of reason; indeed the conditional was made unconditional. For a substance that does not in every case of disease promote urine and perspiration, that does not in every instance bring on the catamenia and sleep, that does not subdue all convulsions, and cause every cough to come to expectoration, cannot be said by a person of sound reason to be unconditionally and absolutely diuretic, diaphoretic, emmenagogue, soporific, antispasmodic, and expectorant! And yet this is what the ordinary materia medica does. Indeed it is impossible that in the complex phenomena of our health, in the multifarious combinations of different symptoms presented by the innumerable varieties of human diseases, the employment of a remedy can exhibit its pure, original medicinal effect, and exactly what we can expect it to do for derangements of our health. These can only be shown by medicines given to persons in health.

that caused by all other diseases, this proposition contains an innate contradiction (*contradictionem in adjecto*), and is self-demonstrative of the impossibility of a good result, since every given change can only be effected by an adequate cause, but not *per quamlibet causam*. And daily experience also proves that the ordinary practice of prescribing complex recipes containing a variety of unknown medicines in diseases, does indeed do many things, but rarely cures.

The *second mode* of treating diseases by medicines is the employment of an agent capable of altering the existing derangement of the health (the disease, or most prominent morbid symptom) in an *enantiopathic*, *antipathic*, or *contrary* manner (the *palliative* employment of a medicine). Such an employment, as will be readily seen, cannot effect a permanent cure of the disease, because the malady must soon afterwards recur, and that in an aggravated degree. The process that takes place is as follows:—According to a wonderful provision of nature, organized living beings are not regulated by the laws of unorganized (dead) physical matter, they do not receive the influence of external agents, like the latter, in a passive manner, but strive to oppose a contrary action to them.* The living human body does indeed allow itself to be in the first instance changed by the action

* The expressed, green juice of plants, which is in that state no longer living, when spread upon linen cloth is soon blanched and its color annihilated by exposure to sunlight, whereas the colourless living plant that has been kept in a dark cellar, soon recovers its full green color when exposed to the same sunlight. A root dug up and dried (dead), if buried in a warm and damp soil, rapidly undergoes complete decomposition and destruction, whilst a living root in the same warm damp soil sends forth gay sprouts. — Foaming malt-beer in full fermentation rapidly turns to vinegar when exposed to a temperature of 96 degrees Fahr. in a bottle, but in the healthy human stomach at the same temperature the fermentation ceases, and it soon becomes converted into a mild nutritious juice. — Half decomposed and strong smelling game, as also beef and other flesh meat, partaken of by a healthy individual, furnish excrement with the least amount of odor; whereas cinchona-bark, which is calculated powerfully to check decomposition in lifeless animal substances, is acted against by the intestines in such a manner that the most fetid flatus is developed. — Mild carbonate of lime removes all acids from inorganic matter, but when taken into the healthy stomach sour perspiration usually ensues. — Whilst the dead animal fibre is preserved by nothing more certainly and powerfully than by tannin, clean ulcers in a living individual, when they are frequently dressed with tannin, become unclean, green, and putrid. — A hand plunged into warm water becomes subsequently colder than the hand that has not been so treated, and it becomes colder in proportion as the water was hotter.

of physical agents; but this change is not in it as in inorganic substances, permanent (—as it ought necessarily to be if the medicinal agent acting in a *contrary manner* to the disease should have a *permanent* effect, and be of *durable* benefit—): on the contrary, the living human organism strives to develop by antagonism* the exact opposite of the affection first produced in it from without,—as for instance, a hand kept long enough in ice-cold water, after being withdrawn does not remain cold, nor merely assume the temperature of the surrounding atmosphere, as a stone (dead) ball would do, or even resume the temperature of the rest of the body, no! the colder the water of the bath was, and the longer it acted on the healthy skin of the hand, the more *inflamed* and hotter does the latter afterwards become.

Therefore it cannot but happen that a medicine having an action opposite to the symptoms of the disease, will reverse the morbid symptoms for but a very short time,† but must soon give place to the antagonism inherent in the living body, which produces an opposite state, that is to say, a state the direct contrary of that transient delusive state of the health effected by the palliative (and corresponding to the original malady), which constitutes an actual addition to the now recurring, uneradicated, original affection, and is consequently an increased degree of the original disease. And thus the malady is always *certainly* aggravated after the palliative—the medicine that acts in an opposite and enantiopathic manner—has exhausted its action.‡

In chronic diseases,—the true touch stone of a genuine healing art,—the injurious character of the antagonistically acting

* This is the law of nature, in obedience to which the employment of every medicine produces at first certain dynamic changes and morbid symptoms in the living human body (*primary or first action of the medicines*), but on the other hand, by means of a peculiar antagonism [which may in many instances be termed the effort of self preservation], produces a state the very opposite of the first [the *secondary or after action*], as for instance, in the case of narcotic substances, insensibility is produced in the primary action, sensitiveness to pain in the secondary.

† As a burnt hand remains cold and painless not much longer than whilst it remains in the cold water, but afterwards feels the pain of the burn much more severely.

‡ Thus the pain of a burnt hand is subdued by cold water quickly, it is true but only for a few minutes, afterwards, however, the pain of the burn and the inflammation become worse than they were previously [the inflammation as the secondary action of the cold water makes an addition to the original inflamma-

(palliative) remedy often displays itself in a high degree, since from its repeated exhibition in order that it should merely produce its delusive effect (a very transient semblance of health) it must be administered in larger and ever larger doses, which are often productive of serious danger to life, or even of actual death.*

There remains, therefore, only a *third* mode of employing medicines in order to effect a really beneficial result, to wit, by employing in every case such an one as tends to excite of itself an artificial, morbid affection in the organism *similar* (homœopathic), best if *very similar*, to the actual case of disease.

That this mode of employing medicines is and must of necessity be the only best method, can easily be proved by reasoning, as it has also already been confirmed both by innumerable experiences of physicians who practise according to my doctrines, and by daily experience.†

It will, therefore, not be difficult to perceive what are the laws of nature according to which the only appropriate cure of diseases, the homœopathic, takes place, and must necessarily take place.

The first of these unmistakable laws of nature is: *the susceptibility of the living organism for natural diseases is comparably less than it is for medicines.*

A multitude of disease-exciting causes act daily and hourly upon us, but they are incapable of deranging the equilibrium of

tion of the burn, which is not to be eradicated by cold water]. The troublesome fulness of the abdomen in cases of habitual constipation appears to be removed, as if magically, by the action of a purgative, but the very next day the painful fulness returns together with the constipation, and becomes worse afterwards than before. The stupified sleep caused by opium is succeeded by a more sleepless night than ever. But that the state that subsequently occurs is a true aggravation, is rendered evident by this, that if we design again to employ the palliative [*e. g.* opium or habitual sleeplessness or chronic looseness of the bowels], it must be given in a stronger dose, *as if for a more severe disease*, in order that it should produce its delusive amelioration for even as short a period as before.

* As, for instance, when opium is repeated in always stronger doses for the suppression of urgent symptoms of a chronic disease.

† I may adduce merely a few examples from daily experience; thus, the burning pain produced by the contact of boiling water with the skin, is overpowered and destroyed, as cooks are wont to do, by approaching the moderately burnt hand to the fire, or by bathing it uninterruptedly with heated alcohol (or turpentine), which causes a still more intense burning sensation. This infallible mode

the health, or of making the healthy sick; the activity of the life-sustaining power within us usually withstands the most of them, the individual remains healthy. It is only when these external inimical agencies assail us in a very aggravated degree, and we are especially exposed to their influence, that we get ill, when our organism has a particularly impressionable, weak side (predisposition), that makes it more disposed to be affected by the (simple or compound) morbid cause in question, and to be deranged in its health.

If the inimical agents in nature that are partly physical and partly psychical, which are termed morbid noxæ, possessed an unconditional power of deranging the human health, they would,

of treatment is practised and found to be efficacious by lacqueers and others engaged in similar occupations. The burning pain produced by these strong spirits and their elevated temperature then remains *alone* present, and that for but a few minutes, whilst the organism, homœopathically freed by them from the inflammation occasioned by the burn, soon restores the injury of the skin and forms a new epidemis through which the spirit can no longer penetrate. And thus *in the course of a few hours*, the injury caused by the burn is cured by a remedy that occasions a similar burning pain (heated alcohol or turpentine), whereas if treated with the ordinary cooling palliative remedies and salves, it is transformed into a bad ulcer and usually continues to suppurate for many weeks or months with great pain. Practised dancers know from old experience that those who are extremely heated by dancing are very much relieved for the first moment by ripping themselves and drinking very cold water, but thereafter infallibly incur mortal disease, and they do not allow persons excessively heated to cool themselves by exposure to the open air or by taking off their clothes, but wisely administer a liquor whose nature is to heat the blood, such as punch or hot tea mixed with rum or arrack, and in this manner walking at the same time gently up and down the room, they rapidly lose the violent febrile state induced by the dance. In like manner no old experienced reaper, after inordinate exertion in the heat of the sun, would drink anything in order to cool himself but a glass of brandy; and before an hour has elapsed, his thirst and heat are gone and he feels quite well. No experienced person would put a frost bitten limb into warm water, or seek to restore it by approaching it to the fire or a hot stove; applying to it snow, or rubbing it with ice cold water, is the well known homœopathic remedy for it. The illness occasioned by excessive joy (fantastic gaiety, trembling restlessness and uneasiness, palpitation of the heart, sleeplessness) is rapidly and permanently removed by coffee, which causes a similar morbid affection in persons unaccustomed to its use. And in like manner there are many daily occurring confirmations of the great truth, that nature intends that men should be cured of their long-standing diseases by means of similar affections of short duration. Nations, for centuries sunk in listless apathy and serfdom, raised their spirit, felt their dignity as men, and again became free, after having been ignominiously trodden in the dust by the western tyrant.

as they are universally distributed, not leave any one in good health; every one would be ill, and we should never be able to obtain an idea of health. But as, taken on the whole, diseases are only exceptional states of the human health, and it is necessary that such a number of circumstances and conditions, both as regards the morbid agents and the individual to be affected with disease, should conjoin before a disease is produced by its exciting causes, it follows, *that the individual is so little to be affected by such noxæ, that they can never unconditionally make him ill, and that the human organism is capable of being deranged to disease by them only by means of a particular predisposition.*

But it is far otherwise with the artificial dynamic agents which we term medicines. For every true medicine acts at *all* times, under *all* circumstances, on every living, animated body, and excites in it the symptoms peculiar to it (even in a way perceptible to the senses if the dose be large enough) so that evidently *every living human organism must always and inevitable be affected by the medicinal disease and, as it were, infected*, which, as is well known, is not the case with respect to natural diseases.*

All experience proves incontestably, that the human body is much more apt and disposed to be affected by medicinal agents and to have its health deranged by them, than by the morbid noxæ and contagious miasms, or, what is the same thing, that the medicinal agents possess an absolute power of deranging human health, whereas the morbid agents possess only a very conditional power, vastly inferior to the former.

To this circumstance it is owing that medicines are able to cure diseases at all (that is to say, we see, that the morbid affection may be eradicated from the diseased organism, if the latter be subjected to the appropriate alteration by means of medicine); but in order that the cure should also be fulfilled, to wit, *a stronger dynamic affection permanently extinguishes the weaker in the living organism, provided the former be similar in kind to the latter*; for the dynamic alteration of the health to be anticipated from the medicine should, as I think I have proved, neither *differ in kind* from or be *allopathic* to the morbid derangement, in order that, as happens in the ordinary mode of practice, a still

* Even the pestilential diseases do not affect every one unconditionally, and the other diseases leave many more individuals unaffected, even when all are exposed to changes of the weather, of the seasons, and to the influence of many other injurious impressions.

greater derangement may not ensue; nor should it be *opposite* to it, in order that a merely palliative delusive amelioration may not ensue, to be followed by an inevitable aggravation of the original malady; but the medicines must have been proved by observations to possess the tendency to develop of itself a state of health *similar* to the disease (be able to excite similar symptoms in the healthy body), in order to be a remedy of permanent efficacy.

Now, as the dynamic affections of the organism (caused by disease or by medicine) are only cognisable by the phenomena of altered function and altered sensation, and consequently the similarity of its dynamic affections to one another can only express themselves by similarity of symptoms; but as the organism (as being much more liable to be deranged by medicine than by disease) must yield more to the medicinal affection, that is to say, must be more disposed to allow itself to be influenced and deranged by medicine than by similar natural morbid affection, it follows undeniably, that it will be freed from the natural morbid affection if we allow a medicine to act on it, which, while differing * in its nature from the disease, resembles it very closely in the symptoms it causes, that is to say, is homœopathic; for the organism, as a living, individual unity, cannot receive two similar dynamic affections at the same time, without the weaker yielding to the stronger similar one; consequently, as it is more disposed to be more strongly affected by the one (the medicinal affection), the other, similar, weaker one (the natural morbid affection) must necessarily give way; and the organism is therefore cured of its disease.

Let it not be imagined that the living organism, if a new similar affection be communicated to it when diseased by a dose of homœopathic medicine, will be thereby more seriously deranged, that is, burdened with an addition to its sufferings, just as a leaden plate already pressed upon by an iron weight is still more severely squeezed by placing a stone in addition upon it; or as a piece of copper heated by friction must become still hotter by pouring

* Without this difference in the nature of the morbid affection from that of the medicinal affection, a cure were impossible; if the two were not merely of a similar, but of the same nature, consequently identical, then no result (or only an aggravation of the malady) would ensue; as, for example, if we were to touch a chancre with other chancrous poison, a cure would never result therefrom.

on it water at a more elevated temperature. No, our living organism does not behave passively, it is not subject to the laws that govern dead matter; it reacts by vital antagonism, so as to surrender itself as an individual living whole to its morbid derangement, and to allow this to be extinguished within it, when a stronger affection of a similar kind, produced in it by homœopathic medicine, takes possession of it

Such a spiritually reacting being is our living, human organism, which with automatic power expels from itself a weaker derangement (disease), whenever the stronger power of the Homœopathic medicine produces in it another but very similar affection; or in other words, which, on account of the unity of its life, cannot suffer at the same time from two similar general derangements, but must discard the primary dynamic affection (disease), whenever it is acted on by a second dynamic power (medicine), more capable of deranging it, that has a great resemblance to the former in its power of affecting the health (its symptoms). Something similar takes place in the human mind. *

But as the human organism even in health is more capable of being affected by medicine than by disease, as I have shown above, so when it is diseased, it is beyond comparison more af-

* For example: a girl plunged into grief by the death of her companion, if taken to see a family where the poor, half-naked children have just lost their father, their sole support, does not become more sorrowful from witnessing this touching scene, but is thereby consoled for her own smaller misfortune; she is cured of her grief for her friend, because the unity of her mind cannot be affected by two similar passions at once, and the one passion must be extinguished when a *similar* but stronger passion takes possession of her mind, and acts as a *homœopathic* remedy in extinguishing the first. But the girl would not be tranquillized and cured of her grief for the loss of her companion, if her mother were angrily to scold her (*heterogeneous, allopathic* influence), but on the contrary, her mind would be still more distressed by this attack of grief of another kind; and in like manner the sorrowing girl, if we were to cause an apparent but only *palliative* alleviation of her grief, by means of a gay entertainment, would subsequently in her solitude sink into still more profound sadness, and would weep much more intensely than previously for the death of her friend [because this affection would here be only of an *opposite, enantiopathic* character].

And as it is here in psychical life, so is it in the former case in organic life. The unity of our life cannot occupy itself with, and receive, two general dynamic affections of the same kind at once; for if the second be a similar one, the first is displaced by it, if the organism be more energetically affected by the latter.

fectable by homœopathic medicine than by any other (whether allœopathic or enantiopathic) and indeed it is *affectable in the highest degree*; since, as it is already disposed and excited by the disease to certain symptoms, it must now be more susceptible of the altering influence of similar symptoms (by the homœopathic medicine)—just as similar mental affections render the mind much more sensitive to similar emotions—hence only the *smallest dose* of them is *necessary* and *useful* for their cure, that is, for altering the diseased organism into the similar medicinal disease; and *a greater one is not necessary* on this account also, because the spiritual power of the medicine does not in this instance accomplish its object by means of quantity, but by potentiality and quality (dynamic fitness, homœopathy),—and *a greater dose is not useful*, but on the contrary *injurious*, because whilst the larger dose, on the one hand, does not dynamically over-power the morbid affection more certainly than the smallest dose of the most appropriate medicine, on the other hand it imposes a complex medicinal disease in its place, which is always a malady, though it passes off after a certain time.

Hence the organism will be powerfully affected and taken possession of by the power of even a very small dose of a medicinal substance, which, by its tendency to excite similar symptoms can outweigh and extinguish the totality of the symptoms of the disease; it becomes, as I have said, free from the morbid affection at the very instant that it is taken possession of by the medicinal affection, by which it is immeasurably more liable to be altered.

Now, as medicinal agents do of themselves, even in larger doses, only keep the healthy organism for a few days under their influence, it will readily be conceived that a small dose, and in acute diseases a very small dose of them (as it ought evidently to be in homœopathic treatment), can only affect the system for a short time; the smallest doses, indeed, in acute disease, only for a few hours; and then the medicinal affection substituted for the disease passes unobservedly and very rapidly into pure health.

In the permanent cure of diseases by medicines in living organisms nature seems never to act otherwise than in accordance with these her manifest laws, and then indeed she acts, if we may use the expression, with mathematical certainty. *There is no case of dynamic disease in the world* (excepting the death struggle, old age, if it can be considered a disease, and the de-

struction of some indispensable viscus or member), *whose symptoms can be met with in great similarity among the positive effects of a medicine, which will not be rapidly and permanently cured by this medicine.* The diseased individual can be freed from his malady, in no more easy, rapid, certain, reliable and permanent manner, by any conceivable mode of treatment,* than by means of the homœopathic medicine in small doses.

* Even those striking cures which occur in rare instances in ordinary practice, take place only by means of a homœopathically appropriate medicine, which forms the chief agent in the receipt, into which it has been *accidentally* introduced. Physicians hitherto could not have *chosen* the medicines homœopathically for diseases, as the positive effects of the medicines [those observed from their administration to healthy persons] had not been investigated by them, and accordingly remained unknown to them; and even those which have been known otherwise than by my writings, were not regarded by them as capable of being utilized for treatment,—and moreover, the relation of the effects of medicines to the symptoms of the disease they resemble [the homœopathic law of cure], which is requisite in order to effect radical cures, was unknown.

Materia Medica.

CALCAREA CARBONICA, LIME.

SAMUEL HAHNEMANN, M. D.

Lime when potentized belongs among the most effective antipsoric remedies, especially in cases where the following symptoms are prominent:

Dejection; inclination to weep; lack of cheerfulness, with heaviness of the lower limbs; anxiety when sweating; restless anxiety; *anxiety*; shivering and horror *when evening approaches*; anguish, excitable by thoughts; anxiety after hearing of cruelties; nervous excitation; *timidity*; fits of despondency about shaken health; sensitive peevishness; self-will; indifference; difficulty in thinking; long-continued numb feeling of the head, as if a board was before the head; dizziness and trembling before breakfast; vertigo when going up stairs; vertigo when mounting high, *e. g.*, on the roof; heaviness and pressure in the forehead, so that he has to close the eyes; headache from reading and writing; headache from overlifting; boring in the forehead, as if the head would burst; *beating* headache in the occiput; throbbing in the middle of the brain; hammering headache after walking in the open air, compelling him to lie down; headache and humming in the head, with heat of the cheeks; icy cold in the right side of the head; *evening-sweat in the head*; *falling out of the hair*. *Pressure in the eyes*; burning and excoriation of the eyelids; burning and cutting in the eyes during reading by candlelight; cutting in the eyelids; stitches in the eyes; itching of the eyes; *closing of the eyes by suppuration*; suppuration of a fistula lachrymalis; *lachrymation* in the open air or in the morning; quivering in the upper and lower eyelids; agglutination of the eyelids every morning; obscuration of the sight when reading; obscuration of the eyes after eating; dim vision, feathers before the eyes; dim-sightedness as from gauze; mist before the eyes, when straining the eyes and reading; long-sightedness, he cannot read without convex spectacles; dazzling of the eyes by a bright light. Stitches in the ears; running of pus from the ears; crackling in the ears, when swallowing; *throbbing in the ears*; ringing

in ears; humming before the ears; roaring in the ears; rushing in the ears, with hardness of hearing; thundering in the ears; obstruction in hearing; *hardness of hearing*; sore nose; obstruction of the nose with yellow, fetid pus; *bleeding at the nose*; bad smell and fetor from the nose; smell of dung before the nose. Faceache; *itching and eruption of the face*; freckles on the cheeks; itching and itching pimples in the whiskers; eruption on the mouth; pain in the glands of the lower jaw; toothache, whenever drinking something cold; drawing toothache, with stitches, day and night, renewed by cold and by warmth; toothache, like digging and soreness; difficult teething of children; painful sensitiveness of the gums; stitches in the gums; gum-boils; bleeding of the gums; *dryness of the tongue*, at night, or in the morning on awaking; aphthæ under the tongue; accumulation of mucus in the mouth; hawking up mucus; constriction in the throat; bitter taste in the mouth in the morning; lack of appetite; *lack of appetite, with constant thirst*; aversion to his customary smoking of tobacco; aversion to warm food; long-continued aversion to meat; hunger immediately or soon after eating; voracious hunger in the morning; she cannot eat enough, she cannot get it down; after meals, heat; eructation after eating; bitter eructation; water-brash; weakness of digestion in the stomach; *pressure in the stomach, fasting and after eating*; nocturnal pressure in the scrobiculus cordis; stinging pressure in the stomach after eating; cramps in the stomach; pinching and cutting in the scrobiculus cordis; during pressure in the stomach, a pressing out under the last rib; inability to bear tight clothing over the scrobiculus cordis; swelling of the scrobiculus cordis, with pressive pain; the scrobiculus cordis painful to the touch; tension in both hypochondria; pressive, lancinating colic, without diarrhœa; colic in the epigastrium; in the afternoon, cutting and griping in the abdomen, with vomiting of food eaten at dinner; coldness in the abdomen; *inflation and hardness of the abdomen*; *obstruction of flatus*; pressure of flatus to the abdominal ring, as if hernia was about to come; constipation; costiveness; stool scanty and hard; stool twice a day; frequent, continual soft stool; involuntary discharge of foaming stool; during stool protrusion of the varices of the rectum, with burning pain; after the stool, lassitude and feeling as if bruised all over; itching of the anus; *ascarides in the rectum*; burning in the urethra; too frequent urination; hæmaturia; flow of blood from the urethra;

wanton, lewd ideas; lack of sexual instinct; deficient sexual power; lack of pollutions; too brief erections during coitus; stinging and burning in the male genitals during the emission of semen in coitus; pressive pain in the vagina; pressure upon the prolapsed womb; stitches in the os uteri; itching on the pudenda and anus; distended veins on the labia pudendi; after-pains or milk fever after parturition; *bloody flux from the uterus*; (suppressed menses;) *menses too early and excessive*; during the menses, cutting in the abdomen and griping in the sacrum; *leucorrhœa before the menses*; *leucorrhœa*, like milk, in jets; *burning, itching leucorrhœa*; during the flow of leucorrhœa, itching on the pudenda.

Frequent sneezing; *troublesome dryness of the nose*; constant coryza; *delayed flow of the coryza*; *dry coryza*; dry coryza in the morning; stoppage of the nose; ulceration of the larynx; hoarseness; mucus on the chest; evening-cough in bed; *night-cough* during sleep; cough in the morning; *dry cough*; yellow fetid expectoration; during cough, pressure on the stomach; arrest of breathing in stooping; pressure on the chest; *stitches in the side of the chest on moving*; stitches in the left side, on bending to that side; burning in the chest; pricking stitches in the muscles of the chest; *palpitation of the heart*, also at night; pain in the sacrum; pain as of a sprain in the back; *stiffness and rigidity in the nape of the neck*; swelling of the cervical glands; goitre; pressive pain in the right upper arm; nocturnal drawing and tearing in the arms; *sudden exhaustion of the arms, like paralysis*; dying off [numbness] in the hands on grasping; swelling of the hands; *sweat of the hands*; arthritic nodosities on the wrists and the joints of the fingers; formication as from going to sleep of the fingers; numbness of the fingers and sensation as if they were dead, also in the warmth; awkwardness of the fingers; frequent paralysis of the fingers; heaviness of the legs; stiffness of the legs; cramps in the legs; going to sleep of the legs in sitting; ulcers of the legs; stitches in the thigh on treading; distended veins in the thighs; stitches in the knees, when standing and sitting; stitches and tearing in the knee; drawing pain in the knee, when sitting and walking; swelling of the knee; red spots on the legs; burning of the soles of the feet; swelling of the soles; coldness of the feet, in the evening; *foot-sweat*; dying off [numbness] of the feet, in the evening; sensitiveness of the big toes, corns; pains in the corns; going to sleep of the limbs;

cramps in the arms and legs; pain as of bruising in the upper arms, also in the middle of the thighs, on going up stairs; tearing in the limbs, in the arms and legs; tendency to strain oneself, making the nape of the neck rigid and stiff, with headache; tendency to strains, with sore throat thence; great fatness and corpulence with youths; exhaustion from speaking; *lack of strength, lassitude*; lassitude in the morning; great exhaustion after every little walk; attacks of epilepsy at night during full moon, with cries; great fatigue from moderate walking in the open air; copious perspiration on moderate exertion of the body; great sensitiveness to cold; *tendency to take cold*; visible twitching in the skin, from the feet up to the head, causing dizziness; dry feeling in the skin; roughness of the skin, as if covered with miliary eruption; bran-like covering of the skin; furuncle; *warts*; drowsiness in daytime; *drowsiness early in the evening*; frequent waking up at night; insomnia; at night, tossing in bed; thirst at night; at night, pressure in the scrobiculus cordis and rising from there to the larynx and the head; nocturnal pain in the back and in the arms; nocturnal asthma; nocturnal palpitation of the heart; heat and anguish at night; horrible fantastic visions before going to sleep, in the evening in bed; anxious dreams; fantastic exaltation and delirium at night; chill in the morning after rising; frequent rushes of heat; rushes of heat with palpitation and anguish of heart; tertian, evening fever, at first, heat in the face then chill.

Calcarea when potentized has a long-continued action. When *Nitric acid*, given previously, though selected apparently properly, yet acts in some respects unfavorably, then Calcarea may generally be profitably employed; so also any unfavorable effects of Calcarea, even when selected apparently homœopathically, may be neutralized by following it with *Nitric acid*, and the effects will be changed into favorable ones. Especially is nausea, produced by Calcarea, removed by smelling of *Spirits of Nitre*; this is almost a specific and much more effective than smelling of *Camphor*. There are, however, troublesome effects which call for the smelling of *Nux vomica*. Calcarea is frequently used after the use of *Sulphur*, also when the pupils of the eyes are apt to dilate.

If the catamenia usually come several days before the period and excessive, Calcarea is frequently the indispensable curative, and the more so, the more abundant the flow. But if the menses

always appear at the right period or later, even if the menses are profuse, Calcarea is yet but rarely useful. Calcarea can rarely be advantageously repeated with older persons, even after other intervening medicines, and very rarely, yea, hardly ever, can its doses be repeated at once, without injury. But with children, when it is indicated by the symptoms, it may be repeated several times, and the younger they are, the more frequently.

REPERTORY OF NEW REMEDIES.

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Sleep.

- ABNORMAL**—A. sleep, when caused by worms; also such symptoms at night as grinding the teeth, wetting the bed, crying out in affright etc. *Santon.*
- AFTERNOON**—Went to sleep in his room in the a., very uncommon; awoke with bitter mouth and pain in bowels. *Diosc.*
- APATHETIC**—He sits in a dull, a. or drowsy condition, and frequently gives a prolonged yawn. *Atrop.*
- ASLEEP**—He falls suddenly a. at intervals of a few minutes. *Brom. of Potass.*
When awakened she fell a. again directly. *Chelid.*
Falls a. late at night; restless, cannot sleep. *Diosc.*
Falls a. in chair, in the day time. *Myrica.*
- AWAKES**—A. at four a. m., with soreness, not a pain, in the left side of the abdomen, painful to pressure. *Calab. bean.*
- AWAKENS**—A. at a. m. with a cramp pain in the head, extending from the right side to the left side. *Lachn.*
- AWAKING**—On a. he cannot remember what he has dreamed. *Chelid.*
On a. pain under the hypochondria. *Cistus.*
On a. labored cardiac action. *Lycopus.*
Sneezing, on a. from sleep. *Lycopus.*
Languid on a. and unrefreshed. *Ptelea.*
- AWOKE**—A. at five a. m., and could not sleep again; bed feels hard. *Fago.*
A. with a dull, hot, constricted feeling in the head. *Carb. ac.*

- BITES—While sleeping he often b. into the point of his tongue, so that it is sore the following day. *Therid.*
- CANNOT—She c. get to sleep for a long time, then sleeps well. *Chelid.*
- CHAIR—She slept all night, and would often fall asleep in her c., and in most uncomfortable positions. *Brom. of Potass.*
- COLDNESS—Sleep prevented by a sensation of numbness and c. in lower extremities. *Chelid.*
- COMATOSE—Dull, heavy, c. sleep. *Atrop.*
 C. condition lasting for days, ending in fatal cerebral congestion. *Chlor. hydr.*
 C. slumber; while sleeping has wild dreams, and soreness as if in great distress. *Doryph.*
- COMA—Stupefaction, with confusion of ideas, followed by c. state. *Aesc. gl.*
 Tendency to c. *Brom. of Potass.*
 C. alternating with convulsions and moaning. *Solan.*
- CONFUSED—No sleep, with a flow of c. ideas until five in the morning; all night very restless, frequently waking fatigued from lying in one position. *Cedron.*
- COUGH—In the night, in bed, short c., with sore throat, followed by coryza. *Lachn.*
- CRAZY—Inability to sleep, with wild feeling in the head, as if she would be c. *Lil. tig.*
 He fears he is becoming c., and that he may get up and do some mischief. *Calab. bean.*
- CRIES—Grinding of the teeth during sleep, moans and cries. *Brom. of Potass.*
- DEEP—D. sleep, with red, bloated face. *Atrop.*
 Sleep d. and heavy, awaking with racking frontal headache, aggravated by rolling the eyes upward. *Ptelea.*
- DELIRIUM—D. during sleep. *Cactus gr.*
 During restless sleep, light d. manifested itself. *Santon.*
 Very restless, talking, moving, with some d. *Pilocarp.*
- DESIRE—D. to sleep before the proper time. *Rumex.*
 Roused from sleep early in the morning by great d. for stool. *Diosc.*
 Irresistible d. to sleep. *Calab. bean.*
- DIARRHOEA—Offensive d. awakening from sleep. *Lith. carb.*
- DISPOSITION—D. to sleep, a sort of stupor. *Gels.*

Great d. to sleep, with entire loss of mental and physical energy. *Corn. cir.*

DISTURBED—Sleep d. and unrefreshing. *Ailanth.*

Sleep at night d. by all sorts of dreams. *Iberis.*

Sleep d. by the pains in the feet and sacrum. *Lith. carb.*

Sleep d. at night; bad dreams and frequent waking. *Myrica.*

Sleep is often d. by awaking with headaches or frequent inclination to pass water. *Puls. nutt.*

Sleep d. by dreams of falling from a great height. *Solan*

DREAMS—Uneasy sleep, with frightful d. *Asclep. tub.*

Awoke with frightful d. and severe crampy pains in the metatarsal bones of both feet. *Badiaga.*

Very restless sleep, with frightful d. *Bapt.*

D. of being bound down with a chain across his mouth. *Bapt.*

Sleeplessness, disturbed d., starting as from fright, followed during the day by lassitude, want of energy. *Bi-sulph. of Carb.*

Night terrors of children; horrible d. *Brom. of Potass.*

He d. that he is a lion. *Calab. bean.*

Sound sleep with melancholy d. *Can. ind.*

D. of danger and of perils encountered. *Can. ind.*

D. of dead bodies. *Can. ind.*

Vexatious d. *Can. ind.*

Prophetic d. *Can. ind.*

Voluptuous d., with erections and profuse seminal emissions. *Can. ind.*

D. of fire; so vivid was the d. that he was awakened. *Carb. ac.*

Had a great many d., some amorous, others I was unable to recall. *Carb. ac.*

D. of quarreling with a dead sister and other dead friends, cried about it and awoke with a nightmare, and sensation of a stone on the stomach. *Cedron.*

Restless sleep, full of d. *Chelid.*

D. of a journey, remembering most minute particulars. *Chelid.*

D. of corpses and burials. *Chelid.*

Sleep full of lascivious d., with emissions of semen. *Diosc.*

- DREAMS—Comatose slumber; while sleeping has wild d., and screams as if in great distress. *Doryph.*
- Sleep disturbed by d.; am in trouble all night. *Fago.*
- D. that everything goes wrong. *Fago.*
- Great sleeplessness till twelve at night, then restless sleep; with terrifying dreams. *Doryph.*
- Sad dreams full of graves. *Guaraca.*
- Sleep at night disturbed by all sorts of d. *Iberis.*
- Restless and continually turning in bed, with ludicrous d. *Iberis.*
- Very restless night, with horrid d. *Iberis.*
- Restless sleep at night, with disturbed d., followed by perspiration. *Lachn.*
- Restless every night, with bad d. *Iris v.*
- Amorous d. during sleep. *Iris v.*
- Sleep unrefreshing, broken by disagreeable d., with great irritability in the evening. *Lil. tig.*
- Voluptuous d., tenesmus (versical) and erection which subsides after urination, on awakening. *Lith. carb.*
- Restless sleep, with anxious and sad d. *Lobel. infl.*
- D. of enormous bugs, which attacked his head, and which he killed with much difficulty. *Myrica.*
- Wakefulness and vivid d. from the fever and excitement. *Oleum jec. as.*
- D. of seeing objects in the room during sleep. *Oleum jec. as.*
- Restless at night, with inability to sleep, frequent d. of a gloomy character, rousing me from sleep; worse about midnight. *Plant.*
- Restless sleep, with every variety of fanciful d., with grinding of the teeth. *Plant.*
- The highest degree of restlessness at night, with the most vivid, congruous, and coherent d., also incoherent d., also incoherent and disgusting d., all in rapid succession. *Plant.*
- Sleep disturbed at night; bad d. and frequent waking. *Myrica.*
- Restless sleep, with unpleasant, laborious and fatiguing d., and waking unrefreshed. *Polyg.*
- Sleep sound, but haunted by frightful d. *Ptelea.*
- The sleep is broken and restless, and disturbed by

frightful and annoying d., waking in a profuse perspiration. *Ptelea*.

Sleep restless, and disturbed by d. and by drooling of saliva. *Ptelea*.

Unquiet sleep with d. of danger and trouble. *Rumex*.

D. of a frightful and disagreeable character. *Sang. can.*

D. of sailing on the sea. *Sang. can.*

Sudden waking up from disagreeable d. *Scutell.*

Nightly restlessness; wakefulness from frightful d. *Scutell.*

Sleep disturbed by d. of falling from a great height. *Solan.*

D. of snakes; frequently awaking in fright. *Solan.*

Sleep, with prolonged amorous d. *Sumbul.*

Unpleasant dreams not frightful. *Sumbul.*

Dreaming of ridiculously unnatural things in early morning sleep. *Tanac.*

Unrefreshed by sleep at night; confused d. *Sulph. iod.*

Long and dreamful mid-day sleep; d. of journeys in distant regions, and riding on horses. *Therid.*

Some sleep every night, but has frightful d. of being on the water. *Ver. vir.*

Restless nights, and frightful d. of being drowned. *Ver. vir.*

Restless sleep at night on account of voluptuous d., without, or frequently with, emission of semen. *Bism.*

Fantastic d. *Penth.*

Voluptuous d. and increased sexual desire, sympathetic with urinary excitement. *Penth.*

DREAMY—D. sleep, with early waking. *Lycopus.*

DROOLING—Sleep restless, and disturbed by dreams and by d. of saliva. *Ptelea.*

DROPS—D. to sleep while sitting up; a headache comes on when retiring, which is unusual. *Fago.*

DROWSINESS—Extreme d. *Brom. of Potass.*

D. in the forenoon, even while riding or working. *Calab bean.*

Great d. after dinner; sleeps good, and sleeps just as well at night as if he had not slept in the afternoon. *Calab bean.*

Very great d., and disposition to perspire. *Corn. cir.*

- DROWSINESS—D. and long, sound sleep. *Gels.*
 Languor and d. when trying to study. *Gels.*
 D., with and after headache. *Myrica.*
 Languid and drowsy, by day, and bitter taste in mouth.
Ptelea.
 Unusual d. all day, with general malaise and headache.
Stell.
- DRYNESS—Sleeplessness, with continually increasing d. of the throat. *Lachn.*
 Must get up in the night on account of d. in the throat.
Cistus.
 The dryness in the throat worse after sleeping. *Cistus.*
- EMISSIONS—Sleep full of lascivious d., with e. of semen. *Diosc.*
 Restless sleep at night on account of voluptuous dreams, without, or frequently with, e. of semen. *Bism.*
- EXCITEMENT—Awakened by unusually strong sexual e. *Carb. ac.*
- EXHILARATION—E. of all the faculties, followed by strong desire to sleep. *Thasp.*
- FATIGUE—A general feeling of f. after awaking, if the sleep has exceeded more than six hours, and a general weakness of body and mind. *Cedron.*
- FEVERISH—Heavy sleep, with f. feeling on waking. *Bapt.*
- FRIGHTENED—Wakes f.; paralyzed with fear. *Carb. ac.*
- GOOD—G. and long sleep during the night. *Bi-sulph. of Carb.*
- GRINDING—G. of the teeth during sleep, with moans and cries.
Brom. of Potass.
- GROANED—G. much in sleep. *Eriod.*
- HEADACHE—H. better after sleep. *Badiaga.*
 Waking with severe headache, in a child. *Brom. of Potass.*
- HEAVY—H. sleep during the night. *Ailant.*
 Dull, h., comatose sleep. *Atrop.*
 H. sleep, with muttering, incoherent talking. *Atrop.*
 H. sleep, with feverish feeling on waking. *Bapt.*
 Slept h.; awoke sore all over, especially legs (gluteal muscles), back, chest and arms. *Carb. ac.*
- INABILITY—I. to sleep, with wild feeling in the head, as if she would be crazy. *Lil. tig.*
 I. to sleep for a long time, eyes wide open; at length went to sleep lying on the back with the knees drawn up. *Lil. tig.*
- INCLINATION—I. to sleep, but can find no rest. *Coca.*

- IRRITABLE—Nervous and i. on rising in the morning. *Iberis.*
- LASSITUDE—Extreme l., sleepiness and yawning, could hardly keep awake at four p. m. *Fago.*
L. of the whole body without inclination to sleep. *Solan.*
- MIDNIGHT—Cannot sleep after m. *Bapt.*
- MOANS—Grinding of the teeth during sleep, with m. and cries.
Brom. of Potass.
- MOANING—M. during the night. *Eriod.*
- MOTION—Can only get to sleep by keeping the hand or foot in m. *Apiol.*
- NERVOUS—N. and irritable on rising in the morning. *Iberis.*
- NIGHTMARE—N. of killing snakes; of seeing soldiers; of food.
Ptelea.
N. every night as soon as he falls asleep. *Can. ind.*
- NUMBNESS—Sleep prevented by a sensation of n. and coldness in lower extremities. *Chelid.*
- PAIN—On awaking p. under the hypochondria. *Cistus.*
Wakes with dull pressing p. in the stomach. *Aesc. hip.*
- PALPITATION—In the night p., lying on the right side. *Badiaga.*
- PREVENTED—Sleep p. by a sense of numbness and coldness in lower extremities. *Chelid.*
- QUARRELING—Dreamed of q. with a dead sister and other dead friends, cried about it and awoke with a nightmare, and sensation of a stone on the stomach. *Cedron.*
- QUIET—Q. sleep, apparently natural. *Chlor. hydr.*
- RESTLESS—R. cannot sleep before one and two a. m., or if she falls asleep before midnight she wakes at that time, and then cannot sleep till daylight. *Apiol.*
R. night, could lie only a short time in one position, on account of the soreness of the muscles and whole body. *Badiaga.*
Sleeps well till two a. m., then very r. till morning.
Bapt.
Very r. sleep, with continual rolling about in bed; particularly with the head. *Bi-sulph. of Carb.*
No sleep, with a flow of confused ideas until five in the morning; all night very r., frequently waking fatigued from lying in one position. *Cedron.*

- RESTLESS**—R. sleep, full of dreams. *Chelid.*
 R.; screaming, noisy in sleep. *Chlor. hydr.*
 Falls asleep late at night; r. cannot sleep. *Diosc.*
 Great sleeplessness till 12 at night, then r. sleep, with terrifying dreams. *Doryph.*
 R. and continually turning in bed, with ludicrous dreams. *Iberis.*
 Very r. night, with horrid dreams. *Iberis.*
 Restless sleep at night, with disturbed dreams, followed by perspiration. *Lachn.*
 R. every night, with bad dreams *Iris v.*
 Anxious and r. at night. *Lith. carb.*
 R. sleep, with anxious and sad dreams. *Lobel. infl.*
 R. night, with tossing about. *Myrica.*
 R. at night, with inability to sleep, frequent dreams of a gloomy character, rousing me from sleep; worse about midnight. *Plant.*
 R. sleep of children, with whining at night. *Podo.*
 R. sleep, with unpleasant, laborious and fatiguing dreams, and waking unrefreshed. *Polyg.*
 The sleep is broken and r., and disturbed by frightful and annoying dreams, waking in a profuse perspiration. *Ptelea.*
 Sleep r., and disturbed by dreams and by drooling of saliva. *Ptelea.*
 Sleep r., dream-haunted, with pain in liver on awaking. *Ptelea.*
 Very r., sleeping only a few moments at a time. *Santon.*
 During r. sleep, light delirium manifested itself. *Santon.*
 R., sleepy, but cannot sleep. *Tanac.*
 R. nights, and frightful dreams of being drowned. *Ver. vir.*
 R. sleep at night on account of voluptuous dreams, without, or frequently with, emission of semen. *Bism.*
 Very r., talking, moving, with some delirium. *Pilocarp.*
 R. and unrefreshing sleep. *Viburn.*
- RESTLESSNESS**—Restlessness. *Picric ac.*
 Nightly r.; wakefulness from frightful dreams. *Scutell.*
 Great r. at night, with a dry, hot skin. *Rhus ven.*
 The highest degree of r. at night, with the most vivid, congruous, and coherent dreams, also incoherent and

disgusting dreams, all in rapid succession. *Plant.*

Some throbbing of the arteries at night, and r. until 12 or 1 in the morning. *Plant.*

Frequently in the evening, in bed, r. and excitement till toward midnight, preventing sleep. *Chelid.*

ROUSED—R. suddenly from sleep with slow but hard beating of the heart. *Diosc.*

R. from sleep early in the morning by great desire for stool. *Diosc.*

SCREAMING—Restless; s., noisy in sleep. *Chlor. hydr.*

SEMI-CONSCIOUSNESS—He awakes before midnight, in a state of s.; with inability to move; palpitation of the heart, slow deep, labored and intermittent breathing, and a feeling as if he were dying. *Can. ind.*

SEXUAL—Awakened by unusual strong s. excitement. *Carbo. ac.*

SLEEPINESS—Yawning and stupefying s. *Aesc. hip.*

Great s. in the morning or forenoon; s. the whole day; but this is not refreshing. *Ailant.*

After drinking a glass of wine great s., with fullness of the head. *Ailant.*

Great s., with profuse sweating. *Apoc. and.*

S., or drowsiness with inability to sleep. *Atrop.*

Great s. the whole day, but at night restless sleep. *Bi.-sulph of Carb.*

Excessive s.; day s. *Can. ind.*

S. with yawning, and stretching, and languor: *Chelid.*

Extreme lassitude, s. and yawning; could hardly keep awake at 4 p. m. *Fago.*

Intense s., especially between 11 a. m. and 2 to 3 p. m. *Tanac.*

In the morning, a few hours after rising, an excessive s., but after eating he was unable to take an accustomed nap. *Bism.*

S. with chills. *Iris v.*

SLEEPLESSNESS—S. at night from restlessness, and on account of a sensation of firm pressure on the chest, with hurried breathing. *Pilocarp.*

S., from nervous excitation. *Sumbul.*

S. at night, waking with fright as if he would fall. *Sang. can.*

S. from pleasant thoughts crowding on the mind. *Scutell.*

SLEEPLESSNESS—S. *Sticta, Canchal.* .

S., almost total, from harassing pain in the back; worse in early morning. *Ptelea.*

S., with exhilaration of nervous system, in evening. *Myrica.*

S. after 3 a. m., with general prostration, *Oleum jec. as.*

S. during dentition. *Gels.*

S. from nervous irritation. *Gels.*

S., with continually increasing dryness of the throat. *Lachn.*

Great s. till 12 at night, then restless sleep, with terrifying dreams. *Doryph.*

S. from nervous irritation. *Cimic.*

S. of children during teething. *Cimic.*

S. during convalescence from acute diseases. *Brom. of Potass.*

S. without apparent cause; or from pulsations at the stomach, or in the ears. *Cactus gr.*

S. disturbed dreams, starting as from fright, followed during the day by lassitude, want of energy. *Bi-sulph. of Carb.*

Persistent s. *Ars. of Cop.*

SLEEPY—Incessant yawning; feel languid and s. *Carb. ac.*

S. condition; she falls asleep as she sits; lethargy in the day time in jaundice and hepatic congestion. *Chelid.*

Stupid and s. feeling, with nausea, etc. *Corn. cir.*

S. and weak during the day, with dull pains in the head, back and limbs. *Corn. cir.*

Very s. after eating. *Still.*

Dull and s. *Still.*

S. all the afternoon, could not apply herself to anything; 2 a. m. awoke with hiccough, lasting an hour. *Tanac.*

Very s., especially in a close, warm room. *Tanac.*

S. after breakfast, before the chill; sleeps throughout the whole day. *Therid.*

S. after dinner. *Viburn.*

SOMNOLENCE—S., with dreams. *Guaraca.*

S., during which he is conscious of all his actions, such as coughing, spitting, etc. *Chlor. hydr.*

SOPORIFIC—S. sleep, extremely distressing, paleness of the face. *Calab. bean.*

- SORE**—Slept heavy; awoke s. all over, especially legs (gluteal muscles,) back, chest and arms. *Carb. ac.*
- SOUND**—S. sleep with melancholy dreams. *Can. ind.*
 Unusually s. morning sleep, with difficult, weary waking. *Gels.*
 Sleep s., but haunted by frightful dreams. *Ptelea.*
 Sleep s., but unrefreshing. *Picric ac.*
- STARTING**—S. of the limbs while sleeping, which awoke him, when he feared he would have a fit. *Can. ind.*
- STUPEFACTION**—S. with confusion of ideas, followed by coma. *Aesc. gl.*
- STUPOR**—A kind of s. resembling that of typhoid fever. *Brom. of Potass.*
 S., with muttering and loud rumbling in the bowels. *Doryph.*
 S. attending the fevers of children. *Gels.*
 Deep apoplectic s.; coma and torpor, attended with fevers. *Solan.*
- SWALLOWING**—In the night s. of saliva on account of dryness. *Cistus.*
- SWEATING**—Great sleepiness, with profuse sweating. *Apoc. and. Calab. bean.*
 Woke up in the middle of the night and found that he was bathed in perspiration. *Carb. ac.*
 Restless sleep at night, with disturbed dreams, followed by perspiration. *Lachn.*
 Night sweats attending suppurations. *Cistus.*
 Less sleepy than usual, with night s. *Oleum jec. as.*
 The sleep is broken and restless, and disturbed by frightful and annoying dreams, waking in a profuse perspiration. *Ptelea.*
- TALKING**—T. during sleep. *Can. ind.*
- TEETH**—Grinding of the teeth during sleep, with moans and cries. *Brom. of Potass.*
 Grating and grinding of the teeth while sleeping. *Can. ind.*
- TERRORS**—Night t. of children; horrible dreams. *Brom. of Potass.*
 Night t., especially in teething children. *Chlor. hydr.*
 Night t. in children. *Solan.*
- THROBBING**—Some t. of the arteries at night, and restlessness until 12 or 1 in the morning. *Plant.*

- TWITCHING—Spasmodic t. during sleep. *Thasp.*
- UNEASY—U. sleep, awaking with sharp, darting, stiching pain low in uterine region, lasting until dressed. *Tanac.*
U. sleep, with frightful dreams. *Asclep. tub.*
- UNREFRESHING—Sleep disturbed and u. *Ailant.*
Sleep u., broken by disagreeable dreams, with great irritability in the evening. *Lil. tig.*
Unrefreshed by sleep at night; confused dreams. *Sulph. iod.*
- UNQUIET—U. sleep with dreams of danger and trouble. *Rumex.*
- WAKES—After falling asleep w. repeatedly during the night with terrible thoughts. *Calab. bean.*
He w. before midnight overcome with dreadful sensations; imagines he is going to be choked; cries and moans for some time, when all the objects in the room appear double their respective sizes, and he falls asleep again. *Can. ind.*
W. often during the night. *Carb. ac.*
- WAKEFUL—In the evening not drowsy as usual, but w. *Calab. bean.*
- WAKEFULNESS—W. and vivid dreams from the fever and excitement. *Oleum jec. as.*
Unnatural w.; sleep disturbed by colic. *Santon.*
- WAKING—W. with dull frontal headache. *Myrica.*
On w., labored cardiac action. *Lycopus.*
W. in a gloomy state of mind, unrefreshed. *Myrica.*
A feeling of fatigue in the morning. *Pod.*
A feeling in the morning on w. as of great loss of sleep. *Solan.*
At night, frequent w. in sleep as from fright. *Bism.*
Felt as if I had not been asleep, on w. in the morning. *Trifol.*
- WORSE—All the symptoms w. after smoking. *Doryph.*
- YAWN—He sits in a dull, apathetic or drowsy condition, and frequently gives a prolonged y. *Atrop.*
- YAWNING—Y. and stupefying sleepiness. *Aesc. hip.*
Incessant y.; feel languid and drowsy. *Carbol. ac.*

Clinical Verifications.

Coffea Tosta—Headache.

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Mrs. D., aged 40. Married.

Headache—forehead to occiput.

Scalp sensitive to touch—must take out hair-pins.

Pulling—dragging.

<noise, motion, jar, stooping.

<before and after menstrual period.

<physical fatigue or mental anxiety.

>strong coffee.

Coffea tosta^{cm}, one dose, produced slight aggravation for an hour or two, followed by a gradual improvement in physical strength and nerve control. Coffee was prohibited. The greater part of the cure came from the removal of the exciting cause while at the same time *Coffea* in its potentiated form removed the dynamic effect and at the same time that craving for coffee which could not be resisted.

Pulsatilla—Headache.

Miss E., aged 18, full form, happy disposition, but cross and irritable when sick.

Headache—forehead, left side.

<3 to 4 hours after eating.

<nights after hearty dinner.

<close room—must have good ventilation.

<lying down with head low.

<stooping or when moving eyelids.

>pressure—bandage rung out in cold water.

>going to window and letting cold air blow on her.

Pain usually followed by griping, tearing pains in stomach with sour or bilious vomiting which might relieve headache, or, the pain might extend down into abdomen—cramping, pinching, colicky, followed by diarrhœa.

Sepia—Uterine Displacement.

Mrs. S., aged 37. Brunette. Married. Three children, all living.

Mentally sad, despondent, cries easily, thinks she can never get well and has been told that nothing short of an operation can do her any good.

Headache—dull, frontal; almost constant for part of two years.

Heat—vertex, <when on feet much—shopping.

Sick headaches—empty gone sensation in stomach with nausea, <odor from cooking.

Stomach—sensitive to pressure.

Faint, all gone feeling with nausea.

<3 or 4 hours after eating—feeling as if stomach was coated with mucus.

Bad effects from over-lifting.

Abdomen—Feeling of weight low down with backache.

Dragging sensation—feeling as if everything would come down; must sit down and cross legs.

<standing—shopping.

>walking fast.

Menses regular but sometimes scanty, pale and painful; or dark, slimy and more profuse.

<when keeping still, <nights.

Feeling as if uterus pressed upon rectum.

Feels better when flow profuse.

Examination showed repaired perineum but uterus enlarged and prolapsed with slight retroversion. No adhesions.

Sepia^{5m}, one dose.

The examination showed conclusively that the physical condition was not enough to account for all or even a majority of the subjective symptoms manifest, hence no mechanical manipulation could remove the apparent suffering of this woman. The *exciting cause* was practically absent, consequently we must attribute the disturbance to causes from within—*fundamental* or *predisposing* (§ 5). “The outwardly reflected picture of the internal essence of the disease” (§ 7) pointed to *Sepia* and under its influence the vital force was brought into harmony with the organism over which it has control and we find a disappearance first of the despondent mood. The pain seemed to gradually

disappear from the head with the amelioration of all the other symptoms. This was followed with a profuse leucorrhœa, yellow and thick in character, which kept up for nearly two months but giving no discomfort other than that due to the napkin. This gradually disappeared but was followed by an itching eruption all over the body calling for *Sulphur* which worked a complete transformation of the mental and physical character.

Pulsatilla—Conjunctivitis.

Miss A., aged 6. Bright, happy, healthy looking child. Had complained of occasional attacks of granular conjunctivitis for nearly three years.

Lachrymation profusion—<daytime; <open air-wind.

Lids—itching, burning.

<evening; <warm room; <draught.

>cold, >cold application.

Frequent rubbing of lids.

Discharge thick, bland.

<night—agglutinates eyes.

Sight—dim in artificial light.

Photophobia slight.

General aggravation in warm, close room.

Pulsatilla^{cc}, one dose about once in two weeks for a period of three months, was followed by a complete disappearance not only of the eye symptoms but of a chronic nasal catarrh, thick yellowish green in character.

Pulsatilla—Insipient Phthisis.

Miss B., aged 26. School teacher. Full form, fair complexion, red cheeks, mild, gentle disposition. Sensitive nature.

Nose bleed—frequent as a child.

Menses irregular, scanty, painful.

Intermittent <day—almost none at night.

Cough <before menses or when menses delayed or suppressed.

Lungs—Burning sensation in middle of sternum extending up to throat. Increase in intensity until lungs feel full with some interference with respiration. There is a faint, weak feeling from head to foot with nausea, gagging, slight cough, followed by hæmorrhage—warm, bright red blood.

Cough—tickling behind sternum, also in throat.

<talking; <laughing; <after eating;

<inspiration; <going from cold into warm room.

<night; <before menses.

<setting up;

Expectoration thick, greenish yellow, offensive; tastes like old catarrh.

The record showed many symptoms throughout the body calling for other remedies but under the action of two doses of *Pulsatilla*^{41m} repeated at intervals of twenty-seven days, the hemorrhages ceased and the menses became more profuse and brighter color. The cough almost entirely ceased and severe rheumatic pains, similar to those which had troubled her for ten years previous to the bronchial irritation, came back with great violence. This was met with *Sulphur* followed by *Kali carb.*, which effectually removed all tendency to persistent rheumatic inflammation. An occasional dose of *Pulsatilla* has been indicated during the past two years but she is now practically a strong, healthy woman and was not obliged to leave the *trying* (?) climate of Chicago for a single day on account of her health.

Sulphur—Epilepsy from Suppressed Erection.

Mr. W., aged 12. Spare, tall, inclined to walk stoop-shouldered. Slow, stupid at times. Seemed to be half-asleep. Any unusual motion or sound caused him to start as in fright. This was followed by spasmodic twitching of muscles of the entire body. When disturbed was irritable and very obstinate.

Spasms were usually brought on by over-exertion, getting overheated, eating too much sweets or getting very angry. Seldom a day passed that he did not have one or more attacks.

Eyes staring, set, with twitching of muscles of face, arms and hands. This rapidly passed into a profound paroxysm which so exhausted the boy that he would sink into a heavy slumber without regaining consciousness. Frothing at the mouth was of very rare occurrence. Inquiry into the case revealed the fact that several years before he had a persistent eruption which had been suppressed by fumigations with *Sulphur*.

His record shows the following characteristic symptoms:

Stupid, indolent, tired.

No desire for anything only to be left alone.

Obstinate and irritable when disturbed.

Easily startled—nervous.

<heat—sudden noise or motion.

Headaches, with vertigo.

<heat.

Eyelids red and irritated on margins.

Tendency to pinch them between thumb and finger.

Eyes hollow, sunken, dull.

Dark rings around eyes.

<after spasm.

Appetite ravenous.

Craving for sweets, which always disagree.

Diarrhœa—frequent attacks; very offensive.

<mornings.

Constipation alternated with diarrhœa.

Skin dirty, dry and offensive odor.

Parents dreaded to give him a bath because he resisted and it was apt to be followed by a spasm.

*Sulphur*⁵⁵ⁱⁿ, one dose.

No effect was noticed for nearly two weeks when an eruption appeared upon all parts of the body. This was followed almost immediately by a clearing up of the mental dullness, a natural appetite and normal stools.

The eruption remained out for nearly two months, characterized by intense itching <heat.

The spasms ceased within ten days after the appearance of the eruption and after a period of nearly two years shows no signs of return.

The boy has received four doses of *Sulphur* in the past two years and is now a bright, active child with a clean, healthy skin and gives evidence of becoming a healthy man.

Sepia—Bryonia.

FRANK R. WATERS, M. D.

PROF. PHYS. DIAG. AND DISEASES OF THE THORAX, DUNHAM MEDICAL COLLEGE.

Mr. P., aged 24. Dark complexion.

Aug. 2, 1898.

Headache, heavy between eyes.

Dizzy—bending over.

Aches back in eyes.

>fresh air, <jar.

Constipated with large stool or entire inaction.

Mouth tastes bitter.

Hungry but afraid to eat because it is so heavy in region of stomach and uncomfortable.

<warmth and pressure.

Palpitation of heart.

Region of bladder tired and heavy pressing.

Sediment brickdust adheres to vessel. Has emissions at night, generally weak—hard to hold head up.

Bry^{10m}

Sept. 15, '98.

General improvement. No change in urinary symptoms. Still adheres to vessel. Awakens early in morning and has to arise to urinate.

Sepia^{10m}

Oct. 20, 98.

Feels perfectly well except has not gotten quite strong as yet.

Sepia—Belladonna.

Miss F., aged 20. Light complexion.

Sept. 22, '97.

Has been under continuous treatment for two years, and given up as incurable by Old School physicians. The case had gotten so that she would become unconscious at menstrual periods. There were constant throbbing pains in head <from motion, dizzy on stooping over. Was a bookkeeper and carried heavy books. Heavy sensation in region of pelvis. Menstruation scanty, too short; two or three hours, <from jarring. Better out doors. Had a severe chilling while sleighriding.

Bell^{10m} several times before menstrual periods.

Improved very much. Sensation of heaviness in region of pelvis continued. Examination disclosed prolapsus and anti-version. There was a brown saddle over nose.

Sepia^{10m}.

Marriage was not fruitless. Is feeling excellent at this date.

Lachesis—Malignant Pustule.

Mr. P. Spare built. Office man.

March 10, '98.

Anæmic. Bad color—face.

Boil on right leg about two inches above ankle.

Boil on third toe left foot, second joint.
Pains on walking.
Hot, red, throbbing.

*Bell*²⁰⁰.

March 11, '98.

No improvement.
Boils are now quite blue.
(Edema of dorsum of foot.
Feels exhausted.

Lach^{10m}.

Color of pustule improved in a day and rapid improvement in every way took place.

Arnica—Neuralgia.

July 15, '98.

Mrs. Q., aged 28. Light complexion. Several years ago was kicked and abused by a heartless husband; received a severe kick in left side, also in right breast. While in the east this summer, either from the dampness or salt air, an excruciating neuralgia commenced in the breast and side.

Arnica^{10m}.

(See answer below).

My Dear Doctor:—I wish it was within my power to express my gratitude to you for the relief your medicine has given me. I had not had a moment's rest from the pain in my breast since I came east until I received your medicine. I put the powder upon my tongue and "waited," as directed, and up to date have not had a pain and the swelling is all gone also. My heart is much stronger and oh, Doctor! I *do* feel so very *thankful* to you. A gentleman who was present laughingly asked in about ten minutes if the pain was gone and I said yes. He said, "that beats anything I ever heard of; that Doctor is a witch."

Your sincere friend,

Mrs. Q.

Jaborandi—Sweats at Night and When Sleeping.

C. B. STAYT, M. D.

PROF. PHYSIOLOGY, DUNHAM MEDICAL COLLEGE, CHICAGO.

Called to see Mr. D., aged 28. He had been sick about ten days with malarial fever. Was convalescing, but troubled with profuse sweating, so as to soak through night shirt, sheets and even the comforter.

Things turned black before eyes when stooping.
 Eyes pain, smart and burn.
 Headache severe, especially after using eyes.
 Vertigo.
 Face red.
 Pain in stomach.
 Urine dark color and scanty.
 Pain in legs.
 Sleep heavy.

Other remedies had been tried but failed. *Jaborandi*^{60m} relieved at once and cured.

DON'T.

Dr. Luther C. Toney, offers the following valuable suggestions.

Don't permit a syphilitic to marry before seven years. Gonorrhœaics either.

Don't fail to first try Chismore's or Nitze's method of extracting papillomata or other benign tumors from the bladder.

Don't forget that the litholopaxy tube (and evacuator), large (29 and 30 French), straight, open at both ends, is surest and safe to remove foreign bodies from the urethra and bladder.—(Horwitz).

Don't think that gonorrhœa is not more dangerous to women than syphilis, and that the superficial egotist who improperly treats a case, and then imagines his work can be undone in half the time he consumed, should be relegated to any place but a lunatic asylum. These are the "doctors" who cut strictures indiscriminately, large or small, which are often only erosions, gaping glands, or granulations, or perhaps papillomata. These are the "genito urinary surgeons" who never examine the secretions under the microscope, who scorn the use of the endoscope or cystoscope, and who never read a journal in any language especially devoted to genito-urinary work, and whose libraries are often wanting in the essentials of modern literature and science, and yet such "timber" are always gleeful and joyous in their ignorance. "Where ignorance is bliss, 'tis folly to be wise."

Don't forget that digital chancres are especially dangerous. That they are most common among doctors. That general practitioners are usually the victims. Fournier's statistics of 49 cases, 30 occurred among physicians. That the reason that specialists in venereal diseases, who are most exposed to contact with syphilitic, are rarely contaminated, is because they recognize the danger and take greater precautions. That many well attested local epidemics of syphilis have originated from the chancre on the finger of an accoucheur. The historical epidemic of St Euphemie, originated from the chancre on finger of a midwife, and 50 women were the immediate victims. The epidemic of Brives (1874), reported by Bardinet, where 31 cases of syphilis, and 4 deaths, were traced to a midwifery chancre. Lastly, the accoucheur should discontinue his practice when once a chancre appears. Also the surgeon. Vapor of ammonia tells of skin breaks. Soap and water is superior to antiseptics as a wash after handling syphilis.

Psychology.

MIND.*

K. O. AUSTIN, M. D., CHICAGO.

MIND, as shown to mind is the manifestation in the physical of different psychometric elements in the unseen, and the recorded impressions of past and present received from the external or material world.

We shall first consider two of the primary elements of the mind in their state at the time of birth. The infant is, then, in a rudimentary state of mental consciousness.

It has these two elements to begin with: A physical brain, and its duplicate, permeating it, in the unseen. (I purposely avoid names. It is the conception we want, and not names which different minds attach different meaning to.)

You will remember that the physical body has its double or invisible counterpart; that each cell of the body has its corresponding cell in the invisible or ethereal "double"; and that this "double" is not spirit.

I said that the infant has a physical and an ethereal brain, which, at the time of birth, may be considered almost a blank, having received no conscious impressions.

In the sense that it receives and retains impressions we may compare it with a sensitive plate in photography.

The infant, then, at the time of birth may be said to have no mind, but only this fundamental element of mind, the sensitive plate or sphere, the visible and invisible brain.

As the infant grows it receives impressions from different sources on the sensitive sphere, whose receptivity is increased by use, and whose other qualities are enhanced by practice in conformity to physical laws. Different attributes become manifest, as the sensitive sphere develops, and becomes more capable of receiving, and in this manner the formation of that manifestation in matter known as mind is made. Through prenatal influences, both psychometric and physical, and through psycho-magnetic conditions created by planetary positions at the time of birth, the sensitive spheres acquires the property of re-

* Extract from Second Lectures at Dunham Medical College, Oct. 23, 1898.

ceiving or rejecting, retaining, associating and assimilating impressions in a way peculiar to itself. Through these factors the individuality of mind is formed.

We next come to the consideration of the different elements making impressions on this sensitive sphere, the visible and invisible brain.

First, there are the impressions from the external world, reaching the sensitive sphere through the five senses.

Secondly, the sensitive sphere is impressed by thoughts from others, or emanations from other minds.

Those who live solely on the mental plane, receive all their ideas from the two mentioned sources—the external world, through the five senses, and thoughts from others. In other words, their sensitive sphere cannot receive impressions from the other sources which I shall mention. This state, of course, I do not mean to say, is absolute in anyone.

Thirdly, the *higher* and the *lower* SELF act on the sensitive sphere of the mind.

Higher and lower self are distinct entities and not part of the same EGO, but express in matter through the same material instrument, until, in rare cases, a development has been attained through which the lower with the elements it attracts is removed and have no further effect on the mind. We shall learn more of this later.

The higher *self* and lower *self*, as a rule, determine the quality of other unseen elements gaining access to the mental sphere of the individual.

Fourthly, the impression from different psychometric elements, or intelligences in the unseen, outside of, or distinct from, SELF. You see, then, that the mind is in itself not an entity, but only an expression of different elements acting on its sensitive sphere, the visible and invisible brain.

Hence the definition: Mind as known to mind is the manifestation, in the physical of different psychometric elements in the unseen, and the recorded impressions of past and present received from the external or material world.

A change of the elements influencing the sensitive sphere, or an alteration of the association or grouping of impressions already left there give rise to the myriad moods of mind.

The brain being acted upon by different influences it comes in contact with, it is impossible for anyone, without special de-

velopment, to know when he is exactly himself. In other words no one can know, without special unfoldment, the difference between the soul ego and some other intelligence acting on the consciousness. That is the reason why person's minds are so changeable. They change with the alteration of the psychic elements they come in contact with. The problem of life is to know self. In order to know self you must be true to self, and being true to self you will be true to God and man. "*Above all to thine own self be true,*" says Shakspeare.

A specially bright, or advanced intelligence may, independent of a process of reasoning, impress the sensitive sphere with thoughts and ideas of a lofty character, which is not experienced in the consciousness at other times. This state has given rise to a conception, among some persons, of a *subjective* and an *objective* mind.

The ordinary every day activities, or what they term intellectual processes of mind, they designate as manifestations of an objective mind, and the mentioned lucid state, operations of a subjective mind. As must be clear to you from the facts we have gone over, what they term subjective and objective minds are only different states of the same principle.

Pain and suffering, nervous derangement, depressing emotions, grief and chagrin are often thrown on the consciousness by unseen intelligences through the mental sphere. At the start, before the condition becomes rooted in the physical, brilliant results can be obtained by hypnotism in these cases, as by that agency the cause can be removed.

In hypnosis the mind sphere is controlled by one of the psychometric elements of the hypnotist. This may be either his ego or some intelligence closely entering his aura and guiding him in his work.

In many instances insanity is due to a disordered outside element acting on the mental sphere; and with sufficient psychometric force applied in the right direction, the offending element may be removed, and the abused mind restored to self.

Many cases of drug habit or dipsomania are due to the same cause and can be cured on the same principle.

In order to become master of the science of healing, a physician must be able to analyse the mind of his patient. Understanding the elements acting on the mental sphere of a patient, the physician can apply his force in the right places, and govern

the unseen conditions,—which in most cases is necessary in order to retain the patient, and to cure.

If elements opposed to you are allowed to act too strongly on the mental sphere of a patient you will have no success with the case. For, even if your remedy removes the causes and conditions of pain and other sensations in the physical, the opposing elements in the unseen may throw on the consciousness, every subjective symptom your remedy acted. Upon the affliction of the unseen double is, in such cases, never reached until the opposing element is removed or made inert.

The identity of the invisible counterpart of the physical body, or what I have in this lecture termed "double," will be discussed in future. Our next subject will be *Thought*.

THOUGHT.*

K. O. AUSTIN, M. D., CHICAGO.

There are two main sources of thought: The external or objective world, and the unseen or subjective world.

These two worlds interblending through the medium of our consciousness, we think as the sensitive sphere, or brain, is impressed, and know as we perceive or as impressions, become clear.

The sensitive sphere opens a communion between the visible and invisible worlds. The result is thought.

Our *ego*, or self, depends upon the material consciousness for its thoughts, or perceptions of things in the objective world; knowledge of the unseen world it receives independent of the material expression. So, the material expression, or physical body, is to our unseen being, relative to the objective world, what the eyes are to our sense of sight.

As, when losing the eyes, you are blind, so, when losing the earth expression you cannot perceive things of the external world, except as your disembodied self takes on matter through which you conceive of matter, or, as your disembodied self may perceive of material things through coming in contact with other human organisms.

You see, then, that the intelligence beyond clay has to take on the conditions of the material in order to think or know anything about the material, and equally essential it is for the unseen intelligence to bring to the physical consciousness some of

* Extract from Third Lecture at Dunham Medical College, Oct. 30, 1893.

the conditions of the plane of the unseen world before it can, in the earth expression, think or know anything about the plane known to us as not material.

When I say, that our ego depends on the material consciousness for its thoughts or knowledge of things material, do not thereby form the conclusion that the higher self is limited in its knowledge of the objective world to the experiences of the earth expression you now possess. Were such the scheme of life, there could be very little progression. The higher self has the benefit of past experiences through earth embodiments.

Reviewing the elements of the mind we find in them the origin of thought. We have, then, as elements impressing the "sensitive spere" and originating thought: The external world, thoughts from others, higher and lower self, and other psychometric elements, which now may be specifically designated as disembodied intelligences.

We shall next consider some of the properties of thought. As I suppose you all know, thought can be transferred from one individual to another, so you can make a person think as you wish, if your power of concentration is sufficient, and provided he is open to your influence for this purpose.

Thought transference is the language of the unseen world, and it could be made the language of persons in the material if the proper psychic and magnetic conditions were observed. A person of any observation or sensitiveness, at all, who has had a close friend, must have experienced the reality of thought transference. For details of scientific experiments demonstrating the subject, I will refer you to "The Proceedings of the Society for Psychical Research" which is kept at the Reference Room of the Chicago Public Library. You will find a treatise on this subject in almost any of the yearly reports, I think.

It is a fact that we are constantly influenced by each others thoughts, and thoughts are a great source of happiness or discomfort, depending on their quality.

One of the greatest accomplishments on earth is to have the psychic prescriptions developed so keenly that you are capable of receiving the slightest vibrations of thought, and at the same time be able to govern their influence on you, to keep it from injuring or interfering. There is a class of people in East India who have reduced thought transferences to great perfection. With them it takes the place of ordinary conversation.

Telepathy has long been an established fact in India. At the time of the English invasion of that country, the arrival of the British was known all over the land inside of a few hours. There are no telegraphs connecting the different places at that time, and the English knew, the only way they could have spread the news so quickly was by means of telepathy.

Do not let me shock your serene comprehension, when I unreservedly state that thought is the strongest force known.

Thought governs and moulds matter, creates new forms, and commands other forces to obey.

The earth expression, through which I speak, was formed by the thoughts of my ego. (It was the best I could do under the environments.)

The physical form is moulded by the thoughts of the ego, taking on the earth expression, or by the thoughts of the ego of the mother, as the case may be, depending on the degree of advancement of the soul embodying.

It takes a long time to materialize a complete human form through the common genesis of conception, birth, and growth to adult life. The form is proportionately durable.

The ego, or unseen intelligence, whether embodied or disembodied, can through thought produce a human form in a few minutes, just like the one it took years to form, the only difference being, that the form made in a few minutes also disintegrates in a few minutes, or in rare instances, may be held by the unseen for a half hour.

The adepts of India, through secluding themselves from contact with the uninitiated world; excluding from the consciousness the thoughts sent out by others; governing sense, and thereby excluding disturbing impressions from the objective world; overcoming the lower self and outside elements in the unseen which may operate on the consciousness, give the higher self free and unimpeded exercise over the material consciousness, and hence, the power of thought of the ego becomes manifest on the material plane in an unusual degree. They can through conscious thought take on a material form at a distance from their physical body of every day use. Also, they can precipitate writing on slates or paper at a distance from their physical expression, but knowing, in the consciousness, the things transpiring. Our ego can do the same thing, only we cannot, generally, follow the process by the consciousness.

We have the same forces that the adepts have, by which to produce the effect of thought in matter, and can secure the same results if we make the conditions. The same kind of particles of matter contained in all we see, exist in the atmosphere, in an attenuated form; and through the vital elements of our bodies, unseen intelligences can by the force of thought combine the atoms and molecules in assorted quality, proportion and density, equal to our ordinary physical bodies, and individualize through them.

Through the power of thought, and as rapidly as thought, objects can be dematerialized at one place and materialized again at another place hundreds of miles away. These are facts which have been demonstrated to me hundreds of times.

As I have said before, the results I have had would not serve as demonstrations for everyone; because, unless you have gone through a special development, you have to acquiesce to the conditions of the one who has fitted himself for the realization of such results.

Special conditions are required for the accomplishment of anything.

We can also secure writing on slates or paper, precipitated by thoughts from the unseen. I have an old specimen with me, secured under test conditions. Almost anyone can secure proofs of this character.

Seven years ago, I obtained, alone, communications on slates from unseen intelligences. Some were of those who had laid aside or separated from their earth expression, and, one, acting independent of its yet living human body, the vital cord, or ray being held intact, while acting at a distance from the body.

In hypnotism, thought is the main force operating. The concentrated thought of the hypnotist is transplanted on the sensitive sphere of the subject, and matter obeys the impression. No oral suggestions need be made when the best conditions are present. This fact is the foundation of "Christian Science" healing. No fad ever sprung into existence without some principle of truth beneath it.

The trouble is, enthusiasm is as great an obstacle to judgment as prejudice is; and when certain people receive certain truths, they think they have the whole truth. The maxim "a little knowledge is a dangerous thing" applies to these cases.

Remember that thoughts form a creation in your aura which

attracts and strengthens its own element in the unseen; and the thoughts you think will impress others who is within your sphere. If the thoughts are low, mean, degrading they will attract that element in the unseen and strengthen it. If discouraging or cowardly the affinity is attracted and brings failure.

The one whose thoughts are hateful, envious, fault finding, strengthens the undeveloped elements, and creates a psychic influence which poisons the world.

Such a person is a menace to earth, no matter if his acts are such that he is deemed by men the greatest philanthropist that ever graced the sod. Yet he has to be allowed experiences in matter, in order to advance.

If the thoughts are lofty and aspiring, they generate force for an exalting element, which will raise the world upward and onward.

The responsibility of thought is such that it is worth watching. Allowing the thoughts to wander, which is a very common habit, leaves chaos in the unseen. One advantage about it is, it leaves some persons harmless.

Cure rests in the degree of susceptibility.

Remedies operate by contagion. He caught the disease, and catches the cure.

Dynamic wrongs are corrected from the inside.

Principle teaches you to avoid suppression. A Homœopath cannot temporize. Those sufferings are necessary sometimes to show forth that patient's sickness so that a remedy may be found.

The affections in a very large degree make the man.

You must see and feel the internal nature of your patient as the artist sees the picture he is painting in oil. He feels it. Study to feel the economy, the life, the soul.

If Homœopathy does not cure sick people you are to despise it.

You cannot depend on lucky shots and guess work, everything depends on long study of each individual case.

This opens a field of tedious labor, and many failures, but if once in awhile you succeed in curing one of these lost ones it pays.

Memorizers have not perception; they can only remember what they see, and they do not see much.

Memory is not knowledge until it is comprehended and used; then grows the ability to see.

—*Kent's Aphorisms and Precepts.*

State Medicine.

COMPULSORY VACCINATION IN THE PUBLIC SCHOOLS.*

ANGUS ROY SHANNON, ESQ., CHICAGO.

In Illinois and many other states, this tyranny, as generally practiced, is illegal. As the law stands in these states, under normal conditions, no existing power can compel the vaccination of a child as a pre-requisite to his entrance into the public schools.

The writer is aware that the facts herein presented are old and may have been long known to a great number of medical men. If this be so, those knowing doctors deserve censure for not having made use of their information. It is hoped that those to whom these facts now first come, will not be derelict in their duty. The law is a most powerful ally and to ignore it in this fight against individualism will be to inflict an irreparable injury upon mankind.

The following facts are given as they exist in the State of Illinois, except as otherwise specified: The State Constitution provides that "the General Assembly shall provide a thorough and efficient system of schools, whereby all children of this state may receive a good common school education," and the Legislature, pursuant thereto has enacted, among other provisions, that the proper officers "shall establish and keep in operation * * * * a sufficient number of free schools for the accommodation of all children in the district over the age of six and under twenty-one years, and shall secure to all such children the right and opportunity to an equal education in such schools." Nowhere in this law is vaccination made a condition precedent to admission to the public schools. Therefore, as their authority for compelling vaccination, Boards of Education or School Directors have acted upon orders from the State Board of Health or some city Board of Health. The State Board of Health has declared the following orders:

* Contributed for this Magazine.

Resolved, That by the authority vested in this board, it is hereby ordered that on and after January 1, 1882, no pupil shall be admitted to any public school in the state without presenting satisfactory evidence of proper and successful vaccination;" followed by that of January, 1894:

Resolved, That the power of the State Board of Health under the law creating said Board of Health, to order the vaccination of all school children is clear and unquestionable. The consequent duty of the Board of School Directors to see that such order is strictly enforced in their respective districts is equally clear, and the said order of the Board of Health is their sufficient authority for so doing."

The power which the board insists is so "clear and unquestionable," must arise, if at all, from Section 2 of the law which created the board, for the other Sections of that Act, detail specific powers and duties given to the board, and in none of them is the subject of vaccination mentioned. Section 2 provides:

"The State Board of Health shall have general supervision of the interests of the health and life of the citizen of the state * * * * shall have authority to make such rules and regulations, and such sanitary investigations as they may from time to time deem necessary for the preservation or improvement of public health; * * * * and it shall be the duty of all officers and employees of the state to enforce such rules and regulations, so far as the efficiency and success of the board may depend upon their official co-operation."

This Section, when read alone, certainly seem broad enough to confer the power, but under fixed legal rules and principles, Section 2 must be construed as a part of the whole Act and instead of enlarging the powers of the board as given in the other Sections, is controlled and modified by them so completely that under it, no powers can be claimed except such as are necessary for the enforcement of the board's defined rights and duties, which are purely administrative. Any orders broader than the powers and duties conferred on the board are void because they are legislative in their nature. There is but one law-making body for the state, and it, the legislature, cannot delegate its power, except as the Constitution authorizes, in the case of cities. Therefore the State Board of Health derives no power under Section 2, to compel vaccination, and hence this authority of

Board of Education fails. The other authority, the City Boards of Health, have issued orders compelling vaccination, like in nature to those of the State Board. For this authority they have cited that clause of the "City Incorporation Act," which reads as follows: "To do all acts, make all regulations which may be necessary or expedient for the promotion of health or the suppression of disease." But the Supreme Court has ruled here as it did in the construction of Section 2 of the State Board of Health Act, and has denied the power. It declared in 1897 that there was no existing law under which public school children, as a class, could be compelled to submit to vaccination.

Under present conditions, therefore, opponents of vaccination hold the vantage ground. It remains to be seen whether or not they will maintain their position. Ere long there will be an agitation of this matter and the advocates of the custom will have prepared them a bill authorizing compulsory vaccination. If such a bill is passed, and its constitutionality is tested, the chances are that it will be held constitutional as have similar laws in New York, Connecticut, California, and some other states; to opponents of vaccination, who live in states where no such law has been enacted, no more apt words can be addressed than "an ounce of preventative is worth a pound of cure." It is their bounden duty to know their legislators, to vote for only such candidates for the General Assemblies of their several states, as will pledge themselves to vote against any bill compelling the vaccination of public school children; it is their bounden duty to proselyte, vigorously and constantly. They must remember that they are in the minority and hence, though the right is with them, they must exercise great effort if they will prevent adverse legislation. Their task is the harder, their watchfulness should be the greater, because while compulsory vaccination of public school children as a class is illegal, there is a power under which state or local boards of health, under certain circumstances, can compel the vaccination of *all members of the general public*. That power is the general police power of the state. It can be invoked when, but only when, necessity demands. The necessity would be held to exist when small-pox was prevalent in the community or there was reasonable grounds for the belief that it would appear. Concerning this use of the general police power of the state and also the construction of laws compelling vaccination as being constitutional, it may be said that both rest upon a false foundation—weak ground—namely, the faith of the majority that vaccination is *the* preventative of small-pox. Break this faith, supplant this ignorance by knowledge, and the police power can never again be thus invoked; the courts will reverse their own decisions. To accomplish this, but one thing is needed—work.

STATE MEDICAL LICENSURE.*

H. M. PAINE, M. D., WEST NEWTON, MASS.

REASONS WHY THE ELEVATION OF THE STANDARDS OF MEDICAL
LEARNING CANNOT BE ACCOMPLISHED UNDER THE
DIPLOMA SYSTEM.

The object, for the attainment of which State Medical Examining Boards are established, is that of elevating the standards of medical learning, in order to exclude numbers of *illiterate practitioners*, who, under the *diploma standard*, are admitted to practice.

These illiterate practitioners get into the ranks of the medical profession because, and only because, the faculties of certain medical colleges, having legal authority to exercise the *right of private judgment* in the matter, see fit, under cover of *expediency* or *necessity*, to fix a *minimum standard* of acquirements *so low*, as to become a standing disgrace to the profession, and constant *menace* to public welfare.

It has been repeatedly found to be a useless waste of time and effort, to try to induce the faculties of medical colleges to raise *minimum* standards that have been approved by their private judgment, and endorsed by their official acts.

In fact, methods for elevating low standards through the instrumentality of the colleges themselves were faithfully tried in New York State, for more than thirty years, viz., from 1850 to about 1882. Every possible measure and expedient that could be devised by the brainest men in that state was resorted to, without any substantial progress being made; on the contrary, matters seemed to be growing worse and worse year by year.

It was found that any method for striking at the root of the evil, would invoke the appointment of an *authority* with power of *control*; that is, authority to designate those of the individual members of a class of students who *should*, and those who *should not*, receive the degree of Doctor of Medicine.

It can be readily seen that *ensorship* so radical in form would be regarded as an unwarrantable interference with the exercise of the *right of private judgment*; and, if enacted into law, would speedily be repealed. This method, therefore, that of controlling the action of medical college faculties, was *reluctantly abandoned*.

*Read before the Illinois Homoeopathic Medical Association, Sept. 8, 1899

CENSORSHIP OF MEDICAL COLLEGES — REGULATION OF THE
DIPLOMA—THE ILLINOIS PLAN.

Finding, at length, that *censorship* of some kind must be devised and enforced, a plan was selected for *shearing off from the degree a portion of its licensing privileges*.

This plan is partial in its action, being limited to the exclusion of *all* the graduates of *all* medical colleges that fall below a certain standard of requirements, as to time spent in study, and the number and length of the lecture terms.

Moreover, this procrustean plan is manifestly *unjust*, in that its application, being based on the length of the terms of study instead of *actual knowledge* possessed by the applicant, excludes many graduates who, by reason of having had satisfactory preliminary educational qualifications, are competent and thoroughly qualified to enter on practice.

This, the so-called Illinois plan, was inaugurated a dozen or more years ago, by the late Dr. Rouch.

THE UNRELIABILITY OF THE SINGLE (DIPLOMA) TEST.

The Illinois plan, although admittedly an improvement, and better than none at all, *fails* just where all plans have failed that provide for a *single* examination by a self-interested faculty.

It is indeed a singular fact that, notwithstanding the claim repeatedly made, to the effect that the lengthening of terms of study and of lectures to four years, would establish satisfactorily high *minimum* standards, such a result, indicated by recent examinations, *has not been attained*.

These conditions of illiteracy actually seem to *thrive* under the fostering wings of the very measures designed to aid in their prevention.

Furthermore, it has been established, beyond all question, that just so long as the *single* standard is retained, that is, the *diploma standard alone*, such standard being left to the judgment of an *interested and indulgent faculty*, just so long will *doubt, perplexity and unreliability prevail*.

THE DUAL TEST THE ONLY RELIABLE METHOD FOR PERMANENTLY
ELEVATING THE STANDARDS OF MEDICAL LEARNING.

At a still later period, the conviction having become general in this country, that an *additional test* of scholarship other than that afforded by the *diploma* must be applied, members of the

profession at large, taking the matter into their own hands, inaugurated the system of *State medical licensure*, which, since about 1885, has been gradually growing in favor, and seems to be far more effective in the work of elevating *minimum* standards than any other instrumentality yet devised.

This *second* test of medical scholarship, applicable to diplomated candidates *only*, in order to be made effective, must of *necessity* be applied by an *authority* other than, and wholly dissociated from, any responsible connection with a teaching faculty.

To retain in the membership of a State Examining Board those who are *identified with teaching interests*, is plainly a farcical act; completely at variance with the principle involved, and one that would render the elevating forces of the measure wholly nugatory. Hence, proposed laws for establishing State Examining and Licensing Boards, should contain a clause debaring members of a teaching medical faculty from appointment to positions therein.

The method, therefore, by which a *minimum* standard of educational requirements is to be permanently *elevated and maintained*, at as great a degree of *uniformity* as is practicable, is that of establishing State Medical Licensure, the essential principles of which are:

First. The *transfer* of the right to practice from the *diploma* to the *state license*; and

Second. The establishment of the *dual* test of scholarship, the second and last being applied by state authority, established under the *auspices of the profession at large*, appointed for that special purpose.

REASONS FOR DEMANDING A SEPARATE HOMEOPATHIC EXAMINING BOARD.

The first question confronting those who have in hand the work of compiling a proposed medical law for establishing state medical licensure, is, shall there be a *single* board so constituted as to represent the several schools equally or unequally; or shall each school have its own board?

In behalf of the *single* board system, it is claimed, by representatives of the old school, that the time has arrived at which there is so great a degree of liberality extant, as to *warrant* the laying aside of all distinctions into schools by name, and to

prompt educated medical men to meet on common ground, in a *single* examining board, for promoting interests mutually helpful to each other.

In the absence of appreciable proof, showing that the recognition of a school by a *distinctive name* has ever, in the slightest degree, produced harmful results, such reasoning has little force.

In the absence also, of tangible evidence showing any form of substantial advantage to the public or to the profession, that is inherent to the *single* board system, and that cannot be secured by the *separate* board system as well or even better, the force of such reasoning dwindles into mere sophistry, and is not worthy of serious consideration.

Then too, any possible advantages that are claimed in behalf of the *single* board, are of *secondary* importance compared with the *benefits* to the homœopathic school derivable from the fact that, by means of a *separate* board of its own, it will stand before the public as abundantly *competent* to establish and carry forward to *completion* its own educational work, untrammelled by any outside assistance or interference.

These benefits are important ones, as contributing a recognized *force* of appreciable value, in promoting the progress, prestige and influence of the homœopathic as a distinct and reliable school of medicine; all of which will be almost if not *wholly lost*, while, at the same time, nothing whatever of value will be gained by association in a *single* examining board.

In New York state, experience has established the fact, that the representatives of each of the boards greatly prefer to conduct their own examining work *separately*.

THE SINGLE EXAMINING BOARD SYSTEM CONSTITUTES A MENACE
TO HOMŒOPATHIC MEDICAL COLLEGES.

The claim has been repeatedly and forcibly maintained, that the influence of the *single* board system will surely prove *prejudicial*, in the long run, to the permanance and growth of homœopathic medical colleges.

Under the *diploma* standard, the *single* board system does *not* constitute a source of danger to the homœopathic school, the reason being, that the homœopathic student has nothing to fear, provided he can produce a diploma from a college showing compliance with a recognized standard of requirements, the *medical college* being on *trial*, not the *individual candidate*.

The condition, however, is a widely different one when the student, after graduation, must present *himself* instead of his *diploma* for examination.

The conditions, in that case, are sufficiently different to prove at once a source of *benefit* to the *stronger*, and an element of *danger* to the *weaker* schools represented in such *single* examining board.

The homœopathic student will instinctively dread an examination by a board, the majority of the membership of which, by previous training and association, he is not in touch, and on whom he cannot depend for needed sympathy or timely assistance.

The result of this feeling of doubt and insecurity cannot be other than prejudicial to the homœopathic school; and, indeed, such an effect is now being witnessed in several states where *single* State Examining Boards have existed long enough to furnish data bearing on this matter.

Whether this assumption of actual danger is well founded or not, it is plainly evident that a *union* with other schools in a *single* board, involves a *risk* which the representatives of the homœopathic school *need not*, and *ought not* to take; one that should prompt us, with most decided vigor, to select, adopt and *demand*, a *separate* homœopathic examining board.

If I was a member of a faculty of a homœopathic medical college, I would fight a bill providing a *single* examining board to the last extremity; hence I do not wonder that the faculties of such medical colleges are earnestly antagonistic thereto.

Provide an arrangement, however, by which homœopathic students can be examined *exclusively* by *homœopathic examiners*, and the members of homœopathic college faculties will cordially accept the services of such an authority, as one furnishing the *best evidence of high grade work* on their part.

A SINGLE BOARD HAVING SEPARATE SECTIONS, PROPOSED FOR ILLINOIS.

It is alleged, by those who are competent to decide, that a provision of the Constitution of the State of Illinois, would prohibit the formation of *separate* and independent examining boards, designated by a special name, such as have been organized in a number of other states. This is a condition, it is claimed, which *necessitates* the establishment of a *single* examining board.

Assuming that separate examining boards, as such, are barred by constitutional prohibition, it would seem that this obstacle can be overcome by an arrangement by which a *central, single board* can be divided into *sections*; the board, as a *whole*, to supervise and conduct portions of the work in which all are equally interested, and leaving to each of the several sections, representing the different schools, the entire charge of the *examination and rating of its own candidates*.

Such a plan will provide:

First. For placing the administrative functions and clerical management of the work under the supervision and control of the State Superintendent of Public Instruction. By this plan the appointments can be much more easily kept out of the degrading influence of *machine politics*.

Second. The Superintendent of Public Instruction, and the chairmen of the several sections, to constitute the *central or governing board*.

Third. The entire supervision, control and rating of its own examination papers, by each section respectively.

Fourth. Entire *uniformity* as to the application of tests of scholarship, the question papers at each examination to be exactly alike.

This plan provides for joint membership in a *single board*, each member bearing equal responsibility with every other member; the administration being conducted by a *single* responsible head, viz, the *superintendent and chairmen of the several sections*; yet resolving itself into different *sections* for purposes of *special work*.

To such an arrangement, it would seem, there cannot possibly be any constitutional prohibition.

A PROPOSED SINGLE BOARD, HAVING SEPARATE SECTIONS; EACH SECTION TO REPRESENT ONE OF THE SCHOOLS OF MEDICINE.

Form of proposed sections of a medical bill designed to meet the constitutional requirement in the State of Illinois, by establishing a *single* examining board, so constructed as to conduct its examining work by *sections*; such sections to represent, each separately, one school of medicine; each section to have jurisdiction over its own candidates; yet each to conform to a *uniform* standard of acquirements.

ORGANIZATION.

Section— The Illinois State Board of Medical Examiners shall consist of the State Superintendent of Public Instruction, and of seven representatives of each legally constituted State medical society or other organized school of medicine that may, by whatever name, acquire a legal status; such board, for examination purposes, to be divided into *sections*, each section to represent one school of medicine; the membership of such section to have exclusive control of the examination, rating, and approval or rejection of all applications for license presented to it.

Section— Each of the legally incorporated State medical societies and organized schools of medicine specified in section — of this act, shall annually elect twice as many nominees for appointment to membership in its section of the State board as are to be appointed thereto; the lists of such nominees, properly certified, to be furnished to the State Superintendent of Public Instruction without unreasonable delay.

The nominees to membership in the State board shall be legally qualified physicians, who have had an experience of at least five years in active practice. Membership in a teaching faculty, or proprietorship in any secret device or method of treatment, shall constitute a disqualification for appointment.

Section— The Superintendent of Public Instruction, on receiving certified lists of nominees from such legally constituted State medical societies or organized schools, shall, without unnecessary delay, make appointments from such lists as are required to establish the section of the State board representing such State medical society or organized school; and, subsequently, from time to time, fill any vacancies occurring therein.

The first appointments to membership in a section shall be so made as to provide for a term of service of one, two and three years; and thereafter appointments are to be made for a term of three years.

Understand the remedy first, the keynotes last.

Every ignorant man thinks that what he knows is the end of knowledge.

What appears to be intuition comes from using that which is in the understanding.

Editorial.

SPIRIT OF HOMŒOPATHY.

It must seem like threshing over old wheat to have the two leading articles in this issue copied from the works of Samuel Hahnemann but they were reprinted for a purpose. About fifteen hundred homœopathic physicians read this issue of the HAHNEMANNIAN ADVOCATE for the first time and it was desirable that they should know what we mean by being an *advocate of Hahnemannian* principles. It is a question whether more than three hundred physicians in the United States are familiar with this—one of the strongest of the Lesser Writings of Hahnemann—while, like all of his writings, it will bear reading at least once a year. Almost everything mentioned is to be found in the *Organon of the Healing Art*, which should be studied until the reader could quote section and the number of the same in any discussion which might arise.

Some people are homœopathsists by nature and the comprehension of the dynamic force, or vital energy in disease and in the remedy comes without effort. They have almost an intuitive knowledge of the remedy to be selected in any given case but as a rule there is a screw loose somewhere, and while they may make brilliant cures they will be found visionary and impracticable.

Hahnemann may be taken as a model for a homœopathic student of medicine. He brought to bear upon the subject a mental discipline second to none in Europe and still it took many years of hard study before he was willing to submit his work to the criticism of his confreres. Nearly twenty-five years followed before he became convinced of the truth of his own conclusions so that whenever you read a passage from any of Hahnemann's later writings you may know that it was only given out after he had subjected it to every test known to science.

It is therefore profitable study for any man to carefully analyze these writings in the light of the scientific knowledge of the present century, hence this article is commended to every reader of the ADVOCATE.

MEDICAL LEGISLATION.

In an article entitled, "State Medical Licensure," published in this number, the author, who has had an experience of many years in connection with legislation in the state of New York in behalf of homœopathic interests, presents a clear and forcible argument in support of the *dual test* of scholarship.

The plan outlined presents a system to be conducted under the auspices of the educational department of the State, thereby freeing it from political embarrassment; is wholly under the control of the organized profession; is elastic enough to take in all sects recognized legally by a distinctive name, yet so rigid as to require all to come up to the same standards of medical learning; affords full protection to homœopathic medical college interests, and embraces other desirable features that forcibly commend it the thoughtful consideration of the whole profession.

The so-called "regulation of the diploma"—the Illinois plan—has been adopted by eleven states, and in sixteen other states the possession of a diploma *prior* to a state examination is required, making *twenty seven* in all in which some system of state supervision has been established. We may be satisfied with the present law, but it is not wise or prudent for us to close our eyes to the *fact*, that this movement is slowly and surely advancing, year by year; is being adopted state by state; and is even now at our very doors; and is being carried forward in this state by a corps of competent, zealous, and energetic old-school physicians, who are so thoroughly organized, and have entered on the work so systematically, as almost certainly to insure the passage of some bill this coming winter.

It is also to be considered, in this connection, that all the bills thus far drafted under old-school auspices, are faulty in two particulars, *viz.*, *constituting the Governor the appointing power*, thereby making this board a part of the political machine, and, *the establishment of a single, mixed, board*, so constructed as to represent, more or less unequally, the several schools of medicine.

These two objectionable features however, have not been approved by the homœopathic school. In all cases in which homœopathic physicians have exerted their influence with sufficient vigor and directness, the bills have been changed so as to place the administration of the law under the *Department of Education*, where it properly belongs; and provision has been made for separate examinations by the representatives of the several schools.

The homœopathic school of medicine has always led in every movement looking to the real elevation of the standard of medi-

cal education, and now that the time seems ripe for further legislation in this state, her legislative committee will do well to promptly call a meeting in conjunction with a similar committee appointed by the Chicago Homœopathic Society and prepare a bill which shall seek to weed out the incompetents by *compelling* the medical schools to *be thorough* instead of *pretending* to live up to the minimum requirements of the State Board of Health. This can only be accomplished by the supervision of a State Examining Board, but each school of medicine should have absolute charge of its own supervision.

Having prepared a bill that is incapable of misconstruction, absolutely fair to all concerned and showing on its face the single purpose of raising the educational standard, we can join forces with all other organizations, seeking the same end, and secure all that we ask for without any political lobbying.

The homœopathic profession in this state therefore, are confronted by a *condition*, the question for them to decide being, *on one hand*, an examining board in which their influence and work will, at best, be handicapped by neutral, rival and often antagonistic influences; and *on the other*, a board so constructed as to permit each school to have exclusive jurisdiction over its own candidates.

The work of the homœopathic committees on medical legislation, in order to attain success, should be entered on *at once*, and should be prosecuted with the utmost zeal, energy and perseverance; the part of the profession being to respond promptly to its calls for information and assistance, and manifest hearty cooperation by furnishing sufficient funds for meeting all necessary incidental expenses.

PERSONALS, NEWS ITEMS, ETC.

Dr. J. A. Knox has moved from Adair to Stewart, Iowa.

Dr. A. K. Crawford is still in California trying to get enough vitality to stand the severity of the rapidly approaching winter.

Dr. F. J. Soule is now located at the beautiful city of Monmouth, Ill. He was formerly located at Watertown in the same state.

Dr. D. A. Foote of Omaha congratulates the editor of the HAHNEMANNIAN ADVOCATE upon the rich material provided its readers every month. He knows a good thing when he sees it.

The Southern Homœopathic Medical Association had a pleasant meeting in Birmingham, Ala., on 8th, 9th and 10th of this month. The attendance was smaller than usual because of the distance from the larger cities of the north, east and west.

Dr. Rose Winkler of New York City, a graduate of the class of '98, Dunham, has received the appointment of Resident Physician in the Woman's Hospital of Philadelphia—one of the largest hospitals in the world under the strict employment of pure homœopathy.

Dr. Julia Holmes Smith of Chicago did not succeed in securing the University Trustee plum at the recent election because she had too high a fence between her and the aforesaid plum, but she had the satisfaction of knowing that over 1000 doctors helped tear down the fence.

Hahnemann Hospital was the recipient of a benefit, Saturday, Nov. 12. A game of foot ball between the Chicago Athletic Association and a team selected from different clubs. A newspaper in this city questions whether the "benefit" was to be in the form of money or broken bones, etc.

Canada is soon to come into the college ranks with a strictly homœopathic college. Toronto possesses enough Hahnemannians to thoroughly equip the Departments of Theory and Practice and Materia Medica. They will receive a right royal welcome from the colleges who hold high the banner of pure homœopathy.

The Hahnemann Medical College of San Francisco will return to their old plan of summer session instead of making their sessions conform to that of the usual college year. Their sessions will begin in July and close in February. It would seem as though they had simply lengthened out the course to eight months. This is a good move provided they increase the amount of homœopathy.

The fifteenth annual meeting of the Northern Indiana and Southern Michigan Homœopathic Medical Association was held in Elkhart, Ind., on Tuesday, Oct. 11, 1898, in the parlors of the Century Club, Dr. T. C. Buskirk in the chair.

Members present: T. S. Hoyne, Chicago; M. H. Criswell, Edwardsburg; W. B. Kreider, Goshen; T. C. Buskirk, White Pigeon; R. L. Stine and Martha V. Thomas, South Bend; and A. L. Fisher, Porter Turner, R. L. Lockwood and H. A. Mumaw, Elkhart.

The following papers were read and fully discussed by all the members present: "A Surgical Case," by Dr. John Borough; "Gunshot Wounds," by Dr. H. E. Kinyon; "The Heart Cough," by Dr. T. C. Duncan, Chicago (read by Dr. Fisher); "Melilotus," by Dr. G. W. Bowen, Ft. Wayne (read by Dr. Hinsdale). "Overdose of an Analine Compound, and its Antidote," by Dr. A. L. Fisher; "Three Cases of Typhoid Fever," by Dr. W. B. Hinsdale; "Diagnostic Points of a Congested Eye," by Dr. W. B. Kreider.

Dr. W. H. Thomas read a carefully prepared report on the in-

ception and progress of the Clark Homœopathic Hospital ready, for occupancy in December next, and a source of gratification to the citizens of Elkhart and the homœopathic profession in general.

OBITUARIES.

DR. J. HEBER SMITH.

J. Heber Smith, M. D., of Boston, died in that city of heart disease Sunday morning, Oct. 28. He was born in Bucksport, Me., Dec. 5, 1842, and was the son of Rev. Joseph Smith, a somewhat widely known Methodist clergyman of New England.

In early life Dr. Smith was prevented by ill health from completing a classical course at Harvard College for which he was prepared. His health afterwards improved and he entered with enthusiasm upon the study of medicine. He was graduated at the Hahnemann Medical College of Philadelphia in March, 1864, as the valedictorian of his class. Almost immediately he entered upon a successful practice in Melrose which continued till 1882, when he removed to Boston, where he had been often previously called in consultation, and where he had since continued in practice.

In 1873, on the foundation of Boston University School of Medicine, Dr. Smith became one of its original members as professor of *materia medica*, a position he filled with great ability to the present time. Since 1879 he had been one of its executive committee and its secretary. As a professor for more than twenty-five years he seldom failed to promptly meet its requirements. His lectures were carefully prepared and filled with important information. His manner was attractive and impressive and not one of the many hundred who have been his pupils but appreciates the valuable instruction received from him.

As a physician he was devoted to the interests of his patients, and he will long be enshrined in their memory. For more than thirty years he had been an active member of the American Institute of Homœopathy, the Massachusetts Homœopathic Medical Society, of which he was president in 1884, and of the Boston society, to all of which he contributed valuable papers. He had also been a member of many other societies and associations.

The following resolutions, which had been prepared by a committee previously appointed, were read by Dr. Sutherland and unanimously adopted by a rising vote:

J. Heber Smith, physician, medical teacher, friend, having been called by the dispensation of the Eternal Wisdom from his earthly labors, his surviving colleagues on the Faculty of Boston University School of Medicine mourn his death, honor his memory and hereby testify to their deep appreciation of his quarter of a century's unremitting, steadfast and faithful labors in behalf of the School. In class-room, in business meeting, in social gathering, his clear and efficient teaching, his words of counsel, and his genial presence will be sadly missed. His strong individuality, his unfailing cheerfulness, constant good-humor and pungent wit, united with his scholarly attainments, made him a convincing personality. His patient and uncomplaining submission to life-long infirmity, his sympathetic and keen appreciation of the sufferings of others, his energy and forgetfulness of self in ministering to the necessities of others will linger as an example to be imitated by all whose good fortune it was to know him.

To his family and relatives we extend our sincerest sympathy for a bereavement which is an affliction shared by all who were numbered with his friends.

J. P. SUTHERLAND,

H. C. CLAPP,

J. W. HAYWARD,

Committee.

The following members of the Faculty acted as honorary pall-bearers: Drs. Talbot, Sutherland, Conrad Wesselhoef and H. C. Clapp.

DR. JOSEPH SIDNEY MITCHELL.

Dr. Joseph Sidney Mitchell, president of the Chicago Homœopathic Medical College died at his home, 2954 Prairie avenue, Chicago, Nov. 4, 1898, aged 59 year. His death was sudden, resulting from the rupture of a blood vessel near the heart during a coughing spell. He had been ailing for several weeks but was able to leave his home every day and a fatal termination of his illness was not looked for.

Born at historic Nantucket, Mass., in 1839, Dr. Mitchell spent his boyhood there and received his elementary education in the schools of the town. Later he fitted for college in the high school of Boston, and in 1859 entered Williams College, from which he graduated four years later with the degree of bachelor of arts. Having completed the regular collegiate course, he at once entered upon his professional studies in Bellevue Medical College, whose diploma was conferred on him in 1865.

He became a convert to homœopathy shortly after graduation and soon after his arrival here was honored by appointment as lecturer on surgical and pathological anatomy in Hahnemann Medical College. In 1870, while still a young man, he was given the chair of theory and practice of medicine in that college.

In 1876 Dr. Mitchell was one of the incorporators of the Chicago Homœopathic College and remained her president until the day of his death.

In 1898 he was president of the World's Congress of Homœopathic Physicians and Surgeons and his presidential address was one of the finest papers presented at any of the congresses of that notable year.

His sterling worth made him appreciated wherever he might go and by reason of his interest in old Nantucket he was elected president of its Historical Society.

EUGENE WILLIAM SAWYER, JR.

An almost indispensable assistant to his father, Prof. Eugene W. Sawyer, his previous training in the regular army, causes him to respond to the earliest call of his country.

He enlisted as private in the famous First Illinois but was rapidly promoted to the highest rank of non-commissioned officers and took his position at the front before Santiago.

These trying experiences together with the system of routine medical treatment resulted in the typho-malarial fever so prevalent throughout the army. Once placed in a hospital he was completely lost to his comrades and friends. One day, word came that he had been "picked up" at the landing of Montauk Point by Mrs. John A. Logan and spirited off to Newport where his father soon found him. As soon as he could be moved he was taken to his friends in Lowell, Mass., where he lingered between life and death until Oct. 31st.

The following resolutions adopted at a called meeting of the Faculty of Dunham Medical College expresses the sentiments of all who are acquainted with the father in his bereavement.

WHEREAS, The Faculty of Dunham Medical College has learned with profound regret of the death at Lowell, Mass., of Eugene William Sawyer, Jr., a soldier of the United States, who died of disease contracted while in the military service of his country, be it

Resolved, That we tender to his father, our colleague, Eugene W. Sawyer, M. D., our deepest sympathy in the irreparable loss of his only son, and that we assure him of our united esteem and earnest condolence.

Resolved, That a copy of these resolutions be properly engrossed and promptly forwarded to Prof. Sawyer.

TEMPLE S. HOYNE, M. D., Dean.
H. W. PIERSON, M. D., Secretary.

The Hahnemannian Advocate

A MONTHLY HOMŒOPATHIC MAGAZINE.

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Society Reports.

CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

ROCHESTER CLUB, Rochester, N. Y., June 23, 1898.

The meeting of the Central New York Homœopathic Medical Society was called to order at 12.00 m. Dr. V. A. Hoard in the chair.

Members present: Drs. Carr, Grant, Hoard, Kaiser, Johnson, Leggett.

Visitors present: Drs. Tretton, Howland, Beebe, Walter.

The minutes of the March meeting were read and approved.

There was no report from the board of Censors.

The Organon, Sections 257-258 was read by Dr. Tretton, and a short essay upon the same was read by Dr. Carr.

Sec. 257. The true physician will take care to avoid making favorite remedies of medicines, the employment of which he has, by chance, perhaps found often useful, and which he has had opportunities of using with good effect. If he do so, some remedies of rarer use, which would have been more homœopathically suitable, consequently more serviceable, will often be neglected.

Sec. 258. The true practitioner, moreover, will not in his practice with mistrustful weakness neglect the employment of those remedies that he may now and then have employed with bad effects, owing to an erroneous selection (from his own fault, therefore), or avoid them for other (false) reasons, as that they were unhomœopathic for the case of disease before him; he must bear in mind the truth, that of medicinal agents that one alone invariably deserves the preference in every case of disease which corresponds most accurately by similarity to the totality of the characteristic symptoms, and that no paltry prejudices should interfere with this serious choice.

“To be fore-warned is to be fore-armed.” In these sections our wonderful guide and teacher warns us against serious errors into which we all are apt to fall. We are often told that this or that remedy is a certain specific for this or that disease; that it has been used in many cases with satisfactory results, etc. We are told that *Belladonna* is all sufficient in the treatment of la-grippe, and that *Mercurius* is a specific for dysentery.

Now the argument of these sections is against this very habit of prescribing for a disease. Once allowing ourselves to begin the habit, it will be but a short time before we shall have formed another, viz: that of advertising, to our co-laborers, *our* specifics. This routine habit soon blinds us to other remedies, which, if compared with our *specifics*, are found to be much more closely in accord with the sickness. This error is not only avoided by carefully writing out the history of the physical conditions of the patient, from his birth to the time of taking the case, with especial record of the acute attack.

Many times, when listening to the general description offered by each patient that comes into my office, a remedy impresses itself upon my mind, which entirely disappears upon a closer study. Usually before the history of the patient is complete. As many times have I had a feeling of intense gratification toward the immortal Hahnemann for his careful and special instruction in this particular.

The more we accustom ourselves to the habit of fully writing out our cases, the less apt shall we be to fall into errors of the kind described. Again, the history and study of the case is not only an aid to the selection of the remedy, but, if by chance we are disappointed in the result of the first selection, we can the more readily detect a mistake, and correct it by the more similar remedy. In this manner doubt is quickly dispelled and the efficaciousness of the measure quickly shown.

Also, when constantly upon the alert, mistakes more rarely occur.

Much more could be said upon this subject, but I will leave that for the discussion, reminding you that we are often inclined to abuse remedies when the abuse should be heaped upon ourselves for bad selection.

A. B. CARR.

The subject was presented for discussion.

Dr. Grant wholly agreed with Dr. Carr as to the need for careful record of a case. He said that the physician was much more

likely to prescribe effectually—although without a record his mistakes were much less likely to stare him in the face. He knew many physicians who had favorite remedies for certain diseases and thought that the advertisements of the pharmacists showed that there was a demand for specifics.

Dr. Johnson said that the key note of Dr. Carr's paper was the danger of routine practice. He thought that the mind of man was so constructed that it was liable to run in a groove. He could see the usefulness of a groove under certain conditions, but considered it bad practice when carried to its ultimate end, as in this instance. He believed that each physician had his favorite remedy in an epidemic, with which, he was apt to cut a groove by its too frequent application. This occurred because of his more perfect knowledge of the remedy and his ability to use it more cleverly than those remedies he knew less well. As an instance in point, Dr. Johnson told how he himself had gotten into a groove, through an effectual prescription of *Rhus tox.*, in an appendicitis which had recurred five times. He said that, now, his first temptation, when called to a case of appendicitis, was to bend all the symptoms of the case to the symptoms of *Rhus tox.*

Dr. Kaiser mentioned a case of asthma that had greatly puzzled him until he had its *entire history*, when he found that the patient had had a thorough drenching at the age of twelve.

Dr. Carr, concerning the *genus-epidemicus*, said, that the reason that one remedy was so often indicated throughout an epidemic, was because all the symptoms of that epidemic agreed with similar symptoms of the epidemic remedy, and that variations from that remedy, were caused by the individuality, or *dis-crasia*, of the patient.

A letter was then read from Dr. Morgan of Waterbury, Conn., further illustrating this subject.

WATERBURY, CONN., April 26, 1898.

Dear Doctor Leggett: The habit of routine prescribing at which § 257 is aimed, is apt to infect us all unless we exercise great care to prevent.

I remember years ago, while in charge of the Onondaga Co. Orphan Asylum, that in order to avoid the annoyance of being summoned to attend cases of croup, at inconvenient times, by the matron, Mrs. L., I gave her instructions how to administer Bœninghausen's famous five (5) powder prescription, viz: one of

Aconite, two of *Spongia*, and two of *Hepar s.* all ²⁰⁰. If the attack began with fever, give the powder of *Aconite*, if followed by hoarse dry cough—*Spongia*, and repeat in three hours if necessary, using *Hepar* if the cough became loose and hoarse.

This routine practice seemed to control every case until one of membrane croup occurred; that *one* we came very near losing, but it finally, slowly convalesced under *Bromine*, which probably would have controlled the case more speedily, from the beginning, if the proper simillimum had been chosen.

Similar blunders occur in the careless treatment of scarlatina, many practitioners, regardless of symptomatic peculiarities, beginning with *Aconite*, and following with *Belladonna*, not realizing their mistake until they find the malady steadily progressing, with its severity unchecked. The same tendency, to follow in ruts and grooves, occurs in the treatment of tonsillitis, the slovenly practitioner jumping to *Belladonna* with little or no critical observation of symptoms, when *Lachesis*, *Lycopodium*, or some other remedy would be the proper simillimum, and result in a speedy cure.

So, in fevers, so called homœopaths begin treatment in nearly all fevers with *Aconite*, even when that remedy may actually be contra-indicated, and when they fail, they impute their lack of success to the inefficiency of homœopathy.

I remember hearing Dr. Lippe remark with characteristic energy "to give *Aconite* in the early stages of typhoid fever is an almost criminal blunder and certainly renders the case more difficult to handle."

Aconite, is never indicated either in early or advanced stages of typhoid or typhus. Instances in illustration might be multiplied almost indefinitely were it necessary, but it seems to me that no member of your excellent society is likely to be unsound enough in his medical philosophy, to need cautioning in this direction.

Every case of sickness should be examined as though no similar case of disease had ever before existed. Such a procedure kills routinism in the *egg*—before it has time to *hatch*.

§ 258. A fruitful source of unjust prejudice against a well chosen remedy occasionally comes from the use of an unreliable preparation of medicine.

I remember one time, (when in consultation with our old friend and colleague, Dr. Lyman Clary) advising the use of *Lachesis*,

in a case, when he remarked that he had no confidence whatever in it; had used it time and again, and never had a decent curative response from it; but after getting a graft from one of Dr. Herring's 30th, he changed his verdict.

Quite a similar incident occurred one time, in my association with Dr. Carroll Dunham. He manifested some surprise at hearing me say that *Dulcamara* had disappointed me oftener than any other remedy; indeed, it had never amounted to anything in my hands.

He advised me to get another supply, from another pharmacy, which being done ended my disappointment with *Dulc.* Again, for a long time, I had no success with *Kali bi*³⁰⁰, but upon replacing it with a fresh supply from another source, I had no more trouble.

Another fruitful source of prejudice comes from the pernicious habit of alternation.

When the physician who indulges in this bad habit fails to get good results, he unjustly charges the responsibility where it does not belong, or to a lack of efficiency in our law of cure.

If on the other hand he is lucky enough to occasionally succeed in this shot-gun practice, he never learns anything from such experience. He cannot tell which, if either, of the remedies has been efficacious, and in fact might as well have given "Humphrey's Specific." He might as well have followed the popular lead of many modern allopathic practitioners, who now-a-days depend so largely upon pharmaceutical preparations of the wholesale druggist, of which they know nothing definite. No practitioner who fails to individualize his cases, deserves the success which gives us confidence in homœopathic therapeutics.

A. R. MORGAN.

Dr. Carr thought our disappointment in remedies could often be traced to that very source, i. e.; unreliable preparations. During his early practice, he had often been disappointed in the use of a certain medicine. Perhaps this was partly due to ignorance, but having replaced it, it had since been a firm reliance in the time of need.

Dr. Johnson asked if we should ever say that *Aconite* was never indicated in typhoid or typhus fever.

Dr. Leggett reminded him that the inception of typhoid and typhus fever in no way resembled the inception of *Aconite*.

Dr. Carr thought "never" was a good expression as it had put one student on guard.

Dr. Howland thought that many cases of fever were cured too quickly by the homœopathic prescription, to diagnose them as typhoid. She thought a true homœopath did not often see cases of typhoid, or pneumonia, because of the early cure.

Dr. Carr believed that the early use of cathartics in typhoid always resulted in intestinal hemorrhage.

Dr. Tretton asked for experience in the preventative treatment of scarlet fever.

Dr. Carr said that his experience taught him that after the administration of the homœopathic remedy there was no further contagion. If there occurred contagion, it had a cause previous to the administration of the remedy.

Dr. Hoard always feels safe from further contagion in diphtheria, erysipelas, &c., after the remedy homœopathic to the case has been administered.

Adjourned.

The meeting was again called to order by Dr. Hoard at 2:15 p. m.

Dr. W. W. Johnson read a paper on

Adjuvants.

To the young homœopath desiring to practice pure homœopathy, the subject of adjuvants is, at first, a perplexing one.

Having no desire to sail under false colors he fears to use anything but the indicated remedy lest he be accused of masquerading under a name. Nothing can take the place of the well-selected remedy. Unfortunately there is no royal road to its selection.

Nothing but painstaking, conscientious work lies before him who would honestly succeed in the only rational system of medicine ever discovered. But while I believe, most emphatically, in the single remedy, I do believe that there are certain things we may use to assist in the cure or relief of disease. Let me hasten to disclaim any belief in the efficiency of blisters, counter-irritants, liniments and such. They are pernicious in their action and blind the physician to the real progress of the disease.

The condition to which we, as physicians are called oftener than any other, is constipation. We often make brilliant cures (that is a cure with the first prescription)—we oftener don't.

In the case of a baby what shall we do? An adult can go for a week or two but a baby can't. What shall we do for the immediate relief of the baby? Understand that in the consideration of all these cases, the well selected remedy takes first place. As adjuvants we find a hundred different things good, bad and indifferent.

This is the course I pursue: I regulate the diet. If the baby nurses, look after the mother's diet as well as health. If the baby be bottle fed, as constipated babies usually are, see that the milk is not too rich in casein. If it is, dilute with water and add a little cream if necessary. This alone will stop all the trouble in some cases.

In an older child supply fresh fruit, or stewed dried fruits, or thin juices. See that bands and clothing are not pinned too tight. Loosen the clothing and knead the bowels gently, this will excite peristaltic action.

One of the common adjuvants of this condition is the soap pencil. The term explains itself; but its use is not wholly without harm for I believe the alkalies of the soap have a tendency to paralyze the rectal muscles. In tough, unyielding cases I have been in the habit of furnishing my families with a small hard rubber syringe, and directing 10 to 20 drops of pure glycerine to be injected when the rectum seems packed. This will generally produce an evacuation in from 1 to 3 minutes. I never have seen any bad results follow its use, and in one case, in a young infant, it had to be persisted in for 5 weeks before I could find the remedy. In adult cases I believe the most important thing is to impress on the patient the advantage of absolute regularity as to time of stool.

Many cases need nothing else. The most good I think comes from a small injection of plain water, taken at night and retained.

Next to constipation we are very often called on to allay pain.

So brilliant have been the result of pure homœopathy in allaying pain that it would seem almost useless to speak of adjuvants in this trouble. I have related to this society how, in my own case, the single dose of *Chamomilla*^{cm} stopped the most excruciating pain in two or three minutes.

I saw one case of appendicitis, with extreme pain, put to sleep so quickly by a single dose of *Rhus tox*^m that the friends thought morphine had been given. Another case of appendicitis, which

was in allopathic hands, had to be chloroformed to keep him in bed, the pain was so extreme. This case came under my care on account of the allopath being out of town, and the patient being in such horrible suffering that the friends dared not wait. I gave *Rhus tox*^m in water, a teaspoonful every 15 minutes, and in 45 minutes the patient was asleep. In such cases as these, adjuvants are useless, but unfortunately we can not always be so happy in the selection of the remedy.

The great adjuvant at our hand for the relief of pain is heat—dry or moist. Dry heat is the best for it can be applied in a much higher degree. It should always be applied with wool, or the hot water bottles. I prefer the wool, as I can get a more pungent heat in this way. It also makes a good deal more work for the friends, and this is not the least important thing in the cure of some cases. Try it on your next case of pneumonia or pleurisy.

In your rheumatic cases you will find it of value, though in these and all neuralgias I am in the habit of using static electricity, which, I find, is not merely adjuvant, but a curative power, restoring the normal function in apparently the same manner as the simillimum.

It will be remembered that Hahnemann cured a case of paralysis with galvanism and the remedy, but always regretted that he had not used the remedy alone.

However, electricity plays an important part in the nourishment of paralyzed muscles until the disordered nerve centers are healed.

Nothing can help a muscle whose nerve is actually dead, but sick nerves may be helped by remedies, electricity, heat or cold, and massage.

In the fevers, the most valuable adjuvant is the frequent baths. There is no advantage in having the water cold, the tepid water is best and produces no shock. When in the treatment of a case of eruptive fever, the eruption does not come out, as it should, try the pack, hot or cold—a sheet wrung out of hot or cold water, wrapped around the patient, and then a heavy blanket on the outside, left on 15 or 30 minutes.

In croup have plenty of water vapor in the room, it makes a decided difference.

The adjuvants I have named, I believe an honest homœopath can use, and I believe them to be of great help when intelligent-

ly employed. One helpful feature in their use not to be despised is their moral effect on the patient and friends.

W. W. JOHNSON.

Dr. Carr thought Dr. Johnson's methods helped out wonderfully in cases where the friends needed treatment. He had found sweet oil better in constipation than glycerine, because of its nutrient property. It had proved efficient, under his prescription, in atony of the rectum, of both old and young. One to two ounces of olive oil injected into the rectum and retained over night had often proved satisfactory.

Electricity he had not used. Had always found the homœopathic remedy sufficient. He preferred dry applications of heat, but had some misgivings concerning moist heat in croup. He favored the bath in fevers, considered it to be only good nursing. Of the pack he could speak with personal knowledge, his mother had saved him many times in his youth from croup by means of the wet pack.

Dr. Hoard objected to the warm water fearing suppression of symptoms. His experience in constipation led him to depend upon the remedy. If the patient was made sick by the long interval, so many more symptoms, and so much quicker relief.

Dr. Tretton said that vapor inhaled, in croup, did relieve the system which seemed at that time, to require moisture. He had given a patient *Sulphur* in a case where there were no noticeable symptoms of bowels. The patient afterward said that he had not been as constipated in years, but was finally relieved without changing the medicine.

Dr. Johnson said that the subject had been advanced for just this discussion and he had been glad to get the opinion of so many members.

Dr. Leggett thought it was well to remember that we treated the patient and not the constipation.

Dr. Howland then read a paper on

Psora.

The paper was opened for discussion. After a brief discussion, Dr. James H. Beebe read a paper upon

Mercury, as used in Dentistry.

I am not here to advocate any special theory or pathy. This article will be decidedly non-partisan. My object is to bring to

your notice pathological conditions induced, as I honestly believe, through the indiscriminate use of mercury by the dental profession. Many physicians see cases of neuralgia and nervous difficulties, that are extremely obscure in their origin. Perhaps this article will disclose a cause, and so be of service; for I believe that few recognize the deleterious effects of mercury in the mouth. The ordinary wear upon an ordinary amalgam filling will defuse into the system in one day a larger amount of mercury than is given by homœopathic physicians in their medicines.

My experience in this matter has been a little singular, and my change from a mercury user, to one who abjures it *in toto*, was due to a case of *must* rather than inclination. I was, by circumstances over which I had no control, forced into a partnership with a gentleman who was an avowed enemy to mercury, and from the beginning of that partnership was obliged to stop the use of mercury, even against my judgment. As a child is sometimes trained as it should go, and does not depart from it, so I have been trained, and hope I may never depart from my antipathy for mercury in dental practice.

Some years ago my partner was living in an adjoining city, and was operating for a homœopathic physician. Up to this time he had been a user of mercury, and knowing this school of physicians abhor mercury in all its forms, jokingly told the physician that he did not think much of his homœopathic principles, for he had his mouth full of mercury. On explanation that the large amount of amalgam fillings, in his mouth, were composed of mercury, it was decided to remove them, and watch the result. The physician had complained of throat trouble, that he believed was, with other symptoms, due to mercury. Where he had acquired mercurial poison he did not know until then. The mercurial fillings were removed, and the trouble shortly disappeared. From that time Dr. Walter never put in an amalgam filling, or made a red rubber plate.

My earliest acquaintance with trouble arising from mercury in the mouth, was some twenty years ago. It was from a red rubber plate in the mouth of a patient of my preceptor. From that I learned that some persons could not endure red rubber, and when I found such cases, I replaced the red plate with one made of black rubber, but it was not until 1886 that I came into the light and liberty of the truth.

Up to this last date I had been in four different locations, and had always been troubled with cases of neuralgia, general nervous conditions, stomachic troubles, together with some conditions that were unaccountable. In my new surroundings I found that these cases were very few, and usually occurred in persons who were not regular patrons of the office. It was the practice of some of your school to send patients to us for the removal of mercury, and the substitution of other fillings and dentures, so gradually the light dawned upon me. Among the cases presented by the homœopathic patients were nervous prostration, weak eyes which lenses could not help, sore throats, weak conditions of the stomach, general debility, and even eczema of the lower extremities, to say nothing of *pyorrhea alveolaris*, and sores upon the lips, gums and mouth.

Many of these cases I have seen relieved, readily, by removal of the mercury, while others have taken time. Perhaps right at this point it may be proper to inform you of the materials with which mercury is used.

The amalgam fillings are often called silver, platinum, or gold-alloy; or simply alloy fillings, and are composed usually of $\frac{1}{4}$ to $\frac{1}{3}$ of metallic mercury. These names, other than the proper one of amalgam, are used by persons who wish to convey the idea that they are using a material next in value to gold, and we often have our quacks charging different prices, according to the name the patient selects, but it is all the same material. Its skin is black, hair woolly, therefore—African. An alloy is compounded usually of about sixty parts of tin, and forty parts of silver, and in some cases one or two parts of gold and platinum are added; the latter metals are supposed to give strength and to prevent shrinkage. This alloy is cut up, either by a file or other suitable tool, into fine shavings, or fillings; a requisite quantity for the filling to be made is usually placed in the palm of the hand, and a little mercury is added and worked into the fillings, by a finger of the other hand. Mercury is added from time to time until the mass has become a plastic, putty-like substance, which, while yet soft, is packed into the cavity, and smoothed as well as may be. This finishes the work, unless it should be desired to finish still further by polishing after the filling has hardened. Many operators endeavor to get rid of all the mercury by compressing the mass with pinchers while it is held in the folds of a piece of linen or chamois skin. Here we have a

material in the mouth that would make an excellent element in a galvanic battery.

Another form of amalgam, that has happily dropped out of use was the mixture of the mercury with pure metallic copper. A most beautiful preparation of poisonous material. It was supposed that the salts resulting from the action of the oral fluids upon this combination would destroy the germs of decay, and render the tooth immune from further destruction. Antimony and Cadmium have also, at times, been added to the alloy, but perhaps the only metals now in general use, are alloys of tin and silver, with, as above stated, a little gold and platinum.

The rubber dentries, (we come now to the ones that are believed by the anti mercury crank to be injurious) are those composed of red rubber. The trouble here lies in the coloring matter, which in some cases, consists of thirty-three per cent of Chinese vermilion, sulphuret of mercury. This is supposed by many to be inert, insoluble, and harmless, and it is the most so of any of the mercurial salts. Still, I can not think that even the most ardent advocates of mercury, would care to take a small dose of Chinese vermilion, used as a paint pigment, to produce most pronounced effects on the arms and hands of the workman using it.

There is another matter which I wish to mention in this place. I had a case, a while ago, where the patient could not wear a rubber plate of any kind, on account of its irritating effect on the lips and parts surrounding the mouth. This was due, (according to her homoeopathic physician), to the sulphur of the rubber. It is a "lone fisherman" in my practice and I should like to know more about it. Certainly there were no complaints when the plates were made in the old fashioned way, entirely of gold and porcelain. You, who have more intimate knowledge of medicine and therapeutics, will be able to state, more concisely than I, what the effect of such materials may be. When I first started out, as an objector to mercury, I kept a record of cases that came under my observation, and with your forbearance, I will read some of them from that record.

Mr. J. came to the office Aug., 1886. Large quantities of amalgam fillings. Came for repair on old fillings and for new ones as well. Told him nature of amalgam and its effects. He decided to have them removed. At time of first visit, complained of eyes, throat and sleeplessness. Eyes looked like those of

a bumper; throat (as he expressed it) had a lump in it. Had tried glasses for eyes but could find none that helped him. In three months his eyes demanded no treatment and his glasses were discarded. His throat trouble gone and he slept well. Probably glavinism.

Mrs. W., of Rochester, came to the office in June, 1886. Been wearing red rubber plate. General debility; inflamed throat and œsophagus; deranged stomach, and corners of mouth sore. Appearance that of a living skeleton. Amalgam removed and black rubber plate substituted for the red. No particularly marked improvement under a year. The throat gained, however, but at the end of the year was well, as were the corners of the mouth. Jan., '88, was in the office. Still far from a well woman but greatly improved in general health. Could eat anything. Stomach gave no trouble; throat well; mouth well and a firm believer in the deleterious effects of red rubber and amalgam.

J. (lawyer), was in the office April 14, 1888. Stated he had a singular experience in the matter of dentistry. Said he was troubled a while ago with most acute neuralgic pains in head. Went to his dentist, and had some teeth on upper jaw removed. Said teeth being loose and perfectly sound. Received no relief as the dentist had prophesied he would not. Went to Dr. B. and asked him if he had any amalgam in his mouth. Told him he had; went back to dentist; dentist tried to discourage him, and dissuade him from having fillings removed. Patient insisted and they were removed; in an hour from the time the fillings were out, his pain had ceased and there had been no recurrence.

Dr. R. came to the office sometime in Aug., 1888. Had been suffering for years, complained of dizziness and swimming of vision. The least excitement caused, as he expressed it, a darting up in front of face. Had for several years been unfitted for his profession. Was in office Dec. 20, 1888. Mentioned voluntarily that he had not been as well in years as he was that fall, preceding the latter date. Had addressed a meeting, lately, that he said would not have dared to do had he been in his former condition. Would not say that it was the removal of the five amalgam fillings that had caused his convalescence, but said that he was certain that he was better, and that the mending commenced soon after the fillings were removed. Eyes at the former date had an uncertain and vague expression which had entirely disappeared.

Dr. H., of Cincinnati, was one of the great amalgam fillers and always used the hand in mixing; complained of a great deal of rheumatism which was greatly aggravated by change of weather. Finally died; cannot say as it was caused by amalgam.

“Without for a moment disparaging the value of amalgam as a stopping material, Mr. H., said that in some rare instances he believed they were the cause of intractable and irritable sores upon the lips, gums, and cheeks. He spoke simply as an observer, not knowing the chemical composition of these stoppings, many of which he was told were secret preparations; but he had certainly seen ulcers, that refused to yield to treatment, disappear after the removal of discolored amalgams. He had always been careful to eliminate the probability of roughness of the stopped tooth, being the cause, and had never seen ulcers where gold fillings had been employed. He quoted the case of an American physician who presented a number of ulcers which several physicians had pronounced syphilitic; the patient, however, stoutly maintained that he had never had syphilis, or a symptom of it, and that all his children were perfectly healthy. Mr. H. finding that he had several amalgam fillings, which had been inserted in America, ordered their removal, which being done, the ulcers rapidly disappeared.—(Extract from *London Lancet*.)

One of the most remarkable cases of mercurial action, not on the system, but on gold placed in close contiguity to a large amalgam filling, was that seen in the mouth of C. M. W.

I placed a gold crown on a second lower bicuspid. Said crown being made from the coin. Immediately in the rear of the crowned tooth was a large amalgam filling which composed the crown of the sixth year molar. Six months after the crown was set, the gold, of which it was composed, commenced to turn dark until it was the color of oxidized silver, and nearly as black as the amalgam filling itself.

April 1, I removed the amalgams, and am watching the result. There has been no indication of a return of discoloration.

Jan. 24, 1896. About a year ago, Mrs. B., came to the office, directed by Dr. J. She had a large number of amalgam fillings, and was troubled with an eruption around the oral cavity; taking the form of pimples and redness of the skin covering the whole of the chin. After the removal of the amalgam, there was for a time little improvement, but the unsightliness gradually disap-

peared, and may now be considered cured, though occasionally, under certain circumstances, there will be slight returns of the former conditions.

Buffalo, N. Y., Feb. 14, 1888.

Drs. Walter & Beebe—Gentlemen: Enclosed please find draft for \$55.00. I have to thank you for the comfort I now have. You may remember my mentioning that, in winter time, I was troubled with eczema on the calf of the leg. Since the extraction of the soft filling it has entirely disappeared; a great relief. I thought it my duty to dose myself, sometimes, on account of it.

Yours very truly,

Buffalo, N. Y., April 10, 1888.

Dear Dr. Walter: A patient has just sent in word at the last hour that she is ill, and so I will devote that hour to answering this morning's letters. My mail is always a heavy one, and usually it is not attended to until evening.

You ask me why certain effects of mercury are sometimes seen in patients. Mercury is, with few exceptions, the most powerful of the metallic poisons. Its toxicological possibilities are wonderful. Combinations with other substances develop characteristics that are amazing. Analogous combinations develop the most diverse substances. For instance: *Mercurous Chloride* ($Hg^2 Cl^2$) is *Calomel*, which is largely used as a medicine and is a very effective cathartic.

Mercuric Chloride ($Hg Cl^2$) is Corrosive Sublimate, a poison so virulent that it has given its name to a whole class of toxicological agents. Now there is only this difference between the two substances; one proportion of mercury. In the mouth we meet all manner of substances that are under the most favorable conditions for uniting with mercury if it is present. The combinations of mercury are very unstable, and under the influence of heat any free mercury is readily sublimated. So here we have,—if mercury be present in the mouth,—all the conditions that *might* form deleterious compounds. That free mercury is inert, as has been frequently asserted, is not so, for we all know what are the dangers to which workers in mercury, especially in the mines, are liable.

Some persons are exceedingly sensitive to the action of mercury, as some are to every poisonous article. Some can handle

Rhus tox. (poison ivy), others are violently affected by the merest contact. Now about the use of mercury in the mouth, I believe it is too powerful an agent to be used without the most extreme care. Most persons will not be affected by a moderate amount of amalgam fillings, while others cannot bear *even one* such filling. It may be used in moderate amounts in most cases, but the dentists should exercise care.

Its effects, so far as I am aware, are constitutional, and not very often local. It produces its characteristic periosteal effects in the mouth, and upon the mucus membrane. You know what they are. There may be cases where it produces local irritation and soreness, but I have not seen one in which the difficulty could not be properly attributed to something else. Pharyngeal and laryngeal complications are quite possible.

I have under treatment now, a patient, the most of whose teeth are well filled with gold, but in some difficult location amalgam was inserted. In every one of the teeth so filled is periosteal trouble, and there has been ever since they were so filled. Periosteal difficulty about the roots of the teeth, in mouths in which there is a great deal of amalgam, is often seen, and is indicated by swellings of a hard character, opposite the roots (indurations) without any pain, which gradually increases, and unless the amalgam is removed, will result in necrosis.

You may ask why I ever use it then. Chloroform, and other anæsthetics, are useful in their way but I would not use the indiscriminately to every one, without examination. Chloroform and amalgam are both of great service if judiciously employed, but either is capable of great mischief if given to the wrong person.

Ever yours, in haste,

W. C. B.

Submitted by James H. Beebe, D. D. S.

The paper was presented for discussion.

Dr. Carr said he was glad of an opportunity to hear the paper, and pleased to have the father of it—Dr. Walter—present at the discussion. He said that Dr. Walter had spoken to him, more than twenty years ago, on the subject of mercury as used in dentistry. He had been much interested in the effects of its use, and of the results of its removal in cases poisoned by it. He showed that during the past ten years the results of the use of mercury had been much more thoroughly watched by both phy-

sicians and dentists. He mentioned a paper, by Dr. Taft, in a late number of the *International Dental Journal*, which had been read and discussed by a Dental Society. He said the subject was handled in a manner that showed an understanding of Hahnemannian Homœopathy. He pointed to the fact; that the discussion following Dr. Taft's paper showed that some of the members still cling to old treatment, and could see only the materialistic side of the question.

Dr. Walter recommended the reading of the only work on this subject that was worth perusal. He said the work was in Dr. Beebe's office. Dr. Walter then mentioned the case of a lady who, from first suffering frightful neuralgias had gone into nervous prostration, that had confined her to her bed for four years. Her physician could do nothing for her. Finally a friend, hearing her symptoms, asked if she had amalgam fillings and sent her to Dr. Walter. Dr. Walter took out 6 amalgam fillings. The patient said she was free from pain before leaving the office.

Dr. Walter found many cases of amaurosis that had been caused by amalgam fillings. He had fought mercury in the mouth 40 years. He had used it 7 or 8 years before he knew its deleterious effects. He said that many dentists knew its effects, but continued to use it. He mentioned one dentist who had observed many cases of necrosis of the jaw. In one case there had been need to remove one half the jaw because of the presence of one amalgam filling.

Dr. Walter said that sometime it seemed as if the good Lord sent all such cases to him.

One woman, having lost a filling, came to him to have it replaced. He found a mouth full of amalgam that had been present eight years. The woman had continued doctoring, without benefit. She was frightened when told all must come out, but in a month she was as well as ever, even able to discard glasses. Dr. Walter did not claim that every disease of the stomach and throat were attributable to amalgam fillings &c., but said that those fillings caused many throat and stomach troubles that could not be cured until the amalgam &c., was removed. If he found unmanageable cases, he offered to take the amalgam out, and if the patient was not helped, to fill again with gold free of charge.

Dr. Carr found that many old school physicians now sent their unmanageable patients to a dentist for the removal of amalgam fillings and red rubber plates. He thought that such observa-

tions showed the principle upon which the Hahnemannian homœopath worked.

Dr. Howland asked the dentists what cheap filling could take the place of amalgam.

Dr. Beebe said cement and pure tin, the latter put in like gold filling. He said that it wore less well, but answered in many cases.

The Secretary was bidden, as the hour was late, to crave Dr. Stow' permission to hold his paper for the September meeting.

The essayist were left for appointment by the president.

Adjourned.

S. L. GUILD LEGGETT, Sec'y.

It is an injustice to Science to practice without exact knowledge and reason for what you do. The whole world is but a swirl of this round-about inheritance of belief instead of knowledge.

The Homœopathic remedy only becomes Homœopathic when it has established its curative relation; the relation between two dynamic influences.

Experience teaches the Allopath to give Muriatic acid in Germany for Typhoid Fever, Nitric acid in England, cold bathing in Paris for the same. This is the doctrine of the Old School by "experience."

Man must be studied as he is, as he was, everything of man and of the human race in general, in order to understand disease.

When you have discovered that this Life Force resides in a simple substance you see at once that death is not an entity. The body has no life of its own and therefore it cannot die.

Psora is the evolution of man's will, the ultimate of his sin.

This outgrowth, which has come upon man from living a life of evil willing, is Psora.

That changes in the body correspond to wrong thinking is true. The fault of the world today, is reasoning from externals. Man elected in the early part of his history to think from lasts to firsts, and thereby lost his ability to know.

One sick man is to be treated, not the disease.

Therefore there is no death, but we do observe and perceive that there is a separation of things, of one that is alive from another that never was alive; a disjunction of that which lives from that which never lived

—*Kent's Aphorisms and Precepts.*

Clinical Verifications.

CASES ILLUSTRATIVE OF HOMŒOPATHIC PRACTICE.*

SAMUEL HAHNEMANN, M. D.

Many persons of my acquaintance but half converted to homœopathy have begged of me from time to time to publish still more exact directions as to how this doctrine may be actually applied in practice, and how we are to proceed. I am astonished that after the very peculiar directions contained in the *Organon of Medicine* more special instruction can be wished for.

I am also asked, "How are we to examine the disease in every particular case?" As if special enough directions were not to be found in the book just mentioned.

As in homœopathy, the treatment is not directed towards any supposed or illusory internal causes of disease, nor yet towards any names of diseases invented by man which do not exist in nature, and as every case of non-miasmatic disease is a distinct individuality, independent, peculiar, differing in nature from all others, never compounded of a hypothetical arrangement of symptoms, so no particular directions can be laid down for them (no schema, no table), except that the physician, in order to effect a cure, must oppose to every aggregate of morbid symptoms in a case a group of similar medicinal symptoms as exact as it is to be met with in any single known medicine, for this doctrine cannot admit of more than a single medicinal substance (whose effects have been accurately tested) to be given at once (see *Organon of Medicine*, § 271, 272).

Now we can neither enumerate all the possible aggregates of

* From the *Reine Arzneimittellehre*, pt. ii, 3d. edit. 1833. [The cases here given originally appeared about 1817 in the first edition of the *R. A. M. L.*, but the notes and most of the preliminary matter are of the date we have given, and we may therefore consider the whole to represent Hahnemann's opinion and practice, with the exception of the dose in these two cases, of the latter period.]

symptoms of all concrete cases of disease, nor indicate *a priori* the homœopathic medicines for these (*a priori* undefinable) possibilities. For every individual given case (and every case is an individuality, differing from all others) the homœopathic medical practitioner must himself find them, and for this end he must be acquainted with the medicines that have till now been investigated in respect of their positive action, or consult them for every case of disease; but besides this he must do his endeavor to prove on himself, or on other healthy individuals, medicines that have not yet been investigated as regards the morbid alterations they are capable of producing, in order thereby to increase our store of *known* remedial agents,* so that the choice of a remedy for every one of the infinite variety of cases of disease (for the combating of which we can never possess enough of suitable tools and weapons) may become all the more easy and accurate.

That man is far from being animated with the true spirit of the homœopathic system, is no true disciple of this beneficent doctrine, who makes the slightest objections to institute *on himself* careful experiments for the investigation of the peculiar effects of the medicines which have remained unknown for 2500 years, without which investigation (and unless their pure pathogenetic action on the healthy individual has previously been ascertained) all treatment of disease must continue to be not only a foolish, but even a criminal operation, a dangerous attack upon human life.

It is somewhat too much to expect us to work merely for the benefit of such self interested individuals as will contribute nothing to the complete and indispensable building up of the indispensable edifice, who only seek to make money by what has been discovered and investigated by the labors of others, and to furnish themselves with the means of squandering the income derived from the capital of science, to the accumulation of which they do not evince the slightest inclination to contribute.

All who feel a true desire to assist in elucidating the peculiar effects of medicines—our sole instruments, the knowledge of which has for so many centuries remained uninvestigated, and

* Before the discovery of Homœopathy, medicinal substances were known only in respect to their natural history, and besides their names nothing was known regarding them but their presumed qualities, which were either imaginary or altogether false.

which is yet so indispensable for enabling us to cure the sick, will find the directions how these pure experiments with medicines should be conducted in the *Organon of medicine*, § 118—142.

In addition to what has been there stated I shall only add, that as the experimenter cannot, any more than any other human being, be absolutely and perfectly healthy, he must, should slight ailments to which he was liable appear during these provings of the powers of medicine, place these between brackets, thereby indicating that they are not confirmed, or dubious. But this will not often happen, seeing that during the action upon a previously healthy person of a sufficiently strong dose of the medicine, he is under the influence of the medicine alone, and it is seldom that any other symptom can show itself during the first days but what must be the effect of the medicine. Further, that in order to investigate the symptoms of medicines for chronic diseases, for example, in order to develop the cutaneous diseases, abnormal growths, and so forth, to be expected from the medicine, we must not be contented with taking one or two doses of it only, but we must continue its use for several days, to the amount of two adequate doses daily, that is to say, of sufficient size to cause us to perceive its action, whilst at the same time we continue to observe the diet and regimen indicated in the work alluded to.

The mode of preparing the medicinal substances for use in homœopathic treatment will be found in the *Organon of Medicine*, § 267—271, and also in the *Chronic Diseases*. I would only observe here, that for the proving of medicines on healthy individuals, dilutions and dynamizations are to be employed as high as are used for the treatment of disease, namely, globules moistened with the decillionth development of power.

The request of some friends, halting half-way on the road to this method of treatment, to detail some examples of this treatment, is difficult to comply with, and no great advantage can attend a compliance with it. Every cured case of disease shows only how that case has been treated. The internal process of the treatment depends always on those principles which are already known, and they cannot be rendered concrete and definitely fixed for each individual case, nor can they become at all more distinct from the history of a single cure than they previously were when these principles were enunciated. Every

case of non-miasmatic disease is peculiar and special, and it is the special in it that distinguishes it from every other case, that pertains to it alone, but that cannot serve as a guide to the treatment of other cases. Now if it is wished to describe a complicated case of disease consisting of many symptoms, in such a pragmatical manner that the reasons that influence us in the choice of the remedy shall be clearly revealed, this demands details laborious at once for the recorder and for the reader.

In order, however, to comply with the desires of my friends in this also, I may here detail two of the slightest cases of homœopathic treatment.

Sch—, a washerwoman, somewhat above 40 years old, had been more than three weeks unable to pursue her avocations, when she consulted me on the 1st of September, 1815.

1. On any movement, especially at every step, and worst on making a false step, she has a shoot in the scrobiculus cordis, that comes, as she avers, every time from the left side.

2. When she lies she feels quite well, then she has no pain anywhere, neither in the side nor in the scrobiculus.

3. She cannot sleep after 3 o'clock in the morning.

4. She relishes her food, but when she has eaten a little she feels sick.

5. Then the water collects in her mouth and runs out of it, like the water-brash.

6. She has frequently empty eructations after every meal.

7. Her temper is passionate, disposed to anger.—Whenever the pain is severe she is covered with perspiration.—The catamenia were quite regular a fortnight since.

In other respects her health is good.

Now, as regards symptom 1, *Belladonna*, *China*, and *Rhus toxicodendron* cause shootings in the scrobiculus, but none of them *only on motion*, as is the case here. *Pulsatilla* (see Symp. 387) certainly causes shootings in the scrobiculus on making a false step, but only as a rare alternating action, and has neither the same digestive derangements as occur here at 4 compared with 5 and 6, nor the same state of the disposition.

Bryonia alone has among its chief alternating actions, as the whole list of its symptoms demonstrates, pains *from movement* and especially shooting pains, as also stitches beneath the sternum (in the scrobiculus) on raising the arm (448), and on

making a false step it occasions shooting in other parts (520, 574).

The negative symptom 2 met with here answers especially to *Bryonia* (558?); few medicines (with the exception, perhaps, to *Nux vomica* and *Rhus toxicodendron* in their alternating action—neither of which, however, are suitable for the other symptoms) show a complete relief to pains during rest and when lying; *Bryonia* does, however, in an especial manner (558, and many other *Bryonia* symptoms).

Symptom 3 is met with in several medicines, and also in *Bryonia* (694).

Symptom 4 is certainly, as far as regards "sickness after eating," met with in several other medicines (*Ignatia*, *Nux vomica*, *Mercurius*, *Ferrum*, *Belladonna*, *Pulsatilla*, *Cantharis*), but neither so constantly and usually, nor with relish for food, as in *Bryonia* (279).

As regards symptom 5 several medicines certainly cause a flow of saliva like water-brash, just as well as *Bryonia* (282); the other, however, do not produce the remaining symptoms in a very similar manner. Hence *Bryonia* is to be preferred to them in this point.

Empty eructations (of wind only) after eating (symptom 6) is found in few medicines, and in none so constantly, so usually, and to such a great degree, as in *Bryonia* (255, 239).

To 7.—One of the chief symptoms in diseases (see *Organon of Medicine*, § 213) is the "state of the disposition," and as *Bryonia* (778) causes this symptom also in an exactly similar manner—*Bryonia* is for all these reasons to be preferred in this case to all other medicines as the homœopathic remedy.

Now, as this woman was very robust, and the force of the disease must accordingly have been very considerable, to prevent her by its pain from doing any work, and as her vital forces, as has been observed, were not consensually affected, I gave her one of the strongest homœopathic doses, a full drop of the pure juice of *Bryonia* root,* to be taken immediately, and bade her

* According to the most recent development of our new system the ingestion of a single, minutest globule, moistened with the decillionth (x) potential development would have been quite adequate to effect an equally rapid and complete recovery; indeed, equally certain would have been the mere olfaction of a globule the size of a mustard seed moistened with the same dynamization, so that the drop of pure juice given by me in the above case to a robust person, should not be imitated.

come to me again in 48 hours. I told my friend E., who was present, that within that time the woman would be quite cured, but he, being but half a convert to homœopathy, expressed his doubt about it. Two days afterwards he came again to ascertain the result, but the woman did not return then, and, in fact, never came back again. I could only allay the impatience of my friend by telling him her name and that of the village where she lived, about three miles off, and advising him to seek her out and ascertain for himself how she was. This he did, and her answer was: "What was the use of my going back? The very next day I was quite well, and could again commence my washing, and the day following I was as well as I am still. I am extremely obliged to the doctor, but the like of us have no time to leave off our work; and for three weeks previously my illness prevented me earning anything."

W—e, a weak, pale man of 42 years, who was constantly kept by his business to his desk, came to me on the 27th of December, 1815, having been already ill five days.

1. The first evening he became, without manifest cause, sick and giddy, with much eructation.
2. The following night (about 2 a. m.) sour vomiting.
3. The subsequent nights severe eructation.
4. To-day also sick eructation of fetid and sourish taste.
5. He felt as if the food lay crude and undigested in his stomach.
6. In his head he felt vacant, hollow and confused, and as if sensitive therein.
7. The least noise was painful to him.
8. He is of a mild, soft, patient disposition.

Here I may observe:—

To 1. That several medicines cause vertigo with nausea, as well as *Pulsatilla* (3), which produces its vertigo in the *evening*; also (7), a circumstance that has been observed from very few others.

To 2. *Stramonium* and *Nux vomica* cause vomiting of sour and sour-smelling mucus, but, as far as is known, not at night. *Valerian* and *Cocculus* cause vomiting at night, but not of sour stuff. *Iron* alone causes vomiting at night (61, 62), and can also cause sour vomiting (66), but not the other symptoms observed here.

Pulsatilla, however, causes not only sour vomiting in the even-

ing (349, 356) and nocturnal vomiting in general, but also the other symptoms of this case not found among those of *Iron*.

To 3. Nocturnal eructations is peculiar to *Pulsatilla* (296, 297).

To 4. Fetid, putrid (249) and sour eructations (301, 302) are peculiar to *Pulsatilla*.

To 5. The sensation of indigestion of the food in the stomach is produced by few medicines, and by none in such a perfect and striking manner as by *Pulsatilla* (321, 322, 327).

To 6. With the exception of *Ignatia* (2) which, however, cannot produce the other ailments, the same state is only produced by *Pulsatilla* (39 compared with 40, 81).

To 7. *Pulsatilla* produces the same state (995), and it also causes over-sensitiveness of other organs of the senses, for example, of the sight (107). And although intolerance or noise is also met with in *Nux vomica*, *Ignatia* and *Aconite*, yet these medicines are not homœopathic to the other symptoms and still less do they possess symptom 8, the mild character of the disposition, which, as stated in the preface to *Pulsatilla*, is particularly indicative of this plant.

This patient, therefore, could not be cured by anything in a more easy, certain and permanent manner than by *Pulsatilla*, which was accordingly given to him immediately, but on account of his weakly and delicate state only in a very minute dose, *i. e.*, half a-drop of the quadrillionth of a strong drop of *Pulsatilla*.* This was done in the evening.

The next day he was free from all ailments, his digestion was restored, and a week thereafter, as I was told by him, he remained free from complaint and quite well.

The investigation in such a slight case of disease, and the choice of the homœopathic remedy for it, is *very speedily* effected by the practitioner who has had only a little experience in it, and who either has the symptoms of the medicine in his memory, or who knows where to find them readily; but to give in writing all the reasons *pro* and *con* (which would be perceived by the mind in a few seconds) give rise, as we see, to tedious prolixity.

* According to our present knowledge and experience the same object would have been attained by taking one of the smallest globules of *pulsatilla* x (decillionth potency) and with equal certainty a single olfaction of a globule the size of a mustard seed of the same potency of *pulsatilla*.

For the convenience of treatment, we require merely to indicate for each symptom all the medicines which can produce the same symptoms by a few letters, *e. g.*, *Ferr.*, *Chin.*, *Rheum.*, *Puls.*), and also to bear in mind the circumstances under which they occur, that have a determining influence on our choice and in the same way with all the other symptoms, by what medicine each is excited, and from the list so prepared we shall be able to perceive which of the medicines homœopathically covers the most of the symptoms present, especially the most peculiar and characteristic ones,—and this is the remedy sought for.

Aesculus—Hemorrhoids.

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PROF. INSTITUTES OF MEDICINE AND CLINICAL MEDICINE IN DUNHAM
MEDICAL COLLEGE.

Mrs. J., age 47. Housekeeper, mother of seven children. Small, spare, dark. Had been sick for years with "stomach trouble" and "piles."

Weakness—back, arms and legs.

Difficult getting up or down, feeling of weakness with a dull aching through hips < walking or attempting to change position.

Stomach.

Nausea with sour or bitter eructations.

Pressure as from a stone, < after eating, < when constipated.

Heartburn, < about 3 hours after eating.

Distress has been almost constant for years for which she has taken almost everything.

Very sensitive to least pressure.

Abdomen.

Marked throbbing of abdominal aorta (throbbing of vessels throughout the body with evidence of venous obstruction).

Tender on pressure—flesh seemed sore.

Liver—frequent attacks of congestion with pain between shoulders.

Biliary colic, when overtired, with heavy dull ache in region of gall bladder.

Rectum—Almost constant sense of uneasiness.

Itching, burning, *sense of fulness* not relieved by stool.

Feeling as if "rectum would come out" if persisted in efforts to force a stool, not relieved by stool.

Hemorrhoids.

Full, as if rectum had been forced down—for years.

> steady, gentle upward pressure.

Dark brown or blue—generally internal or blind.

Cannot sit down or walk without great pain.

Must frequently get into knee-chest position and use gentle pressure.

< stool.

Stool changable—either bilious diarrhœa or hard, dry, large stool.

Female Organs.

Uterus inflamed, retro-verted.

Soreness with dragged down feeling.

< when obliged to be on feet.

Leucorrhœa—thick and acrid, but not very profuse—offensive.

Back, weak, easily gives out.

The general history showed a woman who had passed through many hardships and had lived a life of suffering both mental and physical. She was thoroughly "broken down," a prematurely old woman. At the age of forty-six she was placed in a "home" and for the first time in over twenty-five was in condition where medicine could be permitted to act. Under *Nux vomica*, *Sulphur* and *Alas* there was but little improvement in the physical condition.

A thorough study brought out the picture of *Aesculus* and three doses of 1000th potency, given at lengthened intervals, was followed by such a wonderful improvement in her general condition that after a restful period of a little over six months, she voluntarily gave up her "home" and accepted the more independent position of "housekeeper" for a small family.

The question may be raised whether the "cure" be not due to the changed position, freedom from anxious care etc., instead of the medicine. To this it may be stated that for over eight months she had the necessary rest and was under the action of other remedies *without any marked improvement*; that practically the same symptoms were present when the *Aesculus* was prescribed as when she first received *Nux vomica*, provided she would exercise much; that nearly four years have passed without

any serious return of the old suffering; that she does her work with greater comfort and ease than at any time in her life.

CASES FROM NOTE BOOK.

LEWIS WHITING, M. D., DANVERS, MASS.

Sepia—Headache.

Mrs. —, aged sixty-nine, for sixty years past has been subject to severe paroxysms of hemicrania, the attacks coming on at irregular intervals, but always continuing nine days to the hour.

The pain being "as if from a severe blow with the palm of the hand, upon the left parietal portion of the head, which then grasped the hair and pulled it out by the roots;" this pain being repeated at intervals of thirty seconds for the whole period of nine days and nights.

Gave her *Sepia*^{55m} (F) potency; one to be taken at the time (5 p. m.) and if she noticed any effects from it, either for better or for worse, not to take second one; but that if she should not notice any effect, to take second one the next morning, and the third one at bed-time the next night.

Called on her again on the morning of the third day, when she reported, that within fifteen minutes after having taken the first powder, the pain had ceased entirely, that she passed a very pleasant evening, slept all night, and ate her breakfast next morning with no recurrence of pain.

A family council was now held, and it was agreed that the effect of the one powder was wonderful, as nothing that she had ever taken during the sixty years had ever had any effect, and all agreed that as one powder had so much effect, she should take the others and thus make a permanent cure of her headache.

Upon this reasoning, she took the conditioned morning powder and almost immediately the shocks commenced in the *right* side of the head; this was a new experience to her, for till now, she had never had the pain in the right parietal region, it had from the first always affected the left side only.

At five in the afternoon she took the third powder and the pain changed from the right parietal to the occiput.

But during the night, the shocks of pain resumed their former location, in the left side of the head, when it continued its nine days' term, minus the fifteen hours' remission given by the first powder.

Three years later; I am informed that she has since died from cancer of the stomach, having had several attacks of the hemi-
crania, which were instantly relieved by one dose of *Sepia*.

Aloe—Diarrhœa.

Mrs. —, age forty. Morning diarrhœa for many years past, comes on every morning after arising and continuing till 10 a. m. Stools yellowish, thin, fecal, accompanied by much flatus, and an immediate irrepressible desire for stool; can not delay one minute. *Alæ*³⁰ was prescribed for the case, a powder dry on tongue night and morning. Having taken only four doses of the *Alæ*, the stool became of normal consistency, and the case became one of scabies over the entire body. Upon inquiry it was ascertained that she had itch when about ten years of age, and that it was treated by inunction of sulphur and lard, and she was of opinion that the diarrhœa had been her constant companion since about that time, a period of thirty years. She received no further medicine and in three days time the power of the drug that had produced the scabies had also effected a *cure* of the same, with no return of diarrhœa.

Chronic Lead Poisoning—Secale

Mrs. —, age thirty, has been under heroic treatment for two years for "Consumption of Bowels" and not expected to recover. From her apparent condition one would not think her capable of living four weeks. The case has the following symptoms for study:

Stools painless, frequent, night and day, fecal, frothy,
< from movement.

After stool, great debility.

Sense of weakness in abdomen.

Foul taste in morning.

Bad odor of breath in morning, disgust for cold water.

Cold ankles.

Menses too profuse; of bad odor; can not bear heat
from the stove.

After a careful analysis, and finding all of the symptoms under *Plumbum* it was given in 200th potency for four days without apparent effect. Feeling confident that it was a *Plumbum* case, the thought came to me that possibly it was pathogenetic. Further investigation was accordingly made with ill success for a

time; they had no lead pump; the water for family use was all dipped from a spring near the house; she had never used hair-wash, or cosmetics. But on examination of a peck-basket of empty bottles and pill boxes, the contents of which she had taken into her stomach, we found a large number of pill-boxes all bearing the same number. Taking one of the boxes to the druggist whose name was on the cover, it was found that each pill should have contained one-eighth grain *Plumbi ac.*, the same quantity each of *Opii* and *Capsicum*, and for the second time we felt certain that we had the solution of the case in our hands. On again referring to our analysis we found that we had twelve of the fourteen symptoms also under *Secale*. This drug (in the 30th to the 200th potency) was accordingly selected as the *antidote* to this case of lead-poisoning, and with complete success, for in four weeks' time instead of being "under the sod," she was well advanced to convalescence. And three years later she gave birth to a fine, healthy boy, who is now ten years of age and apparently as likely to attain his expectancy of life as of any of his class.

Sulphur.—Dysentery.

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Boy—aged 4 years.

Dysentery—two weeks standing.

Getting pale, weak and emaciated.

Stools—generally liquid, greenish, and containing undigested food.

Passages—commences at 4 a. m.; five or six stools between 4 and 9 a. m. Tenesmus and urging.

Ears and lips very red at times.

Peevish.

Sul.^{cc} in half glass of water; teaspoonful hourly for 8 hours. Every symptom left inside of 24 hours.

Arsenicum.—Diarrhœa.

Girl—aged 18 months.

Diarrhœa—for two days, with much restlessness and prostration. Rapidly sinking strength.

Stools—thin, and very offensive, accompanied with flatulence.

<after midnight.

>quieter from hot clothes applied over abdomen.

Coldness of wrists.

Vomits—can bear nothing on stomach.

Ars.^{cc}, followed by immediate relief. Was well the next day.

Quinine.

Mrs. A.—aged 40.

Ulcers—chronic, of five years' standing. Both legs, continuous ulcer. Does not suppurate. Patches became dry and scaly at times.

Itching <in warm weather.

Tried many kinds of local applications without improvement.

Headaches—chronic, <in open air. Vertigo.

>by bandages round head, or pressure.

Menses—profuse, dark clotted blood, and bearing down pain, with backache.

Asthma—constriction round chest with wheezing respiration; has to sit up in chair at night when attack starts.

Has taken inordinate quantities of *Quinine*. One of her former physicians used it on the table as an every day article of diet, and thought he fattened on it. He recommended it to his patients as a food that could not be partaken of too freely.

China Sulph.^{cc}

On the first week after administering the remedy, the patient declared she was going crazy. There was a severe aggravation of every symptom. She was given the assurance that, if she followed the rules, she could be considered pre-eminently sane, and that, after the tempest she would land in a haven of quiet and rest. She listened to sage advice. The second week she began to get better. Third week gave *China Sulph.*^{cm}. In six weeks from time of first dose the *legs were entirely healed*. Headache and asthma were better. *Psorin*^{1m} removed asthma for two months. She then fell into her old habit of drinking beer and whiskey, and ceased coming for treatments.

Carbolic Acid.

Mrs. D.—aged 29—pregnant.

Neuralgia—supraorbital, left side; <mornings.

Dreams—amorous, sometimes of danger, others, cannot recall.

Cough—mornings, sometimes ending in vomiting.

Slight nausea, mornings.

Pain—in hips and sacrum, <in left hip. Tending to œdema of feet and legs.

Numbness of lower extremities.

Has used *Carbolic acid* injudiciously. *Carbolic acid*^{5c} every fifteen minutes until neuralgia left, which it did inside of one hour. Did not return.

Pain in hip improved, but lingered for ten days. A vesicular eruption developed over the body. The nausea and cough disappeared, also the characteristic dreams. *Carbolic acid*^{5m} was given one week subsequent to the 200th potency.

Hypnotism.

Mrs. P.—aged 36.

Was called in great haste, she thought she would die.

Temperature 103.5.

Pulse 120.

Severe pain in abdomen.

Hysterical. Feels pains all over, cannot bear it. Asks for something to relieve her at once, and tosses about in bed, declaring she cannot stand it a minute longer. I could not think of an indicated remedy at once, but proceeded to hypnotize her. She was *easy*, and fell asleep in eight minutes. She was kept under the influence about 17 minutes. Suggestions were made that she would feel perfectly well; that every trouble was being removed while she remained in that state. Pulse and temperature came down to normal, and every discomfort vanished inside of 17 minutes. She smiled and said, "It is wonderful."

Hypnotism.

Mrs. H.—aged 28. Mediumistic.

Can communicate with spirits. Went to see some people on business. Came back with headache, vertigo, mental and nervous depression, nausea and vomiting. Hypnotism removed the trouble in 10 minutes. No medicine was given.

Saw Palmetto—Prostatic Enlargement.

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In view of the vagueness and absolute uncertainty of anything in the old school in the treatment of prostatic troubles, I desire in this paper, to give a few cases illustrating the action on *Saw Palmetto*.

It has been said that out of every ten men, nine have prostatic enlargement at some time between the ages of thirty-five and seventy-five.

Boocock's proving-*vide*, "Hale's Saw Palmetto"—shows that the symptoms of this remedy corresponds almost exactly with most of the prostatic troubles and especially to the condition of nerve irritation preceding prostatic hypertrophy. There is that same irritation of the neck of the bladder with difficulty in voiding urine; a sense of weight, usually accompanied by coldness of the adjacent parts with loss of sexual desire. Sometimes there is loss of prostatic fluid, at other times only the bladder symptoms. I can best illustrate what I want to say by drawing on my case book.

The following cases illustrate three of the most frequent phases of prostatic troubles in which *Saw Palmetto* has been useful in my hands.

Case I. Mr. J., age 56. Occupation, banker.

Previous history good until about six years ago when he first began to notice an extraordinary frequency in urinating which became so annoying that he finally consulted a physician who treated him for a long time with only temporary relief. He then went from one doctor to another with no better results and finally becoming despondent and thoroughly discouraged began the usual round of patent medicines. After a period of three years of such experimentation he gave the whole thing up in utter desperation and as a *dernier resort*, came to me saying he had decided to try homœopathy.

On December 28th I made a careful study of the case, finding the following characteristics:

Very despondent.

Irritable.

Sympathy seemed to anger him.

Great tenesmus in the neck of the bladder with heavy, aching pains with *sense of coldness extending into the external genitals*.

Occasionally, sharp pains would extend upward into the abdomen and down the thighs, especially the left, which had been amputated at about the middle third, because of a gun-shot wound at the battle of Vicksburg.

Appetite capricious.

Constipation chronic.

Urine normal in every particular except frequency.

Sleep greatly disturbed by frequency of micturition.

I gave *Nux vomica*, *Gelsemium*, *Cimicifuga* and other remedies which seemed indicated with very little improvement until finally I came across the pathogenesis of *Saw Palmetto* which so impressed me with the similarity of its symptoms to those of the case in hand that I decided to give it a trial. I gave a 5 drop doses of the tincture night and morning.

The result was all that I could desire. The improvement was steady from the first, the uncomfortable symptoms gradually disappearing until after eight weeks the tenesmus was all gone, the appetite was good, the bowels regular, the patient could sleep eight or nine hours without interruption and could hold his urine four or five hours during the day. With the disappearing of these symptoms went a very aggravation form of eczema on the hands of many years duration which I failed to mention in the previous history.

Case II. Mr. M., age 45. Occupation, Superintendent of County Hospital.

Previous history good. Had been suffering for about a year with gradually increasing frequency of desire to urinate.

Very despondent.

Mind distressed.

Appetite capricious.

Little sexual desire, the indulgence of which is followed by dragging pains in the small of the back, some tenesmus of the bladder, but more trouble to get the water started.

Stream small and lacking in force.

Coldness of external genitals, with some pain of a dull aching character in the region of the prostate and extending to thighs and abdomen.

I gave *Saw Palmetto* 5 drops night and morning. Symptoms gradually improved until after three weeks there was no vestige of trouble whatever, nor has there been any return.

Case III. Mr. E., age 35. Occupation, real estate and loan agent.

Previous history good.

Had been troubled with frequency of urinating for about a year and a half.

Heavy dragging pains in the region of the prostate and extending into back and thighs.

Considerable loss of prostatic fluid at times.

Urine normal.

Pain in back much worse after coition.

Sexual desire very much impaired.

Prescribed *Saw Palmetto* 5 drops night and morning, effecting a perfect cure in two weeks.

I neglected to say that in each of these cases there was a severe headache on the top of the head, and many symptoms of gastric catarrh all of which disappeared under the administration of *Saw Palmetto*.

I have also had remarkable success with this remedy in cystitis both acute and chronic and have found it frequently indicated in ovarian troubles.

(It is a most valuable addition to our armamentarium and worthy of more thorough *proving* and clinical observation.—ED.)

TABES MESENTERICA; SYMPTOMS, DIAGNOSIS AND TREATMENT.*

C. H. HOLDEN, M. D., NASHVILLE, TENN.

This is a disease of childhood occurring between the ages of three and ten, but is very important not so much on account of its frequency as from the difficulty of differentiating it from other abdominal diseases.

Symptoms.—The general symptoms are those belonging to the general disease, for the mesenteric glands are only one of many organs, the seat of tubercle, although they may be more profoundly affected than other parts of the body.

There is usually emaciation, as there is in all cases where tubercles are present.

The appetite is good, sometimes unusually keen; thirst moderate; tongue pale, clean and slimy. Diarrhoea may be present particularly if tubercular ulceration of the bowels complicates

* Read at Southern Homœopathic Society, Birmingham, Ala.

the case. Vomiting is a rare symptom. The local symptoms are the only ones of any value in the detection of tabes mesenterica.

The abdomen is at first unchanged in shape and even as the disease advances does not necessarily become more prominent. On the contrary, the abdominal wall is often retracted and when swollen may be soft and easily depressed, although it is tense at times from the accumulation of flatus.

The wall may also be tense when the size of the glands is very considerably increased. The degree of tension of the parietes is very important as regards the detection of the enlargement.

If the tension is very great a moderate enlargement may escape notice, the resistance of the abdominal walls preventing the glands being reached by the finger. The situation of the tumor is about the umbilicus; swelling irregular, size varies, may be as large as a foetal head.

When the mass is large it can best be detected by pressing the abdominal wall inward toward the spinal column.

When the mass is small the parietes should be grasped by the fingers and thumbs of two hands and pressure thus made laterally, from the sides towards the centre thus grasping the tumor between the fingers.

This method of examination if the abdomen is flaccid enables one to detect a mass the size of a nut.

The mechanical pressure from these enlarged glands may give rise to ascites from interference with the portal circulation if pressure is made at the hepatic notch.

From pressure upon the nerves, cramps in the legs may occur.

Friction of the enlarged glands against the peritonium lining the abdominal wall may cause peritonites.

The course of this disease is slow, but its duration is difficult to estimate because of the obscurity of the earlier symptoms.

Children do not necessarily die, with proper care and treatment they often recover.

Diagnosis.—Only by the sense of touch can the diagnosis of tabes mesenterica be satisfactorily made.

To hold the mass between the fingers and thumb is the only positive proof of its presence.

Enlargement of the abdomen is no evidence of glandular enlargement, for flatulent distension, we find frequent in badly fed children and intestinal disorders not malignant.

Moreover in tabes mesenterica the abdominal wall is more often *retracted* than expanded.

In all chronic diseases, tubercular or otherwise, wasting is generally present and diarrhoea is not confined to tubercular mesenteric glands. These symptoms may be present but they are not a result of the above lesion and either alone or combined are useless as indications of this lesion.

When the superficial veins are distinctly seen to ramify on the abdominal wall and to join similar veins on the thoracic parietes, Tabes should be suspected, but nothing more than suspicion is permissible; for any interference with the portal circulation will produce the same result, and when the abdomen is tense it is extremely difficult to exclude hepatic disease. Even when by direct exploration the existence of a tumor has been ascertained, we have still to satisfy ourselves that it is formed by enlarged glands.

Fecal accumulation in the colon. Tubercular masses attached to the omentum may simulate this condition.

Fecal accumulations are distinguished by the absence of tenderness.

The *situation*, instead of the umbilical region, usually occupied is the transverse or descending colon.

The shape of the mass is elongated, the long axis being in the direction of the long axis of the bowel in which it is contained. In doubtful cases a positive opinion should be reserved until the effect of a good warm water enema is obtained.

Between tubercular masses attached to the omentum and tubercular mesenteric glands the distinction is often very difficult, particularly if the tumor is in the umbilical region.

When in the omentum the masses are more superficial, less nodular and they have better defined edges than when the glands themselves are diseased.

A cancerous pancreas has offered some resemblance to the tumor of tabes mesenterica, but should be excluded by the presence of vomiting, jaundice and abdominal pains. The only two affections which are apt to occasion a swelling solely, or at least principally, limited to and perceptible in the umbilical region are the one under consideration and a movable kidney.

The indicated remedies I will mention in the order of their importance. *Sulphur* is our mainstay, provided we use it in the incipiency of the disease.

I find most excellent results from the use of *Sulphur* high if you have a *Sulphur* child, morbid emaciation, voracious appetite, child shrivelled, skin hangs in folds, discolored, coarse with offensive odor and the venous stasis so marked in this remedy. *Iodine* is indicated where there is great nervous irritability, the child is only apparently comfortable while eating, emaciating rapidly, diarrhoea with an aggravation of all the symptoms when subjected to a vitiated atmosphere. This latter symptom demonstrates the importance of giving these little sufferers fresh air and sunlight. Our most hopeless cases we find in the slums of large cities where the environment and inheritance develop and foster depravity of system.

Iodine high in these cases with properly prepared food and pure air will make wonderful change if not always a cure.

Calcarea Phos^{30x} in these children who are weak minded, showing imperfect growth of tissue finds its place as a tissue builder, and aids materially in a palliative way in our worst cases, where in the hopeful cases it lends conspicuous help.

Baryta Carbonica has marked mental and physical weakness, this with a bloated face and abdomen, painful digestion, offensive sweat on the feet, has met with some success in my hands.

In all these cases too much attention can not be given to the surroundings and too much stress laid on the diet and regulation of the bowels.

I have seen so many cases neglected where the remedy failed, where if with that indicated remedy intelligent directions as to diet with pure air to breath had accompanied it, a renewal of life and oftentimes a useful one would have been the result.

I know of no more interesting study and no better test of his or her mental status and patience than success in the treatment of Wasting Diseases of Children.

Every scientific man today is trying to find something he can claim as his own. Such a man cannot understand Homœopathy. He worships himself, Has dwelt on the externals so long that it is impossible for him to think rationally.

The physician who violates his conscience, violates his ability.

Man's unbelief and opinion do not affect truth. The experience which the Homœopath has, is experience under law and confirms the law.

What matters it what people think of a just man? His reputation will take care of itself.

Psychology.

ANIMAL MAGNETISM.*

K. O. AUSTIN, M. D., CHICAGO.

We shall, to-day, take up the subject of animal magnetism. This magnetism is not like that of the magnet. It does not attract iron or steel. Animal magnetism is material. It has color, odor, and weight. It differs in every individual in some respects, so that, on a path beaten by thousands, a dog can trace his master. On everything we touch, we leave a magnetic impress. You are attracted by some persons, repelled by others; calmed by some, made restless and uneasy by some. These are all magnetic conditions. The different kinds of magnetism have an affinity or repulsion for each other.

Animal magnetism is the medium through which thought operates. Through magnetism thought produces material effects.

The magnetic aura is changed by thought. Its color and other properties become altered. Love produces a pink color, lust a deep red, and hatred a dirty red color. Jealousy makes a yellow color. Unselfish thoughts, virtue and benevolence, blue. Thoughts of a lofty spiritual character renders the magnetic aura pure white.

These colors are best seen after the eyes have rested in a dark room for a time. They are seen by the physical eyes in their normal state. It is in the nature of every human being to discern them. But the refined, subtle, perceptions are suppressed, due to perverted ways of living. The use of liquors, tobacco, drugs in the crude form, and the prevalence of secret vices destroy the finer attributes.

As the old medical education becomes revolutionized, and people learn how to live, men will be restored to the heritage of his higher nature.

You, who are gaining advanced medical knowledge, and learn how to remove the effects of old school errors, not only qualify yourselves to restore comfort to suffering humanity, but you can place them in possession of gifts they did not know they owned.

The magnetic aura alters by disease. It changes in quantity and quality.

The day may not be distant when diseases will be diagnosed by the condition of the magnetic aura.

Hahnemann advocates the application of magnetism or magnetic passes, after everything else fails. He refers to many re-

* Extracts from Lectures delivered at Dunham Medical College.

markable "apparent cures," as he calls them, through magnetic or mesmeric passes.

His expression "apparent" is significant. I do not think that disease was ever entirely or permanently cured by magnetic or mesmeric treatments. It will suppress, or place the pathological condition in a latent state. It may remove the unseen aspect of disease; but the deranged condition in the physical necessarily remains, though made so inactive that the patient may for a long time think himself cured.

You know the high potency medication, as taught here, is required for the removal of the effects of drugs taken in the crude form. Until that is done, there can be no sound cure. Magnetic, hypnotic or mesmeric treatments cannot remove the effects of crude drugs, nor natural miasms. There are many magnetic healers and hypnotists in the field who do much good. They are in advance of the old school practitioner; for they seldom can do harm.

Magnetism is the material through which our bodies were made, and it is a part of the element which holds body and soul together through life. Nutrition is converted into magnetism, and then appropriated by our unseen being.

Animal magnetism is therefore, a powerful therapeutic agent, and every physician should know something of its laws and uses. In fact there is no disease ever cured without animal magnetism as an auxiliary. Magnetism will have the quality which your concentrated thought produces.

This is one of the secrets of hypnotism. Magnetize your patient, and while doing so concentrate your thoughts on giving a soporific effect. If you are strong enough, your patient will fall asleep under your influence. Concentrate your thoughts on removing pain, and the pain will leave, if you have the power.

In hypnotism the first thing done, is to displace the patient's own magnetic aura, and imbue him with your own.

Your ego, or some outside intelligence aiding you, will hold the unseen being of the patient in a subjective state. Your magnetic aura, then, has no resistance. It will have the influence or effect your thoughts and suggestions give it.

If you wish to remove pain you can do so; you can reduce fever in a few minutes, produce anæsthesia if you wish. Many major operations have been performed painlessly through this influence.

To reduce fever from 105 to normal in five minutes is nothing new through this agency. I have done it in one case, where I found it difficult to choose the indicated remedy. She had no recurrence of the fever inside of a week. After that time, I do not know, for they secured another physician. Her husband was an old time minister of the gospel, and objected to this power of the devil, except where it is absolutely necessary for the purpose of saving life. (This was exactly the substance of his reasoning).

If you look in the August number of the *ADVOCATE*, you will find report of a case where I succeeded in saving life, after the process of death had begun, through hypnotism.

I shall in the future take up hypnotism as a special subject.

Animal magnetism is one of the main elements in hypnosis. Hence, this digression. Animal magnetism can be used for the purpose of developing latent psychic powers within us. It can be used for the purpose of strengthening the expression of the ego in the consciousness. The one who undertakes this kind of work must be thoroughly qualified, or else he is liable to do more harm than good.

Animal magnetism is concentrated into poles at different parts of the body. The head and extremities are the strongest centers. The hands are stronger than the feet. From these parts the aura can be seen projecting like flames. Like the flame of a candle, it is deflected when blowing on it.

Over the pit of the stomach is another strong magnetic flame. In magnetizing a patient it is, therefore, best to place your hands on these centers. The lips are a strong magnetic center, which explains the magic power of the kiss. The eyes another strong magnetic center, and through the eye you can project strong magnetic force without contact.

Animal magnetism may be transferred into liquids, cloth, and other substances. The magnetic flame can be seen from articles magnetized. Contact is the quickest means of magnetizing an object. It can be done by close approximation; but this takes longer.

Placing the hand over a glass of water, for a while, the water become magnetized. After a time the force becomes weakened and entirely dissipated from articles charged, as far as physical perceptions can detect.

Magnetic force can be conducted in bodies; all solid and fluid

bodies conduct magnetism to unmeasured distances. Some substances are better conductors than others. It seems that the denser a body is the better it conducts.

The conduction of magnetism is effected much more slowly than electricity, but faster than heat.

Between the years 1840 and '50, (I think,) a German by the name of Reichenbach made exhaustive experiments with the magnetic forces, in conformity to approved scientific methods.

He calls this force "od." He discovered many facts relating to the subject, and his book is interesting. It can be had at the public library.

In conclusion, I will say, that in all vital and chemical processes there is manifestation of magnetic force of some kind. It is present in plants. It appears in every place where there is the magnetism of the iron magnet. You know the earth and other planets are huge magnets. And that space is filled with ether which transfers light from the sun to the planets, and from planet to planet.

This peculiar magnetism, which accompanies ordinary terrestrial magnetism, is also transferred with it from planet to planet. The influence of each planet differs, and their power over psychic and physical conditions on the earth varies with their position relative thereto. The moon; especially, has a strong effect on disease and on susceptibility of a patient to a certain remedy at a certain time of the day and of the month. There is much room for study in this line.

THE "DOUBLE."

K. O. AUSTIN, M. D., CHICAGO.

The "double" is the exact counterpart of the physical body. It is both the same and in every way appears as the physical. Except when touched it cannot be distinguished from it. When the physical body and its double are not separate, we see only one body. For that reason, I have called this counterpart of the physical, the unseen or invisible double.

The double is separable from the physical body, and may appear at distances from it. It is, then, visible and presents the appearance I have described. If you were sufficiently developed, you could go in the double to different places at will. This is a very common accomplishment in India. Among us it is more

rare. It is not so uncommon, however, for a person's double to appear at places away from the body, unconscious to him.

Intelligence may and may not be transferred to the double. But intelligence has never lodgement in the double. It is transferred, as I said, like on electric wires from a battery.

When the consciousness acts through the double there is almost a total absence of it in the physical.

Among occultists in India, it is common to go in the double to places distant from the material body for the purpose of giving or receiving information.

In reference to the composition of the double very little can be said. There is nothing in the material to compare with. It is not matter. It is as obvious to the sense of sight as the material body; yet, put your hand through it, and you can feel nothing. It is made up of a substance known to our unseen being, but the knowledge is not brought down to the physical consciousness.

It is often vaguely referred to as etherial on account of its property of passing through any material substance as though there was nothing there;—as, going through a brick wall, for instance, as though the wall is nothing but air—yet, we know, were it composed of ether we could not see it.

About as little can be said of the function of the double. It serves, sometimes, to connect the material consciousness with unseen intelligences. In those who have advanced sufficiently to be able to project the double and follow it with the consciousness, it, of course, serves the estimable inconvenience of saving time and car fare in some instances.

Physical derangement may be acquired through the double; especially nervous trouble. The double being injured by adverse psychic element throws the condition back on the physical. Conditions of the physical also react on the double. At time of death, when the vital principle has run to a close, the double shares the fate of the physical. It is no more.

THE VITAL PRINCIPLE.

K. O. AUSTIN, M. D., CHICAGO.

We shall next consider the vital force or principle.

The vital principle is that part of our being which maintains the process of animal life. The body, of itself, is an inert frame

of matter. Adding the vital principle we have the animate body with the different functions of animal life.

It is the force which, in itself, connects our unseen being with our material expression.

Our unseen being is separable from the body and the vital principle. Outside intelligences can take the position relative to the vital principle that our own unseen being naturally holds, and operate through the brain and nervous system.

The individuality, in such states, is entirely changed, and the person, after being restored to the normal condition will not be conscious of what had transpired.

Such conditions are known as trance. There are different degrees of it. Disembodied intelligences can take on disease conditions from the vital principle of one person, and throw it back on the vital principle of another. Many a sensitive and sympathetic physician, after his visit, feels as the patient did. To the relief of his patient he has taken on the disease.

This condition, however, is not necessary. With sufficient power and advancement those in the unseen can avoid throwing disease conditions back on the vital principle of mortals. They can even prevent contagion of the most virulent diseases, if given the conditions.

Insanity often occurs through influences in the unseen reaching the consciousness through the vital principle. This form of insanity is termed obsession. It is often mistaken for a purely nervous, or, what they term mental derangement. It is never cured by treatment founded on false diagnosis except by accident.

The susceptibility to every disease condition in pathology can be thrown on the vital principle by unseen intelligences.

Through this source, violent symptoms may become manifest in a sensitive patient inside of a few minutes, and often puzzles the physician.

This feature of the etiology of disease will become more and more recognized in the future, especially in great psychic centers, like Chicago.

The sensitive friend, grieving over the departed, will often feel as the deceased did. The grief, or intense thought, of the friend, brings the one who left the body, close, and may throw the disease from which it passed out, on the vital force of the friend.

Until the development has been attained, through which that

part of the unseen being which is most closely connected with the vital principle, becomes cognizant of its ego, the unseen being is apt to retain the disease conditions under which it left the body until it can throw it off by connection with some other vital force and material organism. That is, the disembodied intelligence cannot again come in contact with vital force, without bringing the conditions under which it left its own vital force.

This is a state similar to that of the unseen intelligence who can take away disease conditions from the vital principle of a patient, but has no power, or knowledge to throw it off again, except by leaving it with some other vital principle, making the physician feel as the patient, as I have spoken of before. As far as I know, at present, the vital principle is not separable from the material body consistent with life.

It is partly magnetism, but is also made up of other elements.

It is not spirit, nor spirit-like. At death it returns to the elements, like the material body which it animated.

There are two worlds; the world of thought, or immaterial substance, and the world of matter or material substance.

Name everything that is, or moves; it is sustained, from, and by power of this Primitive Substance. We do not argue that this is first power, but this is first substance.

Susceptibility is only a name for a state that underlies all possible sickness and all possible cure.

Now when a person becomes sick, he becomes susceptible to a certain remedy, which will affect him in its highest potency; while upon a healthy person it will have no effect.

When the dose is too large to cure, man receives it as a sickness.

If it were not for the Simple Substance, such states as antipathy, sympathy, affinity, could not be. It is the sphere of Homoeopathy to deal with these things; to glean what is the real *Esse* and existence.

What reason has man to say that Energy or Force is first? Energy is not energy *per se*, but a powerful substance. The very *Esse* of God is a scientific study.

Bodies are not drawn together by means of their bodies, but by means of their Primitive Substance.

The Simple Substance is the means of identification in nature. The mineral, the oak, the wheat, are all identified by their Primitive substance, and exist, only, because of their Primitive Substance, which makes them what they are.

—*Kent's Aphorisms and Precepts.*

State Medicine.

FORM OF A PROPOSED MEDICAL BILL FOR THE STATE OF ILLINOIS.

H. M. PAINE, M. D., ALBANY, N. Y.

Form of a proposed medical bill designed to meet the constitutional requirement in the State of Illinois, by providing a *single* examining board so constructed as to conduct its examining work by *sections*, such sections to represent, each *separately*, one school of medicine; each section to have jurisdiction over its own candidates, yet each to conform to *uniform* standard acquirements.

The provision for making it a part of the state educational system, imparts standing, character and dignity, and secures efficiency, thoroughness and uniformity of administration.

By requiring appointments to be made from lists of nominees selected by the State Medical societies respectively, its administration is placed under the *control* of the legal representatives of the whole profession.

DEFINITION OF TERMS.

Definition of words and terms as used in this bill.

“Superintendent,” means State Superintendent of Public Instruction.

“Board,” means Illinois State Board of Medical Examiners.

“Physician,” means physician and surgeon.

“Medicine,” means medicine and surgery.

“Section,” means that portion of the membership of the board representing, for examination purposes, one school of medicine.

“Medical examiner,” means a member of the Illinois State Board of Medical Examiners, or of any of the sections thereof.

“Medical society or association,” means any State or other medical association, known by a distinguishing name, that has acquired a legal status under the general law or by a special act of incorporation.

“Medical school,” means any legally incorporated medical college or medical department of a university, having power to grant degrees or certificates in medicine.

AN ACT TO ESTABLISH A STATE BOARD OF MEDICAL EXAMINERS—
DEFINE ITS POWERS AND DUTIES—PROVIDE FOR THE EXAMINATION AND LICENSING OF PRACTITIONERS OF MEDICINE AND SURGERY—AND OTHERWISE REGULATE THE PRACTICE OF MEDICINE.

Be it Enacted by the People of the State of Illinois, represented in the General Assembly, as follows:

ORGANIZATION.

Section 1. That a board of examiners, to be known as the "Illinois State Board of Medical Examiners," shall be established, such board to consist of the State Superintendent of Public Instruction, and of seven representatives of each incorporated State Medical society; such board, for examination purposes, to be divided into *sections*, each section to represent one school of medicine; the membership of such section to have exclusive control of the examination, rating, and approval or rejection of all applications for license presented to it.

Section 2. Each of the incorporated State Medical societies, and organized associations specified in section one of this act, shall annually elect twice as many nominees for appointment to membership in its section of the State Board as are to be appointed thereto; the lists of such nominees, properly certified, to be furnished to the State Superintendent without unreasonable delay.

The nominees to membership in the board shall be legally qualified physicians, who have had an experience of at least five years in active practice. Membership in a teaching faculty, or proprietorship in any secret device or method of treatment, shall constitute a disqualification for appointment.

Section 3. The State Superintendent of Public Instruction, on receiving certified lists of nominees from such legally constituted State Medical societies or organized associations shall, without unnecessary delay, make appointments from such lists as are required to establish the section of the State Board representing exclusively, such State Medical society or association, and, subsequently, from time to time, fill vacancies occurring therein.

In case of failure of any such medical society or association to furnish lists of nominees, the Superintendent shall appoint a section to consist of members in good standing of such societies

or organized association, such nominees having been previously approved by a majority vote at a meeting of the board.

The first appointments to membership in a section shall be so made as to provide for a term of service of one, two and three years; and thereafter, appointments are to be made for a term of three years.

Such appointees shall qualify themselves for office by taking the usual oath, administered by the Secretary of State, who shall furnish such appointee with a properly engrossed certificate of appointment.

The Superintendent may, on the recommendation of the board, remove any member of any section for misconduct, incapacity or neglect of duty.

Section 4. Within thirty days after the appointment of at least two sections of such State board, such appointees shall meet, at the call of the Superintendent, at which meeting an organization of the board shall be effected by the election, from its own membership, of a President and Secretary, both of whom shall hold office until the next annual meeting of the board, and until their successors are elected and qualified.

The Secretary shall also act as Treasurer, and shall file with the Superintendent a bond in the sum of five thousand dollars, conditioned for the faithful performance of his duties.

ADMINISTRATION.

Section 5. The board is authorized to make and adopt such rules and regulations, not inconsistent with law, as may be needed in performing its duties and in transacting its business; such duties being the establishment and maintenance of thorough tests of medical scholarship, including that of regulating and controlling the minimum standards of educational requirements deemed to be essential, on the part of medical students, prior to an entrance of such students on the study of medicine; the length of term of study and of attendance on medical lectures; the possession of the degree of Doctor of Medicine or its equivalent; the establishment of standards of acquirement for recent graduates, and those who have been in active practice less than five years, in seven of the principal departments of medical learning, viz., anatomy, surgery, obstetrics, medical chemistry, physiology and hygiene, pathology and diagnosis, and practice, including therapeutics and materia medica, and such other sub-

jects as the board may determine; the establishment of *special* standards of acquirements for applicants who have been engaged five or more years in reputable practice; also for those who, for other reasons, in the judgment of members of a section, the board may, on appeal, act in conjunction with such section, in cases of doubt regarding the qualifications of any candidate.

Section 6. The board, or a committee thereof, shall have power to administer oaths in taking testimony, or in any matter within its jurisdiction; it shall prescribe the duties of its officers, and of the officers and members of the several sections; it shall adopt and have a common seal; it shall determine the time and place for holding its regular and special meetings, and give due notice thereof; select the date for the termination of its fiscal year; and take such further action as may be required for the proper and faithful administration of the provisions of this act.

Section 7. The board shall establish, and give suitable notice of the times and places at which examinations are to be held; supervise and conduct such examinations; establish the fees to be paid by applicants for a license; issue licenses to practice to such applicants as have passed a satisfactory examination, conducted by the board, or by one of the sections thereof; or have been approved by the board without such examination; or have received a license to practice issued by boards of medical examiners of other states, after having passed a satisfactory examination under tests equal to the standards approved by the Illinois board; such licenses to bear the signatures of the President and Secretary of the board, the Secretary of State, and the seal of the Illinois State Board of Medical Examiners.

Section 8. The boards shall receive the funds accruing thereto, and pay out of such fund the office expenses of the board; the traveling and other incidental expenses incurred by members of the board, and by members of the several sections thereof; and all other expenses incurred in connection with the faithful administration of the provisions of this act; and in lieu of any compensation, the surplus to be disbursed pro rata, according to the number of examinations made by the respective sections of medical examiners.

Section 9. The board shall employ such clerical assistants as may be required in order to prevent fraud or collusion on the

part of the candidates; enter and preserve all necessary records; prepare and issue all necessary circulars, blanks, manuals, and other printed matter, required by the satisfactory administration of the provisions of this act.

Section 10. Official records of the proceedings of the board, and of the several sections thereof, shall be entered for permanent preservation, for a period to be determined by the board, in books provided for that purpose, the records, including the examination papers, to be open to inspection under regulations approved by the board.

It shall preserve a complete file of all applications for license, together with the correspondence and other records relating thereto; a record of its transactions shall be published as a part of the report of the Superintendent of Public Instruction, which report shall include a statement of all funds received and disbursed; and an official list of all physicians on whom it has conferred authority to enter on practice under the provisions of this act.

Section 11. Candidates for a license, before admittance to an examination, must furnish credible evidence of having received the degree of Doctor of Medicine, or an equivalent thereof, from a medical college or school of recognized standing, after having complied with the educational requirements to be established from time to time by the board; such educational requirements to include studies preparatory to an entrance on the study of medicine, and also such as have been pursued subsequently thereto; also furnish evidence of good character; of having attained the age of 21 years, and of having paid the examination fees required by the board.

Applications for an examination shall be made in writing, and in a form prescribed by the board.

Section 12. All examinations provided for in this act shall be conducted under the rules and regulations prescribed by the board, such rules to provide for a fair and impartial examination.

The license issued by the board shall be constructed in such a form as may be determined by the board in accordance with the provisions of this act.

Any willful violation, on the part of an applicant, of any of the rules and regulations governing examinations, shall be con-

sidered sufficient cause for refusal by the board to issue a license to such applicant.

Before any license is issued it shall be numbered and recorded in a book kept in the office of the Superintendent, and its number shall be entered on the license, such record to be open to public inspection, and in all legal proceedings, shall have the same force as evidence that is given to a record of conveyance of land.

Section 13. Every licentiate in medicine, on receiving a license to practice in this State, shall present such license for registration in the office of the County Clerk of the county where such practice is to be conducted; together with the name, residence, place and date of birth of such licentiate, and the source, number and date of such license to practice, to which statement of facts every licentiate shall make affidavit, which affidavit shall be preserved on file in a bound volume, to be kept for that purpose.

Such affidavit shall show that such licentiate is the person named in such license, and had, before receiving it, complied with all requisites as to attendance on lecture terms and amount of study and examinations required by the provisions of this act, and by the rules established by the board.

The County Clerk shall, on making such registration, enter on such license, under his own signature and date, the words: "Registered in the office of the County Clerk of _____ county, as authority to practice medicine in the State of Illinois."

The County Clerk shall return to such registered licentiate the original license, together with a certified copy of such affidavit endorsed thereon, such County Clerk to make a total charge not to exceed one dollar for such registration and certificate.

Section 14. On removing to another county the licentiate shall procure from the County Clerk of the county in which registration was first effected, a certificate, verified by seal, showing fact of such registration; such certificate to be registered in the office of the County Clerk in which such licentiate intends to practice. The county clerk of such county to make a charge not to exceed fifty cents for such certificate.

The board may refuse to issue a license provided for by this act, for persistent inebriety; the practice of criminal abortion; and conviction for any offence in criminal proceedings; provided that the applicant shall have had opportunity to appear before the board, personally or by counsel, to show cause why the board should not finally refuse the granting of such license.

PENALTY.

Section 15. All persons, not being lawfully authorized to practice medicine within this state at the time of the taking effect of this act, who shall continue such practice in violation of its provisions; and all who shall enter on practice without first having complied with its requirements; and all who shall buy, sell or

fraudulently obtain any medical diploma, license, record or registration; or by false or fraudulent representation shall obtain practice or money or any other thing of value, shall be deemed guilty of a misdemeanor, and on conviction, shall be punished for the first offence, by a fine not less than one hundred dollars, or by imprisonment in the county jail for a period of not less than thirty nor more than ninety days, or by both fine and imprisonment; and for each subsequent offence, the penalty shall be double that of the preceding one.

Section 16. All suits for the recovery of the several penalties, prescribed in this act, shall be prosecuted in the name of "The People of the State of Illinois," in any court having jurisdiction, and it shall be the duty of the State Attorney of the county where such offence is committed, to prosecute all persons violating the provisions of this act, upon proper complaint being made. All penalties shall be paid into the treasury of the State Board of medical examiners.

Section 17. Any person shall be regarded as practicing medicine within the meaning of this act, who shall use or advertise the title of doctor of medicine, or of any title designed to show that the person assuming or advertising in such a manner as to convey the impression that such person is a legal practitioner of medicine, or of any of the branches thereof; provided, that nothing in this act shall be constructed to apply to the practice of dentistry or pharmacy; to gratuitous service, or the administration of domestic or family medicines in cases of emergency; to medical students who prescribe or operate under the direction of registered physicians; to midwives who lay no claim to the title of physician or doctor; to clairvoyants or persons practicing hypnotism, magnetic healing, mind cure, massage, so-called Christian science, or any other method of healing, if no drugs or medicines of any kind are employed, nor surgical operations performed, provided such persons do not violate the provisions of this section relating to the use of the title of doctor or physician; nor to lawfully qualified physicians of other States or countries meeting legally registered physicians in this State in consultation, or any physician residing near the border of a neighboring State, and duly authorized under the laws thereof to practice medicine therein, whose practice extends into this State, who does not open an office or appoint a place to meet patients or receive calls within this state; or any physician duly registered in one county called to attend isolated cases in another county; or to commissioned surgeons in the United States government service in the discharge of their official duties.

Section 18. This act shall take effect from and after the first day of July, 1900.

Section 19. All acts or parts of acts inconsistent or in conflict with the provisions of this act, are hereby repealed.

Editorial.

INFLUENCE OF STATE EXAMINING BOARDS UPON MEDICAL EDUCATION.

State Examining Boards that do not go behind the returns have no influence upon medical education.

So long as medical colleges possess the right of conferring the degree of Doctor of Medicine upon any candidate who complies with *their* requirements, great lack of uniformity will be manifest in the qualifications of those assuming the rights and privileges of a physician and surgeon. A man may have spent five years in a thoroughly equipped medical college and because of a natural inaptitude for medicine be anything but a safe man to be entrusted with the lives of others even though he has a diploma. Another man by virtue of special talents in that direction may have acquired wonderful skill in the treatment of the sick by means of careful reading, patient experimentation and close observation without spending one day in any medical college.

So long as State Boards of Registration prescribe *minimum* requirements for matriculation and curriculum and do not *use* the privilege of thorough and frequent inspection, the *standard* will be no higher than said minimum requirements call for, because those who appreciate the value of high requirements will seek the institutions in which *all* are *compelled* to possess the qualifications of the scholar, knowing their opportunities for development will not be limited, while the illy prepared candidates will gravitate toward those states and institutions which cater to their limited abilities, regardless of medical standards or expedients.

Some colleges have *voluntarily* raised the standard of *their* requirements regardless of all medical legislation, as fast as they could be sustained by public sentiment, but for every college taking such a position, there are nine who feel compelled to listen to the appeal of every student coming to them, short handed, in order that their classes may be full and their treasury contain enough money to meet current expenses.

No college can give adequate instruction, unless properly equipped; but there is no power to prevent any legally chartered institution conferring the degree granted by the charter; conse-

quently some means must be devised *outside* of the medical colleges for maintaining a high standard by the providing conditions which will *restrict* the practice of medicine to those who are competent.

Several plans have been put into operation, but none have proven entirely satisfactory.

In some states, e. g. Michigan. Any person who shall have practiced medicine continuously in this state for five years and who is practicing when this act shall take effect shall be deemed qualified to practice medicine in this state after having registered in the office of the County Clerk as provided for in this act.

Every graduate of *any* legally authorized medical college shall be deemed qualified, etc.

It can be seen at a glance that this offers no protection to the profession, or the public, and the stand is as low as can well be imagined; every man driven from other states finds a haven in this, and other states offering similar inducements, and from thence they can matriculate in many colleges as a "Practitioner" and enter the senior class *without preliminary examination* and come up for graduation *after one year's study*.

In Texas, the presiding judges of district courts, appoints a District Examining Board of not less than three members, who shall be graduates of some college recognized by the *American Medical Association*.

All applicants for certificates of qualification must be examined by this board whether they have a diploma or not, and a singular feature lies in the fact that *no examination is required in Theory and Practice or Materia Medica*. This resolves itself into a farce in which parties directly interested may bar any one, at their pleasure from practicing in that judicial district, and works an injustice because physicians going from other states are decidedly "rusty" upon the very branches required by the examining board.

On the other hand, Montana has a law which practically prohibits a homœopathist or an eclectic from locating in that state. Seven learned, skilled and capable physicians are appointed by the Governor with the advice of the senate without respect to schools.

The examination shall be *both* scientific and practical upon the following branches to-wit: Anatomy, physiology, chemistry, histology, materia medica, therapeutics, preventive medicine, prac-

tice of medicine, surgery, obstetrics, diseases of women and children, diseases of the nervous system, diseases of the eye and ear, medical jurisprudence and *such other branches as the board shall deem advisable*. The diploma must come from a legally organized college in good standing with the American Medical Association. Every member of the faculty must be graduates of colleges in good standing. In addition to all of the above requirements he must give evidence of having attended *four* courses of lectures if he graduated after July, 1898.

Four members must consent to the granting of the license and at present there are six graduates of "regular" colleges upon the board, simply because the State Medical Society put through just such a bill as pleased them, having no organized opposition.

In New York we have another form of Medical Licensure. Nominally controlled by the three schools of medical practice, but in fact the whole machinery is run by one man—the Secretary of the Board.

The Regent's examination for matriculation is a move in the right direction. Questions are sent the principal of every high school in the state and any candidate can go to any principal, at the stated times, and take the examination. He can use the certificate in almost any medical college in the U. S.; but the examination for license is not so simple and the faults will be corrected without doubt.

Sixty questions are prepared by each board upon the following branches to-wit: Anatomy, physiology and hygiene, chemistry, surgery, obstetrics, pathology and diagnosis (one hundred and eighty questions on each branch); these are sent to an editing committee (or are supposed to be so sent) who turns them over to the Secretary of the Board. *He* makes up a set of questions from this list which must be answered by every candidate, regardless of school of practice. To this is added fifteen questions upon therapeutics, materia medica and practice prepared by the members of the school of practice the candidate may elect.

By this arrangement every graduate from homœopathic colleges may be examined upon *all* the minor branches by questions prepared any other board than their own. In other words, no vantage is gained by the three board system over the single board law prevalent in the majority of the states. We have been informed that there has not been a meeting of the entire board for several years, thus preventing any rotation of office among the different boards.

In Pennsylvania, the objectionable features of the New York law have in a large measure been eliminated and still we find very serious complaints coming from the Hahnemann College of Philadelphia.

A careful study of the *Medical Law of Pennsylvania*, cannot fail to convince the reader that it actually succeeds in securing the very highest standard of medical education to be found in any state of this Union and that the logical result will be shown in a higher percentage of college graduates in the matriculants of her colleges than can be found elsewhere, unless it be Massachusetts. It may be noted that Pennsylvania has but six medical colleges.

Illinois possesses natural advantages over that of all other states so far as location and clinical facilities are concerned. Her medical students exceeds that of any other state in numbers; Her colleges are large and finely equipped. In her faculties will be found men of international reputation, but the laws of the state, while pretending to be very thorough, only succeeds in making the colleges *promise* to be thorough and then take their word for it. Pennsylvania has but six medical colleges, all thoroughly established and richly endowed. There is little competition except in the curriculum, each one being compelled to come as near the standard adopted by the State University as possible. This state of affairs being encouraged by the State Medical examinations.

In Illinois, we have seventeen medical colleges which in and of itself constitutes a dangerous menace to the maintenance of a high standard of medical education. The competition naturally is very great and every means resorted to that can be legitimately employed for the matriculating of a new student. No one is more familiar with this state of affairs than the prospective student.

It is an exception to the rule for a student to inquire with reference to the facilities for *thorough, practical* work, on the contrary he acts as though he was conferring a favor and wants to know what *inducements* can be offered in the way of reduction of fees, opportunities for acting as assistant to some member of the faculty (and receive pay for the service rendered) or squeezing him through within a shorter time than the *published* requirements of the college called for, etc. This is a sad commentary but unfortunately only one-half of the story has been told.

The "Illinois plan" was considered a great step in the right direction and has undoubtedly accomplished much for the elevation of the standard of medical education, but in view of the fact that nine colleges, organized in Illinois since 1891, have been recognized by the State Board of Health radically changes the situation and some safeguards other than the college diploma is needed. Just what that safeguard should be can only be determined through such agitation as will bring the many phases of the situation to the surface.

COLLEGE POLITICS.

Dr. Frank Kraft resigned his position as Professor of *Materia Medica* in the Cleveland Homœopathic Medical College. Of course he did, no self respecting man could do differently. He was decidedly out of place in such an institution. He is one of those "cranks" who did not know that Hahnemann's *Organon of the Art of Healing* had become absolute in the modern "up to date" homœopathic college, and, because he was a crank, persisted in promulgating its teachings, not only from the college rostrum but through the columns of the medical press. He even had the audacity to commend a college in a neighboring city who was so impolitic as to publish in their official catalogue that

"The great object of this Institution shall be the education of the student in the science and art of medicine and surgery in accordance with the doctrines promulgated by Samuel Hahnemann in his Organon of the Art of Healing and the Chronic Diseases; the Therapeutic belief and practice of each and every member of the Faculty shall be expressed in the formula "Similia Similibus Curantur"; no palliative treatment or repressive measures will be advocated or employed in any of the lectures or clinics of this College; Surgery has its legitimate sphere of action for the meeting of strictly mechanical conditions."

More than that, his public criticism of an effort made to discipline this offensively pugnacious little college brought down upon his head the wrath of one of the promotors of the scheme by which the two Cleveland colleges were made one, and from that day his doom was sealed.

The colleges were not consolidated in the interest of homœopathy but for the purpose of making one strong medical school. Surgery has been made the chief corner stone and nothing has

been left undone that would contribute to this end. Naturally the medical or minor department would have to be pruned down so its teachings would not conflict with the mechanical or *scientific* department. Homœopathy was thus lost to sight, and according to current report, is only a lingering memory in the hearts of those who are too timid to breath a word of protest.

The consolidation opens up the new year with marked *harmony* in the faculty, hospital and dispensary well filled but nearly *one hundred less students* that were drawn to the Forest City by the rivalry of two institutions, and unless there is a decided modification of their present plan, the coming year will show no augmentation of their present numbers. Students who propose becoming physicians have urgent need not only of a thorough knowledge of *materia media* but of the rules governing the *selection* and *employment* of remedies according to homœopathic principles.

Monthly Review.

Journal of Homœopathics—November.

1. *Kali Bichromicum*. KENT.
2. *Magnesia Carbonica*. KENT.
3. *Organon*, § 44 et seq. KENT.
4. *Sketch of Hahnemann's Life*. CAMERON.
5. *Mal-nutrition—Clinical Case*. COOPER.

1. Mucous membranes—inflammation, discharge thick, tough or tenacious; ropy or stringy; sticky like glue; yellow or yellowish green. Hard crusts or plugs—tinged green, brown with bloody edges; offensive.

Perforating ulcers—soft palate, vulva, nasal septum, root of nose, vulva, etc., ragged, deep.

Pain burning, smarting with great soreness of parts.

Wandering, shooting, tearing. Worse cold; worse beer-drinking. (*Aloes, Sulphur*); better eating; better heat.

Eruptions, scaly, pustular, papular, boils, carbuncles.

Eczema with characteristic discharge.

Follows *Arsenicum* and *Lachesis*.

2. Deep and long-acting like *Sulphur*.

Pains violent, follows course of nerves, shooting, tearing, rending, cutting. Face, left side worse night; better constant motion; must walk floor.

Eruptions—dry, scaly, dandruff-like.

Teeth-roots—left side—burn, shoot, stab, tearing.

Worse change in weather; worse before and during menses.

Worse during *pregnancy* (*China*). Hollow teeth unusually sensitive; roots (*Ant. cr.*) dentine.

Marasmus with tuberculous tendency—emaciation with ravenous appetite for milk, meat, etc. Stools consisting of white potter's clay (undigested milk).

Head depression in occipital bone as if from atrophy of cerebellum (especially noticed in illegitimate offspring). Perspiration sour, cannot wash away odor.

Diarrhoea stool green, floats like frog-spittle, sour, frothy.

Adult—pale, waxy, sickly, sallow, lax muscles, tires on least exertion, looks as though going into decline.

Worse change of weather; worse before and during menses.

Violent craving for meat. Similar to *Arsenicum* and *Calc. carb.*

3. Drug poisoning not always due to crude drugs.

Oversensitive patients develop drug diseases when the potentized remedy is persisted in after a curative dose has been administered. Symptoms of original disease may disappear during the progress of the dissimilar drug disease. Higher potencies must be avoided in the extremely sensitive.

In § 46 Hahnemann gives examples of cures made by Nature.

Local applications should be avoided because if they effect any change you are unable to determine what the indicated remedy is doing. If it produces no change it becomes useless. It is important to *know* what the case calls for.

In § 63 and § 64 Hahnemann treats of the primary and secondary action. Either is curative. It is only necessary to know the double action and act accordingly.

4. A very interesting sketch but containing nothing new.

5. A series of pictures in case of an infant, an emaciated, poorly nourished victim of ignorance of even the simplest laws of dietetics. An "adopted" illegitimate child.

(a) *Borax*. Extremely nervous, starts at slightest noise. Frightened look when laid *down* on bed; convulsions for three weeks, caused by striking of clock or least noise; cries *before* urinating; mouth sore from nursing bottle; could not nurse.

(b) *Veratrum alb.* Eyes glassy and rolled up; unconscious; head and feet drawn back; face pale, drawn about nose and mouth; nostrils dilate and slow stertorous, difficult breathing; constant motion of arms and feet; thumbs clinched in hands; *expired air cold as ice*; skin cold like ice.

(c) *Arsenicum*. The improvement following the *Veratrum* was destroyed by the mother giving large quantities of milk.

Restless; vomiting everything taken into stomach; twitching and trembling of whole body; hand in constant motion; wanted to be carried about; suppression of urine. Stool green, slimy or white and curdy (undigested milk) watery, offensive.

(d) *Sulphur*. Emaciation; head sunken on vertex; hunger but vomiting milk in five minutes; stool white and crumbly or yellow like dirty water. *Indicated remedies act but a short time.* CURED.

(This case is reported in this form because the whole picture seems to call for one remedy throughout—*Magnesia Carbonica*.—ED.)

Miscellany.

A Procedure for Removing Foreign Bodies from Beneath the Nails. *Nouveaux remèdes* for August 24th calls attention to this procedure: Soften the nail by applying to it a ten-per cent. solution of caustic potash, scrape away the softened portion with a piece of glass, repeat the potash application and the scraping, and the foreign body is exposed and can easily be removed.

Christian Science Consistency. A remarkable evidence of the want of consistency displayed by the Christian scientists is shown by a lawsuit referred to in the *New York Times* for November 25th. It appears that a man having fallen into an unprotected areaway "believed himself," according to the jargon of these mountebanks, to have sustained certain injuries and was attended by one of the practitioners of this cult, and "cured" by his ministrations. This beautiful specimen of consistency thereupon brought an action in the district court of Des Moines, Iowa, to recover damages against the owner of the areaway for contributory negligence in the production of something which, according to his own theory, could not possibly ever have existed outside of his own imagination—viz., the injury. This was the view the judiciary took, and the litigant got only derision in place of damages when the verdict assured him that injuries which could be cured by Christian science must have been too trivial to be estimated even in cents.—(*N. Y. Med. Journal.*)

Statistical Value of Hospital Records. Dr. Conrad Wesselhöft in *New England Medical Gazette* calls the attention of the medical profession to the fact that clinical records of hospital in general as so kept up that no real value can be attached to them in estimating the relative value of different forms of medication in the treatment of the sick and suggests that the time has been reached when there will be found physicians of sufficient *knowledge* and *leisure* to take the daily reports from a large hospital and fill out the necessary data for determining quite accurately the *value of the form of medication*, in addition to that of good nursing, thorough sanitation, etc.

In addition to the usual columns in hospital registers, he adds:

1. Length of time of present illness *before* admission to hospital.
2. Sanitary condition *prior* to admission to hospital.
3. Length of time *under* treatment.
4. Date of *first* improvement.
5. Medicine and dose when improvement was noticed.

Common Errors in Dealing with Pulmonary Tuberculosis. Dr. Frederick I. Knight (*Boston Medical and Surgical Journal*, Nov. 17) points out five very common errors made by general practitioners as regards pulmonary tuberculosis. He first calls attention to the failure to make an early diagnosis. The reasons suggested are the tendency of the patient to make light of small ailments and of the physician to avoid making a careful physical exam-

ination whenever slight ailments, such as persistent cough or hæmoptysis, present themselves. If the physician is a personal friend as well as the medical adviser, he may shrink from a knowledge of the results of a physical examination. Again, complaints of fever are apt to be put off by a suggestion of a "touch of malaria." 2. Another fault lies in failure to admit the gravity of the situation as soon as discovered. The author quotes Niemeyer as saying that the danger of a consumptive patient is that he become tuberculous. Dr. Knight would amend this, in the light of modern pathology, by saying that the danger a tuberculous patient is that he become consumptive—*i. e.*, as he explains it, subject to secondary infection. He thinks it better that the patient should be at once informed of the gravity of the situation so as to enlist his thorough cooperation in the efforts at recovery. 3. Dr. Knight criticises the tendency while temporizing to resort to treatment that is not only useless, but at times positively injurious. In this category he stigmatizes the routine use of cough syrups, cod liver oil, creosote, etc., in the following terms: "Cough syrups, cod-liver oil, and creosote do a large share in hastening the decline of patients. If any sedative is required, it should be given in as simple a form as possible, and without syrup. I do not mean to say that cod-liver oil never does good, for there are patients who can take and assimilate it with ease, and greatly to their benefit, but it is cruel to prescribe it in a routine way without selecting cases and watching effects. Who has not many times seen patients with thickly coated tongues swallowing large doses of oil faithfully three times a day, eructating it all the time, and capable of assimilating neither that nor any other food? Neither do I deny that creosote does good in some cases in modifying the bronchial secretion and improving digestion, but I believe that large doses, as a rule, take away the appetite and do more harm than good. It, like cod-liver oil, should be administered tentatively." He also protests against a routine method of prescribing whisky and other alcoholic stimulants, as tending to depress the vital forces. Patients in a febrile condition are also sometimes ordered to take exercise when they should be compelled to rest. 4. The indiscriminate sending of patients away from home is objected to—*e. g.*, when the time of their stay is necessarily short, or when they are moribund, or when their means are such as to entail less advantages than they could attain at home. Moreover, when a removal is indicated, it should be carefully considered, and clearly located "for reasons." 5. The last error is the omission of sufficient medical supervision. Constant watchfulness is necessary in this disease.—(*V. Y. Med. Journal.*)

Book Reviews.

Repertory of the Symptoms of Rheumatism, Sciatica, etc.,
by Alfred Pulford, M. D. B. B. Krammes, Tiffin, O., Publisher.
211 pages. Price \$1.75.

The value of a repertory depends upon three factors: *reliability, completeness and convenience* of arrangement. This has been subjected to a thorough test during the past two months and has proven a reliable guide. Minor criticism might be found in the arrangement but they are insignificant when contrasted with the very excellent plan of arrangement.

The plan begins with *Aggravation* and *Amelioration* and then considers each part of the body as though it stood alone. By this plan the symptoms become complete so far as *location, sensation* and *modality* is concerned.

There are over 200 pages in this little work and the possessor will have reason for being very grateful to the author for painstaking work.

Renal Therapeutics. Clifford Mitchell, A. M., M. D., Chicago. Boericke & Tafel, Philadelphia, Publishers. 365 pages, cloth, \$2.00, net; \$2.16 by mail.

If the author had named his book *Renal Diseases* instead of *Renal Therapeutics*, it would have received a strong endorsement from every reviewer, for his presentation of the etiology, pathology and diagnosis is all that could be desired. We might go farther than that and highly commend his dietetics and general sanitation; but when an author puts out a work on *Therapeutics* and on the title page states that he is a professor in a homœopathic college he becomes a sectarian and should be held to a strict account for his teaching.

A homœopathist may analyze all forms of treatment for the purpose of showing the effects produced but he *should* demonstrate the fact that remedies selected in accord with the law of similars will invariably do better work than when selected from any other standpoint. This the doctor has neglected to do; on the contrary he has, as a rule, carefully considered everything, prophylactic and palliative, but homœopathic indications have been dismissed with general suggestions.

The physician as well as the student in medicine will find much that is of great practical value, in spite of the criticisms above enumerated, because of the simplicity of style so characteristic with those who are thoroughly conversant with their subject.

The mechanical work leaves nothing to be desired.

Comparative Materia Medica, by H. Gross, edited by Constantine Hering. Boericke & Tafel, Philadelphia. 520 pages, \$6.00, net, in half morocco.

The present generation of medical men (and women) and especially the medical student is indebted to these enterprising publishers for the re-production of this valuable work.

There is no better or truer way for the getting at the true *genus* of a remedy than that of comparison. No one appreciates this fact more than the student of materia medica. To him there seems a wonderful sameness in all of the remedies under consideration and much confusion arises because of the inability to find some basis or center from which to reach out and grasp the salient or characteristic feature of each particular remedy.

After the knowledge of remedies have somewhat crystalized and the student is able to classify remedies somewhat similar in

character it becomes of the greatest importance that he be able to make a *differential diagnosis* of such similar remedies as may seem indicated in any given case. This differentiation is most admirably carried out in *Gross' Comparative Materia Medica*. As a rule, the comparison of any two remedies is limited to one page.

His plan is to begin with the GENERALITIES. These are followed by a comparison between the characteristics of the SKIN, also FEVER (which includes the three stages of *chill, heat and sweat*). This is separated from the second division by a rule.

Below this rule, the points of *difference* begins with the MIND, according to Hahnemann's plan. A third division is then formed by another rule. This section includes the AGGRAVATIONS and AMELIORATIONS and all other modalities and conditions.

The fourth division contains the very essential boiling down of the whole study of two remedies and shows by *contrast* the PREDOMINANT features of the two remedies under consideration.

As an illustration we select the *generalities* between Calcarea and Silecia.

Calcarea.	Silecia.
1. Apoplexia sanguinea.	1. Apoplexia nervosa.
2. Complaints (constriction, etc.) predominant in <i>internal</i> parts.	2. Complaints, (constriction, etc.) predominant in <i>external</i> parts.
3. Want of irritability.	3. Increased bodily irritability.
4. Obesity or emaciation.	4. <i>Emaciation</i> .
5. Rending pains <i>upward</i> .	5. Rending pains <i>downward</i> .
6. Pains pressing <i>inward</i> .	6. Pains pressing <i>outward</i> .
7. Itching, better scratching.	7. Itching unchanged or aggravated by scratching.
8. Pulse frequent and <i>full</i> , often trembling.	8. Pulse frequent, <i>hard but small</i> ; often irregular.
9. Sweat on <i>front</i> of body.	9. Sweat often confined to <i>back part</i> of body.
10. Heat, with <i>inclination</i> for <i>uncovering</i> .	10. Heat, with <i>aversion</i> to <i>uncovering</i> .
11. Dreams of dead people, fire, quarrel and disputes, etc.	11. Dreams of thieves, water, business, etc.
12. Sleepless, worse <i>before</i> midnight.	12. Sleepless, worse <i>after</i> midnight.

Rectum, Urinary Organs and Genitalia. *Repertory of the Homœopathic Materia Medica*, by J. T. Kent, M. D., Editor and Publisher, 2009 Walnut St., Philadelphia, Pa.

Every promise has been redeemed and we can now see the beginning of the end of this truly great book. Over 700 pages have already appeared and from present indications the entire work will be completed by the first of next April.

Nature has so planned that many of the evidences of disease shall be made manifest at the orifices of the body. Likewise in the provings of remedies we look to these same openings for their expression. It is for these reasons that the present fascicle has been eagerly anticipated by every subscriber to the book.

The Repertory of urine symptoms alone would be worth the

subscription of this part, e. g. Under **Albuminous** we have first every remedy that has caused albumen in the urine. This is followed by the differentiation: After abuse of alcohol; amaurosis; chronic; from exposure to cold and dampness; after diphtheria; consecutive to heart disease; during insanity; during menses; during pregnancy; after scarlet fever; in syphilitics.

The same commendation is particularly applicable to the analysis of **Menses**. The arrangement throughout the Repertory is to go from the general to the particular, and when the reader has become accustomed to the general plan of the author it becomes almost a Concordance as well as Repertory.

Undoubtedly the orders for the work will be greatly increased when it becomes an assured fact and enough can be delivered to make it of immediate utility.

History of the Hahnemann Medical College and Hospital of Philadelphia. Thomas Lindsley Bradford, M. D. Boericke & Tafel, Publishers, Philadelphia. 904 pages, \$3.50. By mail, \$3.75.

The history of this college is the history of homoeopathy in America for the past fifty years. No one but a Bradford could build such a history because no other man in America has the material at hand or the inclination to collect such material, so while this history is something for which the Alumni of "Old Hahnemann" have reason for being proud, every believer in the immortal truths of Homoeopathy will find much of both interest and profit.

It is interesting to read of the evolution of a great and powerful institution of learning from one room in the rear of 635 Arch street.

The following taken from the first Announcement is of interest:

"Students who have attended a full course of lectures in another medical school can, after attending the winter course of this college, graduate next spring if their attainments justify."

Fees for a full course, \$100.00.

Practical Anatomy, \$10.00.

Graduation, \$30.00.

Another feature of special interest is a biographical sketch of every man who ever served upon any faculty of either the original Homoeopathic Medical College of Pennsylvania or its successor the present College.

The second half of the book is devoted to the origin and development of the Hospital and the Alumni Association.

The first class graduated six candidates March 15, 1849. The largest class (77) was in 1893. The total number of graduates, 2372.

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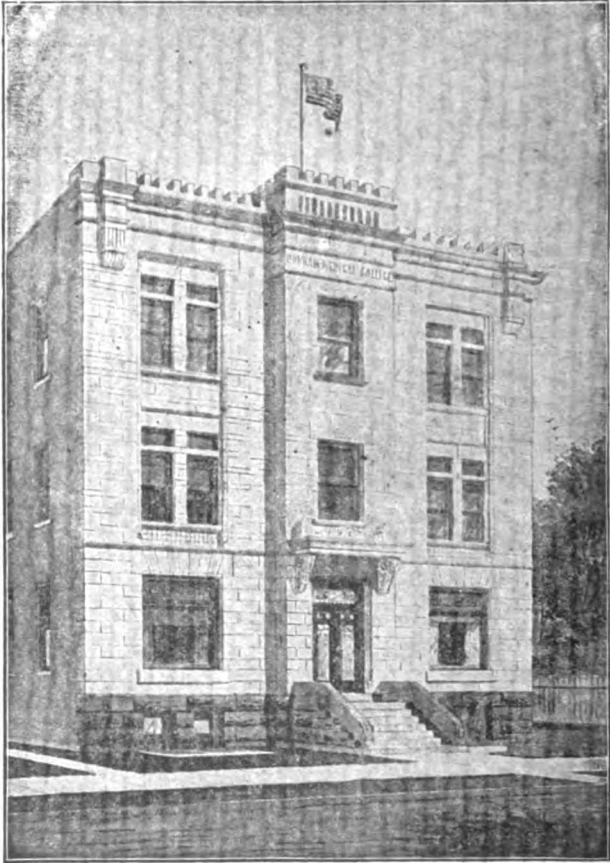
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